

Southeast Michigan Narrow Network FAQ

Why are we offering a narrow network plan?

- It has always been our goal to offer product options for individuals that provide access to affordable and excellent health care. Narrow networks continue to grow in popularity because they offer pricing relief for consumers.

How does a narrow network work?

- By selecting a plan with a narrow network of providers, members receive access to high quality care at a cost 20 percent lower than the Michigan average.
- HMO benefit coverage is only present when care is provided within the member assigned narrow network.
- The cost of services provided outside of the narrow network is the member's responsibility.

How are members being educated regarding their narrow network limitations and responsibilities?

- Our members are provided with a comprehensive shopping and onboarding experience that brings education and awareness to the limitations of their plan. We explain that we expect them to choose in-network providers in order to take advantage of cost-sharing with us and that care received out of network is not covered. This is done through a variety of mediums (i.e. online content, sales pieces, emails, letters, videos, phone calls) and touch-points throughout their journey with us.

What are a member's responsibilities for a narrow network plan?

- When a member selects a narrow network plan, they benefit from reduced cost-sharing when they seek in-network services. Going outside of the network results in member liability for all costs. Care outside of their network is not covered.

Where can I direct members regarding the program or for questions?

- Members can reach out to us if they have questions or need more information by calling the number on the back of their membership card. They can also visit priorityhealth.com and click **Contact us** or send an email to customerservice@priorityhealth.com.

Does the Priority Health PCP Incentive Program (PIP) or CPC+ program operate any differently for narrow network members?

- No. The PIP and CPC+ programs apply to all of MyPriority (individual) plans, including narrow network products

Will I receive my pmpm care management payments in the same manner with all other Priority Health products?

- Yes

Where can I see a member's plan type and benefits? What about if they're current with their premium payments?

- Our Member Inquiry tool displays a member's demographic information along with their benefits and status of premium payment. You'll need to log-in to your account at priorityhealth.com/provider and then the Member Inquiry tool can be found on your homepage or by searching "Member Inquiry." You can search for a member by their member ID number or their first and last names. Once you find the patient, scroll down to see their benefits.

Member Inquiry

Member Details for

i Member status is ACTIVE.
Member data current as of 11/09/2017.

[print page](#) | [contract history](#)

You are now at: MEMBER INQUIRY Use the dropdown to view this member's other data.

MEMBER			
Name:	Date of Birth:	Age:	Gender:
		56	FEMALE
Address Line 1:	Address Line 2:		

City:	State:	Zip:	County:
			Phone:

CONTRACT			
Contract No.:	Subscriber Name:	Contract Renewal Date:	Relationship:
		01/01/2018	SPOUSE
Eligibility (as of 11/09/2017):	Eligibility Begin Date:	Premium Paid To Date:	Student Status:
Active	01/01/2016	11/30/2017	No

OUT OF POCKETS			
DESCRIPTION	YOU PAID	PLAN YEAR MAX	BALANCE
Family OOP limit			
Individual OOP limit			

EMPLOYER			
Employer Group:	Group ID:	Subgroup ID:	Class:
MY PRIORITY PPACA			PRIORITY INDIVIDUAL BASE PLANS (00,01)

PCP			
Primary Care Provider:	Phone:	Provider Group:	

MEDICAL BENEFITS			
Health Plan:	Hospital Network:		
XYZ Narrow Network HMO	XYZ Hospital		
Primary Visit:	Specialist Visit:	Urgent Care Visit:	ER Visit:
\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Hospital:	Advanced Imaging:	Preventive Care:	Virtual Visit:
0% Coinsurance	\$0 Copay	\$0 Copay	Covered in full after deductible
PriorityHSA:	PriorityHRA:		
Yes	No		

Additional Benefits
Choose a benefit

Is there a way to tell if a member has a MyPriority Bronze or a MyPriority Silver plan?

- The specific product name is not displayed in the Member Inquiry tool, described above. However, you can see the member's deductibles and out-of-pocket expenses and where they are in reaching those.

I need to refer a member for care. Where can I send them?

- Members with a narrow network product should be referred within the narrow network.
- **If care is not available in the network**, a referral should be made to one of the other Priority Health southeast Michigan narrow network providers: Beaumont Health Network, St. John Providence Network, or St. Joseph Mercy Health System Network. Approval is required.
- **If care is not available within any of these networks**, members can see a provider within Priority Health's complete network, pending approval.

How do I get approval/prior authorization when I need to refer a member out of network?

- If you're referring a patient for care outside of their network, you will need to use our prior authorization process by completing the Medical Prior Authorization Form available on priorityhealth.com. Non-urgent requests are processed within 15 days

and are processed based on appointment date. Urgent requests are processed within 72 hours. Responses will be mailed to the ordering provider. You can also check out our Auth Inquiry tool at priorityhealth.com/provider to status an authorization request.

Is the University of Michigan (Michigan Medicine) participating in the Priority Health narrow network?

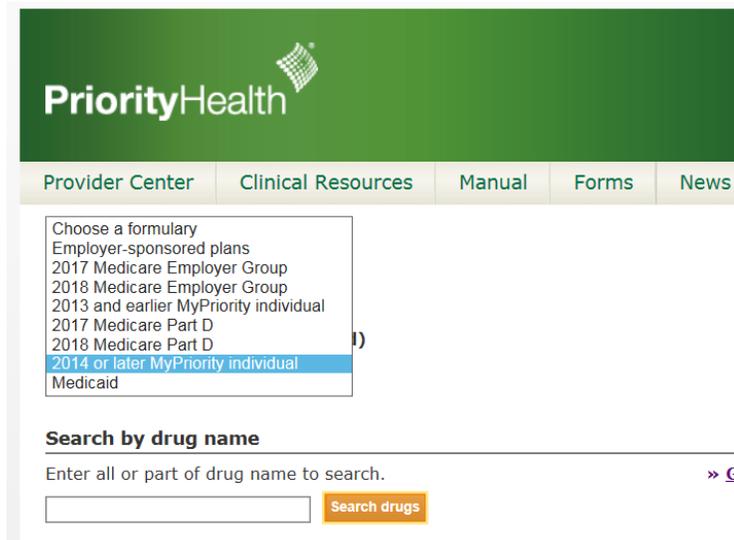
- No. As of Jan. 1, 2018, the University of Michigan Health System (Michigan Medicine) will no longer be considered in-network for MyPriority (individual) health plans. University of Michigan Health System (Michigan Medicine) and Priority Health have decided not to continue with an in network relationship for individual HMO product. The challenges of this market along with its rising costs make it prohibitive for either entity to partner.
- UMHS remains contracted for individuals participating in pre-PPACA Individual My Priority PPO, My Priority HSA PPO and short-term products. Therefore, UMHS will be considered in-network for these plans only. Participation status can be verified through the Priority Health Find a Doctor tool.

What will happen if my narrow network member is admitted to a hospital through an emergency room outside of the network?

- If a member is admitted to a hospital through an emergency room outside of their network, the Priority Health care management team will initiate transfer back to the narrow network if they are clinically stable to do so.

What drugs are on the formulary for narrow network members?

- All My**Priority** individual products have the same pharmacy benefits and formulary. You can find the approved drugs at priorityhealth.com/provider. You'll need to log-in and search for the Approved Drug List. Make sure to select "2014 or later My**Priority** individual from the dropdown.



The screenshot shows the PriorityHealth website interface. At the top is the PriorityHealth logo. Below it is a navigation bar with links for Provider Center, Clinical Resources, Manual, Forms, and News. A dropdown menu is open under the Manual link, listing various formulary options: Choose a formulary, Employer-sponsored plans, 2017 Medicare Employer Group, 2018 Medicare Employer Group, 2013 and earlier MyPriority individual, 2017 Medicare Part D, 2018 Medicare Part D, 2014 or later MyPriority individual (highlighted), and Medicaid. Below the dropdown is a search bar with the text "Search by drug name" and a prompt "Enter all or part of drug name to search." followed by a search button labeled "Search drugs" and a magnifying glass icon.