

STATE OF
MICHIGAN



**Mental
Health
and
Substance
Abuse
Information
Guide**



Magellan Behavioral Health (hereinafter “Magellan”) is dedicated to providing the resources you and your covered dependents need to make wise decisions should you require mental health or substance abuse services. This program is designed to help you maintain a balanced, functioning work and personal life. It focuses on early intervention and the appropriate use of your benefits.

TABLE OF CONTENTS

Welcome to Magellan Behavioral Health.....	2
How to Use Your Information Guide	2
How to Use the Toll-Free Help Line	3
How to Obtain Magellan Behavioral Health’s Services	4
Why It’s Important to Match Members and Providers	6
Provider Network	7
Specific Services.....	7
Mental Health and Substance Abuse Services.....	9
<i>Preauthorization and Referral</i>	9
If You Are Receiving Care Now	10
Emergency Care	10
Confidentiality	10
Complaints	11
Appealing a Decision	11
Claims	13
Member’s Rights and Responsibilities	14

Welcome to Magellan Behavioral Health

We are pleased to welcome you to the Magellan Behavioral Health Mental Health and Substance Abuse Program for participants and dependents covered by the State.

Most people are comfortable seeking treatment for medical illnesses or physical injuries. But many people are uncertain about how to obtain the help they need for mental health or substance abuse problems. If you or a covered dependent has a problem, Magellan Behavioral Health is here to help. We’ve designed an easy to use, confidential program that addresses personal and worksite issues as well as mental health and substance abuse problems. And we’ve developed a provider network with a full range of experienced professionals, programs and facilities to meet your needs.

It’s important to seek help when you first need it, when problems are easier to resolve. Timely care helps you to resume a healthy and productive life sooner.

Magellan Behavioral Health welcomes the opportunity to serve you. Our professional staff is dedicated to providing you with easy access to quality, compassionate, confidential services.

How to Use Your Information Guide

This is your guide to using Magellan Behavioral Health’s mental health, and substance abuse services. It describes available services, provides information on how to access and use these services, and explains special procedures. Our goal is to make this program easy and convenient for you to use.

We know that you may have additional questions or concerns that this guide does not answer. For any problem or issue, call the 24-hour, toll-free Help Line:

1-866-503-3158

How to Use Magellan Behavioral Health's Toll-Free Help Line

One call does it – for all services – 24 hours a day, any day of the year. Our toll-free Help Line is your link to services. **All mental health and substance abuse services are accessed through the Magellan Behavioral Health Help Line.** We encourage you to call when you need help or information on any of the following:

- ◆ Referral to a mental health or substance abuse provider to obtain maximum benefit coverage and lower out-of-pocket costs;
- ◆ Preauthorization of mental health and substance abuse care;
- ◆ Emergency assistance around the clock, every day of the year; or
- ◆ General information about the program, eligibility, benefits, and specific services.



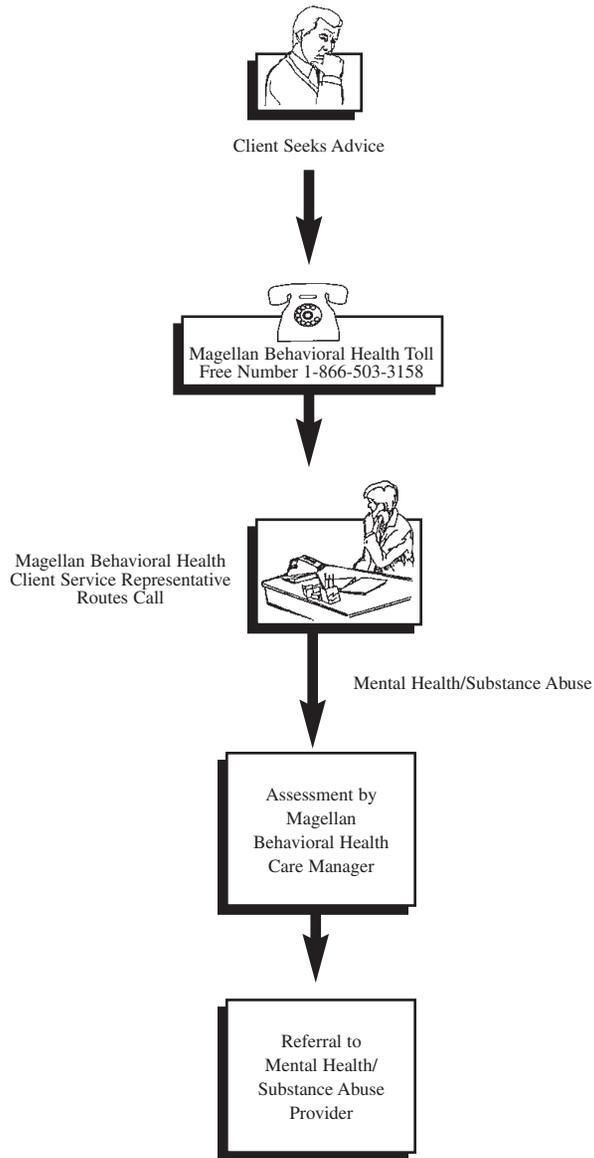
*We're Available
24 Hours A Day*

How to Obtain Magellan Behavioral Health's Services

- Step 1.** When you call **1-866-503-3158**, a Magellan Behavioral Health client service representative answers the telephone and responds with information and personalized service. The representative will ask you some questions to help us better serve you.
- Step 2.** The representative routes your call to an appropriate Magellan Behavioral Health professional for referral, care preauthorization, or emergency services, depending on your need. The Magellan Behavioral Health staff will be a mental health and substance abuse care manager.
- Step 3.** Magellan Behavioral Health care managers are members of your care management team. They are experienced mental health and substance abuse professionals who act as advocates for you. Their purpose is to assess your situation, ensuring that you or your eligible dependents receive the type of assistance or care required to help relieve your concern or resolve your problem in a timely and convenient way.
- Step 4.** Using Magellan Behavioral Health's referral system, the care manager matches your needs with an appropriate, experienced mental health and substance abuse provider, and coordinates all of your care.



Mental Health, and Substance Abuse Program



- Step 6.** Should the Magellan Behavioral Health care manager assess your problem as requiring mental health or substance abuse services, the care manager refers you to a provider matched to your specific needs. The care manager coordinates and guides all of your inpatient and outpatient, mental health and substance abuse care.
- Step 7.** Should you need emergency services, the Magellan Behavioral Health care manager makes appropriate and effective arrangements to address your needs.

*Access is Quick
and Easy*

Why It's Important to Match Members and Providers

One of Magellan Behavioral Health's features is our ability to refer you to a mental health and substance abuse provider who is experienced and effective in addressing your particular problem. Our referral system gathers comprehensive information on counselors' and providers' areas of specialty, experience and interest. We know their areas of practice and their skills. This feature enables us to better assist you in accessing an appropriate mental health and substance abuse provider. This is important to the success of your care.



*Matching the Right
Provider to Your Needs
Makes All the Difference*

Provider Network

Our First Concern is Quality Care

Network counselors and providers are experienced professionals credentialed to deliver a full range of specialty services. They participate in our Continuous Quality Management program. We monitor them for the quality of care they deliver to you.

The provider network consists of psychiatrists, psychologists, social workers, and specialized addiction counselors. It includes professionals who specialize in crisis intervention, evaluation, brief treatment and traditional therapies.

The facility network includes psychiatric hospitals, alcohol and drug rehabilitation facilities, partial hospitalization programs, and intensive outpatient programs.

To receive a referral to a mental health and substance abuse provider near your home or worksite, call the Magellan Behavioral Health 24-hour Help Line at **1-866-503-3158**.

Call First for All Care

Mental Health and Substance Abuse *Preauthorization and Referral*

You must call the Magellan Behavioral Health toll-free number before seeking any inpatient or outpatient, mental health or substance abuse care. Magellan Behavioral Health preauthorizes and coordinates all of your mental health and substance abuse care. Our toll free number is available around-the-clock, any day of the year.

Your program offers you a choice in selecting your mental health and substance abuse provider. Magellan Behavioral Health, using its referral system, can refer you to a provider whose areas of specialty and skill match your specific needs.

When you receive care from a Magellan Behavioral Health referred provider, you receive maximum coverage for your care and your out-of-pocket costs will be lower than if you obtain services from an out-of-network provider. Whether you receive a Magellan referral or obtain services from an out-of-network provider, Magellan Behavioral Health preauthorizes and coordinates all of your inpatient and outpatient, mental health and substance abuse care, and monitors the quality of your care.

If at any time you are dissatisfied with your provider, call the Magellan Behavioral Health toll free number. We will discuss your concerns with you and refer you to another provider if needed. We make every effort to see that your relationship with your provider is satisfactory.

If You are Receiving Care Now

If you are already receiving mental health/substance abuse care, you or your current provider should **call the Magellan Behavioral Health Help Line, 1-866-503-3158**. We will work with you and your provider to see that you continue to receive the care that you need. Whenever possible, your care will be completed with your existing provider.

Emergency Care

Emergency? What if you're not sure? Be safe. Call the toll free number. A Magellan Behavioral Health professional will help you assess the seriousness of the situation. If it's not an emergency that requires an inpatient admission, we will schedule you for an urgent care appointment. If the decision is not to admit, we will discuss it with you and your physician. Together, we will determine the most appropriate care and setting.

Remember:

You or your provider must call Magellan Behavioral Health at **1-866-503-3158** for preauthorization of all inpatient treatment (emergency, scheduled, or elective) prior to admission.

Confidentiality

All Services are Completely Confidential

All Magellan Behavioral Health personnel are bound by strict confidentiality procedures. Magellan Behavioral Health follows all state and federal laws and regulations regarding the release of member information. A member must provide written consent for such release, unless an emergency or permissible legal exception occurs. Release of records related to drug or alcohol treatment must not only follow appropriate written authorization by the member but also appropriate federal regulations.

Furthermore, Magellan Behavioral Health systems are designed specifically to limit access and to ensure complete confidentiality.

Complaints

Call the Magellan Behavioral Health toll free number if you have a complaint about our services. A client service representative will explain our complaint process. We are very interested in hearing what you have to say and we are committed to timely response and resolution of your concerns.

You may file a verbal complaint directly with the client service representative, who will complete the appropriate documentation and forward it for resolution and response. We will respond verbally within 5 days of receipt of your complaint. If you decide to file a written complaint, we will respond in writing within 10 days of receipt of your complaint.

Formal complaints submitted by an agency or organization on

behalf of a member will be responded to in writing within 10 days of receipt.

Appeals

You have the right to request Magellan to review the denial or payment of any claim. There are strict limits on each stage of appeal. You will be notified of these limits in correspondence which denies your claim. Look for and observe these strict time limits. You must initiate an appeal to Magellan within 60 days of Magellan's denial of your initial claim.

Magellan will have previously reviewed your medical records for any claim requiring a medical determination. If Magellan denies a claim for medical reasons, you may request verbally or in writing that Magellan review the claim.

If you are not satisfied with the results of the review, you may file a written appeal to Magellan. The appeal must be written and include your full name, the enrollee's identification number (indicated on your membership card), the date of the service, the name of the provider for whose services payment was denied, and the reason you think the claim should be paid. You are responsible for providing Magellan with all information necessary to review the denial of your claim. Magellan will review your appeal and respond within 60 days of Magellan's receipt of all information necessary to make a decision.

If you are not satisfied with the results of the first appeal, you may request a review by Magellan's appeals committee. The request must be written and include your full name, the enrollee's identification number, the date of the service, the name of the provider for whose services payment was denied, and the reason you think the claim should be paid. You are responsible for providing Magellan with all information necessary to review the denial of your claim. The committee will review your appeal and respond within 60 days of Magellan's receipt of all information necessary to make a decision. If, after review, the claim remains denied, that

denial is final.

In situations requiring immediate medical care, Magellan provides a separate expedited emergency appeals process. You or your provider may request an expedited review. Magellan will provide resolution within one business day of receipt of all information.

Claims

Mental Health and Substance Abuse

If you receive a Magellan referral, your provider will complete and submit the appropriate claim form to be reimbursed for your care.

If you are obtaining services from an out-of-network provider, please submit the claim on a standard HCFA 1500 Claim Form. If you or your provider needs assistance in obtaining these forms, please call the toll free number.

Your Mental Health and Substance Abuse Benefits Toll-Free 1-866-503-3158

Overview

Benefits for the treatment of mental health conditions and alcohol and chemical dependency under the State Health Plan Advantage are provided by Magellan Behavioral Health for employees in Security Unit (C-12) Group #81822, represented by MCO, the Human Services Support unit (E-42) Group 81823, represented by SEIU Local 31-M, the Scientific and Engineering Unit (H-21) Group #81825, represented by MPES, the Technical Unit (I-32) Group #81826, represented by UTEA, the Institutional Unit (U-11) Group #81815, represented by AFSCME, Labor and Trades (Group #81817, Safety and Regulatory bargaining units (Group #81814), represented by MSEA, and employees in the Human Services (Group #81819) and Administrative Support (Group #81818) bargaining units, represented by UAW, and Non-Exclusively Represented Employees (NEREs) Groups #81824 and 81827.

Benefits for retirees under the State Health Plan Advantage (Aetna #607517 and BCBSM Group #81828) are provided by Magellan Behavioral of Michigan.

The following is a brief description of how the program works. Your coverage includes a range of mental health and substance abuse services. Refer to the “Mental Health and Substance Abuse Benefit Summary” at the end of this section for details.

Magellan maintains a network of mental health professionals under contract to provide services to members, including:

- Psychiatrists
- Psychologists
- Social Workers
- Licensed Professional Counselors
- Treatment clinics and hospitals

Confidentiality

No matter what type of difficulty you or a family member is facing, your problem will be treated with the utmost confidentiality. Clinical documentation related to mental health or substance abuse services is reviewed by staff who are bound by Magellan's confidentiality policy. No information can be released to your supervisor, employer, or family without your written permission. No one will be notified when you access these benefits.

Accessing Your Benefits

Magellan Behavioral of Michigan enables you to go directly to your provider without first calling to precertify care. If you have already selected an IN-NETWORK PROVIDER, you do not need to call the toll-free number to register (precertify) care. You may access your provider's services directly. If you need help selecting a provider or would like to receive a clinical assessment, call Magellan at 1-866-503-3158.

How Case Management Works

When you call the toll-free number to access non-emergency care, or to ask questions, you will be guided through the system. In the event of an emergency, you will be transferred immediately to a case manager. To access care or receive information, you will be asked for:

- Your name
- Member ID number (employee's social security number)
- The patient's name if different from yours
- The reason for the call

You will speak to a case manager who will:

- Discuss the nature of your problem
- Determine medical necessity
- Help you select a licensed in-network provider experienced in handling your type of problem

Case managers are licensed mental health professionals experienced in dealing with mental health and alcohol and substance abuse problems. Case managers will begin to work with you and your provider to determine the appropriate setting (inpatient or outpatient) for your care and develop a length of stay and treatment plan for your individual situation.

If you or a covered family member is hospitalized, your case manager will work with you, your family, attending therapists, and hospital staff as a team to ensure you receive quality care during your stay. Case management continues upon discharge with referral for outpatient follow-up treatment.

Your coverage includes a range of mental health and substance abuse services. When authorized, these services may include:

- Inpatient care
- Outpatient treatment
- Intensive outpatient programs
- Day treatment
- Residential care facility
- Detoxification
- Office visits
- Inpatient laboratory/diagnostic tests related to mental health and substance abuse treatment

Clinical Appeals

If you or your provider disagrees with a clinical determination by Magellan, you or your provider have the right to appeal. For more information about your appeal rights, call and speak to the Customer Service Department, 8 a.m. to 5 p.m., EST, available Monday through Friday.

In An Emergency

In the event of an emergency Magellan Behavioral of Michigan's staff is available 24 hours a day to assist you and/or your covered family members. Simply call 1-866-503-3158.

In any life-threatening emergency, you and/or your covered dependents should immediately seek treatment at the nearest emergency facility. You or your provider must call Magellan within 24 hours of the emergency admission to precertify your care and, if necessary, have a Magellan case manager assigned to you.

Remember, all care in- and out-of-network should be precertified. If care is not authorized, you will not be eligible for maximum benefits and benefits may be denied entirely.

Questions

Magellan Behavioral of Michigan's Customer Service Department is available to help you with any questions you may have regarding your benefits or our services. Just call the toll-free number at 1-866-503-3158 8 a.m. to 5 p.m., EST, Monday through Friday.

Out-Of-Network Benefits

If you choose to be treated by a provider not within Magellan's network, please be aware you will be financially responsible for payment of all or a portion of that provider's fee. Please refer to the "Benefit Summary" for further information on out-of-plan benefits.

Out-of-network providers are not required to process claims on your behalf – in such cases you must submit the claim yourself. Send the out-of-network provider's itemized bill, and HCFA 1500 form (available from your provider), along with your name, address, and social security number to:

Magellan Claims

Attn: State of Michigan - Claims Unit
P.O. Box 2278
Maryland Heights, MO 63043

Claims should be received by Magellan within 60 days of the date you or a covered dependent received services. Remember, in order for your claim to be paid, you must continue to be eligible for coverage on the date you receive care. All claims will be processed in accordance with confidential procedures.

Services obtained without Magellan precertification will not be eligible to receive the maximum benefit covered by the plan and may not be covered at all.

Coordination of Benefits

When you call the toll-free number we will verify your other health insurance coverage. Magellan will work with your other insurance carrier to ensure that claims are paid appropriately. If you have any questions concerning coordination of benefits, contact the toll-free number at 1-866-503-3158.

Exclusions

The following exclusions apply to mental health/substance abuse services:

- Services provided by practitioners not designated as eligible providers
- Hypnotherapy
- Guided imagery
- Marital counseling
- Psychodrama
- Sex therapy, including therapy for sexual dysfunction or therapy related in any way to gender identity disorders or intersex surgery
- Art therapy
- Recreation therapy
- Behavior modification, including for habitual behaviors such as compulsive gambling

- Counseling for vocational, academic, or education purposes
- Court-ordered psychotherapy, including substance abuse
- Services received at private residences
- Phone consultations or therapeutic phone sessions
- Music therapy

Limitations

The Plan's BASIC Hospital Benefit will not provide BASIC benefits for any expenses you may incur during an inpatient or outpatient hospital confinement due to a mental or nervous condition (including the treatment of alcoholism or substance abuse) after it has been determined that such a condition is not subject to a favorable modification.

Employee Services Program (ESP)

The State of Michigan's Employee Service Program (ESP) provides Confidential assessment and referral services, traumatic incident debriefing, and consultation and training to supervisors, stewards and employees on work performance issues which may be related to personal problems being experienced by employees.

Lansing office
 1-800-521-1377 or 517-373-7630
 Capitol Commons Center
 400 S. Pine, Suite 103
 Lansing, MI 48909

Detroit office
 1-800-872-5563 or 313-256-3619
 Plaza Building, Suite 670
 Detroit, MI 48226

The Employee Service Program (ESP) also provides a confidential telephone based screening program available 24 hours a day, 7 days a week for depression and alcohol problems. For a free, anonymous screening call 1-800-887-5676.

Benefits

Mental Health Benefits		
	In-Network	Out-of-Network
Inpatient	100%	50%
	Up to 365 days per year**	Up to 365 days per year
Outpatient	As necessary	As necessary
	90% of network rates	50% of network rates
	10% co-pay	10% co-pay
Alcohol and Chemical Dependency Benefits		
	In-Network	Out-of-Network
Inpatient	100%	50%
	**Up to two 28-day admissions per year.	**Up to two 28-day admissions per year.
	There must be at least 60 days between admissions.	There must be at least 60 days between admissions.
	Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient days equals two IOP days.	Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient days equals two IOP days.
	Halfway House 100%	Halfway House 50%
Outpatient	\$3,500 per calendar year.	\$3,500 per calendar year.
	90% of network rates	50% of network rates
	10% co-pay*	10% co-pay*
*\$3,500 per calendar year limitation pertains to services for chemical dependency only.		
** Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.		

Authorization – Clinical approval by a Magellan case manager for mental health or chemical dependency services for a member.

Case Management – A system of continuing review by a case manager. This process when conducted in a managed care system, may include the “Certification” or authorization of the covered individual’s medical services by licensed health care reviewers. The reviewers use objective clinical criteria for determining medical necessity and appropriateness of treatment within benefit allowances for a covered diagnostic condition.

Clinical Appeal – A formal request for Magellan Behavioral of Michigan Inc. to reconsider a clinical denial for authorization, either concurrently or retrospectively, for admissions, continued stays, levels of care, procedures, or services.

Complaint – A verbal or written statement of dissatisfaction arising from a perceived adverse action, decision, or policy on the part of Magellan.

Continuing Review/Concurrent Review – A review of the care being delivered and the proposed treatment plan for future care; conducted at specific intervals by a case manager to determine the appropriateness and authorization of further care.

Coordination of Benefits (COB) – An agreement using language developed by the National Association of Insurance Commissioners that prevents double payment for services when a subscriber has coverage from two or more sources. For example, a husband may have traditional coverage through work and the wife may have elected an HMO through her place of employment. The agreement gives the order for which organization has primary responsibility and which organization has secondary responsibility for payment.

Deductible – That portion of a subscriber’s (or covered insured’s) health care expenses that must be paid out-of-pocket before any insurance coverage applies. Refer to your “Benefit Summary” for the deductible required by your coverage.

Grievance – A written statement of dissatisfaction submitted in response to a decision made by Magellan regarding a previously filed complaint.

Network Providers – The group of mental health care providers, including doctors, hospitals, counselors and treatment facilities, who have agreed to adhere to Magellan’s care standards, payment schedules, and procedures.

Out-of-Network Providers – Mental health care providers who do not belong to Magellan's network. These services may be covered at a lower rate under your benefit plan. Refer to your “Benefit Summary” for the benefits provided by your coverage.

Precertification – The process of registering for services prior to seeking mental health or substance abuse care. For in-network outpatient care, your in-network provider will register your care. You do not need to call the toll free number to register care. Inpatient care must be precertified through the toll free number by your provider.

Please refer to the “Benefit Summary” for complete information on the benefits provided under your plan.

In an effort to provide you with the best in customer service, please be aware that your call to Magellan’s Customer Service Department may be monitored by a Magellan supervisor as part of our staff evaluation efforts.

MagellanAssist.com

Magellan has developed an Internet Web Site for use by the State of Michigan Employees and Retirees covered under the State Health Plan. Please visit this site at the following address: www.magellanassist.com

When you access this site, click on the member button and enter your Magellan toll free number (866-503-3158).

MagellanAssist will provide services designed to support you and your family. On this site you will find information, tools, and other resources to support you with work, home and daily life needs. You will be able to locate a network provider and find information regarding your mental health and chemical dependency benefits provided by Magellan.