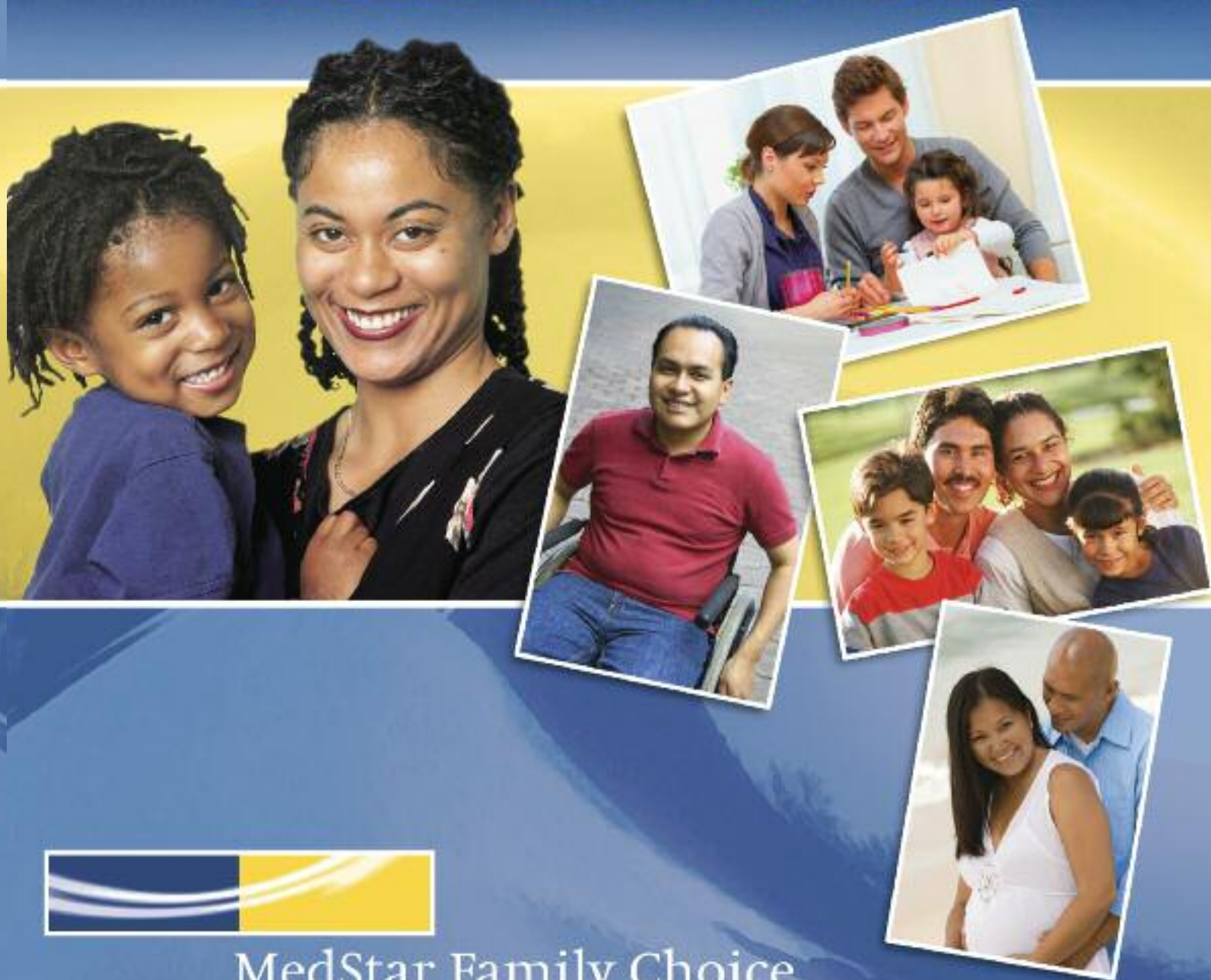


# ENROLLEE HANDBOOK



MedStar Family Choice

Caring For You. Caring About You.

*MedStar Health*



A MANAGED CARE ORGANIZATION

# MedStar Family Choice

Enrollee Handbook • Revised July 2009

## Sections of the MedStar Family Choice Enrollee Handbook

- I. ENROLLEE RIGHTS AND RESPONSIBILITIES**
- II. BENEFITS AND SERVICES**
  - A. HealthChoice Benefits
  - B. Optional Benefits and Applicable Terms and Conditions
  - C. Benefits and Services Not Offered by MSFC But Offered By the State
  - D. Benefits and Services Not Offered by MSFC or the State
  - E. Self-referral Services
  - F. Notice of Stopping or Changing Benefits, Services or Healthcare Locations
- III. INFORMATION ON PROVIDERS**
  - A. What is a PCP
  - B. Information about Your PCP and Specialists
  - C. Selecting or Changing Providers
  - D. List of Primary and Specialty Care Providers
  - E. List of Hospital Providers
  - F. List of Pharmacy Providers
- IV. SPECIAL SERVICES**
  - A. Interpreter for Those Who Do Not Speak English
  - B. Interpreter for Those Who Are Hearing Impaired
  - C. Transportation Services
  - D. Services for Special Needs Populations
  - E. Rare and Expensive Case Management Program (REM)
- V. GETTING INTO CARE**
  - A. Making or Canceling an Appointment
  - B. Referral to a Specialist or Specialty Care
  - C. After Hours, Urgent Care and Emergency Care
  - D. Out-of-Service Area Coverage
  - E. Wellness Care for Children (Healthy Kids - EPSDT)
  - F. Care for Women During Pregnancy and Two Months After Delivery
  - G. Substance Abuse (See Section II - A)
  - H. Family Planning (See Section II - E, Self-Referral Services)
  - I. Dental Care
  - J. Health Education Programs
- VI. MENTAL HEALTH SERVICES**
- VII. GRIEVANCES AND APPEALS**
  - A. MCO Enrollee Services and Hotline Information
  - B. MedStar Family Choice Internal Grievance Procedures
  - C. Medical Coverage Appeals
  - D. The State's Complaint Process
  - E. The State's Appeal Process
  - F. MedStar Family Choice Website
  - G. How to Make Suggestions for Changes in Policies or Procedures
  - H. New Technology
  - I. Out-of-Pocket Expenses
- VIII. CHANGING YOUR MCO**
- IX. ADVANCED DIRECTIVES**

# I. RIGHTS AND RESPONSIBILITIES

## YOU HAVE THE RIGHT TO:

- Be treated with respect and dignity no matter your race, national origin, age, sexual orientation religion, gender, physical or mental disability, or type of illness or condition.
- Have access to care no matter your race, national origin, age, sexual orientation, religion, gender, physical or mental disability, or type of illness or condition.
- Privacy - your medical records and all information about your health is private and will only be shared in a manner that follows state and federal laws.
- Privacy during treatment.
- Information - you may ask for and receive information about MedStar Family Choice, its services, its doctors and other caregivers, and about your rights and responsibilities as a member of the health plan.
- Make recommendations regarding your rights and responsibilities as a member of MedStar Family Choice.
- Ask for the qualifications of the people treating you.
- Choose a primary care provider (PCP) from MedStar Family Choice's listing of doctors.
- Be told what your health problem is, what treatment you will be given, and what risks are related to your illness and treatment. This must be told to you so that you understand the information.
- Talk to your doctor and help to make choices and decisions about your healthcare and treatments.
- Choose someone who will have the legal right to make healthcare choices for you if you become unable to tell your wishes yourself.
- Refuse any treatment by a provider, and be told what might happen if you don't have the treatment.
- Discuss all of the appropriate or medically necessary treatment options, regardless of the cost or whether they are covered by your health plan. MedStar Family Choice does not restrict providers from discussing all of the appropriate or medically necessary treatment options with members.
- Develop Advance Directives or a Living Will
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Request and receive a copy of your medical records and request that they be amended or corrected as allowed.
- Exercise your rights and know that the exercise of those rights will not adversely affect the way that MedStar Family Choice or our providers treat you.
- File a complaint, appeal or grievance with us and have it resolved in a reasonable amount of time. For example, the complaint, appeal or grievance could include a concern about the care you received. (See Section VII B and C)
- File a complaint, appeal or grievance against MedStar Family Choice with the State (Section VII E)
- State fair hearings. (See Section VII E)
- Request that ongoing benefits be continued during an appeal or state fair hearing; however, you may have to pay for the continued benefits if our decision is upheld in the appeal or hearing. (See Section VII E)
- Receive a second opinion from another doctor in MedStar Family Choice if you don't agree with your doctor's opinion about the services that you need. Contact us at 1-888-404-3549 for help with this.
- Receive other information about us, such as how we are managed. You may request this information by calling 1-888-404-3549.

## MEMBER RESPONSIBILITIES

### It Is Your Responsibility to:

- Read this handbook so that you can understand the services provided and how to contact MedStar Family Choice with questions.
- Be courteous and respectful to MedStar Family Choice staff, healthcare providers and office staff.
- Tell the truth about your health. You must tell about any illnesses you had before. You must tell about operations you had before. You must tell what medicines you use or have used in the past. You must tell MedStar Family Choice and your healthcare providers any information we may need in order to provide care to you.
- Do what your doctor tells you to do to get well or stay well. Follow the plans and instructions for your care that you and your healthcare provider have agreed to.
- Live a healthy lifestyle, which includes seeing your doctor regularly and following preventive care guidelines, such as screenings and immunizations.
- Accept what might happen to you if you refuse treatment or if you do not follow the advice given to you.
- Tell your doctor if your health changes in any way that you did not expect.
- Know the name of your primary care provider (PCP) and get your PCP's okay before getting care from anyone else.
- Make appointments with your PCP during office hours instead of using the emergency room for things that are not emergencies.
- Be on time for all your appointments. Let the office know at least 24 hours ahead of time when you cannot keep an appointment.
- Carry your ID card and photo ID with you always. Tell the people in the doctor's office, lab, drugstore or anywhere that you are getting healthcare, that you are a MedStar Family Choice member.
- Ask questions about your care. Make sure that you understand what your health problem is, that you understand your treatment and that you participate in developing treatment goals that both you and your doctor agree on.
- Notify MedStar Family Choice of any car accidents, falls, etc. where someone else may be at fault. You must work with MedStar Family Choice concerning the accident and the bills.
- Call Member Services toll-free at 1-888-404-3549 if you are having any problems getting the care you need.
- Notify MedStar Family Choice, the local health department and/or your DSS case worker if you move.
- Complete your renewal applications in a timely manner to prevent gaps in your health insurance.
- Report any other health insurance coverage to your doctor and MedStar Family Choice.
- Give your doctor a copy of your Living Will and Advance Directive if you have one.
- Report any known or suspected fraud and abuse as it relates to benefits, services or payments. Please contact our Member Services Department at 1-888-404-3549.

**MedStar Family Choice staff may read your medical records to make sure that you are getting the care you need.**

## II. BENEFITS AND SERVICES

### A. HEALTHCHOICE BENEFITS

This table shows the healthcare services and benefits that all HealthChoice enrollees can get when they need them. We offer other services not listed here. (See Section II B ) For a few special benefits, you have to be of a certain age or have a certain kind of problem. We will never charge you for any of the healthcare services we provide. This table lists the basic benefits that you can get through MedStar Family Choice when you need them.

Currently, there are no co-pays for services provided by MedStar Family Choice. You may be charged a co-pay for services or drugs that are provided by the Maryland Department of Health and Mental Hygiene and are not the responsibility of MedStar Family Choice. You will be notified of any changes related to co-pays before the change takes effect.

If you have a question or are confused about whether MedStar Family Choice offers a certain benefit, you can call MedStar Family Choice at 1-888-404-3549 or the HealthChoice Enrollee Help Line at 1-800-284-4510 for help.

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Primary Care Services	These are all of the basic health services you need to take care of your general health needs, and are usually provided by your primary care provider, or PCP, a doctor or advanced practice nurse.	All enrollees	
EPSDT Services for Children	Regular well-child check-ups, immunizations (shots) and check-ups to look for illness. Whatever is needed to take care of sick children and to keep healthy children well.	Under age 21	
Pregnancy-Related Services	Medical care during and after pregnancy, including hospital stays and, when needed, home visits after delivery.	Women who are pregnant, and for two months after the birth	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Family Planning	Family planning office visits, lab tests, birth control pills and devices (includes latex condoms from the pharmacy without a doctor's order) and permanent sterilizations.	All enrollees	
Primary Mental Health Services	Primary mental health services are basic mental health services provided by your PCP or another provider in MedStar Family Choice. If more than just basic mental health services are needed, your PCP will refer you to or you can call the Public Mental Health System at 1-800-888-1965 for specialty mental health services.	All enrollees	You do not get specialty mental health services from MedStar Family Choice. For example, for treatment of serious emotional problems like schizophrenia, your PCP or specialist will refer you or you can call the Public Mental Health System at 1-800-888-1965.
Pharmacy Services	Prescription drugs, insulin, needles and syringes, birth control pills and devices, coated aspirin for arthritis, iron pills (ferrous sulfate), and chewable vitamins for children younger than age 12. You can get latex condoms from the drug store without a doctor's order.	All enrollees	Non-prescription drugs except for coated aspirin, iron pills and chewable vitamins for children under age 12. MedStar Family Choice does pay for some over-the-counter medications.
Specialist Services	Healthcare services provided by specially-trained doctors or advanced practice nurses. You might have to get a referral from your PCP before you can see a specialist.	All enrollees	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Laboratory & Diagnostic Services	Lab tests and X-rays to help find out the cause of an illness.	All enrollees	
Case Management	A case manager may be assigned to help you plan for and receive healthcare services. The case manager also keeps track of what services are needed and what has been provided.	Special populations: (1) Children with special healthcare needs; (2) Pregnant and postpartum women; (3) Individuals with HIV/AIDS; (4) Individuals who are homeless; (5) Individuals with physical or developmental disabilities; (6) Individuals in need of substance abuse care; and (7) Children in State-supervised care	
Diabetes Care	Special services, medical equipment and supplies for enrollees with diabetes.	Enrollees who have been in the hospital because of diabetes	
Substance Abuse Treatment	Services include a comprehensive substance abuse assessment, individual and group counseling services, methadone maintenance treatment, detox treatment (inpatient or outpatient as needed), partial hospitalization and referral to substance abuse services that we do not offer. Intensive outpatient services are covered for those who are under 21, pregnant or postpartum.	Pregnant and postpartum women and persons with HIV/AIDS will be referred for treatment within 24 hours of request	
Podiatry	Foot care when medically needed. Includes special shoes, supports and routine foot care.	Available to enrollees under age 21 or individuals with diabetes and circulatory problems	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Vision Care	<p><b>Eye Exams</b> Under 21: one exam every year. 21 and older: one exam every two years</p> <p><b>Glasses</b> Under 21 only Contact lenses if there is a medical reason why glasses will not work</p>	Exams - all enrollees; Glasses and contact lenses - enrollees under age 21	More than one pair of glasses per year unless lost, stolen broken or a new prescription is needed.
Home Health Services	In-home healthcare services, including nursing and home health aide care.	Those who need skilled nursing care in their home, usually after being in a hospital	No personal care services (help with daily living)
Oxygen & Respiratory Equipment	Treatment to help breathing problems.	All enrollees	
Hospital Services	Inpatient and outpatient services are covered.	All enrollees with authorization or as an emergency	
Hospice Care	Support services for people who are terminally ill.	All enrollees	
Rehabilitation Outpatient	Rehabilitation services, including physical therapy, occupational therapy and speech therapy (without a hospital stay).	All enrollees (See Section II D for enrollees under age 21)	
Nursing Home	Full-time nursing care in a nursing home.	Available to all enrollees. After 30 days, State pays instead of MedStar Family Choice	
Chronic Hospital	Full-time hospital care for long-term illness.	Available to all enrollees. After 30 days, State pays instead of MedStar Family Choice	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Blood & Blood Products	Blood used during an operation, etc.	All enrollees	
Dialysis	Treatment for kidney disease.	All enrollees	
DME & DMS	Durable medical equipment (DME) and disposable medical supplies (DMS) are things like crutches, walkers, wheelchairs and finger stick supplies (for people who do blood testing at home).	All enrollees	
Transplants	Medically necessary transplants.	All enrollees	No experimental transplants
Clinical Trials	Enrollees costs for studies to test the effectiveness of new treatments or drugs.	Enrollees with life-threatening conditions, when authorized	Must be authorized by MedStar Family Choice

## B. OPTIONAL BENEFITS AND APPLICABLE TERMS AND CONDITIONS

The healthcare services and benefits you have read about in Section A are given to you by all MCOs. MedStar Family Choice will give you some other services. The table on the next page shows the extra healthcare services and benefits that MedStar Family Choice members can get when they need them.

If you have a question or are confused about these extra benefits, you can call MedStar Family Choice Member Services toll-free at 1-888-404-3549 to ask for help.

<b>BENEFIT</b>	<b>WHAT IT IS</b>	<b>WHO CAN GET THIS BENEFIT</b>	<b>WHAT YOU DON'T GET WITH THIS BENEFIT</b>
Vision Care	Eye exam once a year. For adults, one pair of glasses, if needed, every year.	Over age 21	Contact lenses that are not medically necessary
Over-the-counter Medications	Some medications that are available over-the-counter will be paid for by MedStar Family Choice. Your doctor has a list of these medicines.	All enrollees	Not all over-the-counter medications are covered. Your doctor has a complete list.
Transportation	Transportation to receive care is provided as appropriate when medically necessary.	All enrollees	Transportation that is not medically necessary.

### **C. BENEFITS AND SERVICES NOT OFFERED BY MEDSTAR FAMILY CHOICE BUT OFFERED BY THE STATE**

These are benefits and services that we do not provide. People who need these services can get them through the State using their red and white Medical Assistance or dental card.

#### **Dental Services for Children Under 21 and Pregnant Women**

General dentistry, including regular and emergency treatment, is offered. Dental services are provided by the Maryland Healthy Smiles Dental Program administered by Doral Dental. If you are eligible for the Dental Services Program, you will receive information and a dental card from Doral Dental. If you have not received your dental ID card or have questions about your dental benefits, call the Maryland Healthy Smiles Dental Program at 1-888-696-9596.

#### **Specialty Mental Health Services**

We offer only the basic primary mental health services that your PCP can provide. If these services are not enough to take care of your problem, you, your PCP or your specialist doctor can request specialty mental health services through the Public Mental Health System by calling 1-800-888-1965.

#### **ICF-MR Services**

This is treatment in a care facility for people who are mentally retarded and need this level of care.

#### **Skilled personal care services**

This is skilled help with daily living activities.

#### **Medical day care services**

This is help to improve daily living skills in a center licensed by the state or local health department, which includes medical and social services.

#### **Transportation services**

We do not have to pay for your transportation to medical services, unless it sends you to a far-away county to get treatment that you could get in a closer county. We will help you arrange non-

emergency transportation, if needed, for a medical visit or treatment through your city or county government (usually the county health department). Emergency transportation is provided by local fire companies (“911” emergency service), but this is only for real emergencies. In some cases, we may provide transportation. You can call MedStar Family Choice Member Services for more information.

### **Nursing home & long-term care services**

We do not have to pay for your care in a nursing home, rehabilitation hospital or chronic hospital after the first 30 days. After that, the services are considered “long-term care.” After the first 30 days, you will not have to leave the nursing home or long-term hospital, you just will not be in MedStar Family Choice anymore. (This is something the State and MedStar Family Choice will take care of for you.) Once you are out of MedStar Family Choice, the State will pay for the medical treatment you need, including nursing home and other long-term care.

### **Abortion services**

This medical procedure to end certain kinds of pregnancies is covered by the State only if:

- (1) The patient will probably have serious physical or mental health problems, or could die, if she has the baby;
- (2) She is pregnant because of rape or incest, and reported the crime; or,
- (3) The baby will have very serious health problems.

Women eligible for HealthChoice only because of their pregnancy are not eligible for abortion services.

### **Occupational, Physical and Speech Therapy, and Audiology for Children Under the Age of 21**

The State pays for these services if medically needed. For help in finding a provider, you can call the State’s Help Line at 1-800-492-5231.

### **HIV/AIDS**

Certain diagnostic services for HIV/AIDS are paid for by the State (viral load testing, genotypic, phenotypic or other HIV/AIDS resistance testing), Most HIV/AIDS drugs are also paid for by the State.

## **D. BENEFITS AND SERVICES NOT OFFERED BY MEDSTAR FAMILY CHOICE OR THE STATE**

These are benefits and services that we are not required to offer. We offer a few of them anyway (see Section II B). The state will not offer any of the benefits on this list.

- Anything that you do not have a medical need for
- Anything experimental unless part of an approved clinical trial
- Autopsies
- Shots for travel outside the continental United States or medical care outside the United States
- Diet and exercise programs to help you lose weight
- Fertility treatment services including services to reverse a voluntary sterilization
- Cosmetic surgery (Operations to make you look better, but you do not need for any medical reason)
- Private hospital room for people without a medical reason such as having a contagious disease.
- Private duty nursing for people over 21-years-old
- Orthodontist services. Braces to straighten teeth, for people 21-years-old and older or children who do not have a serious problem that makes it difficult for them to speak or eat

- Special (orthopedic) shoes and supports for people who do not have diabetes or circulation problems or are older than age 21
- Routine foot care for people who do not have diabetes or circulation problems or are older than age 21
- Non-prescription drugs except coated aspirin for arthritis, insulin, iron pills and chewable vitamins for children younger than age 12. While it is not a required benefit, MedStar Family Choice does pay some over-the-counter drugs. Please contact Member Services or visit our website for more information
- Hearing aids for people over age 21
- Dental services for adults (Except for pregnant women)

## **E. SELF-REFERRAL SERVICES**

### **What are self-referral services?**

You will go to your PCP for most of your healthcare, or your PCP will send you to a specialist who belongs to MedStar Family Choice. For some types of services, you can choose a healthcare provider who is not part of our network, and we will still pay for the service. These are called “self-referral services.” We will also pay for any related lab work and medicine received at the same site that you receive the self-referral visit. The following are self-referred services.

### **Family Planning Services**

If you choose to do so, you can go to a provider who is not a part of MedStar Family Choice for any of these family planning services:

- Family planning office visit
- Pap smear
- Special contraceptive supplies
- Diaphragm fitting
- IUD insertion and removal
- Norplant removal
- FDA-approved contraceptives

### **Emergency Services**

If you have a real medical emergency, you do not need a referral from your PCP to go to the emergency room (ER). If you’re not sure if you should go to the ER, call your PCP for advice. After you are treated for an emergency condition, you may need additional services to make sure the emergency condition does not return. These are called post-stabilization services. We will work with the hospital staff to decide if you need these services. If you would like additional information about how this is decided, contact us at 1-888-404-3549.

## **School-Based Health Center Services**

For children enrolled in schools that have a health center, there are a number of services that they can receive from the school health center.

- Office visits and treatment for acute or urgent physical illness, including needed medicine
- One follow-up office visit, unless the case is complicated
- Self-referred family planning services (listed above)

## **Pregnancy Services**

If you were pregnant when you joined MedStar Family Choice, and had already seen a provider who is not in MedStar Family Choice network for at least one complete prenatal check-up, then you can choose to keep seeing that provider all through your pregnancy, delivery and for two months after the baby is born for follow-up, as long as the provider agrees to continue to see you. It is important that you begin your pre-natal care as soon as you find out you are pregnant.

## **Baby's First Check-Up Before Leaving the Hospital**

It is best to select your baby's doctor before you deliver. If the MedStar Family Choice doctor you selected or another MedStar Family Choice doctor does not see your newborn baby for a check-up before the baby is ready to go home from the hospital, we will pay for the on-call doctor to do the check-up in the hospital.

## **Check-up for Children Entering State Custody**

Children entering foster care or kinship care are required to have a check-up within 30 days. The foster parent can choose a convenient provider to self-refer to for this visit.

## **Certain Providers for Children with Special Healthcare Needs**

Children with special healthcare needs may self-refer to providers outside of the MedStar Family Choice network under certain conditions. Self-referral for children with special needs is intended to ensure continuity of care, and assure that appropriate plans of care are in place. Self-referral for children with special healthcare needs will depend on whether or not the condition that is the basis for the child's special healthcare needs is diagnosed before or after the child's initial enrollment in an MCO. Medical services directly related to a special needs child's medical condition may be accessed out-of-network only if the following specific conditions are satisfied:

- **New Enrollee:**

A child who at the time of initial enrollment was receiving these services as part of a current plan of care may continue to receive these specialty services provided the pre-existing out-of-network provider submits the plan of care to us for review and approval within 30 days of the child's effective date of enrollment in MedStar Family Choice, and we approve the services as medically necessary.

- **Established Enrollee:**

A child who is already enrolled in MedStar Family Choice when diagnosed as having a special healthcare need requiring a plan of care that includes specific types of services may request a specific out-of-network provider. We must grant the request unless we have a local in-network specialty provider with the same professional training and expertise who is reasonably available and provides the same services.

If we deny, reduce or terminate the services, you can file an appeal. See Sections VII C and VII E for information about appeals.

## **Diagnostic Evaluation Service (DES)**

One annual diagnostic and evaluation service (DES) visit for any enrollee diagnosed with HIV/AIDS, which we are responsible for facilitating on your behalf.

## Renal Dialysis

Some people with kidney disease need to have their blood cleaned. This is called “renal dialysis.” A person who needs renal dialysis does not have to go to a MedStar Family Choice provider for this treatment, but can choose any provider, either inside or outside of MedStar Family Choice. People needing this service may be eligible for the Rare and Expensive Case Management Program (REM). See the REM Program section.

## Substance Abuse Treatment

If you are in need of substance abuse treatment, you may self-refer to a certified substance abuse treatment provider for a *Comprehensive Substance Abuse Assessment (CSAA)*. You may self-refer for the initial CSAA if the following conditions are met:

- You are not currently in substance abuse treatment;
- You have not received a self-referred CSAA during that calendar year; and,
- The assessment provider is a certified substance abuse provider.
- You can also self-refer for other treatments such as individual and group counseling, detoxification and inpatient care. You must meet certain criteria to receive these services. Contact us at 1-800-496-5849 for more information.

## F. NOTICE OF STOPPING OR CHANGING BENEFITS, SERVICES OR HEALTHCARE LOCATIONS

MedStar Family Choice gives many benefits and services to keep you well. At times there may be changes in those services. If there are changes, you will get a letter from MedStar Family Choice. The letter will tell you what has changed. If you have questions about the change you may call Member Services toll-free at 1-888-404-3549. You may also view our website at [www.medstarfamilychoice.net](http://www.medstarfamilychoice.net).

There are many providers in the MedStar Family Choice network for you to go to for services. Sometimes those locations change. When there is a change to your PCP's address, we will send you a letter to let you know. Unfortunately, there may be times when MedStar Family Choice has to change your PCP without letting you know ahead of time and a new card is sent to you. Remember, you can change your PCP at any time by calling Member Services.

**If you have any questions or you are confused about services or where to go to get them, call Member Services at 1-888-404-3549 for help.**

### III. INFORMATION ON PROVIDERS

#### A. WHAT IS A PCP

A PCP is the short name for “primary care provider.” The PCP is your family doctor, who will be the leader of all the healthcare you receive. Each person in your household will be asked to choose a PCP from the MedStar Family Choice Provider Directory. If you have a child under the age of 21, you will choose a PCP for the child. That doctor will be a pediatrician (children’s doctor) or a family practitioner.

Your PCP will work with you to decide what your healthcare needs are. If you and your PCP decide that you need a service that is not given by your PCP, the PCP may send you to another doctor to get what you need. That other doctor may be called a specialist. The specialist is a doctor who has extra training in some healthcare field. For example, if you and your PCP decide that you need to have an operation, your PCP may send you to a surgeon. If you need to have an X-ray, your PCP may send you to a radiologist.

At times, you may need what is called specialty care. For example, after an injury your PCP might want you to have physical therapy. The PCP will send you to a physical therapy center or a rehabilitation center. There will be specially trained people there to give you the therapy or treatments you need.

You may not see a specialist or have specialty care without the approval of your PCP. If you think you need a specialist, talk to your PCP. The PCP will give you a referral, or make arrangements for you.

#### B. INFORMATION ABOUT YOUR PCP AND SPECIALISTS

If you would like to know more about your PCP, specialists, midwives, physical therapists, speech therapists, audiologists or any other type of provider that will be caring for you, you may call MedStar Family Choice Member Services toll-free at 1-888-404-3549. The member services Representative will give you information about your provider or will transfer your call to someone who can help you. You may also view our website at [www.medstarfamilychoice.net](http://www.medstarfamilychoice.net). There is detailed information on the website regarding each of our providers, including information regarding hospital privileges, education and certifications. If you would like to obtain this type of information on your provider, but do not have access to our website, you may contact Member Services to receive this information over the phone, or we can send you the information on specific providers.

#### C. SELECTING OR CHANGING PROVIDERS

##### Selecting a PCP

All new members will receive a MedStar Family Choice identification card in the mail. That card will show the name of the PCP site or location that you chose when you enrolled. If you did not select a PCP, we selected one for you based on your address. If you would like to pick a different PCP, you may choose a PCP from the Provider Directory, which has been sent to you with this booklet. You can change your PCP at any time by contacting our Member Services Department. Each member of your family must have a PCP. The children in your family who are under the age of 21 should have a pediatrician or family practitioner. If you do not want a pediatrician or family practitioner for your children, you may ask for a primary care provider who is certified as an EPSDT provider. Your PCP should be close to your home so that you can get to your visits. **It is very important for you to have a PCP you can be happy with!**

## Changing a PCP

You may change your PCP at any time. If you are not happy with your doctor, try to talk about it with your doctor. If you are still not happy, call Member Services to talk about it. If things do not get better, all you have to do to have a new doctor is:

1. Pick a new PCP from the Provider Directory we have sent you.
2. Call Member Services toll-free at 1-888-404-3549 and tell them you want to change your PCP.

If you choose a new PCP, MedStar Family Choice will send you a new ID card within 10 days.

## D. LIST OF PRIMARY AND SPECIALTY CARE PROVIDERS

All PCPs and specialists are listed in the Provider Directory, which you received with this booklet and is also available on our website at [www.medstarfamilychoice.net](http://www.medstarfamilychoice.net). Use the directory or the website to pick your PCP. The website is updated regularly to keep the network updated as much as possible. Choose one close to you so that you will be able to get to your appointments. You may not choose a specialist without the approval of your PCP. If your PCP thinks you need a specialist, he or she will help you to choose one.

## E. LIST OF HOSPITAL PROVIDERS

All hospital providers are listed in the Provider Directory, which you received with this booklet, and are available online at [www.medstarfamilychoice.net](http://www.medstarfamilychoice.net). The hospitals you may use as a MedStar Family Choice Member are:

- Franklin Square Hospital Center
- Good Samaritan Hospital
- Harbor Hospital
- Union Memorial Hospital

If you need to be in a hospital, your PCP must arrange and oversee your care. MedStar Family Choice will pay for the hospital and for any special care you need, but only if your PCP says it is okay. So you must not go to a hospital without calling your PCP unless you have an emergency. An emergency is a condition that causes sudden severe pain or other signs that are so severe that if they are not treated they could be reasonably expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in:

- Placing your health in serious jeopardy;
- Causing serious impairment to bodily functions; or,
- Serious dysfunction of any bodily organ or part.

**MedStar Family Choice will not cover your expenses if you are in the hospital without your PCP's okay unless it is an emergency.**

## F. LIST OF PHARMACY PROVIDERS

Most of the major pharmacy chains are in our network. You can find examples of these major pharmacy chains in the front page of our Provider Directory. Choose the one closest to you. All of the medicines your doctors order and are approved by MedStar Family Choice will be provided to you. Take your member identification card with you when getting your medicine. Some medicines require your doctor to provide information to MedStar Family Choice before the medicine can be prescribed. Your doctor will work with MedStar Family Choice to make sure you receive the medicine you need.

## IV. SPECIAL SERVICES

### A. INTERPRETER FOR THOSE WHO DO NOT SPEAK ENGLISH

If you do not speak English have someone call Member Services for you toll-free at 1-888-404-3549. MedStar Family Choice has interpreters to help members when visiting their doctors. We will also provide an interpreter to help non-English speaking members to read written information sent by Member Services.

### B. INTERPRETER FOR THOSE WHO ARE HEARING IMPAIRED

If you are deaf or have trouble hearing, a TTY line is available. You may call 1-800-508-6975. In addition, members can access Maryland Relay for TTY assistance MedStar Family Choice also has people available who can use sign language to help you when you see your doctor. You or someone who can speak for you must let the Member Services Representative know that you need an interpreter.

### C. TRANSPORTATION SERVICES

If you need help getting to your doctor appointment, call Member Services. It is important to your health that you get to all your appointments. We will work with you to find a way for you to get there. Call us right away if you know you cannot get to your appointment. Do not wait until the last minute. Give us time to make arrangements for you. Bus tokens or a cab will be provided if you meet our medical criteria.

### D. SERVICES FOR SPECIAL NEEDS POPULATIONS

The State has named certain groups as needing special support from the MCO. These groups are called “special needs populations” and include:

- Children with special healthcare needs
- Adults or children with a physical disability
- Adults or children with a developmental disability
- Pregnant women and women who have just given birth
- Adults and children who are homeless
- Adults and children with HIV/AIDS
- Adults and children with a need for substance abuse treatment
- Children in State-supervised care

We have a process to let you know if you are in a special needs population. If you have a question about your special needs, contact our member service hotline at 1-888-404-3549 Monday-Friday 8:30 am-5 pm.

#### Services Every Special Needs Population Receives

If you are in one or more of these special needs populations, you are eligible to receive the services below to help you get the right amount and the right kind of care:

##### A Case Manager

A case manager will be a nurse or a social worker or other professional that may be assigned to your case soon after you join MedStar Family Choice. This person will help you and your primary care provider (PCP) plan the treatment and services you need. The case manager will not only help plan the care, but will help keep track of the healthcare services you receive during the year and help those who give you treatment to work together.

## **Specialists**

Having special needs requires you to see providers who have the most experience with your condition. Your PCP and your case manager will work together to be sure to send you to the right specialists. This will include specialists for supplies and equipment you might need.

## **Follow-up when visits are missed**

If your PCP or specialist finds that you keep missing visits, they will let us know and someone will try to get in touch with you by mail, by telephone or by a visit to your home to remind you to call for another appointment. If you still miss appointments, you may be visited by someone from the local health department near where you live.

## **Special Needs Coordinator**

We have a Special Needs Coordinator on staff. The Special Needs Coordinator will educate you about your condition and will suggest places in your area where you can get support from people who know about your needs.

**As a member of a special needs population, you will receive all of the services above. Some groups will receive other special services. These are listed below:**

- Adults and Children with HIV/AIDS

### **HIV/AIDS Case Management**

We will have special case managers trained in dealing with HIV/AIDS issues and in linking persons with the services that they need.

### **Diagnostic Evaluation Service (DES) assessment visits once every year**

One annual diagnostic and evaluation service (DES) visit for any enrollee diagnosed with HIV/AIDS, which we are responsible for facilitating on the enrollee's behalf.

### **Substance Abuse Services**

Anyone with HIV/AIDS who needs substance abuse treatment will have access within 24 hours of request.

### **Confidentiality**

A unique identification number, instead of names, will be used when information is passed between providers for HIV/AIDS enrollees.

- Adults and Children with Physical and Developmental Disabilities

### **Materials Prepared in a Way You Can Understand**

We will have our materials reviewed by people with experience in the needs of people with disabilities. This means that the information will be presented using the right methods so that people with disabilities can understand, whether in writing or by voice translation. Our staff is trained on the special communications needs of individuals with developmental disabilities.

### **DDA Services**

Enrollees that currently receive services through the Developmental Disabilities Administration (DDA) or under the DDA waiver can continue to receive those services.

### **Medical Equipment and Assistive Technology**

Our providers have the experience and training for both adults and children to provide medical equipment and assistive technology services.

### **Case Management**

Case managers are experienced in working with people with disabilities.

- Pregnant Women and Women Who Have Just Given Birth

### **Appointments**

The provider must schedule an appointment within 10 days of your request. If you can not get an appointment, call us at 1-888-404-3549 or the Enrollee Help Line at 1-800-284-4510.

### **Link to a Pediatric Provider**

Every pregnant woman will be linked with a children's doctor that she chooses before giving birth. A children's doctor may be a family practice doctor, pediatrician or nurse practitioner.

### **Prenatal Risk Evaluation**

Every pregnant woman should have a prenatal risk evaluation at the time of the first visit with the prenatal provider. If there is a risk that may affect the pregnancy and a healthy baby, someone from the Local Health Department or MedStar Family Choice will contact the pregnant woman and offer to visit her.

### **Length of Hospital Stay**

The length of hospital stay after delivery is 48 hours for an uncomplicated vaginal delivery or 96 hours for an uncomplicated cesarean delivery. If you elect to be discharged earlier, a home visit must be provided within 24 hours after discharge. If you must remain in the hospital after childbirth for medical reasons, you may request that your newborn remain in the hospital while you are hospitalized. Additional hospitalization up to four days is covered for your newborn.

### **Follow-up**

We are required to schedule the newborn for a follow-up visit two weeks after discharge if no home visit has occurred or within 30 days after discharge if there has been a home visit.

### **Dental**

Pregnant women who are 21 years old or older receive diagnostic, emergency, preventive and therapeutic dental services for oral diseases. These services are provided by the Maryland Healthy Smiles Dental Program. Contact them at 1-888-696-9596 if you have questions about your dental benefits.

### **Substance Abuse Services**

Any pregnant or postpartum (two months after delivery) woman who is a substance abuser will have access to substance abuse treatment within 24 hours of request. If day treatment is needed, your children may go with you during your treatment.

### **HIV Testing and Counseling**

All pregnant women will be offered a test for HIV and will receive information on HIV infection and its affect on the unborn child.

### **Nutrition Counseling**

All pregnant women will be offered nutritional information to teach them to eat healthy.

### **Smoking Counseling**

All pregnant women will be provided information and support on ways to stop smoking.

### **EPSDT Screening Appointments**

Adolescents who are pregnant should receive EPSDT screening services in addition to prenatal care.

### **• Adults and Children in Need of Substance Abuse Treatment**

If you need help getting off drugs and/or alcohol, we will provide you with:

#### **Substance Abuse Screening**

Screening must be done as part of your initial health screen, first prenatal visit or when your provider thinks it is necessary. You may self-refer for an assessment. (See Section II E)

#### **Substance Abuse Treatment**

If it is found that you are in need of substance abuse treatment, we will refer you to a certified substance abuse treatment provider or another provider (such as physicians, social workers or psychologists) who sees HealthChoice enrollees based upon the type of help you need. Contact us at 1-800-496-5849 for more information.

#### **No Denial for Past Problems**

We will not deny you substance abuse treatment if the only reason is that you have not been successful with drug or alcohol treatment in the past.

- Children with Special Healthcare Needs

**Work with Schools**

We will work closely with the schools that provide education and family services programs to children with special needs.

**Keeping Certain Non-MedStar Family Choice Providers**

Children with special healthcare needs may self-refer to providers outside of our network under certain conditions. Self-referral for children with special needs is intended to ensure continuity of care, and assure that appropriate plans of care are in place. Self-referral for children with special healthcare needs will depend on whether or not the condition that is the basis for the child's special healthcare needs is diagnosed before or after the child's initial enrollment in an MCO. Medical services directly related to a special needs child's medical condition, may be accessed out-of-network only if the following specific conditions are satisfied:

- **New Enrollee:**

A child who at the time of initial enrollment was receiving these services as part of a current plan of care may continue to receive these specialty services provided the pre-existing out-of-network provider submits the plan of care to us for review and approval within 30 days of the child's effective date of enrollment in MedStar Family Choice, and we approve the services as medically necessary.

- **Established Enrollee:**

A child who is already enrolled in MedStar Family Choice when diagnosed as having a special healthcare need requiring a plan of care that includes specific types of services may request a specific out-of-network provider. We will grant your request unless we have a local in-network specialty provider with the same professional training and expertise who is reasonably available and provides the same services.

**State Supervised Care**

Foster and Kinship Care - We will ensure that children in State-supervised care (foster care or kinship care) get the services that they need from providers by having one person at MedStar Family Choice responsible for organizing all services. If a child in State-supervised care moves out of the area and needs another MCO, the State and the MedStar Family Choice will work together to quickly find the child new providers close to where the child has moved or, if needed, the child can change to another MCO.

**Screening for Abuse or Neglect**

Any child thought to have been abused physically, mentally or sexually will be referred to a specialist who is able to determine if abuse has occurred. In the case of possible sexual abuse, we will be sure that the child is examined by someone who knows how to find and keep important evidence.

- **Individuals Who Are Homeless**

If you are homeless, we will provide a case manager to coordinate your healthcare services.

## **E. RARE AND EXPENSIVE CASE MANAGEMENT PROGRAM (REM)**

### **What is the Rare and Expensive Case Management Program?**

The Rare and Expensive Case Management Program, REM for short, is a program provided by the State for people who have very expensive and very unusual medical problems. To enter the REM program, you must have one of the problems (diagnoses) on the REM diagnosis list. Most of the REM diagnoses are found in children under the age of 21; however, a few are found in adults as well.

### **How Do I Know If I Belong in this Program?**

Your Primary Care Provider (PCP) and MedStar Family Choice have a list of the REM diagnoses and will let you know if you or any of your children should consider entering the REM program. You will be informed by telephone, by mail or by a visit from a REM case manager. If you do not want to join the REM program, you can stay in MedStar Family Choice.

### **Will I Keep the Same Benefits?**

The REM program offers Medicaid benefits plus other specialty services needed for your special medical problem. The State will pay for this care instead of us.

### **Do REM Enrollees Keep Their MCO and Their PCP?**

Entering the REM program means not being in an MCO anymore. This change will happen automatically. You will work with a REM case manager who will become very familiar with the care you or your child needs and will help you select the right provider. The REM case manager will work with you or your child to see that you continue with the same PCP and specialists if possible, even though you will no longer be in MedStar Family Choice. If your child under age 21 was getting medical care from a specialty clinic or other setting before going into the REM program, you can choose for your child to keep getting services there after joining the REM program.

### **How Do I Get More Information About the REM Program?**

Call the REM program at 1-800-565-8190.

## V. GETTING INTO CARE

Within the first 30 days of joining MedStar Family Choice you will receive a welcome packet and letter from MedStar Family Choice. The packet and letter will welcome you to MedStar Family Choice and remind you to schedule a visit with your new PCP within 30 days. You can also call us directly as soon as you receive your welcome letter. Members should contact the MedStar Family Choice Outreach Department for assistance by calling 1-800-905-1722.

### A. MAKING OR CANCELING AN APPOINTMENT

MedStar Family Choice is able to set up your first appointment with your PCP if you would like us to help you. You will set up all other appointments by calling your PCP's office. You should make sure you get to all appointments because that will help your PCP to keep you healthy. Your PCP wants to be able to spend time with you, so you must make appointments ahead of time.

It is your responsibility to let your PCP's office know if you cannot keep your appointment. Do this at least one day ahead of time. This will let the doctor use the time for someone else. Try not to miss appointments. If you miss too many appointments, your PCP might ask you to pick another doctor to take care of you.

### B. REFERRAL TO A SPECIALIST OR SPECIALTY CARE

Your PCP may decide that you need to see a doctor who can give you special help. We call these doctors specialists. Your PCP will tell you where to go for treatment if he or she thinks you need a specialist. Your PCP will either make the appointment for you or give you the phone number. Then you will make the appointment. Your PCP will give you a referral to take to the specialist. Your PCP will still be your regular doctor and will talk to the specialist who takes care of you.

**You may not go to a specialist without the okay of your PCP. If you think you need a specialist, you must talk to your PCP first.** For female enrollees, if your PCP is not a women's health specialist, you have the right to see a women's health specialist within MedStar Family Choice network without a referral.

### C. AFTER HOURS, URGENT CARE AND EMERGENCY CARE

Call your PCP if you or a family member has an emergency. Someone will be available to talk to you 24 hours a day and will help you to decide if you need to go to an emergency room or to an urgent care facility. But if you feel you or a family member has an emergency that cannot wait for a call to the PCP, call 911 or go to the nearest hospital emergency room right away. An emergency is a condition that causes sudden severe pain or other signs that are so severe that if they are not treated they could be reasonably expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in:

- Placing your health in serious jeopardy;
- Causing serious impairment to bodily functions; or,
- Serious dysfunction of any bodily organ or part.

These are some examples of emergencies:

- Chest pain
- Bleeding that cannot be stopped
- Loss of consciousness
- Poisoning
- Bad burns
- Trouble breathing
- Paralysis

If you need to be in a hospital, your PCP must arrange and oversee your care. MedStar Family Choice will pay for the hospital and for any special care you need, but only if your PCP says it is okay. So you must not go to a hospital without calling your PCP unless you have an emergency.

The emergency room is NOT the place to go for everyday medical problems such as colds, earaches, medication refills, long-standing chronic problems or minor injuries. Call your PCP for medical problems that are not real emergencies. Someone will talk to you if you call your PCP's phone number. You can call your PCP's office 24 hours a day for advice and guidance about what to do.

In addition, MedStar Family Choice has urgent care centers in our network. Please look in the Provider Directory for locations. These centers can be used when you have an urgent care need.

#### **D. OUT-OF-SERVICE AREA COVERAGE**

If you are away from home and get sick, you still must call your PCP. Your PCP will tell you where to go for help.

If you are away from home and have an emergency, go to the nearest emergency room or call 911. MedStar Family Choice will pay for your care in any emergency room if you are having an emergency. Always carry your member identification card with you and show it wherever you receive care. If it is determined that the care provided in the emergency room was not an emergency, the care is not paid for by MedStar Family Choice.

#### **E. WELLNESS CARE FOR CHILDREN (HEALTHY KIDS - EPSDT)**

It is important to take your child to see his/her doctor on a regular basis. We will help you pick a PCP for your child if you do not already have one. When you take your child for each visit, the PCP will make an appointment for the next visit. Do not miss any of your appointments.

Please refer to the charts on the next couple of pages that gives details regarding your child's preventive health schedule and immunization (shots) schedule. All of your child's immunizations are paid for by MedStar Family Choice. If you change your child's doctor, you should give your new doctor any old immunization records to make sure that your child stays up to date on immunizations. If you have any questions about well child care or immunizations (shots), please call MedStar Family Choice Member Services toll-free at 1-888-404-3549.

## Preventive Care Guideline for Children

Preventative Screening / Testing	Newborn to 2 months old	4, 6, 9, and 12 months old	15, 18, and 24 months old	3 through 12 years old	13 through 20 years old
Physical Exam (includes height and weight, systems, dental and nutrition assessments, and scheduled return visit)	✓	✓	✓	✓ Yearly	✓ Yearly
Perinatal History	✓				
Hearing/Vision	✓	✓	✓	✓ Yearly	✓ Yearly
Head Circumference (measuring around the head)	✓	✓	✓ if abnormal results		
Health & Developmental History/ Psycho-social History & Update	✓	✓	✓	✓ Yearly	✓ Yearly
Developmental Surveillance	✓	✓	✓	✓ Yearly	✓ Yearly
Mental Health Assessment				✓ Yearly	✓ Yearly
Developmental Screening Tool		✓ (9 months)	✓ (18 months and 24-30 months)		
Substance Abuse Assessment				✓ (beginning at age 12)	✓ Yearly
Blood Pressure				✓ Yearly	✓ Yearly
Screening for Hereditary/ Metabolic Disorders (State Law) PKU & Sickle Cell	✓ Complete both by 1 month old			Review sickle cell results. Test if negative results are not recorded in the chart.	

## Preventive Care Guideline for Children

Preventative Screening/ Testing	Newborn to 2 months old	4, 6, 9 and 12 months old	15, 18 and 24 months old	3 through 12 years old	13 through 20 years old
Lead Risk Assessment and/or Lead Blood Testing		✓ Assessment at each visit and blood test at 12 months old	✓ Assessment at each visit and blood test at 24 months old	✓ Screen at 3, 4 & 5 years old if not done before	
Tuberculosis (counseling/testing required if positive assessment)		✓ 12 months	✓ 24 months	✓ Yearly	✓ Yearly
Heart Disease/Cholesterol (counseling/testing required if positive assessment)			✓ 24 months	✓ Yearly	✓ Yearly
Sexually Transmitted Diseases (counseling/testing required if positive assessment)				✓ Beginning at age 12	✓ Yearly
Blood Test (Hct/Hgb)		✓ At 12 months old	✓ At 24 months old		
Immunization History (see also immunization schedule)	✓	✓	✓	✓ Yearly	✓ Yearly
Age Appropriate Guidance and Education/Referral for problems/Scheduled Return Visit	✓	✓	✓	✓ Yearly	✓ Yearly
Pelvic Exam/Pap Test					✓ If sexually active or 18 years old
Dental Exam			✓ Beginning at age 2	✓ Twice a year	✓ Twice a year

The above preventative care schedule should only be used as a guide. Your child's doctor will decide what is best for your child's health, so the above timeframes may change. Always check with your child's doctor if you have questions related to his or her healthcare.

*(Adapted from the Maryland Department of Health and Mental Hygiene Guidelines)*

## Recommended Childhood Immunization Schedule

Age	Birth	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	2 years	4-6 years	11-12 years	13-18 years
Hepatitis B (HepB)	✓	✓		✓							
Diphtheria, Tetanus, Pertussis (DTaP)		✓	✓	✓		✓			✓	✓ (Tdap)	
Haemophilus Influenza type b (Hib)		✓	✓	✓		✓					
Polio (IPV)		✓	✓	✓					✓		
Measles, Mumps, Rubella (MMR)					✓				✓		
Varicella (Var)					✓				✓		
Pneumococcal Conjugate (PCV7)		✓	✓	✓	✓						
Human Papillomavirus										✓ 3 doses	
Rotavirus		✓	✓	✓							
Influenza				✓ All children 6 months to 18 years of age							
Meningococcal										✓	
Hepatitis A					✓		✓	✓ Certain Risk Groups			

Note: If your child is behind or missing shots, speak with your doctor about getting your child caught up. The "catch-up" schedule may be different than the schedule above.

(Adapted from the Maryland Department of Health and Mental Hygiene Guidelines)

## **F. CARE FOR WOMEN DURING PREGNANCY AND TWO MONTHS AFTER DELIVERY**

Pregnancy care is the healthcare you receive during pregnancy from a specially trained doctor called an obstetrician or OB doctor.

**Seeing your OB doctor is very important to you and your baby. You will need regular check-ups the whole time you are pregnant and even after your baby is born.**

Please call MedStar Family Choice as soon as you know you are pregnant. We have a special program for pregnant women that helps encourage good prenatal care. If you are less than 28 weeks pregnant, you are eligible to join the MedStar Family Choice “Momma and Me” incentive program. This program offers gift certificates for every prenatal visit with the OB, for educational classes and for your baby’s first pediatric visit. As a “Momma and Me” participant, you will also receive educational materials. For additional information about the program, please call 410-933-2200 (prompt #2).

For those moms that do not enroll in the MedStar Family Choice “Momma and Me” incentive program, we have a postpartum program called “We Care.” For participating in this program, you are eligible for gift certificates if you receive your postpartum exam and for taking your newborn to his or her first two-week well-child visit. For additional information about the “We Care” program, please call 410-933-2282.

You may have been pregnant when you signed up with MedStar Family Choice. If you already had an OB doctor, you may keep seeing him or her as long as he or she agrees to keep seeing you. If you become pregnant after you signed up, your PCP will help you pick a MedStar Family Choice OB doctor. Please tell your PCP when you think you might be pregnant so that you can start seeing an OB doctor right away. If you believe that you might be pregnant and do not have an OB/GYN doctor, you can call your PCP to get a pregnancy test.

Your OB doctor will want to see you at regular times. It is important for your health and your baby’s health that you do not miss these appointments.

During the first seven months that you are pregnant, your OB doctor will want to see you every month. After seven months, your OB doctor will want to see you every two weeks. As you get close to the time to have your baby, your OB doctor will want to see you every week.

Your OB doctor will also want to see you about six weeks after you have your baby. After this visit, you can go back to your PCP.

Remember to choose a pediatrician before your baby is born. Once your baby is born it is important to call the pediatrician immediately to schedule an appointment.

## **G. SUBSTANCE ABUSE (SEE SECTION II - A)**

Call your PCP if you think you need help with a drug or drinking problem. Your PCP will find doctors or programs to help you stop using drugs or alcohol. Call your OB doctor if you are pregnant and using drugs. It is very important that you get help so that your baby will not be hurt by drugs or alcohol. You may also contact our substance abuse providers directly and without a referral. You may call 1-800-496-5849 to find a substance abuse provider near you.

## **H. FAMILY PLANNING (SEE SECTION II - E, SELF-REFERRAL SERVICES)**

Family planning is help with deciding when to have children. It also means helping you with birth control that will work for you. Your MedStar Family Choice PCP can help you plan your family and give you birth control.

**You can also get birth control from another doctor or clinic that is not on your MedStar Family Choice list of doctors. You do not need your PCP's okay to get family planning services.**

You should use birth control if you are sexually active or thinking about becoming sexually active and do not want to get pregnant.

Call your PCP to make an appointment if you want family planning services. Or call another doctor or clinic of your choice for an appointment. You do not have to pay for family planning no matter if you use your PCP or another doctor or clinic, but show your MedStar Family Choice ID card when you see any doctor so that you will not be billed. Call Member Services toll-free at 1-888-404-3549 if you have questions.

## **I. DENTAL CARE**

### **Children under 21 and pregnant women**

General dentistry, including regular and emergency treatment, is offered. Dental services are provided by the Maryland Healthy Smiles Dental Program administered by Doral Dental. If you are eligible for the Dental Services Program, you will receive information and a dental card from Doral Dental. If you have not received your dental ID card or have questions about your dental benefits, call the Maryland Healthy Smiles Dental Program at 1-888- 696-9596.

## **J. HEALTH EDUCATION PROGRAMS**

MedStar Family Choice wants you to learn about your health and how to stay well. We have many classes, support groups and events in your community. We offer classes on subjects such as prenatal care, baby care and many others. We encourage you to attend as many of these as you can. For a listing of these classes, call Member Services at 1-888-404-3549. You may also view our website for a listing at [www.medstarfamilychoice.net](http://www.medstarfamilychoice.net). All classes and events will be free of charge. Please bring your member identification card and photo ID with you when you attend.

On the next page is a list of tests and immunizations (shots) that adults should have at certain ages. Seeing your PCP at regular times, and having these tests and immunizations will help you to stay healthy. This is called preventive care.

## PREVENTIVE CARE GUIDELINE FOR ADULTS (AGE 21 AND OVER)

SCREENING SERVICE	AGE	HOW OFTEN
History and Physical	21 years and older	Every year
Weight, Height and BMI	21 years and older	Every year at a visit to your doctor
Blood Pressure	All adults 21 years or over	Every year at a visit to your doctor
Cervical Cancer (Pap Smear)	Women 21 years to 64 years and those under 21 years who are or have been sexually active	Three consecutive normal test results and then every one to three years in low risk women
Cholesterol	All adults 21 and over	Screening every five years. Those with known risk factors more frequently as determined by doctor
Self Breast exam	Women 21 years and over	Discuss with your doctor
Clinical Breast Exam by a healthcare provider	Women 20-39 Women 40 years and over	Every three years Every year
Mammogram	Women 40 and over	Every year
Chlamydia Screening	Sexually active women 21-25 years	As determined by doctor
Colon Cancer	All adults 50 or older African American men 45 years or older	Occult blood test every year. Barium enema and a sigmoidoscopy every five years. Colonoscopy every 10 years. Those with known risk factors more frequently as determined by doctor
Counseling/ Health Education	All adults	At each physical, and thereafter as needed
Depression Counseling	All adults	Annually
Diabetes	45 years and older; younger than 45 if risk factors are present	Screen and then repeated by doctor as needed

SCREENING SERVICE	AGE	HOW OFTEN
Eye Health and Vision Screening	Age 40-65 years, sooner if risk factors are present	Baseline exam at 40 years and then re-exam as determined by doctor and certain risk factors
Hearing	All adults	Doctor will check periodically
HIV Testing	21-64 years	Routinely. Annually for those in high risk groups
Prostate Cancer – Rectal Exam and Prostate Specific Antigen (PSA) Test	Men 50 or older; Younger if strong family history	Doctor will offer and discuss various testing options. If high risk, doctor may recommend testing sooner

### IMMUNIZATION RECOMMENDATIONS

SCREENING SERVICE	AGE	HOW OFTEN
Hepatitis A and Hepatitis B	High risk adults	Ask your doctor
Herpes Zoster	Adults 60 years and older	One dose—Ask your doctor
HPV	Women 21-26 if previously unvaccinated	Three doses—Ask your doctor
Influenza Vaccine (Flu shot)	All adults 50 or older	Every year – doctors may suggest flu shot to those in high risk groups
Measles/Mumps/Rubella (MMR)	All adults born after 1956 without immunity or prior immunization	Ask your doctor
Meningococcal	High risk adults	Ask your doctor
Tetanus, Diphtheria (Td or Tdap)	All adults—the primary series of shots	Every 10 years
Varicella	Adults with unreliable medical history	Ask your doctor

**Remember: These are just recommendations. Your doctor will tell you if you need these services more or less often.**

## VI. MENTAL HEALTH SERVICES

### HOW DO I GET MENTAL HEALTH SERVICES?

If you think you have mental health problems and need help, call the Public Mental Health System, at 1-800-888-1965, call our member services hotline or speak with your PCP. Your PCP will ask you questions to help decide if you need mental health treatment. Your PCP may decide that he or she can help by giving you some medications for your problem and you will not need to go to the Public Mental Health System or your PCP may help refer you to the Public Mental Health System. If you decide to call the Public Mental Health System yourself, their toll-free help line is open 24-hours a day, 7 days a week and is run by mental health staff called care managers. The care managers are trained to handle your call and will help you get the services you need.

If you have received mental health care services in the past, and would like to see the same provider, let the care manager know and every effort will be made to get you to the same provider.

If the Public Mental Health System finds that you do not need specialty mental health services, your PCP (with your permission) will be informed so that you can receive any needed follow-up care.

### IF I NEED MENTAL HEALTH SERVICES FROM THE PUBLIC MENTAL HEALTH SYSTEM (PMHS), HOW QUICKLY WILL I GET IT?

How quickly you are seen for specialty mental healthcare will depend on the type of treatment you need. The following describes the time rules for getting you to a mental health specialist:

#### **Emergency**

If the PMHS care manager finds that your problem is an emergency, you will be seen within the same day, usually within 4 hours.

#### **Urgent**

If your problem is not an emergency, but you still have an urgent need to see a mental health specialist, you will be seen by the next day, within 24 hours.

#### **Scheduled**

If you are not having a crisis, but you still need to see someone for an evaluation, an appointment for specialty care will be scheduled within 10 work days.

## VII. GRIEVANCES AND APPEALS

### A. MCO ENROLLEE SERVICES AND HOTLINE INFORMATION

MedStar Family Choice wants you to get the healthcare you need in the best way possible. We want to know what you think about the services we provide. So, please call Member Services toll-free at 1-888-404-3549 if you think we are not meeting your needs or if you have any questions about your benefits or the care you are getting. We also will be calling you from time to time to ask you if you are happy with your care.

We have a Consumer Advisory Board made up of members and MedStar Family Choice employees. They meet six times a year to talk about the care our members are getting and to make suggestions on how to improve the services we provide. You may be asked to serve on this board. We hope that you will help us take care of your health.

### B. MEDSTAR FAMILY CHOICE INTERNAL GRIEVANCE PROCEDURES

#### Internal Grievance Procedure

If you have a question or grievance about your healthcare, such as not being able to get an appointment, the way in which you were treated or having to travel too far to get healthcare services, call Member Services toll-free at 1-888-404-3549 Monday-Friday between 8:30 am and 5pm. (See page 16 for information about interpreter services and TTY/TDD services) The member service representative will:

1. Take your grievance
2. Answer any questions
3. Tell you when he/she will have an answer for you (within 24 hours for emergency issues, five days for urgent issues and 30 days for routine issues)
4. Forward your grievance to the appropriate person, who will:
  - a. Investigate your grievance
  - b. Decide what steps will be taken
  - c. Respond to your grievance

#### Second Level Grievance Review Procedure (Grievance Appeal)

If you are not happy with the answer you get from MedStar Family Choice and the grievance is regarding access, a provider of services or payment of services, you may be allowed to file a second level grievance review. Call Member Services Toll-free at 1-888-404-3549. A member service representative who is different from the member service representative that initially took your grievance will:

1. Take your grievance
2. Answer any questions
3. Tell you when he/she will have an answer for you (within 24 hours for emergent, five days for urgent and 30 days for routine issues)
4. Forward your grievance to the appropriate person, who will:
  - a. Investigate your grievance
  - b. Decide what steps will be taken
  - c. Respond to your grievance

If you are still not satisfied with the outcome, you may at anytime during the grievance process contact the HealthChoice Enrollee Help Line at 1-800-284-4510 Monday through Friday between 7:30 am and 5:30 pm.

## C. MEDICAL COVERAGE APPEALS

MedStar Family Choice approves or denies services based upon whether or not the service is medically needed and a covered benefit. We do not financially reward our providers, staff or anyone contracted with MedStar Family Choice for denying services. In addition, we do not financially reward anyone involved in the decision process in such a way that would encourage them to deny services.

When you do not agree with our decision to deny, stop or reduce a service that has been requested by your provider, you or your provider can ask us to review our decision again. This is called an appeal. You may appeal MedStar Family Choice's decision to cover a service once you receive a denial (adverse determination) letter from us. You have 90 days after receiving a denial to appeal our decision. The letter provides the details of why the medical services were denied. It also gives instructions on the appeals process. At any time during the appeal process you may contact the State's Enrollee Help Line at 1-800-284-4510. They can provide you with information on how to request a hearing.

Medical appeals are either urgent or non-urgent. Appeals are considered to be urgent if your life is in jeopardy, if there could be a loss in the ability to regain maximum functioning or if your doctor believes the care is urgent or could cause you severe pain. Non-urgent appeals are divided into pre-service and post-service appeals.

The appeal, verbal or written, must include the specific reason for reconsidering the denial. You may file the appeal on your own. We have a simple form you can use to file your appeal. Just call 410-933-2200 or 1-800-905-1722 to get one. We will mail or fax the appeal form to you and provide assistance if you need help completing it. Other people can also help you file an appeal, like a family member or a lawyer. With written permission from you, you may have your provider or an authorized representative file the appeal on your behalf. All requests for appeals can be submitted verbally or in writing to the MedStar Family Choice Denial and Appeal Division. Written appeals must be sent to the following address:

**MedStar Family Choice**  
**8094 Sandpiper Circle, Suite O**  
**Baltimore, MD 21236**  
**Attn: Denial and Appeal Division**

We will send you a letter letting you know that we have received your appeal within 5 business days. If you prefer to verbally request an appeal, please call 410-933-2200 or 1-800-905-1722 Monday through Friday between 8:30 am and 5pm.

When you file an appeal, be sure to let us know any new information that you have that will help us make our decision. While your appeal is being reviewed, you can still send or deliver any additional information that you think will help us make our decision.

When reviewing your appeal we will:

- Use doctors who know about the type of illness you have
- Not use the same people who denied your request for a service
- Make a decision about your appeal within 24 hours for urgent appeals, 20 days for non-urgent first level appeals and 10 days for second level appeals

## Urgent Appeals

Urgent first level appeals must be requested within 90 days of receiving the denial (adverse determination) letter from MedStar Family Choice. Urgent appeals may not be requested for services that have already been received. In addition to the specific reason for the appeal, you, your authorized representative or your provider are given the chance to provide any additional documentation that you want considered during the appeal process. Within 24 hours of receiving a request for an urgent appeal review, MedStar Family Choice will contact your provider on the telephone and send you (and your authorized representative, if applicable) the outcome of the appeal. MedStar Family Choice determines whether or not your appeal is considered to be urgent.

If you are not satisfied with the outcome, you, your authorized representative or your provider may appeal a second time to MedStar Family Choice. The second level of appeal is the final level of appeal within MedStar Family Choice. MedStar Family Choice's President or designee will make the decision on this level of appeal. The request for a second-level appeal of an urgent appeal must be made within 60 calendar days from the date you received your first level appeal determination letter. Once again you will be given the chance to provide any additional information that you want considered during the appeal process. Within 48 hours of receiving a second level appeal request for an urgent review, MedStar Family Choice will contact your provider on the telephone and send you (and your authorized representative, if applicable) the outcome of the appeal.

If you are still not satisfied with the outcome of your appeal, you may contact the HealthChoice Enrollee Help Line at 1-800-284-4510 Monday through Friday between 7:30 am and 5:30 pm. In addition, you may contact the Enrollee Action Line at any time through the appeal process.

## Non-urgent Appeals

Non-urgent first level appeals must be requested within 90 days of receiving the denial (adverse determination) letter from MedStar Family Choice. In addition to the specific reason for the appeal, you, your authorized representative or your provider are given the chance to provide any additional documentation that you want considered during the appeal process.

There are two types of non-urgent appeals:

- If you are appealing a service that has not yet occurred MedStar Family Choice will notify you, your authorized representative and your provider of our decision within 20 calendar days of receiving your appeal request.
- If the service has already occurred, and the appeal is to determine whether or not the service was a covered benefit, MedStar Family Choice will notify you, your authorized representative and your provider of our decision within 30 calendar days from receiving your appeal request.

The response time for either type of non-urgent appeals may be extended by no more than 14 days if you ask for more time to submit information or we need to get additional information from other sources.

If you are not satisfied with the outcome, you, your authorized representative or your provider may appeal a second time to MedStar Family Choice. The second level of appeal is the final level of appeal to MedStar Family Choice. MedStar Family Choice's President or designee will make the decision on this level of appeal. The request for a second-level appeal of a non-urgent appeal must be made within 60 calendar days from the date you received your first-level appeal denial (determination) letter. Once again you will be given the chance to provide any additional information that you want considered during the appeal process.

- For appeals of services that have not yet occurred: Within 10 days of receiving the appeal, MedStar Family Choice will contact your provider on the telephone and send you (and your authorized representative, if applicable) the outcome of the appeal.

- For appeals of services that have already occurred: Within 30 days of receiving the appeal, MedStar Family Choice will contact your provider on the telephone and send you (and your authorized representative, if applicable) the outcome of the appeal.

If you are still not satisfied with the outcome of your appeal, you may contact the HealthChoice Enrollee Help Line at 1-800-284-4510 Monday through Friday between 7:30 am and 5:30 pm. In addition, you may contact the Enrollee Help Line at any time through the appeal process.

If your appeal is about a service that was already authorized and you were already receiving, you may be able to keep getting the service while we review your appeal. Contact us at 410-933-2200 or 1-800-905-1722 Monday through Friday between 8:30 am and 5 pm if you would like to keep getting services while your appeal is reviewed. If you do not win your appeal, you may have to pay for the services that you received while the appeal was being reviewed.

## **D. THE STATE'S COMPLAINT PROCESS**

### **Getting Help From the HealthChoice Enrollee Help Line**

If you have a question or complaint about your healthcare and we have not solved the issue to your satisfaction, you can ask for help from the State's HealthChoice Enrollee Help Line. To reach the HealthChoice Enrollee Help Line, call 1-800-284-4510 Monday through Friday between 7:30 am and 5:30 pm (or you can leave a recorded message at any other time).

When you call the Help Line, you can ask your question or explain your problem to one of the Help Line staff, who will:

- Answer your questions;
- Work with us to discuss what you need; or
- Send your complaint to the Complaint Resolution Unit nurses who may:
  - Ask us to provide information about your case within five days;
  - Work with your provider and us to assist you in getting what you need;
  - Help you to get more community services, if needed; or
  - Help you to appeal denials and send you the fair hearing process in writing. (See Section VII. E.)

## **E. THE STATE'S APPEAL PROCESS**

### **Asking the State to Review Our Decision**

When you do not agree with our decision to deny, stop or reduce a service, you can ask the state to review the decision. This is called an appeal.

You can contact the Enrollee Help Line at 1-800-284-4510 and tell the representative that you would like to appeal our decision. Your appeal will be sent to a nurse in the Complaint Resolution Unit.

The Complaint Resolution Unit will attempt to resolve your issue with us in 10 business days. If it cannot be resolved in 10 business days, you will be sent a notice that gives you a choice to request a fair hearing or wait until the Complaint Resolution Unit has finished its review.

When the Complaint Resolution Unit is finished working on your appeal, you will be notified of their findings.

- If the State thinks we should provide the requested service, it can order us to give you the service; or,
- If the State thinks that we do not have to give you the service, you will be told that the State agrees with us.

If you do not agree with the State's decision, which you will receive in writing, you will again be given the opportunity to request a State Fair Hearing.

### **Types of State Decisions You Can Appeal**

You have the right to appeal three types of decisions made by the State. When the State:

- Agrees with us that we should not cover a requested service;
- Agrees with us that a service you are currently receiving should be stopped or reduced; or,
- Denies your request to enroll in the Rare and Expensive Case Management (REM) Program.

### **Continuing Services During the Appeal**

If your appeal is about a service that was already authorized and you were already receiving, you may be able to keep getting the service while the State reviews your appeal. Contact the Enrollee Help Line at 1-800-284-4510 if you would like to keep getting services while your appeal is reviewed. If you do not win your appeal, you may have to pay for the services that you received while the appeal was being reviewed.

### **Fair Hearings**

To appeal one of the State's decisions, you must request that the State file a notice of appeal with the Office of Administrative Hearings on your behalf. This will be your appeal against the State. We usually will not be involved in the appeal, but our providers and staff members may appear as witnesses for the State at the appeal hearing.

The Office of Administrative Hearings will set a date for the hearing based on the type of decision being appealed.

- If the appeal is about us reducing or not giving you a service because both the State and MedStar Family Choice thinks you do not have a medical need for the service, the Office of Administrative Hearings will set a hearing date within 20 days of the day you file your appeal with the Office of Administrative Hearings. The Office of Administrative Hearings will make its decision on the case within 30 days of the date of the hearing.
- For all other appeals, the Office of Administrative Hearings will set a hearing date within 30 days of the day you file your appeal with the Office of Administrative Hearings. The Office of Administrative Hearings will make its decision on the case within 30 days of the date of the hearing.

You can ask for an expedited appeal. If the State thinks your hearing should be held more quickly due to the seriousness of your health condition, a hearing will be held and a decision will be made within 3 days.

### **The Board of Review**

If the Office of Administrative Hearings decides against you, you may appeal to the state's Board of Review. You will get the information on how to appeal to the Board of Review with the decision from the Office of Administrative Hearings.

## **Judicial Appeal**

If the Board of Review decides against you, you may appeal to the Circuit Court.

### **F. MEDSTAR FAMILY CHOICE WEBSITE**

MedStar Family Choice has developed a website to provide you with access to up-to-date information about your health plan. On the website, you will find the following:

- Appeal process
- Benefit information
- What services are covered or not covered
- Added services under MedStar Family Choice
- Whether or not there are co-pays
- What to do if you are billed for a covered service
- Case management and disease management services
- Contact information for our company
- Find-A-Provider (searchable provider directory)
- Formulary
- Health encyclopedia
- Hours of operation and after hours instructions
- Interpreter services
- Member handbook
- Member rights and responsibilities
- New technology policies
- Notice of privacy practices
- Outreach program
- Preventive care programs
- Pharmacy protocols and procedures
- Pharmacy quick reference guide
- Quality improvement programs
- Schedule of health education classes
- Transportation guidelines
- Utilization management decision making

If you do not have access to the internet, you may contact our Member Services Department Monday through Friday between 8:30 am and 5 pm at 1-888-404-3549. They will be able to provide you with a written copy of this information.

### **G. HOW TO MAKE SUGGESTIONS FOR CHANGES IN POLICIES OR PROCEDURES**

MedStar Family Choice welcomes your comments and ideas. If you have suggestions for changes to be made in how we provide healthcare or give you service, call Member Services toll-free at 1-888-404-3549. Your ideas will be taken seriously. They will be brought before the Consumer Advisory Board, and you will receive a response from us.

We want you to be happy with your healthcare and we want you to help us to take care of you. We hope you will let us know what we are doing right, as well as what we could do better.

## **H. NEW TECHNOLOGY**

MedStar Family Choice evaluates new technology on an as needed basis. Providers will contact the MedStar Family Choice Care Management Department to request authorization for the new technology. The MedStar Family Choice Medical Director will review the request and make sure that it has been approved by the Food and Drug Administration. In addition, we will determine if Medicaid covers the service at this time. If Medicaid determines that the new technology should be a covered service, the request will be approved if it is medically necessary. If Medicaid does not currently cover the new technology, we will review industry standards in considering whether or not to cover the new technology.

## **I. OUT-OF-POCKET EXPENSES**

You should always be sure to show your MedStar Family Choice identification card when you need medical care. All MedStar Family Choice providers are aware that they may not charge members for covered services. If, however, you were asked to pay for a covered service, please contact Member Services as soon as possible. We will contact the provider to determine why you were charged. In addition, if you were incorrectly charged for a service that is covered by MedStar Family Choice, we will assist you in getting reimbursed for this expense. In order to review the issue, we will request documentation, such as a receipt from the provider office.

## VIII. CHANGING YOUR MCO

### WHEN CAN I CHANGE MY MCO?

#### (1) During the first 90 days of Enrollment

You can request to change your MCO one time during the first 90 days the first time you are in an MCO as long as you are not hospitalized at the time of the request. You can also make this request if you are automatically assigned to an MCO.

#### (2) Once A Year, On The Anniversary Of Your Enrollment

Every year around the time you first signed up with MedStar Family Choice, you will be mailed a notice from the State asking if you would like to change your MCO. You may choose to stay with MedStar Family Choice or you may decide to select another MCO near where you live. You do not need to have a reason for this yearly change.

#### (3) When There Is An Approved Reason To Change MCOs

You may change your MCO and join another MCO near where you live for any of the following reasons at any time:

- If you move to another county where we do not offer care
- If you become homeless and find that there is another MCO closer to where you live or have shelter, and changing to that MCO would make getting to appointments easier
- If you or any member of your family has a doctor in a different MCO and the adult member wishes to keep all family members together in the same MCO
- If a child is placed in foster care and the foster care children or the family members receive care by a doctor in a different MCO than the child being placed, the child being placed can switch to the foster family's MCO
- You desire to continue to receive care from your primary care provider (PCP) and the MCO terminated the PCP's contract for one of the following reasons:
  - a) For reasons other than quality of care;
  - b) The provider and the MCO cannot agree on a contract for certain financial reasons; or,
  - c) Your MCO has been purchased by another MCO.

### REASONS THE STATE WILL DISENROLL YOU FROM AN MCO

The State will remove you (disenroll you) from an MCO if you:

- Are placed in a long-term care facility for more than 30 days straight;
- Are admitted into an intermediate facility for mentally retarded persons;
- Are approved for the Rare and Expensive Case Management Program;
- Are no longer qualified for State benefits;
- Are no longer qualified to be in an MCO because you are now in another State program that does not enroll its members in MCOs;
- Are in an MCO that no longer has a contract to provide care in the State of Maryland; or,
- Should not have been enrolled in an MCO.

## HOW DO I DISENROLL FROM THE MCO?

If you decide to change your MCO, you should contact the State's Enrollment Broker at: **1-800-977-7388**.

You will be asked to give the following information:

- If you have a special medical history
- The reason why you wish to change
- If you are moving, to what county and city will you be moving

## IX. Advance Directives

An advance directive is a form that tells healthcare providers what type of healthcare service, including mental healthcare, you do or do not want to receive if you are too sick to speak for yourself. An advance directive can be written or spoken.

A written advance directive must be dated and signed.

A spoken advance directive must be witnessed by two people.

It is your responsibility to tell your doctor if you have an advance directive. If you are not able to tell your doctor or you don't have a written advance directive, someone else, such as a friend, family member or hospital staff, can tell the doctor your wishes.

Your advance directive will automatically be canceled at any time if:

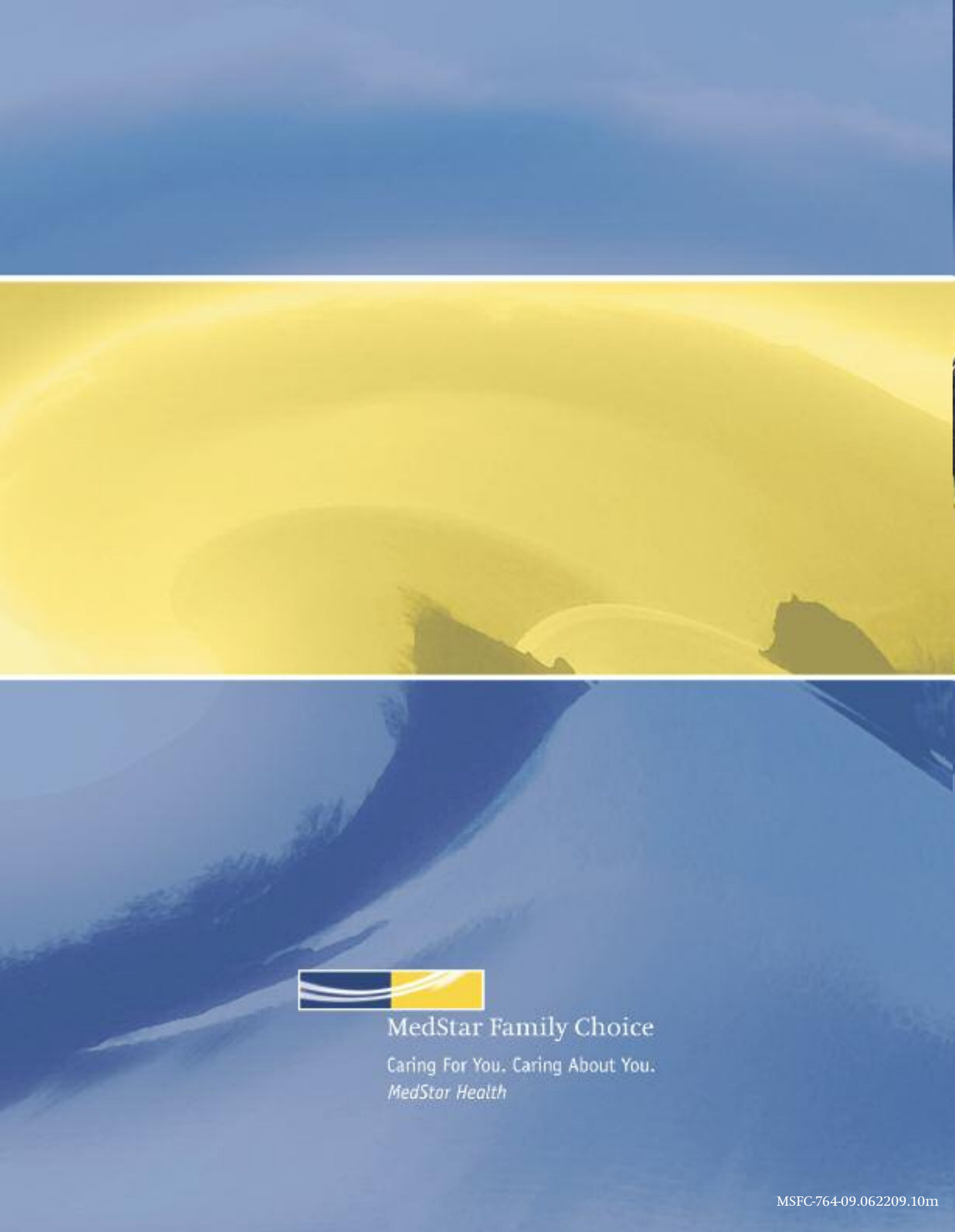
- You complete a new form;
- You tell your doctor you want to change it; or,
- It is destroyed.

If you are interested in these documents, please contact either of the offices below to receive copies of the forms.

**Office of the Attorney General**  
**200 St. Paul Place**  
**Baltimore, MD 21202-2021**  
**410-576-7000**

**Library and Information Services Division**  
**Department of Legislative Reference**  
**90 State Circle**  
**Annapolis, MD 21401**  
**410-946-5400**

You can also ask if your primary care doctor can help you obtain these forms.



MedStar Family Choice

Caring For You. Caring About You.

*MedStar Health*