



TOTALLY THERE FOR YOU

Total Health Care USA is a Qualified Health Plan issuer in the Health Insurance Marketplace.

# HMO Member Handbook





# Welcome to Total Health Care USA

We are pleased to have you as a member and we look forward to serving your health care needs. Total Health Care USA will provide you and your family with the comprehensive quality health care benefits that you expect and deserve.

Your Member Handbook will serve as a quick and easy guide to help you understand your benefits. Please use the handbook as a reference; it does not modify or take the place of your Certificate of Coverage and Schedule of Out of Pocket Expenses. Refer to your Certificate of Coverage and Schedule of Out of Pocket Expenses for a complete description of the specific benefits available.

If you have any questions about your plan or benefits, please contact the Customer Service Department Monday – Friday, 8:00 am – 5:00 pm.

Sincerely,  
Total Health Care USA

Register today at [www.THCMi.com](http://www.THCMi.com) to monitor claim status, request an ID card and to review your Explanation of Benefits.

Total Health Care USA is a Qualified Health Plan issuer in the Health Insurance Marketplace.

## Customer Service

Total Health Care is available to help you over the phone, mail or internet.

TELEPHONE – The Customer Service Department is available to help you Monday–Friday, 8:00 a.m. to 5:00 p.m. at (313) 871-2000 or (800) 826-2862. During holidays, weekends and after business hours, emergency medical technicians are available to answer your calls.

INTERNET – You can access our web page at [www.THCMi.com](http://www.THCMi.com).

On the web you can:

- Email your questions or concerns
- Order a replacement identification card
- Review the status of a medical claim
- Search for a provider
- Order a refill for an existing mail order prescription

MAIL – To correspond by mail, the address is:

Total Health Care USA  
3011 W. Grand Blvd., Suite 1600  
Detroit, MI 48202

## Important Telephone Numbers

Total Health Care	(313) 871-2000 or (800) 826-2862
Case Management	(313) 871-6593 or (800) 826-2862 ext 6593
Coordinator of Benefits	(313) 871-6462 or (800) 826-2862 ext 6462
Grievance Coordinator	(313) 871-6583 or (800) 826-2862 ext 6583
Health Education and Wellness Coordinator	(313) 871-7817 or (800) 826-2862 ext 6441
Hearing Impaired	TDD/TTY 711
Language Needs	(313) 871-2000 or (800) 826-2862
Customer Services	(313) 871-2000 or (800) 826-2862
Vision Care Services	(877) 799-0220
Behavioral Health Services	(855) 377-2416

# Member Tips

## As a New Member

Review your Total Health Care USA ID card(s) to verify that all of the information is correct. Please verify that an ID card has been received for every covered family member.

## What to Do If You Have Other Insurance Coverage

Total Health Care USA coordinates benefits with other carriers including healthcare, auto, workers' compensation and other payers. The priority of responsibility is determined by Act No. 64 of the Public Acts of 1984.

If you have coverage through another payer, please contact the Coordination of Benefits Department.

## How to Get Help and Information

For information regarding covered services, refer to your Certificate of Coverage and Schedule of Out of Pocket Expenses or contact the Customer Service Department.

## What to Do If You Get a Bill

To reduce the possibility of receiving a bill, always show your ID card to your healthcare providers. However, if you do receive a bill for a covered service, send us a copy. A Total Health Care USA representative will follow up with you after resolution. Remember to include your Total Health Care USA ID number and phone number on the bill. Mail the bill to:

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

## Grace Periods

To keep your coverage active, you must pay your full outstanding premium due listed on your invoice. If you lose your invoice or have any questions, call our Customer Service Department.

If you are not receiving an advance premium tax credit (APTC), Total Health Care provides a 31-day grace period. If you exhaust this 31-day grace period without paying your outstanding premium due amount in full, Total Health Care will terminate your coverage.

If you are receiving APTC and have previously paid at least one full month's premium during the benefit year, Total Health Care provides a grace period of three consecutive months. If you exhaust the 3-month grace period without paying all outstanding premiums, Total Health Care will terminate your coverage.

## Disenrollment Due to Nonpayment of Premiums

If you are disenrolled due to nonpayment, you will not be able to enroll in another health plan through the Marketplace until the next annual open enrollment period, unless you qualify for a special enrollment period (SEP). For details about the annual open enrollment period, or to find out if you qualify for an SEP, visit [www.healthcare.gov](http://www.healthcare.gov) or call the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

## How to Make Your Premium Payment

Total Health Care will send your invoices mid-month. Payments must be made by the last day of the month prior to coverage. You do not have to wait to receive your invoice to make a payment; you may make a payment online, by phone or by mail at any time.

To make a payment:

- Online – visit <https://thcmi.softtheon.com/payment>
- By Phone – call 1-844-325-4091
- By Mail – send payments to:  
Total Health Care Marketplace  
PO Box 74008058,  
Chicago, IL 60674-8058

## How to Report a Life Change to the Marketplace

If you experience a life change, you must report it to the Marketplace as soon as possible. You can report a change online or by phone.

- Online – Log in to your account at [healthcare.gov](http://healthcare.gov). Select your existing application, choose “Report a life change” from the menu on the left, and then click on the green “Report a life change” button.
- By phone – Contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

**IMPORTANT:** Do not report life changes by mail.

## Some examples of life changes that must be reported include, if you:

- Become pregnant;
- Change your place of residence;
- Gain or lose a dependent;
- Get married or divorced;
- Get health coverage through a job or a program like Medicare or Medicaid;
- Have a change in income;
- Have a change in disability status;
- Have a child, adopt a child, or place a child for adoption;
- Have a change in tax filing status;
- Have a change of citizenship or immigration status;
- Are incarcerated or released from incarceration;
- Have a correction to name, date of birth, or Social Security number; or
- Experience other changes that may affect your income and household size.

## Getting Questions Answered about Your Total Health Care USA Doctor

Before a doctor is accepted in the Total Health Care network, strict rules must be met. Our Customer Service Department can answer questions about a Total Health Care USA doctor, including:

- The professional qualifications of our doctors such as specialty, medical school attended, residency completed and board certification status.
- General information, including name, address phone numbers and identification of doctors who are accepting new members.

## Incentives and Your Doctor

Total Health Care USA does not pay doctors or encourage them in any way to withhold or deny medical care or services. Decisions about your care are based on your health care benefits and medical needs. If you have questions regarding this, contact the Customer Service Department.

## Explanation of Benefits

Explanation of benefits (EOB) statements are available to you online at [www.THCMi.com](http://www.THCMi.com). Log in to your account to view your EOB. The EOB statement includes the co-payment, deductible and/or co-insurance applied to the service.

## Overview

Total Health Care USA offers benefit plans with varying out-of-pocket costs. Depending on your benefit plan, you may be responsible for an annual deductible, co-insurance and/or co-payments. Refer to your Certificate of Coverage and Schedule of Out of Pocket Expenses to determine the out-of-pocket costs for covered benefits and services. The Customer Service Department is also available to answer questions regarding your benefit plan.

**Deductible:** A set amount that you pay each year before Total Health Care USA makes a payment.

- The deductible applies to the out-of-pocket maximum.

**Co-insurance:** A percentage that you pay for certain covered benefits.

- Co-insurance amounts apply to the out-of-pocket maximum.

**Co-payment:** The amount a member must pay per visit or service for certain covered benefits.

- Co-payment applies to the out-of-pocket maximum.

**Out-of-Pocket Maximum:** The maximum combined amount of the co-payment, co-insurance and deductible that a member and/or family will have to pay during a calendar year. Once the out-of-pocket maximum is met, Total Health Care USA will pay all eligible expenses for covered services for the remainder of the calendar year.

## Choosing a Primary Care Physician

When you join Total Health Care USA, you must select a Primary Care Physician (PCP) for each covered member of your family. You may want to choose your PCP based on location, hospital system, gender, or language spoken. Your PCP will help coordinate all of your medical needs. To find a PCP, refer to your Provider Directory or go online to [www.THCMi.com](http://www.THCMi.com).

The type of Primary Physician you choose may be:

- Family Practice: A doctor who cares for adults and children
- Internal Medicine: A doctor who cares for adults
- General Practice: A doctor who cares for adults and children
- Pediatrician: A doctor who cares for children

## Changing Your Primary Care Physician

If for any reason you decide your Primary Care Physician is not right for you, you can change to another physician. To change, contact the Customer Service Department. Changes made prior to the end of the month, will be effective the 1st day of the next month.

## Medically Necessary Care

Covered benefits and services are for medically necessary care. Procedures intended to change the appearance of the body or body part, may not be covered. For more information on medically necessary or cosmetic care, contact the Customer Service Department.

## How to Get Referrals for Specialty Care

If you need a referral to a specialist or other services, call your Primary Care Physician (PCP). This could be for in-network or out-of-network care. Your PCP's name and phone number are on your Total Health Care USA ID card. Your PCP may want to see you before deciding what treatment is needed. If you need a specialist, your PCP will recommend one for you. Certain treatments and specialty care require a referral from your PCP.

## Benefits, Services and Other Programs

Your plan covers a wide range of benefits and services. A description of some of the benefits are listed below. Refer to your Certificate of Coverage and Schedule of Out of Pocket Expenses for detailed benefits, limitations and exclusions.

### Adult Immunizations/Vaccinations

Coverage for adult immunizations is limited to certain vaccinations. Refer to the adult immunization schedule at [www.THCMi.com](http://www.THCMi.com) or contact the Customer Service Department for more information. Vaccinations for travel are not covered.



## After Hours/Urgent Care

After hours/urgent care centers are able to treat minor injuries and illnesses when your doctor's office is closed.

### Examples of Conditions in Which After Hours/Urgent Care Treatment is Appropriate:

- Sore throat
- Cold
- Earache
- Minor burns
- Back pain
- Minor injury
- Sprains and strains
- Headache
- Flu
- Frequent urination

## Ambulance Services

Ambulance services are covered when medically necessary.

## Behavioral/Mental Health

Good mental health is important for your overall health. Total Health Care covers mental health counseling, diagnosis, inpatient and outpatient treatment. A referral from your PCP is not needed. If you think you need help or to find a provider, call 855-377-2416.

## Childhood Immunizations and Well-Child Checkups

To help keep your child healthy, it is important to get all recommended immunizations, routine health screenings and growth and developmental guidance. Well child care provides an opportunity for health professionals to promote healthy lifestyle choices, monitor children for physical and behavioral health and provide age appropriate guidance.

## Diabetic Services

If you have diabetes, Total Health Care USA has diabetic services available for you. Our nurses will help you get the supplies, medications and educational classes you may need. If you or a covered family member has diabetes, please call the Health Education and Wellness Helpline.

## Disease and Case Management Programs

Total Health Care offers Disease Management and Case Management programs that can help you take care of yourself. Our nurses can help you manage chronic conditions, such as diabetes, high blood pressure asthma, heart failure or COPD (emphysema). We can also help you with life situations that may impact your health.

For more information about our Disease Management and Case Management Programs, visit our website at [THCmi.com](http://THCmi.com); Health and Wellness tab, or call us at (800) 826-2862.

## Durable Medical Equipment

Your benefits include durable medical equipment, prosthetics, and orthotics. For assistance in locating an authorized provider, contact the Customer Service Department.

## Emergency Services

You are always covered in case of a medical emergency; services are available 24 hours, 7 days a week.

- Call 9-1-1 or go to the nearest emergency room.
- If you are admitted to a hospital, you or someone on your behalf must notify Total Health Care USA as soon as possible.

A medical emergency is defined as acute symptoms of sufficient severity that may result in death, serious jeopardy to the health of a person including a pregnant woman or fetus, or serious impairment, disfigurement or dysfunction to bodily functions.

### Examples of Life Threatening Emergencies are:

- A serious accident
- Poisoning
- Uncontrolled bleeding
- Loss of consciousness
- Heart attack
- Chest pain
- Pregnancy with vaginal bleeding
- Serious burn
- Stroke
- Severe shortness of breath
- Head trauma
- Seizures

## Foreign Language Services

If you do not speak English, Total Health Care USA can arrange for an interpreter for health services and/or provide written materials in your language. For assistance, contact the Customer Service Department.

## Hearing Aids

Your Total Health Care USA benefits includes hearing aid evaluations and aids; refer to your Certificate of Coverage for benefit limitations. Hearing aid evaluations and services can be provided at any contracted hearing aid provider. For assistance in locating a contracted provider, contact the Customer Service Department.

## Hearing Impaired Services

If you have a hearing loss, Total Health Care USA can arrange for a sign language interpreter during health care services. For assistance, contact the Customer Service Department or the TDD/TTY line at 711.

## Home Health Services

Home health services provide nursing services such as wound care, care after discharge and diabetic teaching by nursing personnel. If you think you would benefit from home health care services, contact the Case Management Department.

## Hospice Services

Hospice services address the physical, psychological, social and spiritual needs of the terminally ill in a home or hospice facility. It is also designed to meet the related needs of the terminally ill member's family through the periods of illness and bereavement. To obtain hospice benefits, call our Case Management Department.

## Inpatient Hospital Service

Admission to the hospital can happen in several ways. You may be treated in the emergency room and need additional treatment requiring a hospital stay. Other times, it is a planned admission for elective (non-emergency) surgery, tests, or special procedures.

If you are admitted to the hospital from the emergency room, the hospital must call Total Health Care for approval. If you are admitted to a non-network hospital, Total Health Care may transfer you to a network hospital.

If you are scheduled for an elective admission, your PCP must contact Total Health Care for prior authorization 14 days prior to the admission.

## Mammograms

Total Health Care USA encourages its female members to have mammograms for the screening and early detection of breast cancer. Mammogram coverage includes:

- Annual mammogram for women 40 years and older
- One (1) mammogram during a five (5) year period for women between ages 35-40 years
- All other medically indicated mammogram are covered

Mammograms for breast cancer screening do not require a referral with a participating provider.

## New Technology

New treatments and new use for old treatments occur all the time. A committee at Total Health Care USA, staffed by doctors, reviews the information from the government, trials and writings by other doctors to see if members could benefit from the use of the new technology. If it is determined that it is helpful for all members or certain cases, it will be added to the benefits.

## Office Visit – Primary Care Physician

Services covered in the primary care office include, but are not limited to:

- Annual physical exam
- Evaluation and treatment
- Pediatric immunizations
- Adult immunizations – limited coverage
- Therapeutic and diagnostic lab, pathology, radiology and special diagnostic services
- Treatment
- Vision and hearing screening (dependents 18 years old and under)
- Formulary drugs administered in the office

## Office Visit – Specialist

Specialty office visits to a participating specialist, excluding podiatry and chiropractic care, do not require a referral from your Primary Care Physician. Services covered in a specialist office include, but are not limited to:

- Evaluation and treatment
- Therapeutic and diagnostic lab, pathology, radiology and special diagnostic services
- Formulary drugs administered in the office

## Out-of-Service Area Care

If you are out of Total Health Care's service area and have a medical emergency, go to the nearest hospital or medical facility.

For a situation that requires immediate medical attention, but is not life-threatening, call your PCP. Your PCP can give you medical information and advice. If your PCP is not available, go to the nearest urgent/after hours care or emergency room, or call the Nurse Advice Line. A nurse can tell you if an appointment with your doctor, urgent/after hours care or the emergency room is the better place for treatment. To speak to a nurse at any time, call 1-866-330-9368.

Routine medical services outside of the service area are not covered, unless authorized by Total Health Care. To request approval, contact our Customer Service Department.

You do not need approval from your PCP or Total Health Care for emergency or urgent/after hours care. Remember to:

- Show your member ID card
- Call your PCP for follow-up care

## Outpatient Diagnostic and Surgical Care

With today's advanced healthcare technology, many diagnostic tests, procedures and treatments are performed in an outpatient setting. Not all services require a referral from your Primary Care Physician. Always check with your Primary Care Physician for any needed referrals before receiving services.

## Pediatric Services

Total Health Care USA has many pediatric physicians as part of our network. You may choose a pediatrician for your child as his/her Primary Care Physician or you may take your child for routine services to a pediatric physician in the Total Health Care USA network without a referral.

## Prenatal Services

Prenatal care is an important part of a healthy pregnancy. Preparations begin early in pregnancy and continue after the baby is born. Physician visits for prenatal care and diagnostic services are encouraged and covered for expectant mothers. Routine prenatal and postnatal services do not require a referral when obtained by a participating provider.

## Prescription Drugs

Your Total Health Care USA covered benefits may include prescription drug coverage. This benefit provides prescription drugs covered on the Plan's formulary. The Plan has an authorization process for consideration of for non-formulary drugs. A formulary is a list of covered drugs. The Total Health Care USA formulary utilizes many of the generic drugs that are available. These generic drugs are of the same quality as brand-name medications, but often at a lower cost. Generic drugs contain identical active ingredients as brand name medications and must meet the same Food and Drug Administration (FDA) standards. Your physician will work with you to prescribe the right drug for you.

Your prescriptions may be filled at pharmacies within the Total Health Care USA network. Consult the Provider Directory for a listing of participating pharmacies. You must present your ID card for service.

Total Health Care USA offers a ninety (90) day supply on certain maintenance medications through our mail-order program. A maintenance drug is used to treat long-term conditions such as:

- High Blood Pressure
- Arthritis
- Gastric Reflux
- Depression
- Diabetes
- High Cholesterol
- Thyroid Conditions
- Seasonal Allergies

Home delivery order forms are available on the web site at [www.THCmi.com](http://www.THCmi.com) by calling the Pharmacy Department. Pharmacy benefit and drug information is also available at [www.envisionrx.com](http://www.envisionrx.com).

Online services include:

- Pharmacy co-payment information
- Ordering a refill for an existing mail order prescription
- Locating a participating pharmacy
- Information on drug interactions
- Information on common side effects and risks of a drug
- Information on generic alternatives

## Reconstructive Breast Surgery Following Mastectomy

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

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

## Rehabilitative Services

Total Health Care covers short term outpatient rehabilitative therapy that is expected to result in your ability to do important day-to-day activities. Covered services include:

- Cardiac and pulmonary rehabilitation
- Physical and occupational therapy combined with chiropractic spinal manipulations and manipulations by an osteopathic physician
- Speech therapy for treatment of a medical diagnosis

If you think you would benefit from a rehabilitative service, discuss your medical condition with your Primary Care Physician. Rehabilitative services require an evaluation referral from your PCP. Refer to your Certificate of Coverage for benefit limitations.

## Skilled Nursing Facility

Care and treatment, including therapy, and room and board in semi-private accommodations at a skilled nursing, sub-acute, or inpatient rehabilitation facility is covered when we have approved a treatment plan in advance. Refer to your Certificate of Coverage for benefit limitations.

## Substance Abuse Services

Substance abuse is a serious problem. It involves the excessive consumption or misuse of alcohol or drugs for non-therapeutic effects on the mind or body, especially drugs or alcohol. The toll of substance abuse can be dramatically reduced with prevention, early intervention and treatment. If you think you or a covered dependent are at risk or need help with a substance abuse problem, contact the Behavioral Health Services.

## Transplant Services

Total Health Care USA Case Management Department is available to help you coordinate the care needed for transplant services. Candidates for transplants must be enrolled in Case Management. For assistance, contact the Case Management Department.

## Vision Care Services

Your Total Health Care USA covered benefits include vision care coverage. Vision care services can be provided at any of the vision providers in the Directory or on the website at [www.THCMi.com](http://www.THCMi.com). Refer to your Certificate of Coverage and Schedule of Out-of-Pocket Expenses for the specifics of the benefit. Vision care does not require authorization from your PCP. For an eye care provider or questions, please contact Vision Care Services.

## Well Women Services

Total Health Care USA encourages its female members to have a well woman examination every year. A well woman exam includes but is not limited to, preventive health screening such as, breast examination and Pap testing. These services may detect breast and cervical cancer. Well women exams do not require a referral when rendered by a participating provider.

## Wellness Programs

Total Health Care USA has wellness services to help improve your health. For information about health and wellness programs, call the Health Education and Wellness Helpline. Health and wellness programs include:

- Healthy Children
- Project Women
- Smoking Cessation
- Weight Management
- Asthma Disease Management
- Diabetes Disease Management
- Heart Disease Management
- Chronic Obstructive Pulmonary Disease (COPD) Management
- High Blood Pressure Disease Management

# Members Rights and Responsibilities

## You Have the Right...

- To get information about Total Health Care, its services, its providers, and member rights and responsibilities.
- To make recommendations regarding Total Health Care's member rights and responsibilities policy.
- To be treated with respect and dignity by others.
- To have privacy while you receive care.
- To take part with your doctors in decision-making about your health care, including the right to refuse treatment.
- To talk openly about your treatment options regardless of cost or benefit coverage. You have a right to get these explained to you in words that you understand.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- To be free to exercise your rights without adversely affecting the way Total Health Care or our providers treat you.
- To be free from other discriminations prohibited by State and Federal regulations.
- To receive health care services consistent with your contract, and with State and Federal regulations.
- To voice your complaints or grievance/appeals about Total Health Care or the care provided.

## You Have the Responsibility...

- To receive all your health care services through Total Health Care.
- To understand your health care benefits.
- To provide Total Health Care and its providers with the information needed to care for you.
- To help your doctor decide what treatment will work best for you.
- To follow the plans and instructions for care that you have agreed to with your doctor.
- To respect the rights of other patients, doctors and staff of Total Health Care.
- To understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

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



## Member Complaint Process

Your satisfaction is our priority. If you have a problem or complaint, our Customer Service Department is available to help resolve the issue. The department is available Monday–Friday, 8:00 am–5:00 pm at (313)871-2000 or toll-free at (800) 826-2862.

Customer Service will make every effort to resolve your issue immediately. If we are unable to solve the problem within twenty-four (24) hours, you have the right to file a complaint. If at anytime you do not agree with the resolution, you have the right to file a grievance.

The Customer Service representative will explain your rights and how to file a complaint. If you need help filing the complaint, the department will assist you.

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

We will contact you by mail within three (3) business days to tell you that the Grievance Coordinator has received your complaint. The Grievance Coordinator will send you a resolution within thirty-five (35) calendar days. If you do not agree with the resolution, you or your authorized representative may file a grievance by mail, email or fax. You can also call (313) 871-2000 or toll free at (800) 826-2862 to file a grievance. The grievance information is included with your resolution letter.

## Member Grievance and Appeal Process

A grievance is the process we use to handle your dissatisfaction. A grievance may be due to a denial of payment (to your provider) or an adverse determination. A grievance involving denial of payment, such as lack of authorization or the provider being out of THC's network, is called an administrative grievance. An untimely response to a request becomes an adverse determination. You or your authorized representative has one hundred and eighty days (180) days from the date of the adverse determination letter to file a grievance.

You have the right to have your benefits continue pending resolution of the grievance. There may be conditions under which you will be required to pay for services provided while your benefits are continued. You also have the right to authorize someone to act as your authorized representative in the grievance. An authorized representative must have your written permission to represent you. You have the right to send additional documentation with the grievance.

As part of your grievance rights, you can request Total Health Care USA to arrange a meeting with the Appeals Review Committee. You can discuss your grievance with the committee. You or your authorized representative may attend the meeting in person or by telephone. A person not involved in the first decision will review your grievance. No one who reports to the person involved in the initial decision can review your grievance. The person who reviews your grievance will be of similar specialty.

Your medical grievance will be completed within thirty (30) calendar days after it is received. Your administrative or denial of payment grievance will be completed within thirty-five (35) calendar days after it is received. You will be notified in writing of the final decision. If the decision upholds the denial, an external appeal can be filed. The final letter tells you of your external appeal rights and how to file the appeal.

## Expedited Grievance

In some urgent cases, a time delay may increase the risk of harm to your health or life. A grievance is considered expedited (quick), when a physician notifies us verbally or in writing that waiting the 30 days would cause you to have severe pain or put your life at risk. The physician must be able to support the attestation. Total Health Care will not punish a provider who requests or supports an expedited grievance on your behalf.

The grievance must be received within ten (10) days of your denial. If we deny your request for an expedited grievance it is changed to a thirty (30) day grievance. You can request an extension of the decision time. Your extension request moves the grievance to a thirty (30) day grievance.

A decision about an expedited grievance is made no later than seventy-two (72) hours after it is received. Total Health Care will notify you of the decision by phone. We will also mail the decision to you within two (2) business days.

After filing an expedited internal grievance with Total Health Care, you may file an appeal and request an expedited external review with the Department of Insurance and Financial Services (DIFS).

If the decision upholds the denial, you will receive the specific reasons for the final denial. The notification letter will include the benefit provision, guideline, protocol or other criteria used. Upon request, you will be provided access to and copies of all papers related to your grievance.

## External Appeal Rights

You or your authorized representative has the right to request an external review from DIFS. The request should be made after Total Health Care notifies you of the final decision. Notification of the final decision completes the Total Health Care internal appeal process.

You or your representative must file the DIFS Health Care Request for External Review Form to be given an external review. A copy of the Health Care Request for External Review Form will be included with the final decision letter. You may also call DIFS at (877) 999-6442 to have a form sent to you. The form should be filed no later than one hundred and eighty (180) days after you receive the final decision letter.

When appropriate, DIFS obtains the recommendation of an independent review organization, as designated by the Patients Right to an Independent Review Act. The independent review organization is not a part of Total Health Care. The commissioner of DIFS will issue a final order. To ask questions about the external review process, contact Total Health Care. To request an independent review, write or fax:

Department of Insurance and Financial Services  
Health Plan Division  
P.O. Box 30220  
Lansing, Michigan 48909-7720  
Fax (517) 241-4168

## Fraud and Abuse

If you have any information about fraud and abuse or think that someone may have used your I.D. card to receive benefits, please contact the Fraud and Abuse Coordinator. You can report fraud and abuse anonymously by writing or calling:

Total Health Care USA  
Attn: Fraud and Abuse  
3011 W. Grand Blvd., Suite 1600  
Detroit, MI 48202

Phone: (313) 871-2000 or toll free (800) 826-2862  
Fax: (313) 871-0196  
Email: [eliminatefwa@THCmi.com](mailto:eliminatefwa@THCmi.com)

## Notice of Privacy Practices – Total Health Care USA

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

Total Health Care USA provides your health care benefits. We are required by law to maintain the privacy of your health information and to give you this notice of our legal duty and how we protect the privacy of your written, spoken and electronic health information. We are generally required to notify you if your health information is not secured and is used or released in a way that is not permitted by this notice or privacy laws. We will follow the requirements of this notice while it is in effect. This notice is effective September 23, 2013, and will remain in effect until we change it.

### How we may use and release your health information without your permission

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

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

**For Treatment.** We may use and release your health information to help you get health care. For example, we may notify your doctor about care you get in an emergency room.

**For Payment.** We may use and release your health information so that your health care is correctly paid. For example, we may ask an emergency room for details about your health care before we pay the bill.

**For Healthcare Operations.** We may use and release your health information for our business operations. For example, we may use your information to review the quality of care you get or to talk to you about your health benefits.

**To Others Involved in Your Care.** Unless you tell us not to, we may release your health information to a member of your family, a close friend, or any other person you request, if they are involved in your health care or payment for your health care.

**To Business Associates.** We may release your health information to the companies we hire to help us in our business. Before these companies can get your information, they must agree in writing that they will follow our privacy rules.

**To Group Health Plans and Plan Sponsors.** If you participate in an employee benefit plan that we insure, we may share certain health information with the employer that sponsors the plan under certain conditions required by law.

Other Permitted Uses and Releases of Your Information. Although certain rules apply, we may use or release your health information as required by law; for public health activities; to a health oversight agency for activities authorized by law, such as inspections of our offices by the government; to a governmental authority if we reasonably believe that you have been a victim of abuse, neglect or domestic violence; as required by the Food and Drug Administration; in the course of judicial or administrative proceedings (for example, in response to an order of a court); in response to certain law enforcement requests; to coroners, medical examiners, and funeral directors; for organ, eye or tissue donation purposes; for workers' compensation purposes; for special government functions, including national security and intelligence activities; and to avert a serious and immediate threat to the health or safety of a person or the public. We may disclose your health information to researchers in limited circumstances, if the researchers use privacy protections required by law. We must also release your information when required by the Department of Health and Human Services to investigate our compliance with the privacy laws.

Health Related Benefits. We may use or release your health information to send you our newsletters or to tell you more about the benefits we offer.

Written Permission. We may use your information for other purposes not described in this notice if you give us permission in writing. We generally need your permission to use or release your health information if it relates to psychotherapy notes, relates to marketing, or relates to the sale of your health information. You have the right to change your mind and revoke your written permission. You must revoke your written permission in writing. We cannot take back any uses or releases made before you revoke your permission.

If we use or release your health information for underwriting purposes, we are prohibited from using or releasing your health information that is genetic information for underwriting purposes.

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

## Your Rights

You have the following rights regarding your health information:

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

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

Right to a List of Releases. Upon written request, you have the right to receive a list of releases

of your health information made by us during the six year period before the request. This list will not include information that was released for treatment, payment or health care operations, or as permitted as described above. This list will not include information provided directly to you or your family, or information that was released based upon your written permission.

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

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

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

## Changes to This Notice

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

## Complaints

**Complaints to the Federal Government.** If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to:

Office of Civil Rights Dept. of Health and Human Services  
200 Independence Avenue, S.W., Washington, D.C. 20201  
Phone: (877) 696-6775 TTY: (886) 788-4989, or go to  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

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

**Complaints and Communications to Us.** If you want to exercise your rights under this notice, communicate with us about privacy issues, or if you wish to file a complaint about us, you can call or write to us at:

3011 W. Grand Blvd., Suite 1600, Detroit, MI 48202  
Phone: (313) 871-2000 or (800) 826-2862

You will not be penalized for filing a complaint.

## Copies of This Notice

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





TOTALLY THERE FOR YOU

3011 West Grand Blvd.  
Suite 1600  
Detroit, MI 48202  
(313) 871-2000  
[www.THcmi.com](http://www.THcmi.com)



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