

# GRAND VALLEY HEALTH PLAN

## MEMBER HANDBOOK



Grand Valley Health Plan

[www.gvhp.com](http://www.gvhp.com)



## Member Handbook

# GRAND VALLEY HEALTH PLAN

Dear Member:

***Welcome to Grand Valley Health Plan!*** We are delighted that you have chosen us to provide quality healthcare for both you and your family. Our system is unique; combining integration of both coverage and medical care. It is our goal to provide the highest quality, customer centered, medical attention available because we understand how important that is to you, our members.

As a staff model HMO, we think you will find us less complicated than other plans. There are no claim forms, and most importantly, no mix-ups between the insurance company and the practitioners. Why? Grand Valley Health Plan employs our own Family Health Center physicians and staff so that our members receive direct attention.

As President of Grand Valley Health Plan, it is always a pleasure to welcome new members to our community of care. As a long time member myself, I think that the ability to partner with your health care providers creates a great opportunity to take a proactive approach to prevention and wellness, and to truly build a sound and personal relationship with those who help you with your medical needs.

Again, welcome to Grand Valley Health Plan! You have chosen to join an innovative approach to managing the care of both yourself and your family, and our staff is eager to meet you! You have chosen well.

Sincerely,

Roland Palmer  
President, Grand Valley Health Plan

OFFICE OF THE PRESIDENT

## Member Handbook

This is your Grand Valley Health Plan (GVHP) **Member Handbook**. This handbook will explain how GVHP works. Please look through it now and keep it handy for future reference. For more information, call your GVHP Family Health Center or the GVHP Customer Service Team at 616-949-2410.

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## Member Handbook



Grand Valley Health Plan

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We at Grand Valley Health Plan (GVHP) believe it is important to share our purpose and beliefs about health care.

### PURPOSE STATEMENT

Grand Valley Health Corporation is a regional Health Management Organization dedicated to providing and managing the services, products and information that our customers value to maintain or optimize their health.

To accomplish this purpose, while providing great performance for our customers, it is essential that we develop and operate an integrated, coordinated health management system, whose culture can “walk the talk” with the following values:

- Focus on customer value
- Accept individual accountability for behavior
- Produce a profitable result
- Seek effectiveness in outcomes
- Develop partnering relationships
- Be creative during change
- Share team accountability for performance

We believe that:

- We can influence the qualitative well-being of humans; and that
- Innovation is the only effective response to change; and that
- The collective problems of individuals will only be resolved through the collective efforts of individuals; and that
- The measure of quality is outcomes; and that quantity is important only to the extent that it enhances or facilitates quality and that, ***there is a better way . . .***

# Member Handbook

## PHILOSOPHY

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**GVHP** carries out its purpose through a philosophy or belief system that combines the values of cost, quality and service.

**GVHP** believes in having respectful relationships with our members, practitioners and providers. We believe these relationships should be purposeful. They should be effective. They should result in quality health care and service.

**GVHP** believes in the value of keeping people healthy. We also believe in making them well. Prevention is the key. Programs and services that lower the risks of disease and illness are at the “heart” of what we do at GVHP.

**GVHP** believes in the value of quality. We do this by credentialing our health care professionals. Credentialing is a review process health care professionals undergo. We look at their “credentials.” This process is thorough and complete. We hold these professionals to high standards. We measure quality of care and customer satisfaction.

**GVHP** believes in quality-based health care. We believe in cost-effective health care. We do this by contracting with selected health care practitioners and providers. Our contracts address quality and service as well as cost.

**GVHP** believes in keeping our members informed. We want you to have information about how our health plan works. We want you to know how our physicians and health care providers are paid. We want you know how resources are used and managed. This is called *utilization management*. Finally, we want you to know how these show and support quality of care.

**GVHP** believes that members have the right to voice complaints. You also have the right to appeal GVHP decisions. Finally, you have the right to expect timely service and responses.

# Member Handbook

## Welcome to Grand Valley Health Plan

This is your **Grand Valley Health Plan Member Handbook**. The information contained in this booklet will explain how GVHP works. Please review the information and keep it handy for future reference. On behalf of the Grand Valley Health Plan team, we look forward to serving your health care needs!

### How To Use This Handbook and General Plan Information

This handbook was designed to help guide you through the Grand Valley Health Plan system. Please take time to review it carefully. Make sure both you and your family understand your benefits before a time arises when you may need to use them. Keep this handbook in an easily accessed place, along with your GVHP Provider Directory and GVHP Certificate of Coverage. The GVHP Provider Directory lists all GVHP Family Health Center locations, practitioners (GVHP physicians, nurse practitioners and physician assistants) and additional services offered by Grand Valley Health Plan.

The *Provider Directory* and your *Member Handbook* contain information that you need to know about Grand Valley Health Plan. That information includes:

- The scope of our services
- Our practitioners
- Your benefits
- Your coverage
- Your rights and responsibilities

Please make sure that you have the most current version of these documents to assist you in making your healthcare decisions. Please take time to review and understand these important benefit documents. If you have any questions or need an additional copy of this information, please contact Customer Service at 949-2410.

## Member Handbook

### Questions Regarding Coverage

**Grand Valley Health Plan** is continually seeking to improve the service we give you, our members. The Customer Service team is always willing to answer your healthcare benefit questions.

**If you have a medical question about your healthcare, you should call your GVHP Family Health Center or GVHP Practitioner.** Our Customer Service Representatives are also available to answer any benefit questions you may have.

#### Customer Service Hours

Monday – Friday .....8:30 a.m. – 5:00 p.m., EST  
Extended evening hours (September –February)

#### Customer Service phone numbers

Customer Service Department..... **(616) 949-2410** or **(800) 335-1977**

Collect telephone calls are also accepted at all GVHP locations.

### Help for Members who are Hearing or Speech Impaired, or Speak a Language other than English.

**Grand Valley Health Plan** can help you communicate with our staff if you are experiencing difficulty in doing so. We believe that assuring good communication can improve a member's medical visit. While many of our members prefer to bring in or have someone they are familiar with to assist them in communicating, GVHP can also make arrangements for a translator, when notified in advance of a Members appointment time at a GVHP Family Health Center. Please contact your individual GVHP Family Health Center if this service is required.

In order to best serve the needs of our member community, Grand Valley Health Plan also offers translation services via the AT&T Language Line. The AT&T Language Line affords the GVHP Family Health Center a unique opportunity to obtain and maintain solid relationships with our members.

## Member Handbook

### Important Tips and Hints About Your Coverage

- It is important to carry your **Grand Valley Health Plan** Member ID Card with you at all times. Plan to present it at your GVHP Family Health Center, referral appointment, hospital, or other facilities.
- Whenever you need medical care, day or night, call your GVHP Family Health Center first our phones are answered 24 hours a day. **Unless you have an emergency condition, your GVHP Family Health Center Provider must arrange all of your healthcare.** Our phones are answered 24 hours a day.
- **If you have an emergency condition and there is no time to contact your GVHP Family Health Center, go to the nearest emergency room, or call 911.**
- If you were unable to contact your GVHP Family Health Center before obtaining emergency care, please call your GVHP Family Health Center within 24 to 72 hours, so that your follow-up care can be arranged.
- If your provider decides that you need specialty care, he or she will refer you to a Grand Valley Health Plan participating specialist who uses GVHP participating hospitals.
- Unless you have an emergency condition, Grand Valley Health Plan will only pay for care and services if the three following conditions are met:
  - Care and services are arranged and authorized by a provider at your GVHP Family Health Center.
  - Care and services are provided by participating physicians and healthcare facilities.
  - Care and services are covered by Grand Valley Health Plan as described in your Certificate of Coverage.

# Member Handbook

## INTRODUCTION

When you joined GVHP, you joined a team. The team focuses entirely on managing your health care needs. Who are the team members? **The team is GVHP, your GVHP Family Health Center and you!**

GVHP helps you understand your membership. We explain your rights and responsibilities. We help you understand your health care benefits. We listen to your concerns. We help you learn how to maintain a healthy life style and staying well.

Your GVHP Family Health Center manages your health care needs. It also coordinates your care. You go to your GVHP Family Health Center for your well or sick visits. Your GVHP Family Health Center gives you periodic health exams. It arranges hospital care. Your GVHP Family Health Center also arranges referrals to specialists when needed. It keeps your medical records up-to-date. Finally, your GVHP Family Health Center tells you about your health situation.

You, too, have an important role on the team. First, you receive the maximum plan benefits by having all your medical services provided or arranged by your GVHP Family Health Center. Then, you get the recommended preventive screening services and routine immunizations by visiting your GVHP Family Health Center. Finally, you practice good nutrition, exercise regularly and follow safety habits.

**When you join GVHP, you join a health delivery organization.** This organization is dedicated to giving you what you need to be a satisfied member. Take the time to learn how you can be an informed health care consumer. Continue reading your **GVHP Member Handbook**

### GVHP'S TEAM APPROACH TO HEALTH CARE

GVHP is a health care delivery network. We deliver care through our network of health care practitioners and providers. More specifically, GVHP owns and operates six (6) GVHP Family Health Centers. This is one part of our unique delivery system. What are the other parts?

First, let's learn what a **GVHP FAMILY HEALTH CENTER** is. A GVHP Family Health Center is much like any physician office. There are Family Health Center doctors, physician assistants, nurse practitioners, and nurses on hand to help you. A GVHP Family Health Center is much more than just a doctor's office! A GVHP Family Health Center offers the services of other health care professionals. Counseling and Wellness staff, x-ray technicians, and pharmacy staff are other health care professionals you can find right at your GVHP Family Health Centers. **Your GVHP Family Health Center is about customer-centered service and convenience.**

GVHP identifies its physicians, nurse practitioners, and physician assistants as "**PRACTITIONERS.**" This word comes from our accrediting body, the National Committee on Quality Assurance (NCQA). We will use this special word throughout the handbook.

## Member Handbook

### Who's On Your Team?

#### ***Family Health Center Physician***

Family Health Center physicians are specialists in family medicine. They can handle the health care needs of your whole family. Family Health Center physicians may either be MDs (Medical Doctor) or DOs (Doctor of Osteopathy). Both have received similar training. Both complete a residency program. This gives them training in key medical areas. They train in pediatrics, learning about children, their development and illnesses. They train in obstetrics, learning about pregnancy, labor, delivery and after-birth. They train in gynecology, learning about diseases relating to women. Their training includes internal medicine, the branch of medicine that studies the internal workings of the body. Finally, they train in community medicine and surgery. Family Health Center physicians are board-eligible or board-certified. Family Health Center is one of only a few medical specialties that requires recertification. Every six (6) years they must take and pass an exam.

#### ***Physician Assistants and Nurse Practitioners***

Physician assistants (PAs) and nurse practitioners (NPs) are other types of medical professionals. We often call them **mid-level** practitioners. The PA and NP work under the supervision of a Family Health Center physician. Both receive post-graduate training in medical and clinical sciences. PAs and NPs must meet specific educational requirements and strict licensing standards. They must also be board-certified. Just like a family physician, this happens every six (6) years. They are able to diagnose and treat most medical problems. Mid-level practitioners can manage the stable phases of chronic conditions such as high blood pressure and diabetes. They can write prescriptions and do health assessments and exams.

**WHEN YOU VISIT YOUR GVHP FAMILY HEALTH CENTER, YOU WILL MOST LIKELY SEE BOTH A FAMILY HEALTH CENTER PHYSICIAN AND A PHYSICIAN ASSISTANT (PA) OR NURSE PRACTITIONER (NP). WHO YOU SEE DEPENDS ON YOUR PREFERENCE AND YOUR MEDICAL NEEDS.**

There are other health care professionals on your team. These professionals also are trained and licensed in their special health care area. They work in support of your "primary" health care needs. These professionals include . . .

#### ***Nursing Staff***

Registered nurses (RNs) are part of GVHP's nursing staff. Licensed practical nurses (LPNs) and medical assistants (MAs) are also part of this staff. Each must complete a specific educational and training program. Their training allows them to take medical histories. They also can monitor your blood pressure and draw blood samples. They receive training on giving immunizations and allergy injections. They assist during routine examinations. Nursing staff can answer your medical questions over the phone and suggest possible home care when appropriate. They are trained to assess your symptoms. They help make the right appointments for your needs.

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### ***Specialty Care Nurse***

GVHP has a team of specialty care nurses. These nurses work on your behalf. The Specialty Care Nurse contacts you when you are in the hospital. She or he helps organize your care. She or he also arranges any special needs after you leave the hospital. The Specialty Care Nurse helps you understand your condition. This includes talking to you about treatment options and your doctors' recommendations. Finally, Specialty Care Nurses provide case management services for members with more complex medical conditions. Case Management services are arranged for you by your Family Health Center Team. If at any time you believe you would benefit from case management services, contact your GVHP Family Health Center or Customer Service at 949-2410.

### ***Health Coach***

Grand Valley Health Plan has counseling services available right at your GVHP Family Health Center. Our Counseling & Wellness staff are called Health Coaches. They are specialists in helping you better manage and improve your overall health and well being. Health Coaches are part of your Family Health Center Team. You may at times meet with a Health Coach at your Family Health Center. A Health Coach may even meet with you when you have an appointment with your doctor.

A Health Coach is a person who is trained to provide lifestyle coaching and counseling to you. This happens when you or your doctor think that things such as stress, worry, health habits or emotional concerns are affecting your physical or emotional well being. Health Counselors can also help you reduce symptoms or help you cope better with many chronic medical conditions. These conditions include things such as headaches, fibromyalgia, diabetes, asthma, and high blood pressure. Health Counselors can help develop plans for changing your behavior with things such as smoking, weight loss, alcohol use, exercise or other life style issues. Health Counselors can also help you deal with excess stress, depression, grief, anxiety and anger problems.

Health Counselors have a variety of backgrounds and training. Their training includes psychology, nutrition, health education, social work, nursing, exercise physiology and health counseling. In fact, all of our Health Counselors are trained Psychologists, Nutritionists, Social Workers, or Health Coaches with Masters degrees. They are all trained to work as part of your Family Health Center team. This way you are sure to be treated as a whole person – your body, mind, and emotions all together.

### ***Registered Pharmacist***

GVHP operates its own pharmacies. GVHP pharmacies are staffed by registered pharmacists. The registered pharmacist supervises pharmaceutical and drug services at GVHP Family Health Centers. In addition, he or she works closely with your GVHP Family Health Center team. He or she is there to answer questions about your medication. All GVHP pharmacists are college educated and are licensed by the State of Michigan.

Your GVHP Family Health Center team also has other staff working to help you with your Family Health Center appointment or referral needs. They strive to make this happen in a smooth and orderly manner. This staff includes . . .

### ***Patient Care Coordinator***

The Patient Care Coordinator is your advocate at the GVHP Family Health Center. She or he works to support your service needs. She or he is usually the first person you meet when you go the GVHP Family Health Center. The Patient Care Coordinator schedules your appointments. She or he helps

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you understand your health professionals' instructions. She or he can also answer many questions you may have. She or he can also help with any concern you may have about your health care or services.

### **Specialty Care Coordinator**

The Specialty Care Coordinator helps you when you need a referral. If you and your GVHP Family Health Center Practitioner decide you need to see a specialist, she or he arranges your physician appointments outside of your GVHP Family Health Center. She or he also schedules tests, procedures and surgeries. She or he can answer any questions you have about bills. Finally, the Specialty Care Coordinator answers questions about non-covered services. Non-covered services are services that are not covered under your GVHP *Certificate of Coverage*.

SO . . . **What does this all mean?** This means your GVHP Family Health Center team is here to give you and your family the best possible and most complete health care. We also are about quality care and service. The team approach helps us do this. We make sure the right person is doing the right thing at the right time and place, and remember **YOU** are part of the team!

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## MAKING DECISIONS ABOUT YOUR HEALTH CARE

**GVHP** believes your health care decisions are a shared responsibility. Who shares this responsibility? You, your family and health care professionals! Health care professionals must tell you about your health status. This includes giving you information about your medical condition and treatment options. You, in turn, must also tell us about your health history as well as on-going medical needs. If you want, your family can be included. They can give us other information to help us in treating you.

If you ask for a treatment or service that is unusual or rare, we might need to do some research. You or your Health Care Practitioner can request an opinion from our Vice President of Medical Affairs (VPMA). The VPMA (otherwise know as the **Medical Director**) will look into your request. He or she will then recommend the best treatment option for you. What something costs is not as important as you getting better. The VPMA will recommend the type of care or plan that is proven to be the best way to help you get better. (See also **Requests for "Special Services:" The GVHP Medical Opinion Process.**)

When you picked **GVHP**, most likely you had to choose a new doctor. If you are currently getting care from another doctor, we will work with you to make sure your care is transferred without a problem. We will work with you to choose where you go and who provides your care. This happens based on your needs and our experience of where you can receive the best care. Your GVHP Family Health Center team and you make the decision, not an insurance company.

Because you are a member of your health care team, we want you to be part of the decision process. To do this, your GVHP Family Health Center team needs your attention. The more informed and involved you are in your own care, the better the care your GVHP Family Health Center team can provide.

Recent studies link satisfaction with good communication. These studies show that communication means answering patient's questions or addressing concerns. Survey results show that satisfaction with a visit grows as this happens. These same studies also tell us that patients sometimes feel they are not understood. Patient confidence in health care professionals grows once they feel heard. Along with this, their satisfaction increases.

## Member Handbook

GVHP providers are committed to good communication with our members. They promise to:

- Listen to you carefully
- Care about what you think
- Explain things well to you
- Treat you with respect
- Understand your health concerns
- Speak to you in terms you can understand
- Encourage you to ask questions
- Spend enough time with you

Your time is valuable to us. We know you are busy and want to help you make the most of your visits. You can do this by preparing ahead of time for your visit. To help make the most of your next visit, we have put together a list of things to do prior to your visit.

1. Get ready for your office visit. Write down what you want to tell your provider. For example, is anything unusual or abnormal? When did it start? What remedies have you tried?
2. Write down what you want your GVHP Family Health Center practitioner to do. For example, do you want pain relief? Tests? A referral? A prescription? Do you need help in figuring out what is wrong? Or, do you need reassurance about symptoms?
3. When you go to your appointment, pull out your “list” and share it!
4. Make sure your GVHP Family Health Center practitioner is clear about what you said.
5. If a medical term or word is used that you do not understand, ask what it means.
6. When your health care practitioner says the “best option is . . .” Listen. Then, ask why? If you do not agree, tell your GVHP Family Health Center practitioner. Ask if there are other options.
7. Ask specific questions. For example, “How long will it take to heal?” “What are the side effects?” or “How will this affect my daily activities?”
8. Tell your GVHP Family Health Center practitioner you want to be an active member of your health care team.

If you are unhappy with your care for any reason, tell your GVHP Family Health Center practitioner. He or she wants you to be satisfied. Changes cannot be made unless you are honest about what is bothering you. The stronger your relationship with your GVHP Family Health Center team, the better care your team can give you. Get more out of your health care. Be involved! Be an active team member!

Finally, it is important that you understand that everything you need for care may not be covered. If you do not agree, it is your right to appeal through our grievance process. (See **Member Grievances**.)

## Member Handbook

### CONFIDENTIALITY & RELEASE OF INFORMATION TO US

As a **GVHP** member, you have certain rights (see **Your Rights and Responsibilities**). One of these is the right to confidentiality. Confidentiality means you have the right to have your medical information kept private. This information cannot be given out without your permission. We at GVHP take confidentiality seriously.

When you join GVHP, you agree to let us have access to your medical information. You also agree to let us use your medical information for certain business functions. This use is strictly limited.

So, what does this mean? It means you allow your GVHP Family Health Center team to review your medical information. We use this information to give or arrange your care. You also allow GVHP to show your records to state and federal agencies when necessary. . This happens, for example, when organizations, such as NCQA, come to review GVHP. These regulatory groups review us to make sure we meet standard requirements. They license and regulate GVHP. These groups protect your privacy as well. We also use your medical information to pay or coordinate claims (see **Coordination of Benefits and Subrogation**) and to administer your benefits.

GVHP takes every precaution to keep all information confidential. We have strict procedures for maintaining your medical records. We will not release this information without your permission. How we keep your information protected and all of your privacy rights are listed in our *GVHP Notice of Privacy Practices*. You received a copy of the *GVHP Notice of Privacy Practices* in your New Member Packet when you enrolled with Grand Valley Health Plan. If you would like another free copy of this Notice of Privacy Practices please contact your GVHP Family Health Center or Customer Services at 616-949-2410.

You may always look at your medical records during business hours. If you want a copy of your records, you will need to fill out a **Release of Information Form**. There might be a cost for copying your medical records. (See **Requests for Your Medical Records**.)

**Please Note:**

Children under 18 years of age also have certain rights to confidentiality. These rights come from state or federal laws. This means, in some cases, we are not able to share information, even with parents and guardians. Your son or daughter needs to sign a *Release of Information* if they want you to receive this information. What information is protected? Information on behavioral health, sexual activity or abuse and physical abuse situations are protected.

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### YOUR GRAND VALLEY HEALTH PLAN MEMBERSHIP CARD

Your membership or ID card is a key to receiving medical services. It identifies you as a GVHP member.

Remember, always carry your membership card. Present this card whenever you receive medical or pharmacy services. This will help specialists, pharmacies, and hospitals know about your benefits and where to send bills.

If you are a new member and have not yet received your card, do not panic! You can use the “**pink**” **copy** of your **GVHP Membership Change and Application Form** until you receive your membership card. If you do not have your “pink” copy, call your Customer Service Team at 616-949-2410.

Membership cards are issued to the subscriber. The subscriber is the person who is responsible for paying for GVHP coverage. The subscriber’s spouse also gets a card. Both cards come in the name of the subscriber. GVHP does not send cards for other dependents. Dependents are persons covered under your GVHP plan. The subscriber’s membership ID card will cover dependents. However, you may request a card for your dependent by calling the GVHP Customer Service Team at 616-949-2410.

If you misplace or lose your card, or if the information on the front is incorrect, call your GVHP Family Health Center or Customer Service at 616-949-2410. GVHP will send you a new card. GVHP processes membership card requests when they are received at our corporate office. It takes approximately 10 business days after we receive your request for a card to be issued.

There are two sides to your membership card. The front of the card gives information about your Health Center, including the phone number used to reach your GVHP Family Health Center or access after hours care. Your card lists information about your coverage or benefit level, such as the copayment you will pay for office visits, emergency and urgent care services. Your id card also lists information about your plan like your group and subscriber number.

Below is a sample id card and an explanation of the information on the front of the card:



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## CONTENTS OF THE FRONT OF YOUR CARD:

(1)	<b>GVHP Family Health Center</b>	This is the name of your GVHP Family Health Center
(2)	<b>Phone Number</b>	This is the telephone number of your GVHP Family Health Center. You may call this number 24 hours/day, 7 days a week.
(3)	<b>Subscriber</b>	This is the name of the card holder. Cards are issued in the name of the Subscriber
(4)	<b>ID #</b>	This is your individual identification number
(5)	<b>Coverage Code</b>	This tells us about your benefits
(6)	<b>Group #</b>	This is the number GVHP has assigned for your employer
(7)	<b>Office Visit</b>	This lists any applicable office visit copayment
(8)	<b>ER Copay</b>	This lists applicable emergency room copay (copay is waived if admitted)
(9)	<b>RX</b>	This lists applicable prescription copayment amount. For example, RX5 means you have a \$5 prescription copayment.
(10)	<b>Med Center Copay</b>	This lists applicable med center copayment. (This does not include the GVHP Urgent Care Center)

## THE BACK OF YOUR CARD

The back of your card tells you what to do in case of an emergency. You will find the following information on the back of your card:

**To the member:** If you have a medical emergency, please call your Family Health Center. However, if you believe the emergency may mean permanent damage to your health, go to the nearest emergency room. You or your representative should call your Family Health Center within 48 hours or as soon as medically reasonable.

**To the hospital:** Local hospitals participate with GVHP. Out-of-area hospitalizations should be reported within 48 hours of admission.

**To the Physician:** Contact the GVHP Family Health Center on the front of this card to notify of an emergency admission or service. We request that this notification should occur within 48 hours

**Grand Valley Health Plan  
829 Forest Hill Avenue SE  
Grand Rapids, MI 49546**

## Member Handbook

### YOUR RIGHTS AND RESPONSIBILITIES

As a GVHP member, you have certain rights and responsibilities that are an important part of your health care. These fall under the Grand Valley Health Plan ***Member Bill of Rights and Responsibilities***.

#### YOUR RIGHTS

- ❖ The right to receive information about GVHP, its services, its practitioners and providers, and member rights and responsibilities.
- ❖ The right to have timely and appropriate medical care delivered in the appropriate setting.
- ❖ The right to be satisfied with your choice of GVHP Family Practice Offices and to have a choice within your health plan of practitioners and providers who meet high standards of professional training and experience.
- ❖ The right to be cared for by health care professionals who are accountable for the quality and confidentiality of the services they provide and for the satisfaction of their patients.
- ❖ The right to participate with your Health Care Team in decision making about your health care.
- ❖ The right to candidly discuss appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- ❖ The right to voice a complaint or appeal about GVHP or the health care provided.
- ❖ The right to be treated with respect and dignity and have your right to privacy maintained.
- ❖ The right to make recommendations regarding Grand Valley Health Plan's members' rights and responsibilities policies.

#### YOUR RESPONSIBILITIES

- ❖ The responsibility to hear how to use your GVHP Family Practice Office.
- ❖ The responsibility to call your primary GVHP Family Practice Office to get approval for any service.
- ❖ The responsibility to ask questions, when you think it is necessary, about your agreed upon treatment plan and then follow your treatment plan and the instructions you were given.
- ❖ The responsibility to ask questions to understand your health problems, participate in developing an agreed upon treatment plan and then follow your treatment plan and the instructions you were given.
- ❖ The responsibility to use the ***Helping You Help Yourself*** Handbook.
- ❖ The responsibility to be open and honest with your health care team and supply information to the best of your ability that GVHP and our practitioners or providers need in order to provide you with care.
- ❖ The responsibility to understand your health problems and to participate with your health care team in developing agreed upon treatment goals to the best of your ability.

## Member Handbook

### MICHIGAN PATIENT PROTECTION ACT

The Michigan Patient Protection Act is a law that began in October 1997. This law requires GVHP and other managed care plans to give members certain protections and information. Michigan is one of a few states leading the way to ensure consumer healthcare rights. GVHP supports and complies with the Michigan Patient Protection Act.

The Michigan Patient Protection Act guarantees you rights that are in addition to the GVHP **Member Bill of Rights and Responsibilities**. Some of these are:

- ❖ Getting information about GVHP participating practitioners and providers
- ❖ Getting health coverage sooner for problems that existed before you enrolled in your health plan. This is also covered under a federal law called the Health Insurance Portability and Accountability Act (HIPAA).
- ❖ Getting faster and clearer ways of handling complaints or grievances.

*What information must GVHP share?* We will tell you about or how to get the following information. We will share with you why this information is important to know. At GVHP we want to ensure that you have the resources available to assist you with any questions or concerns you have about either a GVHP practitioner, contracted facility or specialist.

For example, it is important for you to know things like how many procedures a facility can handle. Referring to a facility that does a larger number of procedures makes sense. The more procedures the facility handles, the more experience they have. For complicated procedures this experience may contribute to improved outcomes. Here is a list of information that is available to you as well as where it can be found:

INFORMATION AVAILABLE	WHERE TO FIND OR HOW TO GET
Names and locations of current GVHP practitioner and providers by specialty and type of practice	Call GVHP at 616-949-2410 and ask for the <b>Grand Valley Health Plan Affiliated Providers</b> document or access our online Provider Directory at <a href="http://www.gvhp.com">www.gvhp.com</a>
Limitations on accessibility and referrals to specialists	<ul style="list-style-type: none"> <li>• See <b>Member Handbook</b> under <b>Learning about YOUR OTHER HEALTH CARE NEEDS</b></li> </ul>
Disclosure of which practitioners are not accepting new enrollees	Call GVHP at 616-949-2410 and ask for the <i>Closed Panel Plan</i> document or access our online Provider Directory at <a href="http://www.gvhp.com">www.gvhp.com</a>
Information about credentials of participating health care professionals, including: <ul style="list-style-type: none"> <li>• Relevant professional degrees</li> <li>• Date of certification by the applicable nationally recognized boards and other professional bodies</li> <li>• Languages spoken, including sign language</li> <li>• Names of affiliated licensed facilities where health professionals presently have privileges for the treatment, illness or procedure that is the subject of the request</li> <li>• The numbers of procedures that have been done in by a practitioner or at a Facility</li> </ul>	Call GVHP at 616-949-2410 and ask for <ul style="list-style-type: none"> <li>• <i>Grand Valley Health Plan Affiliated Providers</i> document</li> <li>• <i>Grand Valley Health Plan Provider Directory</i> or access our online Provider Directory at <a href="http://www.gvhp.com">www.gvhp.com</a></li> </ul> Specific credentialing and board certifications are available at the GVHP corporate office.

## Member Handbook

Licensing verification number for the Michigan Department of Consumer and Industry Services. This provides you with information about disciplinary actions or open formal complaints filed or taken against a health care practitioner within the preceding three (3) years.	1-900-555-8374  (Please note this is not a toll free call)
Information on whether a Practitioner speaks another language.	Contact GVHP Customer Services at 616-949-2410 or access our online Provider Directory at <a href="http://www.gvhp.com">www.gvhp.com</a>
Prior authorization requirements	See <i>Member Handbook</i> under Learning about <b>YOUR OTHER HEALTH CARE NEEDS</b>  See your <i>Certificate of Coverage</i> : Article II: <u><a href="#">Benefits Schedule</a></u>
Any limitations, restrictions, or exclusions of care and benefits	See your HMO <i>Certificate of Coverage</i> : Article II: <u><a href="#">Benefits Schedule</a></u> ; any applicable <i>Riders</i> also see <i>Member Handbook</i> under <i>Benefits Exclusions &amp; Limitations</i>
Information on financial relationships between GVHP and any practitioner including; <ul style="list-style-type: none"> <li>▪ Whether a fee-for-service or capitation payment arrangement exists</li> <li>▪ Whether payments to practitioners or providers are based on standards relating to cost, quality or patient satisfaction measurements (method of physician compensation)</li> </ul>	Call GVHP at 616-949-2410 and ask for the <i>Grand Valley Health Plan Affiliated Providers</i> document and <i>Provider Payments</i> letter.
GVHP process for evaluating new technology for inclusion as a covered benefit	See <i>Member Handbook</i> under <b>Learning about GVHP MEMBERSHIP PROCESSES AND SERVICES</b>  Call GVHP at 616-949-2410 and ask for the Grand Valley Health Plan <b>Framework for Determining Clinical Effectiveness of New or Controversial Treatments/Procedures</b>

If you have questions about the Michigan Patient Protection Act, call your Customer Service team at 616-949-2410.

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### MICHIGAN PATIENT ADVOCATE LAW

Grand Valley Health Plan can also provide you with information about *Advance Directives*. An *Advance Directive* is a written document in which you may give instructions about your future health care that may be done if you lacked the ability to make a medical decision for yourself. Please contact your GVHP Family Health Center or Customer Services at 616-949-2410 for more information about Advanced Directives.

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## Member Handbook

### FRAUD AND ABUSE

In an effort to keep health care costs as low as possible, Grand Valley Health Plan is dedicated to identifying and minimizing medical fraud and abuse.

**What is fraud and abuse?** Fraud is deception or misrepresentation of facts, which could result in payment for services that would otherwise not exist. Abuse occurs when services are provided which are inconsistent with the terms or rules of a plan. As a result, unnecessary health care costs are incurred. Below are some examples of medical fraud and abuse:

- A member shares his/her health ID card with a non-member
- A member does not remove a dependent when he or she is no longer eligible for coverage (example: a child is 19 and no longer a full-time student or a subscriber fails to remove an x-spouse after a divorce)
- A member does not provide correct demographic information (i.e. is living out of the GVHP service area)
- A member and/or health care provider overstates the member's illness
- A member forges a prescription or obtains medication to resell it
- A health care provider bills for services not provided
- A health care provider charges twice for the same service

#### Reporting Fraud and Abuse

Health care fraud and abuse makes health care costs increase. If you suspect fraud or abuse, please contact Grand Valley Health Plan. You may call Customer Service at 616-949-2410 or our Fraud and Abuse Hotline at 1-866-203-7456. The hotline is available 24 hours a day, 7 days a week. Your call can remain anonymous.

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### UTILIZATION MANAGEMENT PROCEDURES

Grand Valley Health Plan is committed to providing necessary health care services to its members. To this end, GVHP encourages its practitioners to make appropriate medical decisions. This is providing utilization management, based on appropriate medical care and services.

Because of this, all Grand Valley Health Plan employees that make medical necessity determinations are aware of and practice consistent with the following GVHP policy:

- Utilization management decision-making is based only on appropriateness of medical care and service and existence of coverage.
- Grand Valley Health Plan does not provide its utilization review staff financial rewards or incentives for denying necessary services.
- Grand Valley Health Plan does not provide other incentives that would lead to inappropriate medical care or to not providing necessary services.

Grand Valley Health Plan also has many different utilization management procedures. These procedures outline how Grand Valley Health Plan makes decisions based on sound clinical evidence. These procedures include; primary care and secondary care management, pharmaceutical (If applicable), and counseling and wellness to name a few. If you are interested in receiving a copy of any of these utilization procedures please call Customer Service at (616) 949-2410

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### PATIENT SAFETY PROGRAM FOR GRAND VALLEY HEALTH PLAN

Grand Valley Health Plan is committed to improving patient safety as part of the healthcare delivery system by developing guidelines and benchmarks that meet basic physician, Member and employer needs and expectations. If you would like a copy of GVHP's Patient Safety program and our annual evaluation please contact Customer Services at 616-949-2410.

Grand Valley Health Plan wants our Members to receive quality care in a safe setting. Choosing quality health care services for you and your family requires special thought and attention. GVHP directs Members to health care providers that have experience with your medical condition. These providers have had success and done a large number of procedures for your medical condition. These providers monitor and work to improve overall quality care. The Michigan Health and Safety Coalition collects outcome data on Michigan hospital and produce guidelines for patients being treated for seven serious medical conditions. They collect safety data for intensive care units. To find more information on where West Michigan hospitals rank, visit [www.mihelathandsafety.org](http://www.mihelathandsafety.org) or [www.leapfroggroup.org](http://www.leapfroggroup.org).

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### Medication Safety

Understanding your medications is an important part of staying in charge of your health. The use of both prescription and over-the-counter medications requires careful attention regardless if you are at home or in the hospital.

*These tips may help you make the most of your medication:*

- **Follow all of your physician's instructions** about your medications. Read and follow any directions or warnings on over-the-counter medicines as well. If you have questions, remember to ask them before leaving the doctor's office or hospital.
- **When you speak to your physician or pharmacist**, ask as many questions as you need to feel confident, and be sure to tell him or her about any allergies you may have. If, when you receive your medication, it looks different, ask about it immediately and prior to taking it.
- **If you see more than one doctor**, be sure that each one is aware of all medicines that you take, including items such as Tylenol, laxatives, antihistamines, vitamins, and other over the counter products. If you have more than one doctor prescribing the same medicine, let them know immediately.
- **At the pharmacy**, check the label on the bottle or package. If it is not the same as before, ask why. Were you given the correct medicine? Make sure that you can read the instructions easily. If not, ask the pharmacist for a label that's easier to read.
- **Keep track of your medication** with a chart listing the name, how much to take, when to take it, the doctor who prescribed it, and special directions such as "take with meals." If you need help, ask your GVHP Family Health Center.
- **Use a pill "reminder" case** that has compartments for each day of the week. These are available for purchase at the GVHP pharmacies as well as other drug stores. These compartments help you take your medicines correctly.
- **You may experience side effects** when you start a new medicine or after you have been taking it for some time. Call your physician immediately if you develop itching, swelling, dizziness, or any other ill effects.
- **Don't stop taking your medication** unless your doctor says to do so.
- **If you skip a dose of medicine**, don't assume it's safe to double the next dose. Check with your

## Member Handbook

physician or pharmacist. Find out what to do before this happens—then add that information to your medication chart.

- **If you mistakenly take an extra dose of medicine**, call your physician or the Poison Control Center. Be prepared to tell them what medicine you took.
- **When taking a prescription medicine**, consult your physician before taking any other medicine. Some over-the-counter medicines may interfere with prescription medicines, while others may be safe.
- **Remember that alcohol and medicines don't mix.**
- **In the hospital, ask questions** about what medicines they are giving you. If the color or shape of the pill changes, ask questions before taking it.

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### CHOOSING A GVHP FAMILY HEALTH CENTER TEAM

As a GVHP member, you choose a GVHP Family Health Center that works best for you. Your GVHP Family Health Center is the first point of contact for you and your family's health care needs.

Each GVHP Family Health Center has a complete team of healthcare professionals. This includes Family Health Center Physicians (MDs or DOs), Physician Assistants (PAs), Nurse Practitioners (NPs), nurses, Health Counselors in Behavioral Health and Nutrition. Patient Care Coordinators at your Family Health Center are there to help you schedule visits with the right team member. Even though you see other practitioners, your GVHP Family Health Center physician knows about all the medical care you and your family receives. (See **GVHP's Team Approach to Health Care.**)

**You choose a GVHP Family Health Center when you join.** Each member of your family may choose his or her own GVHP Family Health Center. You may also change GVHP Family Health Centers whenever you choose. However, we encourage you to work closely with your GVHP Family Health Center team. It is important to get to know them. And, it is just as important that you let them get to know you. Remember you are now part of a team. Everyone, including you, is working together to keep you healthy.

Your *Certificate of Coverage* gives more information about this. (See ARTICLE IV: [Member Rights and Responsibilities](#) for this and other membership information.)

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### GVHP FAMILY HEALTH CENTER HOURS

GVHP Family Health Center staff spends a lot of time getting to know their members. One of the things they have learned is that members need lots of flexibility for scheduling appointments and receiving care. So, GVHP Family Health Centers have developed flexible schedules that include early and late hours on several days of the week.

Generally, regular office hours at your GVHP Family Health Center are from 8:30 AM to 5:00 PM, Monday through Friday. Some GVHP Family Health Centers offer appointments starting at 7:00 AM as well as evening hours until 8:00 PM.

## Member Handbook

### GVHP FAMILY HEALTH CENTER LOCATIONS

GVHP Family Health Centers are easy to find and use. Here's a listing of the GVHP Family Health Center closest or most convenient for you. See also the **GVHP Service Map** in this section of your handbook

#### GVHP SERVICE MAP



**(1) GVHP Corporate Headquarters**  
829 Forest Hill Avenue SE  
Grand Rapids, MI 49546  
(616) 949-2410

**(2) Jenison Family Health Center**  
529 Baldwin  
Jenison MI 49428  
616.457.3830

**(3) Kentwood Family Health Center**  
1142 44<sup>th</sup> Street SE  
Kentwood MI 49508  
616.534.8323

**(4) Rockford Family Health Center**  
10 Mile Road NE  
Rockford MI 49341  
616.866.9568

**(5) Walker Family Health Center**  
650 3 Mile Road NW  
Walker MI 49544  
616.784.4714

**(6) Wyoming Family Health Center**  
5251 Clyde Park Avenue SW  
Wyoming MI 49509  
616.532.1100  
Wyoming Pharmacy  
616.532.8882

**(7) East Leonard Medical Complex Including:**

**Surgical and Diagnostic Center**  
2680 Leonard Street NE  
Grand Rapids MI 49525

**Beckwith Family Health Center**  
616-224-1515

**Women's Wellness Center**  
(call your Family Health Center)

**OB Center of Excellence**  
1-800-891-8322  
616.224.1515

**Beckwith Pharmacy**  
616.224.1121

**Urgent Care Center**  
(Call your Family Health Center)

**Diagnostic Radiology Center**  
616.224.8686

Grand Valley Health Plan maintains staff privileges at the following JACHO accredited hospitals: Spectrum Health – Blodgett and Butterworth (downtown), St. Mary's Hospital.

## Member Handbook

### ALL ABOUT GVHP FAMILY HEALTH CENTER APPOINTMENTS

Always call your GVHP Family Health Center for an appointment. Tell the GVHP Family Health Center why you need an appointment. The GVHP Family Health Center will schedule your appointment based on your needs and the following standards:

- **GVHP Appointment Standards:** Access, or being able to get care, is important to you and to us. GVHP has appointment standards to meet your health care needs. These standards come from the input of our health care practitioners. They also meet the requirements of our accrediting body, the National Committee on Quality Assurance (NCQA).

Visit Type	Standard
Preventive or non-symptomatic office visits	21 days
Routine or symptomatic office visits	2 days
Urgent care office visits	24 hours
Behavioral Health Emergent – life threatening	Immediately
Behavioral Health Emergent – non life threatening	Within 6 hours
Behavioral Health urgent	Within 48 hours
Behavioral Health routine office visit	10 days

- **Urgent Problems:** Our goal is to schedule urgent problems for the same day. Most likely you will talk with a nurse. Together you will determine the right treatment plan. This includes the right time and right practitioner for your care. Nursing guidelines are in the *Helping You Help Yourself* Handbook. If you do not have one, call or stop by your GVHP Family Health Center.
- **Non-Urgent or Routine Problems:** Our goal is to schedule non-urgent problem within 48 hours (two days). Again, a nurse may help you with scheduling the right time for your visit.
- **Preventive Care:** Our goal is to schedule preventive care appointments to meet a standard of 21 days. Preventative care means health assessments (physicals) or well child exams. Some types of medical conditions require attention at specific times (for example, scheduled follow-ups, OB visits, chronic conditions, etc.). We schedule appointments according to need.
- **Access:** We are using a scheduling method that will help make it easier and faster for you to schedule appointments. This new system is called *Access*. With *Access* most appointments can be scheduled either the same or the next business day (even preventive care)! Some appointments will be held for scheduling at a later date. *Access* appointment scheduling often allows us to exceed GVHP appointment standards. Please ask your GVHP Family Health Center for more information on how *Access* works.
- **Consistent Practitioners:** Your Patient Care Coordinator will schedule you with the first available practitioner or the practitioner of your choice. You are always free to ask to see the same practitioner for your care. Depending on whom you wish to see, the wait time for your appointment may change.

## Member Handbook

- **Wait Times:** We know how valuable your time is. The staff at your GVHP Family Health Center will try to keep your wait time to 15 minutes or less. If you wait longer, please tell the Patient Care Coordinator.
- **Canceling Appointments:** If you must cancel your appointment, please call your GVHP Family Health Center as soon as possible for the same day / next day scheduling and for those appointments scheduled beyond the next day, please give at least a 24 hour notice. This lets us schedule another member for that time.
- **Late Appointments:** If you are more than ten (10) minutes late, your appointment may be given to the next patient. We do this so that you and others will not be kept waiting. We will offer you other options depending on your appointment needs. These may include rescheduling, waiting until the next available appointment, or working you into the schedule. In most cases, it may require additional waiting time on your part.

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### CHECKING-IN FOR YOUR APPOINTMENT

**Always check-in when you visit your GVHP Family Health Center.** The PCC at your GVHP Family Health Center will help you check in. Be ready to show your GVHP membership or ID card. You will be asked to confirm certain information at check in. This includes your address and telephone number. We will ask if you have other insurance. Please be patient when we ask. We need to have the most up-to-date information about you. We need this information so we can stay in touch with you and process your claims accurately and in a timely manner.

**You are responsible for your office visit copayment. This is due at the time of service. Office visit copayments are required for every visit with a Family Health Center Provider or Health Coach. Please remember: Your copayment is your responsibility.**

If you are a new member, you will also be given information to complete at the time of your first visit. This information is needed to set up your medical records. Ask about a GVHP Family Health Center orientation at your first visit. We want you to know all about us.

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### PHYSICAL EXAMS AND IMMUNIZATIONS

Your GVHP Family Health Center works with you on your health care needs. There are several ways we do this. Your GVHP Family Health Center helps you know how often you need a physical exam. We tell you about preventive screening services. For example, we let you know when you need a screening test such as a mammogram, cholesterol or PSA test. Immunizations are also important in keeping you healthy. Your GVHP Family Health Center helps here, too. To learn more about immunizations, check your ***Helping You Help Yourself Handbook***. For information about physical exams, look in the ***Learning about PREVENTIVE HEALTH AND WELLNESS***.

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### BEHAVIORAL HEALTH CARE

**GVHP** offers a full range of Behavioral Health services. Behavioral Health is a term that covers mental health and substance abuse care. Most behavioral health services are provided right at your GVHP Family Health Center and are part of the medical care that you receive. These services may include

## Member Handbook

brief 10-15 minute appointments at the request of your doctor. Sometimes they may be a 20-30 minute appointment to assess your needs and develop a plan to help you.

Most times you may only need to meet with a Health Coach three or four times in order for you to improve your health and well being. Your coach will let you know the number and type of visits that are best for you. As with your medical care, ask questions. **Be involved.**

Inpatient mental health care is only for the most serious psychiatric conditions. If you need this, you will be referred. Most hospitalizations are short. They usually last less than seven days. Most inpatient care occurs in a partial hospitalization program. This means you go to the hospital only during the day and receive care. The care consists of half-day group and individual sessions. We know that being in the “least restrictive” environment is usually best for you and your family. This means you do not always need to be in the hospital. Another “level of care” can be just as effective. For benefit explanations, please refer to your Certificate of Coverage.

Your GVHP Wellness Counselor also provides alcohol and substance abuse services. As with mental health concerns, you will be evaluated. A plan will be developed if you need care. This plan will identify the best setting for your care. The Health Coach are fully integrated with the GVHP Family Health Center teams. This means that you can be assured all appropriate medical care is coordinated within your GVHP Family Health Center team.

**If you need more information about GVHP Behavioral Health services, call your GVHP Family Health Center.** Or, call your GVHP Customer Service team at 616-949-2410.

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## REFERRAL CARE

You and your GVHP Family Health Center Practitioner may decide you need the services of a specialist. A specialist may sometimes be called a “referral physician.” Your GVHP Family Health Center Practitioner will refer you. You will go to a referral physician who participates with GVHP. This means the specialist is a member of the GVHP panel. Your condition might need the services of a specialty not available through our panel. In that case, you might be referred to a non-participating practitioner. Most importantly, you will be going to a referral physician we know can be trusted to give you the best care.

Your GVHP Family Health Center helps you with your referral. The Specialty Care Coordinator will make your appointment. She or he will tell the referral physician’s office where to call for authorization of further services. The Specialty Care Coordinator will tell the specialist’s office where to send the bills. **Please remember if your plan has an office visit copayment, you owe this at the time of your specialist visit.**

It is possible that the specialist might ask you to come back. **Your GVHP Family Health Center can only authorize services it has arranged.** Do not schedule another appointment without first calling your GVHP Family Health Center. Your GVHP Family Health Center will tell you if the next visit is authorized. Be cautioned. If you go back without an authorization, ***you will be responsible for unauthorized visits or services.***

**Special Note:** It is possible that your specialist may advise a service that is not a covered benefit. Your GVHP Family Health Center Practitioner might also do this. The service or product might be medically necessary. However, if it is not a covered benefit, GVHP will not pay for it. You will be responsible for paying for it.

### HOSPITAL CARE

If you need hospital care, your GVHP Family Health Center Practitioner will make the arrangements. Or, a GVHP Specialty Care Nurse will help with this. You will go to the hospital that best fits your needs. GVHP participates with the following hospitals:

- ◆ Spectrum Blodgett Hospital
- ◆ St. Mary's Hospital
- ◆ Spectrum Butterworth Hospital
- ◆ Metropolitan Hospital

Your GVHP Family Health Center physician is involved in your hospital care. He or she will work with the hospital staff to be sure you get the care that you need. A GVHP Specialty Care Nurse may also visit you in the hospital. She or he monitors your nursing care. She/he will set up any special needs you might have at home.

You might be asked to show your membership card when you go to the hospital. You should always carry your card with you. The hospital needs this information in order for you to be admitted. Bills for hospital care will go to GVHP. GVHP will pay benefits directly to the hospital.

GVHP has an agreement with United Resource Network. This agreement provides for non-experimental organ or tissue transplants at specific Centers of Excellence. These are the most outstanding places available for patients. We know that if our members go there, they can receive the highest quality medical care possible.

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### CASE MANAGEMENT

GVHP is committed to providing high quality health services to our members. We offer case management services as part of this commitment.

What is case management? Case management is member-focused. It promotes quality. It is concerned about cost-effective care. It addresses a large range of individual needs across various levels of care. It is not just for a single episode of care. Finally, it is much more than discharge planning.

GVHP offers this free service to members with serious medical problems. These include cancer and diseases requiring transplants. Other complicated medical conditions receive case management services. These members usually have many problems and concerns that can "fall through the cracks." We do not want this to happen. That's why GVHP is committed to providing this important service.

Case management is also a process. It includes assessment and planning. Implementation and evaluation of your health care needs are also part of the process. A case manager works with you and your GVHP Family Health Center team. She or he also involves referral physicians and providers. They are all part of your case management team. The case manager helps your team develop an individual treatment plan. This might include some of the following:

- Arranging and coordinating physician-directed treatment
- Assuring communication among all parties

## Member Handbook

- Finding and obtaining community-based resources that meet the member's medical, psychological and social needs
  - Keeping everyone on the team updated
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### URGENT CARE

**Urgent care involves medical care for conditions that are not life-threatening.** This means your condition can wait for the time it would take to call your GVHP Family Health Center for direction. An example of an urgent condition would be a sprained ankle. You may need to seek Urgent Care when you are in the service area. For example, if your GVHP Family Health Center is closed. You may also seek Urgent Care services when you are out-of-area due to travel or business. **Remember, urgent conditions always require a call to your GVHP Family Health Center for authorization.**

If you need urgent care services, please do the following steps:

- (1) Call your GVHP Family Health Center at the telephone number on the front of your membership card.
- (2) If you are calling during regular business hours, you might be directed to your GVHP Family Health Center for care. You may also be sent to the GVHP Urgent Care Center (UCC) if your GVHP Family Health Center is not able to take care of you.
- (3) If you are calling after hours, someone will get back to you within fifteen (15) minutes of your call. You will be directed to the most appropriate setting.
- (4) Most likely you will go to our Urgent Care Center. Our UCC offers convenient and immediate care. You are less likely to wait to see a practitioner at our UCC than at one of the other local Med Centers.
- (5) If you are seen at our UCC, your office copayment applies (if you have one).
- (6) If you are directed or seen at a Med Center other than our UCC, then your Urgent Care copayment and any applicable deductible will apply.

Our Urgent Care Center, located at 2680 Leonard NW, is open everyday, including weekends and Holidays.

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### EMERGENCY CARE

A medical emergency means you need attention right now! GVHP defines medical emergencies as an unexpected or unforeseen onset of a traumatic bodily injury, life-threatening or disabling condition which, if not treated immediately, may result in serious physical impairment or loss of life.

Some examples of medical emergency include but are not limited to:

- Possible heart attack. You are having severe chest pain including sweating and/or nausea.
- Poisoning
- Convulsions

## Member Handbook

- Loss of consciousness
- Other acute medical conditions

If your condition is an emergency, go to the nearest hospital right away. Of, if you can, call your GVHP Family Health Center for help. If you are unable to call before going, then call when medically possible or within 48 hours.

In case of an emergency, follow these steps:

- If you believe any delay in care will result in loss of life or permanent disablement, go to the nearest hospital emergency room or call 911.
- If you are not admitted, call your GVHP Family Health Center when medically possible or within 48 hours.
- Do not go to the emergency room for follow-up care. Your GVHP Family Health Center can provide this care or we will arrange for follow-up care. This includes on-going care. It does not matter what type of emergency it is.
- Present your GVHP membership card. Instructions about emergencies can be found on the back. (See ***Your Membership Card*** in this handbook.)

GVHP follows the **reasonable prudent layperson standard** for emergency care. A reasonable prudent layperson is a non-medical person. We ask the question: What would a reasonable prudent layperson do in a similar situation? GVHP pays for visits that meet the reasonable prudent layperson standard.

**Remember, you are covered for emergency care if you are out-of-area, out-of-state or out-of-the-country. Copayments, co-insurance and any applicable deductibles still apply.**

For more information, see your *Certificate of Coverage*, Article II: Emergency Care.

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## PHARMACY SERVICES

**Grand Valley Health Plan offers pharmacy services at all seven (7) of our GVHP Family Health Center locations. In addition, Grand Valley Health Plan offers two full-service pharmacies.**

GVHP PHARMACY	ADDRESS	TELEPHONE NUMBER
Beckwith GVHP Family Health Center	2680 Leonard NW Grand Rapids, MI 49525	616-224-1121
Wyoming GVHP Family Health Center	5251 Clyde Park SW Wyoming, MI 49509	616-532-8882

If you have prescription coverage, GVHP pharmacies offer you the following services:

- ❖ The GVHP pharmacist will answer any questions or concerns at the time your prescription is filled.
- ❖ The GVHP pharmacist will explain how to take your medication. He/she can give you information about precautions or side effects.

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- ❖ GVHP keeps a **90-day supply list** of medications. **This service is limited to GVHP pharmacies only.** Please note this list is subject to change from time to time and your GVHP Family Health Center practitioner must approve the 90-day supply. Please check with your Practitioner for further information.
- ❖ Prescriptions can be mailed directly to your home at no extra charge. These prescriptions, however, must be prepaid. We accept credit and debit cards.
- ❖ If you have used all your refills, please call the GVHP pharmacy. The pharmacy staff will call your GVHP Family Health Center Practitioner and arrange additional refills.
- ❖ There are certain medications that can only be filled by a GVHP Pharmacy. Check with your Practitioner for these special drugs.
- ❖ Our pharmacies and GVHP Family Health Centers also offer many over-the-counter products. These are offered for your convenience at much discounted prices. Simply, ask your GVHP Family Health Center or the GVHP Pharmacy for more information.
- ❖ Contact a GVHP Pharmacy for special savings on prescriptions not covered by your benefits.
- ❖ You may also arrange to pick up your filled prescription at your GVHP Family Health Center.

You may use the services of community pharmacies that participate with our managed care pharmacy network. This network is called **MedImpact**. To find out if your pharmacy is part of this network, simply ask your pharmacist.

Please remember if you have a prescription drug rider, you will owe a copayment, co-insurance or deductible for your prescriptions. This is due at the time you pick up your prescription. Sorry, we cannot bill you later for this.

**Your prescription will most likely be filled with a “generic” drug.** A “generic” drug has the same ingredients at the same dose as the equivalent brand name drug. If you want a brand name drug when a generic is available, you may request this. However, you will owe the difference between the cost of the generic drug and the brand name drug. This is in addition to your prescription drug copayment, co-insurance or deductible.

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### RADIOLOGY AND LABORATORY SERVICES

GVHP offers X-ray services. These services are available at conveniently located GVHP Family Health Centers within the GVHP plan area.

GVHP also offers a full range of X-ray services at our Diagnostic Radiology Center located in the same building as the Beckwith GVHP Family Health Center. The services provided by the Diagnostic Radiology Center include mammography, ultrasound, and x-ray services. You will find the GVHP Family Health Center and the GVHP Diagnostic Radiology Center at 2680 Leonard NE, Grand Rapids, MI. This is right off the I-96 exit. Limited X-ray services are also available at our Wyoming Family Health Center.

Your GVHP Family Health Center has laboratory services available. The GVHP Family Health Center is equipped to perform basic lab tests like those for strep throat, pregnancy and basic urinalysis. Staff

## Member Handbook

at your GVHP Family Health Center can collect samples to send out for analysis.

Call your GVHP Family Health Center to arrange X-ray or laboratory services. Your Patient Care or Specialty Care Coordinator will help you. She/he will schedule or arrange all your radiology and laboratory service needs.

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### AMBULANCE SERVICES

As a member of GVHP, you are covered for ambulance services. See your Certificate of Coverage for specific coverage guidelines.

If you are not sure whether you need ambulance services you may always call your GVHP Family Health Center for help. GVHP Family Health Center staff can be reached 24 hours a day and 7 days a week.

#### When you need an ambulance:

- Call an ambulance if the situation is life-threatening. You may also call 911.
- Call an ambulance if you are not physically able to go directly to the nearest hospital.
- Call an ambulance if you cannot take your family member safely to the nearest hospital.

Remember time will be lost when you call an ambulance. Time is lost as the ambulance travels to your location. In many cases, you can take the patient safely and quickly to the hospital.

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### CHANGES TO YOUR MEMBERSHIP INFORMATION

Current information about you helps us serve you better. Have you recently changed your:

- Name?
- Marital status? (Married, divorced, death of spouse)
- Family status? (Birth, death, adoption)
- Address?
- Medical coverage? (Changed to another plan)
- Employment status? (New job)

If there has been a change in your employer or personal information, let us know. You will need to work with your employer to complete a GVHP **Membership Application and Change Form**. (Your company's Human Resource department can usually help you.) Or, you can work with the GVHP Customer Services team to make any necessary address changes. Remember, we want to stay in touch with you. Up-to-date information helps us communicate better with our members.

**Dependents need to be added within 30 days from the date of eligibility.** The "date of eligibility" means the date on which a person can get benefits or services. Here are some GVHP time frames for adding new dependents:

## Member Handbook

- ❖ Newborns 30 days from date of birth
- ❖ New spouse 30 days from date of marriage
- ❖ Newly adopted child 30 days from formal date of adoption (that is, the date of adoption that appears on court papers)

Check with your employer too. Your employer might have some other rules for adding new dependents.

There is other **important** information that might have changed. Have you:

- Moved out of the service area?
- Had a dependent turn 19?
- Had a dependent leave school or drop credit hours?

If you **moved out of the service area**, you may still be eligible for GVHP benefits. If you wish to continue your coverage, call the GVHP Customer Service team at 616-949-2410. You must complete an **Out-of-Area Waiver Form**. For more information see also the **Out-of-Area Waiver** section.

**GVHP coverage for children normally ends at age 19.** This means your son or daughter is covered until the end of the calendar year he or she turns 19 or as specifically noted in your employer's eligibility rules. Some employer groups offer dependent coverage to full-time students or dependents that are between the ages of 19 and 25 years of age. Check with your employer to find out if you have student coverage and the age limitation. We also verify student and dependent coverage. For further details, see **Special Situations: Proof of Eligibility** in this section.

Family dependents that lose GVHP coverage may be eligible for either **COBRA** or the GVHP conversion plan. For more information, see also **Group or Individual Conversion Privilege** and **Your Rights under the Health Insurance Portability and Accountability Act** in this section.

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### SPECIAL SITUATIONS: PROOF OF ELIGIBILITY

There are certain eligibility conditions that GVHP looks at from time to time. These are called "special situations." They include the following:

- **Student Verification**
- **Disabled Dependent**
- **Incapacitated Dependent Status**
- **Extended Dependent Coverage**

Here are some of the things we look for when reviewing eligibility for "special conditions:"

1. Is the dependent attending school full-time?
2. Is the school a recognized college or university? Or, is it a recognized trade or secondary school?
3. Does the dependent meet the requirements as described by the Internal Revenue Code (IRS) to maintain dependent status?
4. Is the dependent unmarried?
5. Does the dependent live at home?
6. Is the dependent unable to support himself or herself?

## Member Handbook

These are just a few things we ask. Each “special situation” has certain conditions. We do this to make sure the person is “eligible.” We want to make sure your dependent can receive care.

For more information, see your *Certificate of Coverage*, Article IV: [Eligibility Requirements](#). Also, look at your riders or call your Customer Service Team at 616-949-2410.

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### OUT-OF-AREA WAIVER

**To be a GVHP member, you must live or work in the GHVP service area.** If you live “out-of-area”, you still may be eligible. This means you could still receive services and benefits at your GVHP Family Health Center. (For more information about the GVHP service area, see the section called **GVHP Service Area**.)

The following are “**out-of-area**” conditions that might mean you can continue your GVHP coverage:

1. You must work in the GVHP service area.
2. You must also meet the eligibility rules of your employer and the GVHP *Certificate of Coverage*.
3. You must be able to come in-area for all covered services. Emergency care is, however, covered out-of-area.

What do you need to do if you live “out-of-area”, and actively work in the service area, are not a conversion retiree, and want to continue your GVHP coverage? Just complete an ***Out-of-Area Waiver Form***. When you sign this form you are saying you understand GVHP services are only available in the GVHP service area. You agree to come “in-area” for routine medical care. Out-of-area medical emergencies are covered if out-of-the area.

The ***Out-of-Area Waiver Form*** does not apply to students or members who are “temporarily absent.” Students are covered under the student option or a student rider from the GVHP service area. **“Temporarily absent” means that you will not be outside the GVHP service area for a period of time greater than ninety (90) consecutive days.**

If you have any questions about the requirements for an Out-of-Area Waiver, please call the GVHP Customer Service Team at 616-949-2410.

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### OTHER INSURANCE COVERAGE

You may have other insurance that gives you the same or similar benefits as GVHP. If you do, it is important that GVHP knows this. Some examples of other insurance include Blue Cross and Blue Shield, Medicare or Medicaid. Other examples are Worker’s compensation and auto no-fault insurance.

You should give us information about your other insurance when you complete the GVHP **Membership Application and Change Form**. You can also give us this information when you visit your GVHP Family Health Center. (See **Checking-In for Your Appointment**.) Or, you can call your GVHP Customer Service team at 616-949-2410 to let us know about other insurance coverage. It is important we know about other insurance coverage. It helps us coordinate your benefits. (See also **Coordination of Benefits and Subrogation** in the next section.)

## Member Handbook

For Auto No-Fault insurance, there are a few things you should know. This is also true for Worker's Compensation. We would like to share this information with you.

You must have Auto No-Fault insurance if you own a car in the State of Michigan. If you are in a car accident, GVHP might cover your medical care. GVHP covers your medical care if we are "primary." This means we pay first when your car insurance does not cover medical care. This is called "coordinated coverage." However, you could have a policy with medical benefits. If you do, your car insurance is primary. This means it covers your medical care. We call this "uncoordinated coverage." Your car insurance might also cover other medical expenses. This is good because GVHP might not cover all your expenses. GVHP follows State of Michigan requirements for covering medical care due to car accidents. For more information, see your Certificate of Coverage, Article IV: Auto No-Fault and Worker Compensation.

Your GVHP Certificate of Coverage does not cover services for work-related injuries. These are usually covered by your employer. Please report all work-related injuries to your employer. If GVHP takes care of you during your illness or injury, we will ask for payment from your employer's worker's compensation plan. GVHP also follows State of Michigan requirements for medical care due to **work accidents**. For more information, see your Certificate of Coverage, Article IV: Auto No-Fault and Worker Compensation. See also information about **Subrogation** in the next section of your handbook.

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### COORDINATION OF BENEFITS AND SUBROGATION

**Coordination of Benefits (COB)** is a process of applying benefits when there are two or more insurance plans. This is done so benefits from all sources do not go over 100% of what is covered. It means benefits are not "duplicated." That is, only one "benefit" will ever be paid. So, under COB, you never get more benefits than what one insurance plan would pay.

When you are covered by two GVHP policies, you have **dual membership**. When GVHP and another insurance plan cover you, you have **dual coverage**. Benefits are usually "coordinated" for both situations. However, each plan must be "effective" on the day the service is given. This means you must be covered or eligible to receive benefits under the insurance plan.

If you are covered by two or more plans, all of them could pay for the same service. This would not be correct. Nor is this the intent of coverage. Then, who really should pay? Let's learn a little more about COB.

COB requires that one plan pay first. But, which plan should? Here are some general rules about who pays first when you are covered by two plans:

- If you are the subscriber of a GVHP plan, GVHP pays first FOR **YOUR HEALTH EXPENSES**. This means GVHP is **PRIMARY**. Remember that you are the subscriber if you are the one who pays the premium.
- If you are covered under your spouse's plan, this plan pays second or is **SECONDARY**.
- If you have children, in Michigan, the **birthday rule** is used to figure out who is primary. This means that the plan of the spouse who has the earliest birthday in the year pays first on the children. For example, if your birthday falls in July but your spouse's falls in September, your plan is primary.

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When GVHP is **secondary**, we coordinate benefits. However, there are a few things to remember about secondary coverage.

- Under the Michigan COB Act, a health maintenance organization (HMO) does **not** have to pay claims or benefits if it did not authorize them.
- If a service or benefit was not covered by GVHP but is under the primary plan, we would not pay it.
- When coordinating benefits, Grand Valley Health Plan does not duplicate benefits. This means Grand Valley Health Plan will not pay more on a claim as a secondary payer than what GVHP would originally have paid for the claim. This is even true when your primary insurance may have already paid for some of the claim. Here is an example of this. If your primary insurance paid 50% on a claim and your GVHP benefit as a secondary insurer is also at 50%. Grand Valley Health Plan would not pay anything additional on the claim. You would still be responsible for the remaining balance.

Don't be disappointed if all of your plans together do not pay the total amount of the original bill. Having more than one insurance does not always mean that you will not have any out-of-pocket expenses. This means your bills still may not be covered at 100 percent.

For more information about how GVHP coordinates benefit, see your Certificate of Coverage, Article IV: Coordination of Benefits. Or, call your GVHP Customer Service team at 616-949-2410.

**Subrogation** is a legal term. It means to replace one person for another when a rightful claim is due from the other person or party. This other person or party could be covered by other insurance. Or, a lawsuit might be settled. GVHP has the right to recover the money for the claim from the other source.

Here's another way to look at subrogation. GVHP pays for or provides a medical service or benefit. We then learn the claim was due to another person or party's fault. For example, you were hurt while fixing something in your home. Your homeowner's insurance might pay for your medical care. Or, your child hurts himself or herself while playing at school. The school has general liability insurance to cover the cost of care.

Or, you are injured on the job. Your employer's worker compensation plan might cover the cost of your medical bills. For these or similar situations, GVHP has the right to recover its medical costs that should have been paid for by another party.

As a GVHP member, you agree to cooperate with the subrogation process. Subrogation can save health care dollars by making the responsible person or party pay.

For more information about subrogation, see your Certificate of Coverage, **Article IV: Subrogation**. Or, call your GVHP Customer Service team at 616-949-2410.

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## GROUP OR INDIVIDUAL CONVERSION PRIVILEGE

If you lose your job, you can still be covered by GHVP, or, if your child is no longer eligible, he or she can still be a GVHP member. When this happens, you then have the option to change to the GVHP

## Member Handbook

conversion plan. The GVHP conversion plan offers you the basic GVHP medical benefits.

There are a few times when you might not be accepted for the conversion option. For example, if you do not live in the service area, you are not eligible for this plan. If you lose your job due to “gross misconduct,” you could not get this option. If you fail to pay your premium, you would not be accepted for this option. You also are not eligible if you commit fraudulent acts with your health insurance. It is important to remember you must elect and make your first premium payment for Conversion within 30 days of your group coverage termination date with Grand Valley Health Plan.

You may choose to elect the conversion option when there is no other coverage available to you. It is important to know you may also be eligible for coverage under **COBRA** when you lose coverage under your group health plan. This is the **C**onsolidated **O**mnibus **B**udget **R**econciliation **A**ct of 1985, also known as COBRA. This is a federal law. It extends coverage for you and your dependents under certain circumstances. For more information about **COBRA**, see your **Rights Under HIPAA** below. For more information about your conversion option, call the GVHP Customer Service team at 616-949-2410.

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### YOUR RIGHTS UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct of 1996 is also known as **HIPAA**. It is a federal law that protects your privacy. It is also a law that gives you the right to “**carry**” health coverage with you. The Michigan Patient Protection Act also assures you of this right.

What does it mean to “carry” your health coverage? Your health coverage is “portable.” That is, it goes with you from job to job. It means you will get “credit” for coverage. For example, you might take a job where your health plan has a “waiting period.” This means if you have a “pre-existing” medical condition, you have to wait to be covered by your new plan. Under **HIPAA**, you can get coverage sooner. You receive “credit” for the time you had coverage under your old plan. This is applied to your new plan’s waiting period. Often it means you have no “waiting period.”

GVHP does not have any “pre-existing” clauses on group or conversion coverage. When you choose GVHP, you are eligible for coverage on the date your employer says you are. If you have coverage on an individual policy a “pre-existing” clause may be in affect.

How else does HIPAA work? Under HIPAA, you receive a **Certificate of Creditable Coverage** when you leave your job. This tells you and your next plan how long you had health insurance. You then receive “credit” for coverage that happened without a break of 63 days or more. Any pre-existing condition before the break in coverage of 63 days would, however, not be credited.

HIPAA does not mean you can carry over your current health benefits. It does not mean you can take your current plan with you.

HIPAA also extends **COBRA** coverage for certain situations. If you work for a company with 20 or more employees, you have COBRA rights. If you work for a company with less than 20 employees, you may not be eligible for COBRA.

**So, what is COBRA?** The **C**onsolidated **O**mnibus **B**udget **R**econciliation **A**ct of 1985 is also known as **COBRA**. This is a federal law. You and your dependents have certain rights under this law.

## Member Handbook

You and your dependents are eligible for the option of extending your health coverage under your current plan. Certain “qualifying events” must happen. A “**qualifying event**” means one of the following:

- Voluntary or involuntary loss of employment. Loss of a job for “gross misconduct” is not included.
- Reduction in hours of employment or coverage
- Becoming eligible for Medicare
- Divorce or legal separation
- Death of covered employee
- Loss of “dependent child” status
- Retirees covered by retirement company plan filing for bankruptcy under Title 11

When one of these events happens, COBRA gives you the option to continue your benefits. It also “extends” the time period for coverage. You must be eligible on the day of the qualifying event. The following are the periods of extended coverage under COBRA:

QUALIFYING EVENT	BENEFICIARY	COVERAGE
Loss of Employment	Employee, Spouse, Dependents	18 Months
Reduced hours or coverage	Employee, Spouse, Dependents	18 Months
Employee Entitled to Medicare	Employee	36 Months
Divorce or Legal Separation	Spouse and Dependents	36 Months
Death of a Covered Employee	Spouse and Dependents	36 Months
Loss of “Dependent Child” Status	Dependent Child	36 Months
Retiree under Retirement Plan of Company filing Title 11 Bankruptcy	Retiree, Spouse and Dependents	Until Retiree’s death

In the case of individuals who qualify for Social Security disability, special rules apply. Coverage is extended an additional 11 months. Those individuals are eligible for 29 months of coverage under COBRA.

***You learn of your COBRA rights when you receive an initial notice. This is done at the time you are first hired. When you leave your job, you will again receive a “special notice.” Your employer has thirty (30) days from the date of your “qualifying event” to notify the plan administrator. Once the plan administrator learns of the “event,” it has fourteen (14) days to let you know. You have sixty (60) days to elect coverage under COBRA. You have 45 days after telling your employer or plan administrator to make your COBRA payment.***

**PLEASE NOTE:** GVHP WILL ONLY GIVE YOU CARE ON A FEE-FOR-SERVICE BASIS UNTIL YOU MAKE YOUR COBRA PAYMENT. YOU WILL BE PAID BACK FOR THESE SERVICES, ONCE YOU HAVE ELECTED AND MADE YOUR COBRA PAYMENT.

Your employer usually handles you and your dependents’ COBRA rights. Call your Human Resource/Benefits department to learn more. Ask for information about how to obtain COBRA. You may also call your GVHP Customer Service team at 616-949-2410.

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### YOUR RIGHTS UNDER THE EMPLOYERS RETIREMENT INCOME SECURITY ACT (ERISA)

## Member Handbook

As a member of a group health plan, you have certain other rights and protections. These come to you through The Employers Retirement Income Security Act of 1974. This federal law is also known as **ERISA**. ERISA covers what employers must do for the pension, health and welfare benefits of their employees. You can learn more about your rights under ERISA. Your Certificate of Coverage gives you more information. See **Appendix A** of your certificate. Please take the time to look over this very important information.

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### YOUR RIGHTS UNDER OTHER LAWS

Certain federal laws also give you rights or benefits. State laws also give you certain benefits. These laws require that GVHP and other managed care organizations meet certain conditions. They also say we must cover certain services. GVHP wants you to know that we follow the conditions of these laws. Sometimes these laws say we must tell you about benefit changes. We tell you about new laws or changes to your benefits through our publication, **HealthLine**. You may also be informed by letter.

Here is some brief information about laws that affect your health care coverage.

**Women's Health & Cancer Act of 1998:** This is a federal law. It requires health plans that cover mastectomies (surgery for removal of the breast due to malignant breast tumors), cover other aspects of treatment. **The following services must be covered:**

- Reconstruction of the breast on which a mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and any physical complications resulting from the mastectomy, including lymphedemas (swelling and fluid retention of the lymph nodes)

The law states that an appropriate care plan will be determined. This plan will be done in consultation between the GVHP member and her physician. Coverage levels are subject to the terms of your GHVP certificate and riders. The law has been in effect since October 21, 1998.

**Newborns' & Mothers Health Protection Act of 1996.** This is a federal law. It requires certain lengths of stay for mothers and newborns. **These are:**

- 48 hour length of stay for normal vaginal deliveries (NSVDs)
- 96 hour length of stays of caesarian section (C-sections) deliveries

The required length of stay is for both mother and child. This means that a newborn child's hospital stay could be longer than his or her mother's stay. Or, the mother's stay could be longer than the child's. The attending physician may decide, after discussion with and agreement by the mother, to discharge mother and baby earlier than the required length of stay.

GVHP has never assigned length of stays. We have always worked with the attending physician (doctor who delivered your baby), and allowed length of stays as ordered by the doctor. We want you to know that we do meet the requirements of this law.

**Well-Woman Examination and Routine Gynecological Care.** This law allows a female member to directly go to an obstetrician/gynecologist (OB/GYN) for an annual well-woman examination and routine gynecological care. An OB/GYN is a medical specialist in the areas of pregnancy, labor, delivery, and after-care as well as female illnesses and conditions. An **annual well-woman**

## Member Handbook

**examination** means a visit for a health exam or physical. **Routine gynecological care** means a pap, pelvic and breast examination. This is an annual benefit.

**In summary, this law allows:**

- A female member may have an annual well woman visit and/or routine gynecological exam with an OB/GYN.
- This visit does not need a referral (authorization) if the visit is with an in-network (GVHP OB/GYN Panel) OB/GYN.
- The visit needs a referral (authorization) if the visit is not with an in-network OB/GYN.

For a listing of the GVHP OB/GYN Panel, call your GVHP Family Health Center or your GVHP Customer Service team at 616-949-2410.

**DIABETES MANDATE BILL.** This law began April 1, 2001. This law ensures that all diabetics have some coverage for their diabetic medical supplies through their insurance company. Grand Valley Health Plan will provide coverage for diabetic medical equipment and supplies such as blood glucose monitors, test strips, and lancets. This equipment is covered under your Durable Medical Equipment benefit.

**There are a few things to keep in mind in order to be eligible for this coverage.**

- Grand Valley Health Plan does require that you have regularly scheduled appointments at your GVHP Family Health Center for your diabetic care along with participating in the Diabetic Disease State Management Program at your GVHP Family Health Center. If you have questions about the program, please contact your GVHP Family Health Center.
- Grand Valley Health Plan also requires that you get all your diabetic equipment and supplies through your GVHP Family Health Center. When you need supplies simply contact your GVHP Family Health Center and they will make the necessary arrangements.

If you have any questions about these specific laws, please contact your GVHP Family Health Center or your GVHP Customer Service Team at 616-949-2410.

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## CHANGING GVHP FAMILY HEALTH CENTERS

As a GVHP member, you choose a GVHP Family Health Center. This is where you will receive your care. We ask you to do this because it is important that you receive your care from one GVHP Family Health Center team. Consistent care allows you and your GVHP Family Health Center team to develop a relationship. We feel this leads to better care, satisfaction and communication.

We know, however, members from time to time may wish to change GVHP Family Health Centers. If you do, just ask for a **GVHP Family Health Center Transfer Form** at your current GVHP Family Health Center. Or, call the GVHP Customer Service Team at 616-949-2410. The GVHP Family Health Center Transfer Form can also be found on our website at [www.gvhp.com](http://www.gvhp.com).

The transfer of your medical records to your new GVHP Family Health Center will begin with this process. You will be effective at your new GVHP Family Health Center on the first of the month following your request for transfer.

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## REQUEST FOR YOUR MEDICAL RECORD

## Member Handbook

As a GVHP member, you may want a copy of your GVHP medical record. **As a member, you are entitled to receive one (1) copy of your current medical record at no charge.** If you want a second or additional copies, there will be a charge. Contact your GVHP Family Health Center or Customer Service for cost details.

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### COPAYMENTS

**What is a copayment?** A copayment is a “fixed” amount you owe for services provided. **A copayment is your responsibility.** You owe a copayment at the time of service.

An **office visit copayment** is one type of copayment. An office visit copayment may be part of your benefit package. If your plan has an office visit copayment, please see your rider for more details. However, in general, the following is true about an office visit copayment:

- **It is owed at every GVHP Family Health Center visit with a physician, physician assistant, nurse practitioner or Health Coach.**
- **It is owed at every physical, occupational, and speech therapy session-even if the service is provided in your home.**
- **It is owed at every specialist office visit.**
- **It is owed at every urgent care visit at our GVHP Urgent Care Center (UCC).**

**Other copayments** you might owe under your GVHP Certificate of Coverage include but are not limited to the following:

- Emergency Copayment\*
- Urgent Care Center Copayment\*\*
- Prescription Drug Copayment
- Ambulance Copayment

\* Your Emergency Room copayment applies to hospital observation stays. This means you are at the hospital but are not inpatient.

\*\* Your Urgent Care Center Copayment applies when you are seen at a non-GVHP Urgent Care or Med Center.

**Remember you are responsible for your copayments. They are owed at every visit or service.**

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### COINSURANCE

**What is coinsurance?** Coinsurance is a percentage you owe for covered services. For example, if your plan has 20% coinsurance, you are responsible for 20% of the allowed amount for services and Grand Valley Health Plan will be responsible for the remaining 80%.

## Member Handbook

Coinsurance may be part of your benefit package. This coinsurance will apply to many services you receive outside of your GVHP Family Health Center such as specialist visits, inpatient hospitalizations and outpatient procedures.

**Other Coinsurance** you might owe under your GVHP Certificate of Coverage include but are not limited to the following:

- Durable Medical Equipment Coinsurance
- Orthotic Appliances Coinsurance
- Outpatient Hemodialysis

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## DEDUCTIBLES

Grand Valley Health Plan has many different plan designs. Plan designs are the different types of coverage available for purchase. Some of these plan designs, but not all, have deductibles. Please check your plan information or call Customer Services at 616-949-2410 to see if a deductible applies to your benefits with Grand Valley Health Plan.

**What is a deductible?** A deductible is a “fixed” amount of money that you must pay for health expenses before GVHP will begin to pay. For example, if you have a plan with a \$500 deductible you would have to first pay \$500 in addition to your premiums for the cost of your health care expenses. This would be before GVHP began to make payment for your health care expenses.

Not all services that you receive from Grand Valley Health Plan are subject to your deductible. The services **not subject to your deductible** are listed below:

- Services performed at a Grand Valley Health Plan Family Health Center
- Services performed at the Grand Valley Health Plan Diagnostic Radiology Center
- Services performed at the Grand Valley Health Plan Urgent Care Center
- Authorized preventative healthcare services

All other covered services you receive are subject to your deductible. These include, but are not limited to, visits to a specialist office, emergency care services, hospitalizations and outpatient surgical center visits. **Remember**, except for emergency care services you must receive pre-authorization for these services to be covered. Even with pre-authorization from your GVHP Family Health Center, your deductible still applies.

There are certain out-of-pocket cost that you will still have to pay that will not apply towards your deductible. These costs include copayments and non-covered medical services. This also includes a deductible met on a prior insurance plan and a deductible met on a previous contract with Grand Valley Health Plan.

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## CLAIMS AND YOUR EXPLANATION OF BENEFITS

As a GVHP member, you do not have to worry about a lot of “paperwork.” This is especially true for authorized and covered services. Your GVHP Family Health Center visits are prepaid. You do not have to worry about a bill for these visits (though you may be billed for outstanding copayments).

## Member Handbook

Specialists will bill GVHP directly for the services provided to you. Other health care providers, such as hospitals and ambulance providers, will also bill GVHP. You may receive a bill for deductibles, copayments, and coinsurance or for non-covered or non-authorized services or benefits.

Sometimes practitioners and providers will send you a “statement.” This statement tells you GVHP is being billed. Look over all statements from practitioners and providers. If you have any questions about what you have received, call your GVHP Family Health Center or the GVHP Customer Service Team at 616-949-2410.

Under **ERISA** (see also **Appendix A** of your GVHP Certificate of Coverage), you are entitled to receive certain information. You should get information about money you owe for services, copayments, or deductibles. You also must receive information about claims that are denied. This information should be easy to read. You should be able to understand the information you get. You also have the right to appeal the denial of a claim. To appeal any denials, call the Customer Service Team at 616-949-2410. See also **Member Grievances** in this section of your handbook for additional information.

How do you get information about claims? This information is sent to you through a form called a **GVHP EXPLANATION OF BENEFITS (EOB)**. You receive an EOB when you owe money. You receive an EOB when a claim has been denied.

We want you to understand how to read the **GVHP EXPLANATION OF BENEFITS (EOB)** form. **A copy of this form is shown on the bottom of this page.** Please remember that the GVHP **EOB** is not a bill. The GVHP **EOB** is a statement about a medical bill. It tells you GVHP has received a bill for services provided for you or your dependent. Your **EOB** explains what GVHP paid or did not pay.

For questions about your **GVHP EXPLANATION OF BENEFITS (EOB)** call your GVHP Family Health Center or the GVHP Customer Service Team at 616-949-2410.

# Member Handbook



## Grand Valley Health Plan

829 Forest Hill Ave SE  
 Grand Rapids, MI 49546  
 (616) 949-2410

Patient Name & Address

Provider Name & Address

**Explanation Of Benefits**

<b>Patient:</b> Sample Member 123 Main Street Grand Rapids, MI 49546	<b>Provider:</b> Sample Provider 321 Healthcare Hill Grand Rapids, MI 49546
<b>Subscriber:</b> Sample Subscriber	<b>Group:</b> Sample Group

Name of Contract Subscriber

Subscriber's Employer Group

**THIS IS NOT A BILL**

GVHP has received a bill for services that were provided to **MEMBER**. This letter explains payments made by GVHP and any financial responsibility the patient/subscriber may share.

**THIS IS NOT A BILL.** Do not send money to GVHP. You will receive a bill from the business that provided the service, if applicable. If you have any questions, please contact GVHP Customer Services at 616-949-2410.

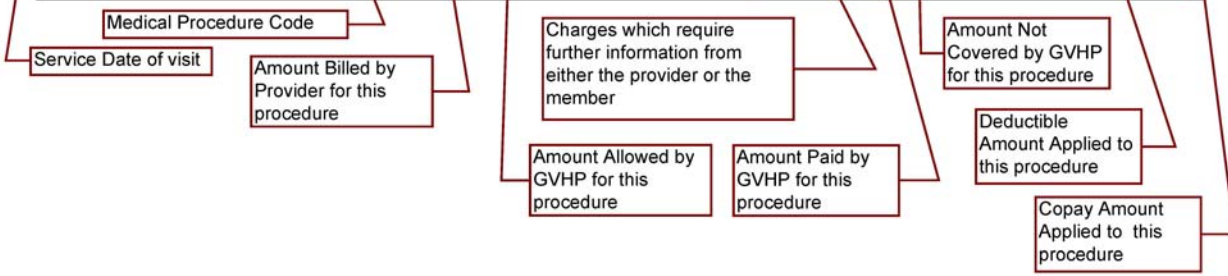
Benefits Paid						Subscriber Responsibility		
Service Date	Procedure Code	Amt Billed	Amt Allowed	Additional Info Req'd	Paid by GVHP	Not Covered	Deductible	CoPay Amt
02/26/2008	72157	\$464.00	\$417.60 <i>A</i>	\$0.00	\$417.60	\$0.00	\$0.00	\$0.00
		<b>\$464.00</b>	<b>\$417.60</b>	<b>\$0.00</b>	<b>\$417.60</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

CPT Code Explanations	
CPT Code	Description
<b>72157</b>	Mri chest spine w/o & w/dye

Amt Allowed Adj Explanations	
Adj Code	Adjustment Description
<b>A</b>	PROVIDER DISCOUNT OR U&C RATE: DO NOT BILL MEMBER

**Payment Information**

This EOB service was paid w/check # 1234 dated 3/31/2008



## Member Handbook

### REQUESTS FOR “*SPECIAL SERVICES*”: The GVHP Medical Opinion Process

There are “special services” that need to be reviewed. This review is done by the Vice President for Medical Affairs (VPMA). The VPMA is also known as the **Medical Director**. These “special services” are:

- Out-of-Area Care
- Cosmetic Procedures
- Investigational or Experimental Procedures
- Requests for New Technology

There is a process for looking at these requests. It is called the GVHP **Medical Opinion Process**. Your GVHP Family Health Center Practitioner helps in this process. You only need to speak with him or her about treatment options. The GVHP Family Health Center Practitioner makes the request. He or she completes the necessary “paperwork.” The GVHP Family Health Center then gives medical information to the Medical Director.

The Medical Director reviews the request. Sometimes more information is required. A GVHP Specialty Care Nurse might help get more information. A GVHP Family Health Center team member might help in getting information. A Customer Service Representative might also gather other information. This could involve researching clinical studies. It can also include contacting medical experts. The Medical Director might also talk with treating physicians. We want you to know that we investigate each Medical Opinion thoroughly.

If you have any questions about the Medical Opinion Process, please call your GVHP Family Health Center. You may also call the GVHP Customer Service Team at 616-949-2410 or 800-335-1977. You may ask to speak to the person who made the decision about your request. We are always available to answer your questions.

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### NEW TECHNOLOGY AND TREATMENT IN MEDICAL CARE

New advances in health care happen every day. Technology is changing rapidly. And, new medical treatments appear quickly. While some of this is good, it is important to know what works. It is also important to know what does not. GVHP wants to be sure the new technology and care is safe.

GVHP covers “generally accepted medical care.” This means there already is a body of scientific evidence that supports the care. If there is none, GVHP does not cover the care. We call this type of care experimental and investigational. That is, these are not considered “generally accepted” medical care. We also do not cover drugs and devices that are a part of experimental or investigational treatment. This also includes other procedures and services.

GVHP does, however, review new technology, as it becomes available. It looks at investigational or experimental treatments. We research and review current medical literature. We consult with physicians and medical experts. We do this in the interest of knowing what is available. We do this to know what might help our members.

What kinds of things do we look for when reviewing new treatments? We use the **GVHP Framework for Clinical Effectiveness**. This acts as a guide in our decision-making. It asks the following questions about new treatments:

- Is it recognized by a national body such as the National Institute of Health (NIH), the

## Member Handbook

National Cancer Institute (NCI), the Food and Drug Administration (FDA), Health Care Finance Administration (HCFA), etc.?

- Is it undergoing clinical trials or study?
- Can you only get it in an investigational setting?
- Is there published scientific evidence or peer reviewed trials to support its clinical effectiveness?

For more information, see your Certificate of Coverage, Article II: Benefits Schedule (Section 17). You may also want to look at **Article III: Definitions (1.22)** for a definition. And, if you have any questions, call your GVHP Customer Service team at 616-949-2410.

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### BENEFIT LIMITATIONS AND EXCLUSIONS

GVHP offers you and your family a broad range of services. However, there are certain things are not paid for by your plan. We refer to these services as not covered benefits. There are some things that have "limits." This means there are conditions that must be met in order to have something covered. Or, it could mean that we cover things up to a certain point or "limit."

A summary of "exclusions" is provided. A summary of "limitations" is also given. Please refer to your Certificate of Coverage for a complete list of exclusions and limitations.

#### **EXCLUSIONS:**

- Services that are not authorized by your GVHP Family Health Center
- Services out-of-area that are not authorized by your GVHP Family Health Center; this does not mean emergency care
- Investigational and experimental procedures
- Services, equipment, and supplies that go along with experimental or investigational procedures
- Services that are not medically necessary
- Services that are not considered generally accepted medical practice
- Office visits, examinations, treatment, tests and reports for are needed to document health or medical status for employment, insurance, travel, or legal proceedings
- Elective cosmetic surgery
- Comfort items and items not medical in nature
- Conditions covered by worker's compensation
- Conditions covered by military-connected disabilities
- Long term behavioral health counseling
- Court-related services
- Special elective procedures; some examples include voluntary pregnancy termination, radial keratotomy
- Services that go along with non-covered benefits
- Services of a dentist, oral surgeon, and orthodontist
- Dental implants and prosthesis
- Personal or donor blood storage
- Reproductive procedures; like in-vitro fertilization, GIFT and ZIFT
- Services to treat educational, developmental or learning disabilities
- Custodial care
- Prescription drugs, devices, and medicines not a part of outpatient care
- Refraction after vision examination
- Rehabilitation services, cognitive therapy, vocational training and driver's training
- Deluxe durable medical equipment

## Member Handbook

- Coverage for services due to any illness or injury that was the result of illegal activity
- Lost wages
- Implantable hearing devices
- Food supplements and formula
- Routine foot care
- Obstetrical deliveries in a home.

For additional information see your GVHP Certificate of Coverage

### **LIMITATIONS:**

- Copayments, coinsurance or deductibles as applicable.
- Coverage for physical, occupational, and speech therapy
- Home health care services must be for skilled nursing care and instead of hospitalization
- Coverage for a private hospital room; this is limited to medical necessity
- Coverage for substance abuse limited to annual state mandated dollar amount.
- Human organ or tissue transplants; this is subject to medical opinion review and pre-authorization by the Medical Director.

For additional information see your GVHP Certificate of Coverage

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## MEMBER COMPLAINTS

GVHP wants you to be completely satisfied with your medical care and services. If you are not, you have the right to voice concerns about GVHP or the health care provided. You can do this in a number of ways.

You can discuss your concerns directly with your GVHP Family Health Center. We encourage you to start the process there. GVHP Family Health Center staff is very concerned about member satisfaction. They would like the opportunity to correct any service issue immediately. And, most questions and concerns can best be answered by your GVHP Family Health Center.

If you are unable to get the information you need or you are not satisfied with the answer your GVHP Family Health Center gives you, you can always call the GVHP Customer Service Team at 616-949-2410.

The GVHP Customer Service Team will work with you to address your concern. We will investigate your complaint. This could mean that we will call your GVHP Family Health Center or practitioner to discuss what happened. We will review your Certificate of Coverage. We will look at our procedures and processes. We will get other information as needed. We try to make our complaint review process as complete and thorough as possible. Our goal is to resolve all your complaints or concerns.

When we complete our investigation, we will contact you. You will also be given information on what has been found. We will help you understand how GVHP works. If you are dissatisfied with a decision or information given you, you have the right to file a grievance. For further information about **Member Grievances** see the section.

## Member Handbook

### MEMBER GRIEVANCES

As a member of GVHP, you have the right to file a formal grievance. This grievance process is provided to you at no cost. You or your authorized representative can request this by calling the GVHP Customer Service Team at 949-2410.

**How does the grievance process work?** A summary of the GVHP Grievance Process is presented below.

If a member's request has been denied, he or she receives a written statement. This gives the reasons for this decision. A member or their authorized representative who wishes to contest this decision may request the grievance process. GVHP responds to member grievances whether provided orally or in writing. A member or their authorized representative receives a grievance form and copy of the GVHP grievance procedure.

Members or their authorized representative do not have to submit a written response at any point in the grievance process.

Grievance requests remain open for 180 calendar days from the date of notification of denial. This is also called the "point of discovery."

GVHP sends a letter telling the member we have received his or her grievance request. The GVHP Customer Service Team investigates. The GVHP Customer Service team arranges the 1<sup>st</sup> level grievance hearing. The President of GVHP hears the 1<sup>st</sup> level grievance.

If the member is not satisfied with the response of the 1<sup>st</sup> level grievance, he or she, or the authorized representative may orally inform the GVHP Customer Service Team to appeal the decision. A Customer Service Representative will arrange for the next appeal level (2<sup>nd</sup> level). The appeal may be heard without the member or their authorized representative present. The member may also choose to have someone represent him or her. The member or his or her representative may make the appeal in person. It may also be done by "technological methods" such as a telephone conference call. The appeal is heard by the GVHP -Grievance Committee. This committee is made up of GVHP Board members.

If the member or their authorized representative chooses not to attend or does not come to the 2<sup>nd</sup> level grievance hearing, the GVHP Grievance Committee reserves the right to hear the grievance and make a decision.

The GVHP Grievance Committee hears the 2<sup>nd</sup> level appeal. A response with the decision of the committee must be done within five (5) working days of a decision. The GVHP Grievance Committee's decision is the final decision of the Plan. If GVHP informs the member orally of the decision, a letter confirming it will be sent no later than two (2) business days after the oral notice.

The member or their authorized representative may appeal the GVHP Grievance Committee decision. GVHP will provide the member or authorized representative with the appropriate form to request an external review with the Commissioner of the Office of Financial and Insurance Services at the time we send our final determination. If a member requests an external review, he or she will be required to release any medical records required to be reviewed for the purpose of reaching a decision. The member can also inquire about the external review process by contacting:

Office of Financial and Insurance Services  
Division of Insurance, Health Plans Divisions

## Member Handbook

611 West Ottawa Third Floor  
PO Box 30220  
Lansing, MI 48909-7720  
PH: 1-877-999-6442  
[www.cis.state.mi.us/ofis](http://www.cis.state.mi.us/ofis)

**Please note:** The Commissioner of the Office of Financial Services will not hear your appeal until you have exhausted the internal GVHP grievance process unless GVHP did not complete their review within the required period of time.

The entire GVHP grievance process may not go over 35 calendar days (45 calendar days with an extension). The grievance process includes the 1<sup>st</sup> and 2<sup>nd</sup> levels of appeal. This time period does not count any “stops” or “delays” due to the member. For example, the member might be offered the 2<sup>nd</sup> level appeal and not call us for thirty (30) days. This 30-day period is not part of the 35 calendar day total. For more information, please call the GVHP Customer Service Team at 616-949-2410. (See also your GVHP Certificate of Coverage, ARTICLE IV: General Provisions, Section 5.)

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### EXPEDITED GRIEVANCES

You, your authorized representative, or your physician may want to file an expedited grievance. An “expedited” grievance is one that must be resolved quickly. An urgent condition means you and your physician believe your need is serious or life-threatening. You and your physician believe you are not getting the care you need.

Always discuss your medical needs with your GVHP Family Health Center Practitioner. If you think your condition is urgent, tell him or her. Your GVHP Family Health Center Practitioner can help you understand your medical needs. He or she can discuss treatment options. You can explore options with your GVHP Family Health Center practitioner. If you are not satisfied with this information, you can file an expedited grievance. You may also file a grievance without talking to your GVHP Family Health Center Practitioner.

How does the process work? It begins when you, your authorized representative, or your physician calls the Medical Director. You may reach the Medical Director at 1-800-335-1977. Or you can call 1-616-949-2410. The Medical Director will need your medical information.

After getting your request, GVHP has 72 hours to resolve a clinically urgent grievance. The 72-hour period begins when we get your request.

If GVHP makes the determination orally, GVHP shall provide a written confirmation of the determination to the member no later than two (2) business days after the oral determination.

If you are not satisfied with GVHP’s decision, within ten (10) days after receipt of a determination, you may request a determination of the matter by an independent review organization under the patients right to independent review act. GVHP will provide the member with the appropriate form to request an external review. If you request an external review, you will be required to release any medical records required to be reviewed for the purposes of reaching a decision. If you have any questions regarding this process you can also contact the Office of Financial and Insurance Services, at the address and phone number listed below:

## Member Handbook

Office of Financial and Insurance Services  
Division of Insurance, Health Plans Division  
611 West Ottawa, Second Floor  
P.O. Box 30220  
Lansing, MI 48909-7720  
PH: 1-877-999-6442  
www.cis.state.mi.us/ofis

For more information about this process, call your GVHP Customer Service Team at 616-949-2410.

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### YOUR CUSTOMER SERVICE TEAM

For any questions, concerns or issues about GVHP, you can always call your GVHP Family Health Center. Your Patient Care Coordinator is your supporter on the team. She or he is available to answer your questions. He or she can help you with any concerns. These can be about GVHP or your health care. It can be about the services you have received.

**You may also call the GVHP Customer Service Team at 616-949-2410.** The GVHP Customer Service Team works in support of your GVHP Family Health Center. Located at the GVHP Corporate Office, the GVHP Customer Service Team helps you and your GVHP Family Health Center by supplying these additional services:

- ❖ Information on how GVHP works including benefits, processes and procedures
- ❖ Information about GVHP eligibility requirements
- ❖ Information about federal and state laws that affect your health care or coverage such as HIPAA, COBRA, and other laws
- ❖ Handling and maintaining member application and change forms
- ❖ Verifying member status and other eligibility information
- ❖ Handling member grievances and complaints
- ❖ Supporting GVHP service needs

**The GVHP Customer Service Team can be reached at 616-949-2410 during regular business hours of 8:00 AM – 5:00 PM (March – August); 8:00 AM – 5:30 PM (September-February).**

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### HOW TO GET ANSWERS TO YOUR QUESTIONS

Do you have any other questions? Are there still things you do not understand? There are places to get answers your questions.

A great place to start is with the GVHP Web Page. Our web address is: **www.gvhp.com**.

If you have questions about your **benefits**, here are some places to get answers. Your GVHP Certificate of Coverage gives details about your benefits. You might have riders. These have other

## Member Handbook

information about your benefits. **For any questions about your coverage, call your GVHP Family Health Center Specialty Care Coordinator. Or, call the GVHP Customer Service team at 616-949-2410.**

If you have questions about how GVHP works, here are some places to get answers. Your **Member Handbook** gives you more information about how your plan works. You can call your GVHP Family Health Center Patient Care Coordinator or Specialty Care Coordinator. Or you can always call the GVHP Customer Service Team at 616-949-2410.

If you have questions about **claims**, here are some places to get answers. **Call your GVHP Family Health Center Specialty Care Coordinator. Or, call the your GVHP Family Health Center or the GVHP Customer Services Team at 616-949-2410.**

If you have questions about preventive health or wellness, here are some places to get answers. Your **Helping You Help Yourself** is a source of information. Your **Member Handbook** gives you information as well. The newsletter, **HealthLine**, gives you information about our wellness classes. You may also call your GVHP Family Health Center for health and wellness information.

Always remember your GVHP Family Health Center or your GVHP Customer Service team is available to help you with your questions or concerns.

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### *A general thought on . . . .* **PREVENTIVE HEALTH AND WELLNESS**

GVHP is committed to preventative health. GVHP is also committed to wellness. This is more important today than ever before. Many serious illnesses can be prevented by healthier lifestyles. Immunizations as well as early detection and treatment can help keep you healthy. Your GVHP Family Health Center Team and you have the opportunity to do something about this. Use your GVHP Family Health Center's skills and resources. These resources promote good health. They can prevent diseases. Become involved with your GVHP Family Health Center team! **Here are some ways we can do this.**

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### **PREVENTIVE HEALTH GUIDELINES**

A common member request is one about a "complete physical." This is sometimes called an "annual check-up." Many members do not know how often they should get one. Several years ago an annual check-up was a standard part of medical care. In fact, some companies and schools made it a requirement. Nearly everyone now agrees that an annual check-up is not necessary. Now the question is . . . How often should you have one?

Childhood exams are scheduled according to age. Adult physicals are based on family and personal history. The exact schedule for an adult physical will vary from person to person.

GVHP would like to help you know when to ask for a physical. So, at your first GVHP Family Health Center visit you will be asked to complete a **Health Risk Appraisal (HRA)**. This asks questions about your health. It asks about personal health habits. It also asks for information about your immediate family. Your GVHP Family Health Center practitioner reviews the questionnaire. He or she looks for things that might signal more information is needed. These are considered to be "high risk."

## Member Handbook

To help you in your pursuit of health, we would like to share our Health Maintenance Guidelines. These guidelines are based on the U.S. Preventive Services Task Forces' report, ***Guide to Clinical Preventive Services***. They are also based on the American Academy of Family Physicians' ***Summary of Policy Recommendations for Periodic Health Examinations***.

We encourage you to take the time to read our guidelines. If you have any questions, ask your GVHP Family Health Center. We want you to stay healthy!

### Pediatric & Adolescent Preventive Health Guidelines

Screenings	Age	Comments
<b>Well-Baby Exams</b> (includes interval history, nutritional assessment, developmental screen, risk assessment, physical examination and anticipatory guidelines)	1 –2 weeks	Visit with physician
	2 months	Visit with practitioner and nurse
	4 months	Visit with practitioner and nurse
	6 months	Visit with practitioner and nurse
	9 months	Visit with practitioner and nurse
	12 months	Visit with practitioner and nurse
	15 months	Visit with practitioner and nurse
	18 months	Visit with practitioner and nurse
<b>Pediatric Exams</b> (includes interval history, nutritional, developmental, behavioral and risk assessments, physical examination, counseling and education)	24 months	Visit with practitioner
	3-6 years	Optional annual exam
	7-11 years	Optional annual exam
<b>Adolescent Exams</b> ((includes interval history, nutritional, developmental, behavioral and risk assessments, physical examination, counseling and education)	12-19 years	Optional annual exam
<b>Blood Pressure</b>	3 years+	At every visit
<b>Tb Screening</b>	1 year	If high risk
<b>Lead Screening</b>	6 months	Lead screening questionnaire
	1 year	Blood lead level
<b>Lipid (Cholesterol) Screening</b>	2 years+	If high risk

### Pediatric & Adolescent Routine Immunization Schedule

Age	Vaccine	Protects Against
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## Member Handbook

<b>Birth-2 months</b>	HepB #1	Hepatitis B virus
<b>1-2 months</b>	HepB #2	Hepatitis B virus
<b>2 months</b>	DTaP #1 Hib #1 IPV #1 PCV #1 Rota #1	Diphtheria, tetanus, and whooping cough Hemophilus Influenza type b Polio Pneumococcal Disease Rotavirus
<b>4 months</b>	DTaP #2 Hib #2 IPV #2 PCV #2 Rota #2	Diphtheria, tetanus, and whooping cough Hemophilus Influenza type b Polio Pneumococcal Disease Rotavirus
<b>6 months</b>	DTaP #3 Hib #3 PCV #3 Rota #3	Diphtheria, tetanus, and whooping cough Hemophilus Influenza type b Pneumococcal Disease Rotavirus
<b>6-18 months</b>	HepB #3 IPV #3	Hepatitis B virus Polio
<b>6-59 months</b>	Influenza	Flu virus (given annually)
<b>12-15 months</b>	Hib #4 PCV #4 MMR #1 Varicella #1	Hemophilus Influenza type b Pneumococcal Disease Measles, mumps, rubella Chickenpox
<b>12-23 months</b>	HepA #1	Hepatitis A
<b>6 months later</b>	HepA #2	Hepatitis A
<b>15-18 months</b>	DTaP #4	Diphtheria, tetanus, and whooping cough
<b>4-6 years</b>	DTaP #5 IPV #4 MMR #2 Varicella #2	Diphtheria, tetanus, and whooping cough Polio Measles, mumps, rubella Chickenpox
<b>11-12 years</b>	Tdap MMR #2 HPV (3 doses) MCV4	Tetanus, diphtheria, whooping cough Measles, mumps, rubella (if 2 <sup>nd</sup> dose was not received) Human papillomavirus (females) Meningococcal meningitis
<b>College Freshmen</b>	MCV4 or MPSV4	Meningococcal meningitis (if not previously immunized)

### Adult Preventive Health Guidelines

Screenings	Age	Comments
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## Member Handbook

<b>Personal Wellness Profile (HRA)</b>	18-64 65+	Every 5 years Every year
<b>Health Assessment (Physical Exam)</b> (includes preventive counseling and education to reduce risk of disease)	40-49 50-64 65+	Every 3 years Every 1-2 years Every year
<b>Blood Pressure</b>	20-64 65+	Every 1-2 years Every year
<b>Lipid (Cholesterol) Screening</b>	20-64	Every 5 years
<b>Colon Cancer Screening</b>	50+	Fecal Occult Blood Test every year and/or Flexible Sigmoidoscopy every 5 years or Colonoscopy every 10 years
<b>Cervical Cancer Screening (women)</b>	21-64	Pap smear every 1-3 years depending on risk factors
<b>Breast Cancer Screening (applies to women only)</b>	40-49 50-75	Mammogram every 1-2 years Mammogram every year
<b>Prostate Cancer Screening (men)</b>	50+	Digital rectal exam every 1-2 years
<b>Dementia Screening</b>	65+	Mini-mental state exam every year
<b>Vision Screening</b>	65+	Visual acuity every year

### Routine Adult Immunization Schedule

Age	Vaccine	Protects Against
≤ 26 year old women	HPV (3 doses)	Human papillomavirus
19-49 years	MMR	Measles, mumps, rubella (if not immune)
19-65 years	Td every 10 years (Substitute 1 dose of Tdap) Varicella	Tetanus and diphtheria (Tetanus, diphtheria, and whooping cough) Chickenpox (if not immune)
50+	Influenza	Flu virus (yearly)
60+	Zoster	Shingles
65+	Pneumococcal	Pneumococcal pneumonia

### Pregnancy Preventive Health Guidelines

Screenings /Education	Week	Comments
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<b>Initial Visit</b> (includes a complete medical and OB history, nutritional, genetic, infection and abuse risk assessments, education and counseling about prenatal nutrition and drug/smoking avoidance.)	Between 6-12 weeks	Initial laboratory tests include complete blood count, blood type, Rh antibody screening, rubella and Hepatitis B titers, STI screening (VDRL, chlamydia, gonorrhea, HIV-optional), urinalysis, urine culture and Pap smear.
<b><u>Ongoing Clinical Screenings</u></b> (includes continued nutritional counseling, drug/smoking avoidance and pregnancy education.)	Every four weeks for the first 28 weeks Every two weeks between 28-36 weeks Weekly after 36 weeks	Weight, urinalysis, blood pressure and Fundal height performed at every visit. Fetal heart tones performed starting at 10-12 weeks.  Flu shot to women who are pregnant during flu season
<b><u>Chorionic Villus Sampling</u></b> (optional)	Between 10-12 weeks	Screens for birth defects
<b><u>Amniocentesis</u></b> (optional)	Offered at 12 weeks	Screens for birth defects if age is 35 or older
<b><u>Alpha Fetal Protein Screening</u></b> (optional)	Between 15-20 weeks	Screens for spinal cord abnormalities
<b>Gestational Diabetes Screening</b>	Between 24-28 weeks	Screens for pregnancy related diabetes
<b>Ultrasound Screening</b>	Between 18-20 weeks	Screens for birth defects and helps to determine the estimated due date
<b>Rh Incompatibility</b>	Between 28-30 weeks	RhoGAM given to mothers who are Rh negative
<b>Group B Strep Screening</b>	Between 35-37 weeks	Screens for bacteria that can infect the newborn during delivery
<b>Childbirth Classes</b>	Begins at 28 weeks	Prepares mothers and their coaches for childbirth
<b>Breast Feeding Classes</b>	Between 28-36 weeks	Prepares mothers who plan to breast feed

These are the general preventive health guidelines, which GVHP follows. For more specific information, please contact your GVHP Family Health Center.

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### DISEASE MANAGEMENT PROGRAMS

**Disease management** is a new term. It's receiving lots of attention. There are newspaper articles and television shows about disease management. Health plans and employers are seeing the importance of programs that "manage" the disease process.

**Disease management** is a way of always improving a person's health. It involves managing a total span of care. It draws upon clinical studies. It includes outcomes. Proven methods of care are also a part. It involves a wide range of health care professionals in managing care. These include physicians and nurses. Health Coach can be involved.

**Disease management** means you need to change the way you think about health care. It also means the physician needs to change the way he or she views the "patient." **Disease management** moves away from being "reactive" to the practice of treating illness. "Reactive" means care is given when you are sick or not well. Instead, it looks at the "proactive" practice of managing the entire disease process. This is done to prevent illness and its reoccurrence. "Proactive" means care is given before or during a condition or illness. This helps avoid unnecessary tests or hospitalizations. Proactive equals prevention!

Chronic conditions are usually handled through a **disease management** program. Examples of chronic conditions include diabetes and asthma. Congestive heart failure and depression are other programs, to mention a few. Costs can go down by focusing on ways to prevent problems. An opposite effect then occurs. Quality of life goes up! People with chronic diseases learn how to be healthy. They also learn how to stay healthy.

A **disease management** program is a team effort. The member and practitioner "lead" the way. Pharmaceuticals or drugs are important. Medicines alone, however, are not enough. A team of other health professionals support the program. Nurses, doctors, other health professionals play a key role. Other health professionals include physical therapists, specialty physicians, or wellness counselors. All play a major role in "changing" patient behavior. The member's support system can be involved. This support system includes family, friends and significant others. Information and education are key. Other resources about the disease also give a solid foundation. This supports member learning. This helps with member understanding about what happens during the course of the disease. This also includes the "whats" of doing or not doing!

The member is the most important part of the **disease management** team. As he or she begins to understand the illness, he or she can begin to apply this to daily living. This leads to gaining a feeling of "control." This is often missing in chronic illness.

Studies show that **Disease management** programs are effective. These programs are being measured. Results are being reported in professional journals. Popular journals and television news are reporting this information as well. These outcomes make quality a major part of the efforts to improve health status.

GVHP offers **disease management programs**. We have been nationally recognized for our diabetes and asthma programs. We have other disease management programs. There is no need to "opt in" or "opt out" of these programs. GVHP Disease management programs are simply the way GVHP's Family Health Center practitioners provide your care based on your medical conditions. Your Family Health Center team provides you with information on GVHP's disease management program for your specific condition.

## Member Handbook

If you would like more information about GVHP's ***Disease Management Programs***, call your GVHP Family Health Center.

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### GVHP WELLNESS SERVICES

GVHP offers a wide range of wellness services. We offer individual and group sessions on important health topics. Some topics that are covered include weight reduction and stress management. Smoking cessation is another topic. We also teach about cholesterol and heart care. We also have classes in breast-feeding and childbirth preparation. These are just a few the topics we offer.

You can learn more about GVHP wellness services. We tell you information about them in the member publication, ***HealthLine***. Look for the section **Preventive Steps . . .** on the back cover. You can call your GVHP Family Health Center to learn more as well. Or, call your GVHP Customer Service Team at 616-949-2410.

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### HELPING YOU HELP YOURSELF HANDBOOK

Many common illnesses, such as colds, stomachaches, earaches, or minor cuts, can be effectively treated at home. The ***Helping You Help Yourself*** Handbook is your reference guide to basic health care information. GVHP has developed this book just for you!

The ***Helping You Help Yourself*** Handbook explains home treatment. It tells you when to call your GVHP Family Health Center. It can tell you when to get immediate medical care. Other health care and GVHP plan information can be found in this book as well. We want to help you avoid unnecessary work and gain confidence in dealing with simple medical problems at home. This can help you avoid lost time by making unnecessary trips to the doctor. You might want to send a copy with your college-bound student. A free copy of the ***Helping You Help Yourself*** Handbook is available at your GVHP Family Health Center at your first visit. If you do not have one, call your GVHP Family Health Center today.

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### GVHP HOLISTIC HEALTH SERVICES

Grand Valley Health Plan offers Integrative Holistic Health Services. Holistic Health Care Services includes osteopathic manipulation, acupuncture, massage therapy, and chiropractic care. These services are only available through the GVHP Integrative Holistic Health Care Program. Your GVHP Family Health Center will evaluate you to see what type of services will best meet your medical needs. If your GVHP Family Health Center provider believes that you need these types of services they will refer you to GVHP Integrative Holistic Health.

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### GVHP WOMEN'S WELLNESS CENTER

## Member Handbook

As a value-added service to GVHP members, GVHP offers access to GVHP Women's Wellness Center. Appointments are available for pap, pelvic and breast exams at our Women's Wellness Center. This is located at 2680 Leonard NE. This is the same location as Beckwith GVHP Family Health Center. Appointments at the Women's Wellness Center are with female mid-level practitioners. The Women's Wellness Center is open on selected Saturdays from 9:00 a.m. - 1:00 p.m.

For information about the services of the Women's Wellness Center, please call your GVHP Family Health Center or the GVHP Customer Service Team at 616-949-2410.

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### GVHP OB CENTER OF EXCELLENCE

We at GVHP know how special the birth of a new child is. Because of this, we have a special OB program. This program is committed to individualized and personal care. We call this program the GVHP OB Center of Excellence. It is located at 2680 Leonard NE. This is the same location as Beckwith GVHP Family Health Center. Our OB Center of Excellence program includes using Spectrum-Butterworth for births.

The OB Center of Excellence has a team of professionals who specialize in OB care. This team includes Family Health Center physicians, OB/GYN physicians and nursing staff. This team develops a care plan tailored to each individual's pregnancy. This means you will have the best possible care and outcome – a healthy mom and baby!

You get your prenatal and postnatal care at the OB Center of Excellence. All your care, both well and sick, happens at the OB Center of Excellence Center. We encourage you to have at least one appointment with each of our Family Health Center physicians. This will help you to get to know your OB team in preparation for your delivery.

If you have any questions about this program, call your GVHP Family Health Center. **You can reach the OB Center of Excellence by calling 1-800-891-8322. This is a free call.**

**Member Handbook**  
**GVHP SERVICE AREA (ZIP CODES)**

The GVHP service area consists of the townships and towns located in the majority of Kent County, eastern Ottawa County, northern Allegan County, northern Barry County and western Ionia County.

48815	49321	49348	49428	49506	49523
48881	49323	49351	49429	49507	49525
49301	49328	49355	49430	49508	49530
49302	49330	49356	49435	49509	49544
49306	49331	49357	49464	49510	49546
49311	49335	49401	49468	49512	49548
49315	49339	49403	49501	49514	49550
49316	49341	49404	49502	49515	49555
49317	49343	49418	49503	49516	49560
49318	49344	49426	49504	49518	49588
49319	49345	49427	49505	49519	49599

For a complete zip code listing, please contact your Customer Service team at 616-949-2410.

## Member Handbook

### GVHP QUALITY PROGRAM

**GVHP believes in quality.** We believe quality should be part of our health care delivery. We also believe it should be part of the service we offer our members. GVHP shows quality. Here are a few ways we do this.

GVHP goes through an accreditation process. This means we must go through a thorough review process. Some managed care organizations choose to go through this process to demonstrate quality. The National Committee on Quality Assurance (NCQA) is a nationally recognized organization. NCQA “gives a seal of approval” to managed care organizations on how well they “do quality.” GVHP has gone “under the microscope,” so to speak. This is one way we can demonstrate quality. We are also authorized by the Office of Financial and Insurance Services (OFIS). We report regularly to them about our quality, service and delivery measures. GVHP must meet OFIS standards on a regular basis.

**GVHP also measures quality.** We do this in several ways. GVHP participates in the Health Employer Data Information Set (HEDIS). On an annual basis, GVHP measures the effectiveness of its care. We measure such things as immunizations and well child visits. Prenatal and postnatal care as well as breast and cervical screenings are also reviewed. Some other things we measure include diabetic eye exams and member satisfaction. HEDIS information is reported locally and nationally. GVHP regularly measures up well on its HEDIS and quality performance.

**GVHP also has a Quality Program.** This program is measured and evaluated by the GVHP Performance Improvement Committee. This Committee reviews quality indicators for care and service on a regular basis. Annually, we report the results of our program to our Board of Directors. We give this information to the Office of Financial and Insurance Services. Members and practitioners may also review our annual Quality Program evaluation.

For more information, please call the GVHP Customer Service Team at 616-949-2410.

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### OTHER SOURCES OF INFORMATION ABOUT GVHP

Where can you learn more about GVHP? GVHP believes it is important for members and customers to have information about GVHP. We give our members information on a regular basis. We also give information to our employers and providers. Here are some ways we regularly “talk to” you.

On a quarterly basis we publish our member newsletter, **HealthLine**. Practitioners also receive a copy. The **HealthLine** provides current information about healthy living, upcoming GVHP events, health education classes and general plan information.

GVHP also provides health information cards to members. These cards answer commonly asked health questions. These are available free of charge. You may find them at your GVHP Family Health Center.

We also send letters to our customers from time to time. We do this when we want to share new or important information. For example, you receive a letter when changes are made to your Certificate of Coverage. You may also receive a letter regarding changes made to your benefits by your employer.

GVHP would like to encourage you to visit our website for informational links. The web address is: **www.gvhp.com**. Now available for review on-line: the GVHP *Member Handbook*, GVHP Notice of Privacy Practices, Member Rights and Responsibilities, Provider Directory and Provider Qualifications.

## Member Handbook

Also available on-line are basics on how to access care and other unique facts about Grand Valley Health Plan. You can also find on the GVHP website pictures and maps to each of our six area Family Health Center locations. Click on “contact us” to e-mail your comments or suggestions directly to GVHP.

For any and all questions, you can always call your GVHP Family Health Center. Or, you may call the GVHP Customer Service Team at 616-949-2410.

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### FREQUENTLY ASKED QUESTIONS

#### How do I choose a GVHP Family Health Center?

GVHP has seven (7) GVHP Family Health Centers. They are conveniently located. All are within a 30 minute drive from most homes or businesses as well as acute hospitals within the GVHP service area. You may choose a GVHP Family Health Center closest to where you live or where you work. The choice is yours. Whichever GVHP Family Health Center you choose, you will get a complete GVHP Family Health Center Team. (For more information, see **GVHP’s Team Approach to Health Care** in your handbook.)

#### How do I use my GVHP Family Health Center?

You can use your GVHP Family Health Center for:

- ❖ Routine care – simply call and make an appointment
- ❖ Urgent care – even after hours, call your GVHP Family Health Center
- ❖ Even in an emergency, if time permits, you can call your GVHP Family Health Center
- ❖ 24 hours a day coverage, 7 days a week

For more information, see **GVHP Family Health Center Hours** and **After Hours Care** in your handbook.

#### How do I change my GVHP Family Health Center?

While most members are happy with their first choice, there may be times when you wish to change GVHP Family Health Centers. Simply choose from the other GVHP Family Health Centers. You may complete a **GVHP Family Health Center Transfer Form** right at your current GVHP Family Health Center. Or, you may call the GVHP Customer Service Team at 616-949-2410 to request a change form. (For more information, see **Changing GVHP Family Health Centers** in your handbook.)

#### How do I establish a relationship with my GVHP Family Health Center Team?

Call your GVHP Family Health Center and arrange for a tour. This will give you the chance to see the office and meet the people who will be caring for you. At that time, we can help you arrange to transfer any records from your previous doctor. As you continue with your care, become an involved consumer. Ask questions. Listen carefully to the information your Health Care team shares. Keep true to your treatment plan. And, if you have any questions or concerns, do not hesitate to ask your team. (For more information, see **Making Decisions About Your Health Care** in your handbook.)

## Member Handbook

### **If I have lost or misplaced my membership card (or need a member handbook, provider Directory, Notice of Privacy Practices or Certificate of Coverage), how can I receive a new one?**

If for any reason you need a new ID card, just ask your GVHP Family Health Center. Or, you may call your GVHP Customer Service Team at 616-949-2410. A GVHP Family Health Center or GVHP Customer Service Representative will be happy to help you with your request. Additional ID cards can also be ordered on our website at [www.gvhp.com](http://www.gvhp.com) (For more information, see **Your Membership Card** in your handbook.)

### **Should I tell GVHP if I ever have other health insurance?**

Always let your GVHP Family Health Center or GVHP know that you have other coverage. This helps us coordinate benefits with your other plan. When you come for a visit, the Patient Care Coordinator will ask you at check-in for this information. Or, you can call your GVHP Customer Service Team at 616-949-2410. (For more information see the **Coordination of Benefits and Subrogation** section in your handbook.)

### **Should I notify GVHP if I change my address?**

Yes, let us know as soon as possible. We do not want you to miss learning about important health plan or event information. Your current address helps us stay in touch with you. Just let your GVHP Family Health Center Patient Care Coordinator know of this address change at your next appointment. Or, simply call your GVHP Customer Service Team at 616-949-2410. (For more information, see **Changes to Your Membership Information** in your handbook.)

### **How can I add newborn children to my policy?**

Generally, newborns are added within 30 days of birth. Your company might have different eligibility rules. You might want to check with your employer. However, at your child's first GVHP Family Health Center visit, we will "mini-register" him or her as a member. **You still need to complete the necessary paperwork with your employer to add your child.** Call your employer for assistance or the GVHP Customer Service Team at 616-949-2410. (For more information, see **Changes to Your Membership Information** in your handbook.)

### **How do I arrange a visit to a specialist?**

Your GVHP Family Health Center Practitioner treats you for most of your specific needs. This ranges from common cold and allergy treatments to setting broken bones and diagnosing more complicated health care problems. However, your GVHP Family Health Center Practitioner might determine that another practitioner would more appropriately handle your treatment. You will then receive a referral to a specialist. A referral is usually valid for only one appointment. If more care is needed, you should contact your GVHP Family Health Center for authorization. Be assured that your GVHP Family Health Center will continue to monitor your care with the specialist. (For more information, see **Referral Care** in your handbook.)

### **How can I get a second opinion?**

If you want a second opinion about a covered surgery or diagnostic procedure, consult with your GVHP Family Health Center practitioner. He or she will determine whether a second opinion is appropriate. He or she will refer you if necessary. Second opinions are usually for consultation,

## Member Handbook

not for treatment purposes. Your GVHP Family Health Center practitioner will discuss the results of the second opinion. He or she will work with you to continue your treatment plan.

### What do I do in case of an emergency?

If you need urgent care for a non-life threatening emergency, like a sprain, earache, or high fever, call your GVHP Family Health Center. Your GVHP Family Health Center is available 24 hours a day, 7 days a week to help you with your medical needs. Your GVHP Family Health Center will arrange your “urgent care” needs.

If the emergency is **life-threatening**, like a suspected heart attack, stroke, poisoning, **go directly to the nearest emergency room**. Do call your GVHP Family Health Center when medically reasonable (within 48 hours is best) to let us know what happened to you. Your GVHP Family Health Center will arrange your follow up care.

For more information, see **Urgent Care** and **Emergency Care** in your handbook.

### What happens if I get sick on vacation and am not near my GVHP Family Health Center or Grand Valley Health Plan’s service area?

You are always covered for emergency or urgent care no matter where you are. If your condition is urgent (not life-threatening), you must still call your GVHP Family Health Center to get approval for an urgent care visit. If you are out-of-area, you may always call collect. **However, if your condition is an emergency (life-threatening) and you are out-of-area, go to the nearest hospital. Call your GVHP Family Health Center when medically possible to let them know what happened.** (See also your Certificate of Coverage, **ARTICLE II: Benefits Schedule: Urgent Care and Emergency Care**. For more information, see **Urgent Care and Emergency Care** in your handbook.)

### Are there any restrictions on benefits if I get services outside Grand Valley Health Plan’s service area or health care delivery system?

GVHP is not an insurance company but a health care delivery system, which operates on a direct service basis. If you obtain health, medical, behavioral health or hospital services outside of the GVHP service area and these services are not authorized by your GVHP Family Health Center these services are not a covered benefit. You cannot be reimbursed for these services. This restriction does not apply to emergency care.

### What happens if I need to be hospitalized?

Your GVHP Family Health Center is always the first point of contact for you and your family’s health care needs. Your GVHP Family Health Center can help you with what you need to get into the hospital. Your GVHP Family Health Center will also arrange or help with any tests or special treatment you may need. (For more information, see **Hospital Care** in your handbook.)

### How do I get mental health services?

Just call your GVHP Family Health Center. Ask for an appointment with one of our wellness counselors. It’s that simple. You will be given an appointment. At this appointment, you your needs will be evaluated. If care is needed, you and your counselor will develop a treatment plan. (For more information, see **Behavioral Health Care** in your handbook.)

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### How do I file a complaint?

Give your GVHP Family Health Center a call. Discuss your concerns. If you are not satisfied with the information or answers you get, then call the GVHP Customer Service Team at 616-949-2410. (For more information, see **Member Complaints** in your handbook.)

### What if I am dissatisfied with the decision made about my complaint (or claim that has been denied)?

You have the right to file a grievance if you are dissatisfied with a decision made about a complaint. This is your right also for denied claims. Call the GVHP Customer Service Team at 616-949-2410 to request grievance information. (For more information, see **Member Grievances** in your handbook.)

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## CLOSING THOUGHTS

We would like to close this handbook with some thoughts about “managed care.”

“Managed care” is a term that means different things to different people. We want to tell you what “managed care” means to us. We know that while “managed care” sets out to lower health care costs, it does this by keeping you healthy and out of the hospital. That’s good! The quality of your life – good physical and mental health – is important! So, we know that managed care also *assures that “quality” stays in the “care” you are given.* That’s good too! Balancing cost and quality while “delivering” care is the aim of a managed care organization. We at GVHP make these our goals.

**GVHP is a health plan - not just an insurance program.** We deliver care through an integrated delivery system. This system provides you with almost every aspect of health care you may need. By staying within this “delivery” system, you can get the maximum benefit allowed under your certificate of coverage. This means you need to work closely with your GVHP Family Health Center team as it manages, coordinates and provides your health care.

Thank you for choosing GVHP as your healthcare partner! We look forward to “managing” your medical care. And, we look forward to “partnering” with you in achieving the best quality of health and lifestyle. Choose well!



Grand Valley Health Plan