

## FAMILY PLANNING AND BCCCP SERVICES

**THIS INFORMATION IS BEING PROVIDED TO YOU FOR REFERENCE PURPOSES**

Some services are available free of charge to Medical Access Program (MAP) members.

<b>Service</b>	<b>Fees</b>	<b>Comments</b>	<b>Provisions</b>
<p>Family Planning Program</p> <p>Services may include pelvic exam, Pap test, breast exam, birth control information and contraceptive supplies, STD counseling, testing and treatment, diagnosis and treatment of gynecological problems, weight loss counseling, and sterilization referral.</p>	<p>Services are provided on a sliding fee scale based on the number of people in the household and household income.</p>	<p>Services are available at authorized family planning clinics.</p> <p>Contact the county health department Family Planning Program. For more information see Directory.</p>	<p>Available to women of childbearing years.</p> <p>Services must be provided at an authorized family planning clinics.</p>
<p>Breast and Cervical Cancer Screening Services</p> <p>Screening services include pelvic exam, Pap test, clinical breast exam, and mammogram. Follow-up services available to women with abnormal findings.</p>	<p>\$0.00</p> <p>May be some charges for non-covered services.</p>	<p>Contact the county health department Breast and Cervical Cancer Control Program (BCCCP). For more information see Directory.</p>	<p>Available to women age 40 and over.</p> <p>Services must be provided by an authorized BCCCP provider.</p>

Appendix B

Today's Date \_\_\_\_\_  
PCP Practice \_\_\_\_\_  
Staff Person Completing Form \_\_\_\_\_

**Check One**

- Change PCP Practice
- Update Member Information
- Replace Member's ID Card

**Medical Access Program**  
 Member Information Change Form  
 Phone: 1-866-291-8691 Fax: 517-887-4482

**INSTRUCTIONS:**

1. In upper left corner - indicate today's date, practice and staff person completing form
2. In upper right corner - check the appropriate box
3. Change Primary Care Provider Practice - complete member's full name, Social Security #, date of birth, and new primary care provider practice (5-digit plus one letter group #)
4. Update - complete member's full name, Social Security #, date of birth, and updated information:
  - \* Has other health insurance or coverage - indicate date other coverage started
  - \* Deceased
  - \* Change of address and/or telephone number
5. Replace member's ID card - complete member's full name, Social Security #, and date of birth

**PRINT ONLY**

**Member Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex  Male  Female

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State MI Zip \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_

**Change Primary Care Provider Practice:**

Transfer from Group # Assignment \_\_\_\_\_ Transfer to Group # Assignment \_\_\_\_\_

**Update:**

Member has Other medical coverage?  Yes Name of medical coverage \_\_\_\_\_

What date did coverage start? \_\_\_\_\_

Member is Deceased?  Yes Date \_\_\_\_\_

Other?  Yes

Comments:

**Completing the Member Information Change Form**

.01 General Guidelines:

- a) All information should be **printed** on the form
- b) Failure to complete all pertinent information may delay the change process
- c) Forms can be faxed to MAP Member Services. The fax number is located at the top of the form.

.02 How to complete the Member Information Change Form:

- a) In the upper left hand corner of the form, indicate date, primary care provider practice, and staff person completing
- b) In the upper right hand corner of the form, check the appropriate box
- c) If a member is changing his/her PCP practice, complete the member's full name, Social Security Number, and date of birth in the "Member Information" section of the form. Then, complete the "Change Primary Care Provider Practice" section by indicating the group number for the primary care provider practice the member is transferring to and the group number that represents the PCP practice the member is transferring from
- d) If a member's information needs to be updated, complete the member's full name, Social Security Number, and date of birth in the "Member Information" section of the form. Then, complete the "Update" section by indicating the change
- e) If a member's MAP ID card needs to be replaced, complete the member's full name, the Social Security Number, and date of birth in the "Member Information" section of form. Then check the "Replace ID Card" box in the upper right hand corner of the form. **Please note: Plan A members must contact the Beneficiary Help Line at 1-800-642-3195 if he/she does not receive a mihealth card, or if his/her mihealth card is lost, stolen or damaged.**

**COUNTY HEALTH PLANS  
Copays per Plan A**

	Office Visits/Urgent Care	X-ray	Lab	ER	Prescription
BEHP	\$3.00	\$0.00	\$0.00	\$0.00	\$1.00/\$1.00
BHP	\$3.00	\$0.00	\$0.00	\$0.00	\$1.00/\$1.00
BHSJHP	\$3.00	\$0.00	\$0.00	\$0.00	\$1.00/\$1.00
CHP	\$3.00	\$0.00	\$0.00	\$0.00	\$1.00/\$1.00
CHAP-ABW	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00/\$1.00
IHP	\$3.00	\$0.00	\$0.00	\$0.00	\$1.00/\$1.00
Ionia	\$3.00	\$0.00	\$0.00	\$0.00	\$1.00/\$1.00
JHP	\$3.00	\$0.00	\$0.00	\$0.00	\$1.00/\$1.00
KCHP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00/\$0.00
KHP	\$3.00	\$0.00	\$0.00	\$0.00	\$1.00/\$1.00
LHP	\$3.00	\$0.00	\$0.00	\$0.00	\$1.00/\$1.00
MAP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00/\$0.00
MMHP	\$3.00	\$0.00	\$0.00	\$0.00	\$1.00/\$1.00
MCHP	\$3.00	\$0.00	\$0.00	\$0.00	\$1.00/\$1.00
NHP	\$3.00	\$0.00	\$0.00	\$0.00	\$1.00/\$1.00
THP	\$3.00	\$0.00	\$0.00	\$0.00	\$1.00/\$1.00

**COUNTY HEALTH PLANS  
Copays per Plan B**

	Office Visits/Urgent Care	Specialty Care Office Visit	X-ray	Lab	Prescription
BEHP	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00/\$10.00
BHP	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00/\$10.00
BHSJHP	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00/\$10.00
CHP	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00/\$10.00
CHAP-ABW	No Plan B				
IHP	\$5.00	\$10.00	\$5.00	\$0.00	\$5.00/\$10.00
Ionia	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00/\$10.00
JHP	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00/\$10.00
KCHP	\$5.00	\$5.00	\$5.00	\$0.00	\$5.00/\$10.00
KHP	\$5.00	\$5.00	\$5.00	\$0.00	\$5.00/\$10.00
LHP	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00/\$10.00
MAP	No Plan B				
MMHP	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00/\$10.00
MCHP	No Plan B				
NHP	\$5.00	\$5.00	\$0.00	\$0.00	50% coinsurance
THP	\$5.00	\$5.00	\$0.00	\$0.00	\$5.00/\$10.00

## **Eligibility Viewing System**

The Eligibility Viewing System has been designed to assist participating health care providers in verifying eligibility of a member. The eligibility screen will allow users to have viewing rights to current and past member information, including enrollment and disenrollment dates and primary care practice assignments. Since the membership is constantly changing, the Eligibility Viewing System is the most accurate information as it is updated daily.

### Important Information:

- .01 Access to the Internet is required to use the Eligibility Viewing System. It has been designed to allow users to have “viewing rights only”.
- .02 To access the Eligibility Viewing System the user must first complete a Login/Password form. The Medical Access Program (MAP) will assign logins and passwords to each user requesting access. Forms are available by calling Member Services at 1-866-291-8691.
- .03 Any member information the user attempts to enter will not add to, alter or delete any existing information regardless of the user keystrokes. Primary care practices should continue to complete and forward the Member Information Change Form when updating or changing member information.

Appendix D

How to use the Eligibility Viewing System:

- .01 Access to the Internet is required to use the Eligibility Viewing System.
- .02 To open the Eligibility Viewing System, go to [www.communityhealthplans.org/admin/](http://www.communityhealthplans.org/admin/)



- .03 Type in the login and password that was assigned to you.
- .04 Click on “Eligibility Search”. A screen like this will appear:

Please enter in the member's ID number  
This is the last nine numbers on the members card

ID Number (ie HPMS001234)

OR

Social Security Number (ie  
123456789)

OR

Member's Last Name

Member's Date of Birth

- .05 There are three ways you can search for a member:
  - a) Type in member's **MAP** ID number. It is the ten digit number printed on the front of the member's MAP card
  - b) Type in member's social security number, or
  - c) Type in member's last name and date of birth (MM/DD/YYYY).

Definition of fields:

- .01 Last Name - The member's last name.

## Appendix D

- .02 First Name - The member's first name.
- .03 Plan/Group - Plan A or Plan B.
- .04 Group # - A five-digit number (and letter A or B) used by the system to separate members into reporting and/or benefit groups. Each primary care provider practice has two group numbers.
- .05 ID# - The number used to track the individual member. A unique ten (10) digit number is given to the member by MAP.
- .06 Address - The member's current mailing address.
- .07 City - The city the member lives in.
- .08 Zip - The member's zip code.
- .09 DOB - The member's date of birth. It is always recorded as MM/DD/YY.
- .10 County Code - See Page 9 for a complete list of County Codes.
- .11 Effective Date - The date the member became eligible.
- .12 Cancel Date - The date that coverage was terminated (blank if still open).
- .13 Cancel Code - The code for cancellation. See Page 10 for a list of codes.
- .14 Comments - Any comments about the member's eligibility status.

## MICHIGAN COUNTY CODES

01	Alcona	31	Houghton	61	Muskegon
02	Alger	32	Huron	62	Newaygo
03	Allegan	33	Ingham	63	Oakland
04	Alpena	34	Ionia	64	Oceana
05	Antrim	35	Iosco	65	Ogemaw
06	Arenac	36	Iron	66	Ontonagon
07	Baraga	37	Isabella	67	Osceola
08	Barry	38	Jackson	68	Oscoda
09	Bay	39	Kalamazoo	69	Otsego
10	Benzie	40	Kalkaska	70	Ottawa
11	Berrien	41	Kent	71	Presque Isle
12	Branch	42	Keweenaw	72	Roscommon
13	Calhoun	43	Lake	73	Saginaw
14	Cass	44	Lapeer	74	St. Clair
15	Charlevoix	45	Leelanau	75	St. Joseph
16	Cheboygan	46	Lenawee	76	Sanilac
17	Chippewa	47	Livingston	77	Schoolcraft
18	Clare	48	Luce	78	Shiawassee
19	Clinton	49	Mackinac	79	Tuscola
20	Crawford	50	Macomb	80	VanBuren
21	Delta	51	Manistee	81	Washtenaw
22	Dickinson	52	Marquette	82	Wayne
23	Eaton	53	Mason	83	Wexford-Missaukee
24	Emmet	54	Mecosta		
25	Genesee	55	Menominee		
26	Gladwin	56	Midland		
27	Gogebic	57	Missaukee		
28	Grand Traverse	58	Monroe		
29	Gratiot	59	Montcalm		
30	Hillsdale	60	Montmorency		

Roster Cancel/Data Codes	
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CODE	DESCRIPTION
03	Moved out of the county
04	Has other insurance
05	ABW - Eligible
06	Mail has been returned to the Calhoun Health Plan
07	Client requests closure
08	Not eligible for the Calhoun Health Plan
09	Person has Medicaid
10	Name change
11	Deceased
12	Excess income
14	Has Spend-Down
15	Person has Medicare
16	Person determined ineligible during re-determination process
19	Unassigned due to special circumstances
20	Redetermination – Over 65, non-citizen
21	Redetermination - Deceased
22	Redetermination - Excess Income
23	Redetermination - Out of county
24	Redetermination - Other insurance
26	Redetermination - Returned mail
27	Redetermination - Request closure
28	Failure to Redetermine Eligibility
29	Redetermination – Medicaid

**Note: If you do not have a Plan B eligibility category, some cancel/data codes may not apply.**

## **Medical Access Program**

\* These names on this sample roster are not actual County Health Plan members.

<i>LastName</i>	<i>FirstName</i>	<i>Effective Date</i>	<i>Group #</i>	<i>ID #</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>DOB</i>
ALCANTAR	JASON	5/1/2002	09333A	380822192	430 N LARCH	Marquette	49855	7/1/66
BENDER	SUZAN	5/1/2002	09333A	176002951	913 CHERRY LANE #B	Marquette	49855	7/5/63
BRIDGEMAN	JESSIC	5/1/2002	09333A	15626917	341 RAMPART WAY #101	Marquette	49855	4/11/77
FLANAGAN	ERIC	5/1/2002	09333B	485983289	1633 SNYDER RD	Marquette	49855	7/17/81
FRIEND	ROBERT	5/1/2002	09333B	176003079	132 W MCDONEL HALL	Marquette	49855	12/23/51
GLASSCOE	JARED	5/1/2002	09333A	176003080	PO BOX 204	Marquette	49855	12/26/52
JENCKS	KEVIN	5/1/2002	09333B	203605741	2365 E GRAND RIVER	Marquette	49855	3/15/78
JONES	PAULA	5/1/2002	09333A	262990429	3521 LAFAYETTE AVE	Marquette	49855	1/23/79
JONES	DONNA	5/1/2002	09333B	383768015	5571 OKEMOS RD	Marquette	49855	9/27/67
JONES	DANIEL	5/1/2002	09333A	383768015	5571 OKEMOS RD	Marquette	49855	5/20/76
KUREK	DONNA	5/1/2002	09333B	376784857	2365 E GRAND RIVER	Marquette	49855	1/2/76
MCBROOM	MERED	5/1/2002	09333B	364982512	3521 LAFAYETTE AVE	Marquette	49855	12/26/52
MONTEREY	PATRIC	5/1/2002	09333B	376642561	430 N LARCH VOA	Marquette	49855	3/15/78
NYAMBE	ANGEL	5/1/2002	09333A	372423866	PO BOX 78	Marquette	49855	1/23/79
O'LEARY	JASON	5/1/2002	09333A	365502876	4566 BLACKSTONE TRAIL	Marquette	49855	9/27/67
ROLAND	BRIAN	5/1/2002	09333A	262990429	205 BEECH	Marquette	49855	5/20/76
ROYCE	TOM	5/1/2002	09333B	383768015	PO BOX 1250	Marquette	49855	1/2/76
SWILER	ANDREA	5/1/2002	09333A	376784857	45 ANN STREET	Marquette	49855	3/2/54
SIMMS	QIANNA	5/1/2002	09333B	364982512	182 SOUTH WONDERS	Marquette	49855	11/13/44

<b>Roster Description</b>
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The purpose of the roster is to identify the enrolled and disenrolled members of Medical Access Program (MAP). This document is updated and distributed at the beginning of each month to all participating primary care practices.

Each member will receive a MAP identification card however, it is important to remember that the card is not proof of program eligibility. Primary care practices will want to use the Eligibility Viewing System or contact Member Services at 1-866-291-8691 to determine if the member is eligible.

The roster consists of the following fields:

- .01 Last Name - The member's last name.
- .02 First Name - The member's first name.
- .03 Effective Date - The date the member was enrolled in MAP.
- .04 Plan/Group - Plan A or Plan B.
- .05 Group # - A number used by the system to separate members into reporting and/or benefit groups. Each primary care provider practice has two group numbers.
- .06 ID# - The number used to track the individual member. A unique ten (10) digit number is given to the member by MAP.
- .07 Address - The member's current mailing address.
- .08 City - The city the member lives in.
- .09 Zip - The member's zip code.
- .10 DOB - The member's date of birth. It is always recorded as MM/DD/YY.

## Accessing the Web-Based Roster

- .01 There are two reports that can be run using the Web Based Enrollment System.
- .02 The first report, called the Health Plan Member List, generates a list of Monroe County Health Plan (MAP) members assigned to a specific primary care practice. To access this report, the user must be a participating primary care provider, have Eligibility Search rights, and request access to online reporting. Users will also need to have Adobe Reader installed on their web browser.
- .03 To run the Member Reports, the user should:
  - a) Go to the MAP website at [www.communityhealthplans.org/admin](http://www.communityhealthplans.org/admin)
  - b) Enter the user's assigned login and password
  - c) Click on the Online Reports link on the left side of the screen. This will display the option to view the Member List
  - d) Click on this link and the Member List will open in a new window
  - e) Click on Print to print a copy of the list or save report to the user's hard drive in Adobe format
  - f) This report shows only active members and is real-time information accurate at the time the report is printed.
- .04 The second report, called the Primary Care Provider List, generates a list of the participating primary care practices.

Note: The user will need Adobe Acrobat reader to view and save these reports. If you do not have it, follow this link to download it onto your computer:

<http://www.adobe.com/products/acrobat/readstep2.html>

## Accessing the Web-Based Formulary

- .01 The Medical Access Program (MAP) drug formulary can be viewed by going to the following web address [www.communityhealthplans.org](http://www.communityhealthplans.org). Only internet access is required. The user does not need a login and password.
- .02 Accessing the drug formulary Introduction Page:
  - a) Click on the word Formulary located in the menu bar under the Community Health Plans title. This link will take you to the drug formulary Introduction Page. From this page, the user can access many of the features.
- .03 Access a drug by using the Drug Category feature:
  - a) Click on the drug category listed on the left menu or use the Drug Search feature located at the bottom of the Introduction page to search for a drug. Use the scroll down bar near the middle of the screen to view the complete list of drug categories
  - b) Click on the drug category to view the brand and generic name for each drug listed on the MAP formulary. Use the scroll down bar on the right hand side of the screen to view the complete list of drugs in a category. The brand is listed for reference only and in most instances will not be provided unless the generic form is not available.
  - c) The user can search for another category by clicking on the Return to Search Screen feature at the bottom of the Introduction Page or by clicking on a different drug category on the left menu
- .04 Accessing a drug using the Drug Search feature:
  - a) Click on the Drug Search feature at the bottom of the Introduction page to search for a drug by name
  - b) From this page, the user can type a partial or full name of a brand or generic drug. If the drug is not on the formulary, "Return to Search Screen" will appear under the generic name heading.
  - c) Use the Back button or the Return to Drug Formulary Introduction Page feature to get back to the Introduction page.
- .05 General guidelines for formulary use can be viewed by clicking on the Formulary Medication or Excluded Medication links, located in the body of the Introduction page.

- .06 Medical providers with a MAP login and password can access information regarding prior authorizations for nonformulary drugs, print the MAP Provider Prescription Authorization Form, and view drugs that require medical review by clicking on the appropriate link located in the body of the Introduction page.