

Many Faces. One Need.



# Priority Partners Member Handbook

1-800-654-9728  
[www.ppmco.org](http://www.ppmco.org)

**PRIORITY**  
partners

## I. ENROLLEE RIGHTS AND RESPONSIBILITIES

We value you as a member of our health care family. As a member, you have the following rights and responsibilities:

### You have the right to:

- Y Be treated with respect to your dignity and privacy.
- Y Receive information, including information on treatment options and alternatives in a manner you can understand.
- Y Participate in decisions regarding your healthcare, including the right to refuse treatment.
- Y Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Y Request and receive a copy of your medical records and request that they be amended or corrected as allowed.
- Y Exercise your rights and to know that the exercise of those rights will not adversely affect the way that Priority Partners or our providers treat you.
- Y File appeals and grievances with us. (See page 16)
- Y File appeals and grievances with the State. (See page 16)
- Y State fair hearings. (See page 17)
- Y Request that ongoing benefits be continued during appeals 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 page 16)
- Y Receive a second opinion from another doctor in Priority Partners if don't agree with your doctor's opinion about the services that you need. Contact us at 1-800-654-9728 for help with this.

- Y Receive other information about us such as how we are managed. You may request this information by calling 1-800-654-9728.
- Y Receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
- Y Make recommendations regarding the organization's member rights and responsibilities policy.
- Y Discuss all appropriate treatment options for a condition regardless of cost or benefit coverage.

### You have the responsibility to:

- Y Carry your membership card with you at all times. If you lose your card, call Customer Service to get a new one.
- Y Cancel doctors appointments if you cannot keep them.
- Y Report any other health insurance coverage to your doctor and Priority Partners.
- Y Report any communicable diseases, family history, problem with substance abuse and any other information your doctor may need in order to provide adequate care.
- Y Cooperate with health care providers and follow their instructions.
- Y Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

# Table of Contents

Welcome to Priority Partners MCO.

We look forward to serving you and your family.

Please be sure to read this booklet carefully to learn about your health benefits and how to access them.

Para un manual en español, por favor Llamar 1-800-654-9728.

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## II. BENEFITS AND SERVICES

### A. HealthChoice Benefits

This table shows the health care services and benefits that all HealthChoice enrollees can get when they need them. We offer other services not listed here. (See page 6). For a few special benefits, you have to be a certain age or have a certain kind of problem. We will never charge you for any of the health care services we provide. If you receive a bill for medical services that you believe should be covered by PPMCO, call Customer Service at 1-800-654-9728. This table lists the basic benefits that you can get through Priority Partners when you need them.

If you have a question or are confused about whether Priority Partners offers a certain benefit, you can call the HealthChoice Enrollee Help Line at 1-800-284-4510 or Priority Partners at 1-800-654-9728 for help.

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
<b>Primary Care Services</b>	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	
<b>EPSDT Services for Children</b>	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.	
<b>Pregnancy-related Services</b>	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.	
<b>Family Planning</b>	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 (See Self-Referral Services).	All enrollees	
<b>Primary Mental Health Services</b>	Primary mental health services are basic mental health services provided by your PCP or another provider in Priority Partners. 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 Priority Partners. 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.
<b>Pharmacy Services</b>	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. For a list of medications covered under the plan, go to <a href="http://www.ppmco.org">www.ppmco.org</a> or call Customer Service at 1-800-654-9728. Some medications require pre-authorization. The prescribing physician must submit the pre-authorization form which can be found at <a href="http://www.ppmco.org">www.ppmco.org</a> .	All enrollees	Non-prescription drugs except for coated aspirin, iron pills, and chewable vitamins for children under age 12.

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
<b>Specialist Services</b>	Health care 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	
<b>Laboratory &amp; Diagnostic Services</b>	Lab tests and X-rays to help find out the cause of an illness.	All enrollees	
<b>Case Management</b>	A case manager may be assigned to help you plan for and receive health care services. The case manager also keeps track of what services are needed and what has been provided.	Special Populations: (1) Children with special health care 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	
<b>Diabetes Care</b>	Special services, medical equipment, and supplies for enrollees with diabetes.	Enrollees who have been in the hospital because of diabetes.	
<b>Substance Abuse Treatment</b>	Services include a comprehensive substance abuse assessment, individual and group counseling services, opioid maintenance treatment, detox treatment (inpatient or outpatient as needed), partial hospitalization, and referral to substance abuse services that Priority Partners does not offer. Intensive outpatient services are covered for those who are under 21 or pregnant and postpartum.	Pregnant and postpartum women and persons with HIV/AIDS will have access to treatment within 24 hours of request.	
<b>Podiatry</b>	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.	
<b>Vision Care</b>	Eye Exams: Children under 21 - one exam every year Adults 21 and over - one exam every year Glasses: Children under 21 - one pair of glasses per year or contact lenses (if there is a medical reason why glasses will not work) Children under 21 Replacement Glasses - one replacement pair of glasses per year if lost, stolen, broken, or prescription changes Adults 21 and over - one pair of glasses per year Adults 21 and over Replacement Glasses - one replacement pair of glasses per year if lost, stolen, broken, or prescription changes	Exams – all enrollees. Glasses and contact lenses–enrollees under age 21.	More than one pair of glasses per year unless lost, stolen, broken, or new prescription needed.

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
<b>Home Health Services</b>	In-home health care 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).
<b>Oxygen &amp; Respiratory Equipment</b>	Treatment to help breathing problems.	All enrollees.	
<b>Hospital Services</b>	Inpatient and outpatient services are covered. Arrangements for non-emergency hospital services should be coordinated through your PCP or a specialist.	All enrollees with authorization or as an emergency.	
<b>Hospice Care</b>	Support services for people who are terminally ill.	All enrollees.	
<b>Rehabilitation Outpatient</b>	Rehabilitation services, including physical therapy, occupational therapy and speech therapy (without a hospital stay).	All enrollees (See Section II C for enrollees under age 21).	
<b>Nursing Home</b>	Full-time nursing care in a nursing home.	Available to all enrollees. After 30 days, State pays instead of Priority Partners.	
<b>Chronic Hospital</b>	Full-time hospital care for long-term illness.	Available to all enrollees. After 30 days, State pays instead of Priority Partners.	
<b>Blood &amp; Blood Products</b>	Blood used during an operation, etc.	All enrollees.	
<b>Dialysis</b>	Treatment for kidney disease.	All enrollees.	
<b>DME &amp; DMS</b>	Durable medical equipment (DME) and disposable medical supplies (DMS). DMS are things like crutches, walkers, wheelchairs, and finger sticks (for people who do blood testing at home).	All enrollees.	
<b>Transplants</b>	Medically necessary transplants.	All enrollees.	No experimental transplants.
<b>Clinical Trials</b>	Enrollees costs for studies to test the effectiveness of new treatments or drugs.	Enrollees with life threatening conditions, when authorized	

## B. Optional Services and Applicable Terms and Conditions

### Additional Priority Partners Benefits

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
<b>Adult Dental Benefits</b>	Semi-annual exams, limited x-rays, emergency extractions, limited exams to assess more complicated dental issues.	Adults 21 and over.	Other types of extractions or other specialty dental care such as root canals, crowns, or dentures, bridges, orthodontics.
<b>Adult Vision Services</b> <b>Eye Exams</b>	One vision exam per year at a network provider.	Adults 21 and over.	Contact lenses, orthoptic or vision training and any associated supplemental testing; lost and broken glasses will not be replaced except at normal intervals when services are otherwise available; any eye examination or corrective eye wear required by an employer as a condition of employment.
<b>Glasses</b>	One pair of glasses per year when chosen from selected frames and lenses.	Adults 21 and over.	

### Priority Partners Evaluation of New Technologies & Benefits

Priority Partners' written process for evaluating new technology and the new application of existing technology for inclusion in its benefits plan includes the evaluation of medical procedures, behavioral health procedures, pharmaceuticals, and devices. In considering changes Priority Partners reviews scientific literature and solicits input from relevant specialists and professionals who have expertise in the technology.

### C. Benefits and Services Not Offered By Priority Partners But Offered by the State

These are benefits and services that Priority Partners does not provide. People who need these services can get them through the State using their red and white Medical Assistance card 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 DentaQuest. If you are eligible for the Dental Services Program, you will receive information and a dental card from DentaQuest. 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:

Priority Partners offers 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 developmentally disabled 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:** Priority Partners does not have to pay for your transportation to medical services, unless Priority Partners sends you to a far-away county to get treatment that you cannot get in a closer county. Priority Partners 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. Examples of a real emergency are when someone has trouble breathing or has chest pains, or poisoning.

## **Nursing Home & Long-Term Care**

**Services:** Priority Partners does 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; but you will no longer be enrolled in Priority Partners. (This is something the State and Priority Partners will take care of for you.) Once you are no longer enrolled in Priority Partners, 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:

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

**Speech Augmenting Devices:** Equipment that helps people with speech impairments to communicate.

## **D. Benefits and Services Not Offered by Priority Partners or the State**

These are benefits and services that Priority Partners is not required to

offer. The State will not offer any of the benefits and services on this list.

If you access any of the services on the following list you will be fully responsible for any payment due for these services. In such cases your provider should have you sign a waiver informing you that the services are not covered and if you proceed you will be responsible for payment.

- 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 and 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:** Except for people under 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 (ferrous sulfate), chewable vitamins for children younger than age 12.

**Hearing Aids:** For people over age 21.

**Dental Services for Adults:** Except for pregnant women. Priority Partners does offer adult dental services, as an added benefit.

## **E. Self-Referral Services**

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

You will go to your PCP for most of your health care, or your PCP will send you to a specialist who belongs to Priority Partners. For some types of services, you can choose a health care provider who is not part of Priority Partners, and Priority Partners will still pay for the service. These are called “self-referral services.” Priority Partners 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 Priority Partners for any of these family planning services:

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

Voluntary sterilization requires a referral from your PCP.

### **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 1-800-654-9728

### 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-referral family planning services (listed above).

### Pregnancy Services

If you were pregnant when you joined Priority Partners, and had already seen a provider who is not in Priority Partners 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.

### Baby's First Check-up Before Leaving Hospital

It is best to select your baby's doctor before you deliver. If the Priority Partners doctor you select or another Priority Partners doctor does not see your newborn baby for a check-up before the baby is ready to go home from the hospital, Priority Partners 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 Health Care Needs

Children with special health care needs may self-refer to providers outside of the Priority Partners 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 health care needs will depend on whether or not the condition that is the basis for the child's special health care needs is diagnosed before or after the child's initial enrollment in Priority Partners. 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 Priority Partners for review and approval within 30 days of the child's effective date of Priority Partners enrollment, and Priority Partners approves the services as medically necessary.
- **Established Enrollee:** A child who is already enrolled in Priority Partners when diagnosed as having a special health care need requiring a plan of care that includes specific types of services may request a specific out-of-network provider. Priority Partners must grant the enrollee's 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 Priority Partners denies, reduces, or terminates the services, enrollees can file an appeal. See pages 16 and 17 for information about appeals.

### Diagnostic Evaluation Service (DES)

One annual diagnostic evaluation service (DES) visit for any enrollee diagnosed with HIV/AIDS, which Priority Partners is responsible for facilitating on the enrollee's 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 Priority Partners provider for this treatment, but can choose any provider, either

inside or outside of Priority Partners. People needing this service may be eligible for the Rare and Expensive Case Management Program (REM). (See the REM Program section on Page 13.)

### 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 1-800-654-9728 for more information.

### F. Notice of Stopping or Changing Benefits, Services, or Health Care Locations

If Priority Partners changes any of its benefits, services, or doctors, we will notify members by personal letter, or newsletter and/or website posting. If your doctor changes, we will send you a new ID card within 7 days. If you have any questions, call Customer Service at 1-800-654-9728.

### G. Other Health Insurance

If you have other health insurance you must notify Priority Partners at the time of enrollment or by calling 410-424-4716. This notification does not decrease your benefits; it does allow Priority Partners to correctly coordinate the benefits available to you.

### H. Balance Billing

Priority Partners members should not be billed for any services included in the HealthChoice/Priority Partners benefit package. If you receive a balance bill from a provider please call Customer Service for assistance.

### III. INFORMATION ON PROVIDERS

#### A. What is a Primary Care Provider (PCP), a Specialist, and what is Specialty Care?

##### PRIMARY CARE PROVIDER (PCP):

A Primary Care Provider is a doctor or advanced nurse practitioner who provides basic health care and coordinates all your health care. These providers include general practitioners, family practitioners, internists, pediatricians, some obstetrician/gynecologists and some nurse practitioners.

##### SPECIALIST:

A Specialist is a doctor who usually treats a specific body system or performs special procedures. Examples of specialists are: cardiologists, dermatologists, and surgeons.

##### SPECIALTY CARE:

Specialty care is care provided by a specialist. Your Primary Care Provider must refer you to a specialist.

#### B. Information About Your PCP and Specialists

##### CHOOSING YOUR PRIMARY CARE PROVIDER

Your Primary Care Provider will coordinate all of your medical care. If you have not chosen a doctor already, you need to select one within 10 days of joining Priority Partners. Priority Partners has many doctors from which you can choose. For yourself, you can choose

either an internal medicine specialist, a family doctor or a nurse practitioner to be your Primary Care Provider.

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 the Priority Partners network without a referral.

Our provider directory lists all the Primary Care Providers by county. It includes their locations and office hours. If you would like help to choose a Primary Care Provider, call Customer Service at 1-800-654-9728. If you do not choose a Primary Care Provider, we will assign you to one close to home.

If you want information regarding your health care practitioner's background, qualifications, and experience, call Customer Service at 1-800-654-9728.

Unless a shorter time frame otherwise applies, Priority Partners should schedule a new enrollee's initial appointment to occur within 90 days of the date of enrollment.

##### GETTING SPECIALTY CARE

Your Primary Care Provider will refer you to another doctor if you need more specialized care. Specialty care will only be covered if you have a referral from your Primary Care Provider.

Treatment can be maintained if:

- The provider giving the treatment gives Priority Partners a copy of the care plan, and
- Priority Partners agrees with the care plan.

#### C. Selecting or Changing Providers

If you want to change your doctor, you can do so at any time. Please call Customer Service at 1-800-654-9728 for help in changing your Primary Care Provider. PCP changes are effective the day they are received. We will provide you with a new identification card within 7 days.

You can also find a list of Primary Care Providers, specialists, dentists, and pharmacies in the Priority Partners Member Provider Directory and on our website, [www.ppmco.org](http://www.ppmco.org). A copy of the directory is in your Priority Partners' Welcome Packet. Call Priority Partners Customer Service for help over the phone or to mail you a copy of the directory.

#### D. List of Primary and Specialty Care Providers (see Provider Directory)

#### E. List of Hospital Providers (see Provider Directory)

### IV. SPECIAL SERVICES

#### A. Interpreter for Those Who Do Not Speak English

Many of our doctors and health centers have interpreting services on-site. Please let your doctor know if you need an interpreter and they will arrange for one. Priority Partners provides language and American Sign Language interpreters for medical appointments when your physician cannot provide this service. To request an interpreter, please contact the Special Needs Coordinator at 410-424-4906, toll free 1-800-261-2396 ext. 4906, TTY 1-866-438-8912, or e-mail to [snc@jhhc.com](mailto:snc@jhhc.com).

You can also call the Priority Partners Customer Service line at 1-800-654-9728.

#### B. Interpreter for Those Who Are Hearing Impaired

A TTY line will be available to all members between 8 a.m. and 5 p.m., Monday to Friday. The Maryland Relay Operator telephone number is 1-800-201-7165.

#### C. Transportation Services

Call your local health department if you cannot arrange transportation to routine medical appointments. If you still need

help getting transportation services, call the Priority Partners Outreach Department at 410-424-4648.

#### D. Services for Special Needs Populations

The State has named certain groups as needing special support from Priority Partners. These groups are called "special needs populations" and include:

- Children with special health care 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; and
- Children in State – supervised care.

Priority Partners has a process to let you know if you are in a special needs population.

If you have a question about your special needs, contact Priority Partners' Special Needs Coordinators at 410-424-4906, 800-261-2396 ext 4906, TTY 866-438-8912, or by email [snc@jhhc.com](mailto:snc@jhhc.com).

#### 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:

**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 enroll in Priority Partners. 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 health care 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 Priority Partners 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:** Priority Partners will have a Special Needs Coordinator on staff. The Special Needs Coordinator will educate you about your conditions 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:** Priority Partners must 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 visit once every year:** One annual diagnostic and evaluation service (DES) visit for any enrollee diagnosed with HIV/AIDS, which Priority Partners is responsible for facilitating on the enrollee's behalf.

**Substance Abuse Services:** Anyone with HIV/AIDS will have access to substance abuse treatment within 24 hours of request.

#### ADULTS AND CHILDREN WITH PHYSICAL AND DEVELOPMENTAL DISABILITIES

**Materials Prepared in a Way You Can Understand:** Priority Partners will have its 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. Priority Partners staff must be 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:** Priority Partners' 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 request. If you can not get an appointment call Priority Partners at 1-800-654-9728 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 Priority Partners 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, and you request that your newborn remain in the hospital while you are hospitalized, additional hospitalization up to four (4) days is covered for your newborn.

**Follow-up:** Priority Partners is 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 the 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 woman or postpartum woman within 2 months of giving birth, who is a substance abuser, will have access to substance abuse treatment within 24 hours of request. If day treatment is needed, her children may go with her during her treatment.

**HIV Testing and Counseling:** All pregnant women will be offered a test for HIV and receive information on HIV infection and its affects 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.

**ESPD Screening Appointments:** Adolescents who are pregnant should receive ESPDT 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, Priority Partners 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 page 8.)

**Substance Abuse Treatment:** If it is found that you are in need of substance abuse treatment, we will refer you or you can self refer 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 1-800-654-9728 for more information.

**No Denial for Past Problems:** Priority Partners cannot 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 HEALTH CARE NEEDS

**Work with Schools:** Priority Partners will work closely with the schools that

provide education and family services programs to children with special needs.

**Keeping Certain Non-MCO Providers:** Children with special health care needs may self-refer to providers outside of the Priority Partners 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 health care needs will depend on whether or not the condition that is the basis for the child's special health care needs is diagnosed before or after the child's initial enrollment in Priority Partners. 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 Priority Partners for review and approval within 30 days of the child's effective date of Priority Partners enrollment, and Priority Partners approves the services as medically necessary.
- **Established Enrollee:** A child who is already enrolled in Priority Partners when diagnosed as having a special health care need requiring a plan of care that includes specific types of services may request a specific out-of-network provider. Priority Partners is obliged to grant the enrollee's request unless it has 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:** Priority Partners ensures that children in State supervised care (foster care or kinship care) get the services that they need from providers by having one person at Priority Partners responsible for organizing all services. If a child in State supervised care moves out of the area and needs another MCO, the State and Priority Partners 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, Priority Partners 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, Priority Partners will provide a case manager to coordinate your health care 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 Priority Partners 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 Priority Partners.

##### **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 Priority Partners.

##### **Do REM Enrollees Keep Priority Partners and their PCP?**

Entering the REM program means not being in Priority Partners 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 Priority Partners. 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.

### F. Care Management: Population Health Initiative

We care about your health and well-being at Priority Partners. At no cost, Care Management offers you the tools and ongoing support you need to better understand and manage your health through Care Management: Population Health Initiative.

The Population Health Initiative was developed to give you individual support and services that are designed to help you understand and self-manage your medical conditions. Assistance is offered on two levels, depending on your need.

#### Complex Care Management–High Intensity

Complex case management is provided for adults and children with Diabetes and Asthma, as well as all adults with Chronic Obstructive Pulmonary Disease (COPD) and Cardiovascular Disease. Once a member is identified with complex medical conditions or a special need, our highly qualified staff determines the specific services the member needs. A wide range of services are managed by our staff of nurses and social workers who are trained to help these members coordinate services, access available resources, and serve as member health advocates.

Case management is also available for the following:

- High-risk pregnancy
- Cancer
- HIV/AIDS
- Children with conditions such as sickle cell, genetic conditions, complications from prematurity, obesity, neurological problems

- End Stage Renal Disease and members on dialysis
- Members with rehabilitation needs for spinal cord injury, traumatic brain injury, severe burns, trauma from motor vehicle accidents, and stroke

#### Monitored Case Management – Moderate Intensity

Members with less complicated asthma and diabetes conditions may benefit from ongoing monitoring and improvement of self-management skills.

Once a member is identified with asthma and/or diabetes and may have risk factors for developing other conditions or complications, our skilled staff of personal care managers monitor the member's health status and ongoing needs over time. These personal care managers encourage progress towards health goals. They provide guidance and tools aimed at improving overall self-management of asthma and diabetes.

#### Care Managers: Member Advocates

Care managers work closely with members and all their health care providers to share information to achieve the best possible health for the member. Care managers help members to improve their health and quality of life by:

- Assessing each member's physical, psycho-social, spiritual and financial needs
- Educating members on ways to manage their health
- Assisting with referrals to specialty providers
- Coordinating care with our outreach and health education department, home health and other health and community agencies
- Providing ongoing communication to check member's progress and review for continuing services

#### Other Services:

Other population health-based services include:

- Periodic mailings of educational materials focused on increasing self-management skills and preventing complications

- Communicating to the member and health care provider about medical and pharmacy claims
- Use of the TeleWatch Patient Monitoring System which allows members to enter health status data from home, which can be checked by their care manager and physician
- Review of medications and discussion with our clinical pharmacy services if needed
- Assistance with getting behavioral health services, provided by Care Management
- Treatment Coaches. This service can be reached by calling the toll-free number 1-888-309-4573
- Outreach Department to select members when they are leaving an inpatient facility. Staff makes sure the member gets the correct follow-up care and assistance in getting needed medical equipment
- Assistance to members moving from a hospital to a lower level of care and then home. Staff works with providers, members, and families with discharge planning, care coordination, and member and family education

#### How to Self Refer:

We encourage you to take advantage of the services and programs provided by Care Management; our Care Management Population Health Initiative services and programs are voluntary and are provided at no-cost. Members identified with certain needs may be automatically enrolled but are not obligated to participate in these programs. If you have questions about our Population Health Initiative or other Care Management services, or if you'd like to refer yourself or a loved one to a program, call (410)762-5206 or toll-free at 1-800-557-6916. We are available Monday through Friday, 8:30 AM- 5:00 PM. Any voice mail messages received after normal business hours will be addressed the next business day. We can also be contacted by e-mail at [populationhealth@jhhc.com](mailto:populationhealth@jhhc.com).

## V. GETTING INTO CARE

### A. Making or Canceling an Appointment

Please make an appointment before you go to see the doctor. Advance notice will allow the office staff to have your records ready and your wait will be shorter. If you cannot keep an appointment, please call the doctor's office the day before to cancel or reschedule. Someone else may be able to use your appointment time.

### B. Referral to a Specialist or Specialty Care

If your Primary Care Provider thinks you need to see a specialist, he or she will refer you to see one. If you already see a specialist and would like to stay with that doctor, check the Provider Directory to see if he or she is in the Priority Partners network. Let your Primary Care Provider know that you want to keep seeing this doctor. Your Primary Care Provider must provide a referral or your visit may not be covered.

### C. After Hours, Urgent Care, and Emergency Care

#### What to do when you need immediate medical care

If you have a problem that is not a medical emergency or if you are not sure, you should call your Primary Care Provider (PCP) to discuss the problem. Depending on the situation, your doctor may decide to see you right away or may schedule an appointment with you for another day.

If you need immediate care after normal business hours you should still call your PCP. Your doctor's answering service will give you specific instructions or contact your doctor on your behalf. Your doctor may need to see you and will make those arrangements, or you may be referred to an urgent care center for care.

Examples of non-emergency situations include:

- Back pain
- Ear aches
- Fever
- Sore throats

- Flu and colds
- Frequent urination
- Headaches
- Minor illnesses
- Minor injuries

Remember, if you do not get a referral, Priority Partners may not cover these services.

#### What to do in medical emergencies

If you are experiencing a medical emergency, go to the nearest hospital emergency room or phone 911 for an ambulance. A medical emergency is when you suddenly feel very sick and have severe pain. If you think your health is in serious danger or you may seriously damage an organ or part of your body, seek medical care immediately.

Some examples of a medical emergency are:

- Major injury such as a broken leg or large wound
- Heart attack symptoms such as severe chest pain, shortness of breath, sweating, and nausea
- Heavy bleeding
- Bleeding during pregnancy
- Major burn
- Unconsciousness
- Difficulty breathing
- Poisoning
- Severe head pain or dizziness

Call your Primary Care Provider within 24 hours to let him or her know what happened.

### D. How to Obtain Hospital Care

Before you can receive benefits for certain medical services and supplies you must have these services and supplies pre-

certified and coordinated through Priority Partners. Your PCP or specialist will initiate this pre-certification for you. Hospital care, both inpatient and outpatient, follows the same procedure. All Priority Partners members will be able to receive hospital care according to the services covered by Priority Partners through the HealthChoice benefit plan. Prior authorization for both inpatient and outpatient care will be handled by the participating hospital. If they fail to receive pre-certification or prior authorization, coverage for care, services or supplies may be limited or denied entirely.

### E. Out-of-Service Area Coverage

#### What to do if you are out of town

When you are out of the service area, the only services covered by Priority Partners are for emergencies. If you have a medical emergency, go to the nearest hospital emergency room.

### F. Wellness Care for Children (Healthy Kids - EPSDT)

Your doctor will ask you to bring your children and teenagers for routine medical appointments and immunizations. During these appointments, your children will receive a physical examination and their needed shots. To help your child stay healthy, these doctor visits must happen when your child is:

- 2 weeks
- 2-3 months
- 4-5 months
- 6 months
- 9 months
- 1 year
- 15 months
- 18 months
- 2 years and every birthday after that.

You will receive a reminder in the mail when your child needs one of these doc-

tor visits. Always make an appointment to see your child's doctor when you receive one of these notices. It is very important to keep these appointments. If you cannot keep the appointment, please call your doctor to make a new one.

### **G. Care for Women During Pregnancy and Two Months After Delivery**

If you are pregnant, you must take special care of yourself and your baby. As soon as you think or know you are pregnant, see your doctor.

If you have been going to a doctor for pregnancy before joining Priority Partners, you can continue to see that doctor. If you want to change doctors, you may call Customer Service for assistance. Your doctor will tell you how often you need to come in while you are pregnant and after your baby is born. It is important to keep all your medical appointments and follow the doctor's directions.

### **H. Substance Abuse**

If you are in need of alcohol or drug treatment, you may self-refer to a certified substance abuse treatment provider for a Comprehensive Substance Abuse Assessment (CSAA) individual and group counseling services, opioid 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 or pregnant and postpartum.

You may self-refer for an initial CSAA if the following conditions are met:

- You are not in substance abuse treatment;
- You have not received a self-referred CSAA 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 1-800-654-9728 for more information.

Priority Partners has established a Corrective Managed Care Program.

Members suspected of pharmacy abuse can be enrolled in this program. Priority Partners provides substance abuse services through your Primary Care Provider, who will refer you for more specialized care if necessary. You can call us at 1-800-261-2429 for coordination of outpatient and inpatient substance abuse care.

### **I. Family Planning**

You can go wherever you want to receive family planning services. Family planning services are services like birth control and related services. Doctors, health departments, and many clinics provide these services. You may choose a family planning clinic from your Priority Partners directory or a provider near where you live. Priority Partners will pay for this service even if the clinic is not in our directory and if the provider agrees to see you. You may self-refer for this service. (See page 7.)

### **J. Dental Care**

Dental health services for children under 21 and pregnant women are provided by the Maryland Healthy Smiles Dental Program. Call 1-888-696-9596 for information.

Priority Partners provides a dental benefit to its adult members. Priority Partners has many dentists from whom you can choose. To find a dentist in your area, please call DentaQuest at 1-888-696-9596.

When you have chosen a dentist, call the office number and make an appointment. When you go to your dental appointment, simply show your ID card to receive the services you need to keep your teeth and gums healthy.

Priority Partners will be happy to answer any questions you may have concerning your dental benefits. Call 1-800-654-9728 or you can call DentaQuest at 1-888-696-9596 from 8:30 a.m. to 5:30 p.m., Monday through Friday.

### **K. Health Education Programs**

You will get a regular newsletter from Priority Partners with tips and articles on how to stay healthy. Your doctor will also give you information to read as well as tell you about activities that you may attend at no charge. Priority Partners wants to help you stay healthy by getting

tests for high blood pressure, cancer and glaucoma in addition to your regular care. Watch for your member newsletter or call Customer Service at 1-800-654-9728 for more information.

### **L. How to Access Utilization Management**

Priority Partners is committed to maintaining the health and wellness of all our members and through Utilization Management ensures that care is provided at the right time and in the right setting. The Utilization Management Department evaluates requests for services for medical care and substance abuse treatment based upon appropriate clinical criteria or guidelines and local health care delivery options. Often times this requires prior authorization by your provider for certain services and the review of requests for authorization for hospital admissions. All review decisions are based upon appropriate care and service and existence of coverage. Registered nurses and physicians administer the Utilization Management department policies. To contact Utilization Management, call 410-424-4480 or 1-800-261-2461.

### **M. Accessing Care Outside of the Service Network**

There may be times when you need services outside the network. See E. Self-Referral on page 6 for information about self-referral services you can access outside the Priority Partners network. For medical services that are not serious enough to be an emergency, but that still require prompt/urgent medical attention, your PCP may refer you to an urgent care center.

### **N. Prescription and Pharmacy Benefits**

The Priority Partners formulary (list of drugs) is available on the Priority Partners web site ([www.ppmco.org](http://www.ppmco.org)) or by calling Customer Service. Prescriptions for generic drugs require a \$1.00 co-pay; prescriptions for brand name drugs require at \$3.00 co-pay. Priority Partners also offers at no cost certain over-the-counter non-prescription medicines, such as cough syrup, to members through Priority Partners network pharmacies, when ordered by your doctor.

## 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, or call Priority Partners 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 Manager is 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 health care 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 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.

Priority Partners has established a Corrected Managed Care Program. Members suspected of pharmacy abuse can be enrolled in this program.

## VII. COMPLAINTS, GRIEVANCES AND APPEALS

### A. Priority Partners Enrollee Services and Hotline Information

Priority Partners Customer Service is available to our members from 8 a.m. to 5 p.m., Monday through Friday. Call 410-424-4500 or 1-800-654-9728 (after hours there is an answering machine). We also have a TTY line for our hearing-impaired members. That number is 410-424-4643 or 1-888-232-0488.

### B. Priority Partners Internal Grievance Procedures

We are very glad that you chose Priority Partners, so if you are ever unhappy with our services, we want to know right away. What you tell us is very important because it helps to make our services better for all our members. If you have a complaint you can contact us at 1-800-654-9728. We also have a TTY line for our hearing-impaired members. That number is 410-424-4643 or 1-888-232-0488.

### Appeals

If your complaint is about a service you or your provider feels you need but we will not cover, you can ask us to review your request again. This is called an appeal.

If you want to file an appeal you have to file it within 90 days from the date that you receive the letter saying that we would not cover the service you wanted.

You can call to file your appeal or you may send your appeal in writing. We have a simple form you can use to file your appeal. Just call 1-800-654-9728 to get one. We will mail or fax the appeal form to you and provide assistance if you need help completing it.

Once you complete the form, you should mail it to:

Priority Partners, 6704 Curtis Court,  
Glen Burnie, MD, 21060, Attention:  
Appeals.

Your doctor can also file an appeal for you if you sign a form giving him or her permission. Other people can also help you file an appeal, like a family member or a lawyer.

When you file an appeal, be sure to let us know any new information that you have that will help us make our decision.

We will send you a letter letting you know that we received your appeal within

5 business days. 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 30 days.

The appeal process may take up to 44 days if you ask for more time to submit information or we need to get additional information from other sources. We will send you a letter if we need additional information.

If your doctor or Priority Partners feels that your appeal should be reviewed quickly due to the seriousness of your condition, you will receive a decision about your appeal within 3 business days.

If we do not feel that your appeal needs to be reviewed quickly, we will try to call you and send you a letter letting you

know that your appeal will be reviewed within 30 days.

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 1-800-654-9728 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.

Once we complete our review, we will send you a letter letting you know our decision. If we decide that you should not receive the denied service, that letter will tell you how to file another appeal or ask for a State Fair Hearing.

## Grievances

If your complaint is about something other than not receiving a service, this is called a grievance. Examples of grievances would be, not being able to find a doctor, trouble getting an appointment, or not being treated fairly by someone who works at Priority Partners or at your doctor's office.

If your grievance is:

- About an urgent medical problem you are having, it will be solved within 24 hours.
- About a medical problem but it is not urgent, it will be solved within 5 days.
- Not about a medical problem, it will be solved within 30 days.
- If you receive a bill for medical services the you believe should be covered by PPMCO, call Customer Service at 1-800-654-9728.

If you would like a copy of our official complaint procedure or if you need help filing a complaint, please call 1-800-654-9728.

## C. The State's Complaint Process

### Getting Help From the HealthChoice Enrollee Help Line

If you have a question or complaint about your health care and Priority Partners has 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 a.m. and 5:30 p.m. (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 Priority Partners to discuss what you need; or
- Send your complaint to the Complaint Resolution Unit nurses that may take the actions below:
  - Ask Priority Partners to provide information about your case within five days;
  - Work with Priority Partners and your provider 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.

## D. The State's Appeal Process

### Asking the State to Review Priority Partners Decision

When you want to appeal any of Priority Partners' decisions:

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 the State 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.

## 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.

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.

## 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. Priority Partners usually will not be involved in the appeal, but Priority Partners 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 Priority Partners reducing or not giving you a benefit or

service because it (and the State) thinks you do not have a medical need for the benefit or 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.

### **E. Making Suggestions For Changes In Policies Or Procedures**

We welcome your suggestions to improve Priority Partners. You can call Customer

Service to share your ideas with us. They will be reviewed by the Priority Partners Consumer Advisory Board.

The Priority Partners Consumer Advisory Board was established to provide a forum for Priority Partners members to share important ideas on how to improve the health care services members receive.

The Priority Partners Consumer Advisory Board meets six times each year to discuss enrollment, benefits, outreach, health education, special needs programs, customer service, complaints and grievances. Input from the Board members is shared with each Priority Partners department in an effort to expand and improve services.

**For more information on the Priority Partners Consumer Advisory Board or to express an interest in becoming a member of the Board, please call our Health Educator at 1-866-438-8911.**

## **VIII. CHANGING YOUR MCO**

### **When Can I Change My MCO?**

#### **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 MCO as long as you are not hospitalized at the time of the request. You can make this request if you are automatically assigned to an MCO.

#### **Once A Year, On The Anniversary Of Your Enrollment**

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

#### **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 Priority Partners does not offer care;
- If you become homeless and find that there is another MCO closer to where you live or have shelter which 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:
  - For reasons other than quality of care; or
  - Your MCO has been purchased by another MCO; or
  - The provider and the MCO cannot agree on a contract for certain financial reasons.

#### **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 which 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; and
- If you are moving, to what city and state will you be moving.

## IX. PRIVACY AND HEALTH CARE FRAUD

### PRIORITY PARTNERS MANAGED CARE ORGANIZATION

#### NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

#### Safeguarding Your Protected Health Information

Priority Partners Managed Care Organization (PPMCO) is committed to protecting your health information. In order to provide treatment or to pay for your healthcare, PPMCO will ask for certain health information and that health information will be put into your record. The record usually contains your symptoms, examination and test results, diagnoses, and treatment. That information, referred to as your health or medical record, and legally regulated as health information may be used for a variety of purposes. PPMCO is required to follow the privacy practices described in this Notice, although PPMCO reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new notice from PPMCO Customer Service at 1-800-654-9728.

#### How PPMCO May Use and Disclose Your Protected Health Information

The PPMCO workforce will only use your health information when doing their jobs. For uses beyond what PPMCO normally does, PPMCO must have your written authorization unless the law permits or requires it. The following are some examples of our possible uses and disclosures of your health information.

#### Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:

**For treatment:** PPMCO may use or share your health information to approve, deny treatment and to determine if your medical treatment is appropriate. For example, PPMCO health care providers may need to review your treatment plan with your healthcare provider for medical necessity or for coordination of care.

**To obtain payment:** PPMCO may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate in our services. For exam-

ple, your health care provider may send claims for payment of medical services provided to you.

**For health care operations:** PPMCO may use and share your health information to evaluate the quality of services provided, or to our state or federal auditors and regulators.

#### Other Uses and Disclosures of health information required or allowed by law:

**Information purposes:** Unless you provide us with alternative instructions, PPMCO may send appointment reminders and other materials about the program to your home.

**Required by law:** PPMCO may disclose health information when a law requires us to do so.

**Public health activities:** PPMCO may disclose health information when PPMCO is required to collect or report information about disease or injury, or to report vital statistics to other divisions in the department and other public health authorities.

**Health oversight activities:** PPMCO may disclose your health information to the Maryland Department of Health and Mental Hygiene and other agencies for oversight activities required by law. Examples of these oversight activities are audits, inspections, investigations, accreditations, and licensure.

**Coroners, Medical Examiners, Funeral Directors and Organ Donations:** PPMCO may disclose health information relating to a death to coroners, medical examiners or funeral directors, and to authorized organizations relating to organ, eye, or tissue procurement, donations or transplants.

**Research purposes:** In certain circumstances, and under supervision of an Institutional Review Board or other designated privacy board, PPMCO may disclose health information to assist medical research.

**Avert threat to health or safety:** In order to avoid a serious threat to health or safety, PPMCO may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**Abuse and Neglect:** PPMCO will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or some other crime. PPMCO may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**Specific government functions:** PPMCO may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

**Families, friends or others involved in your care:** Unless you say no, PPMCO may share your health information with people as it is directly related to their involvement in your care. PPMCO may share your health information if related to payment of your care. Unless you say no, PPMCO may also share health information with people to notify them about your location, general condition, or death.

**Worker's Compensation:** PPMCO may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.

**Lawsuits, Disputes and Claims:** If you are involved in a lawsuit, a dispute, or a claim, PPMCO may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf, or other lawful process.

**Law Enforcement:** PPMCO may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.

#### You have a Right to:

**Request restrictions:** You have a right to request a restriction or limitation on the health information PPMCO uses or discloses about you. PPMCO will accommodate your request if possible, but is not legally required to agree to the requested restriction. If PPMCO agrees to a restriction, PPMCO will follow it except in emergency situations.

**Request Confidential Communications:** You have the right to ask that PPMCO send you information at an alternative address or by alternative means. PPMCO must agree to your request as long as it is reasonably easy for us to do so.

**Inspect and copy:** You have a right to see your health information upon your written request. If you want copies of your health information, you may be charged a fee for copying, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

**Request amendment:** You may request in writing that PPMCO correct or add to

your health record. PPMCO may deny the request if PPMCO determines that the health information is: (1) correct and complete; (2) not part of our records [took out "not created by us"]; or (3) not permitted to be disclosed. If you request an amendment to records that we did not create, we will consider your request only if the creator of the records is unavailable. If PPMCO approves the request for amendment, PPMCO will amend the health information and inform you, and will tell others that need to know about the amendment in the health information.

**Accounting of disclosures:** You have a right to request a list of the disclosures made of your health information after April 14, 2003. Exceptions are health information that has been used for treatment, payment, and operations. In addition, PPMCO does not have to list disclosures made to you, made in connection with a permitted use or disclosure, based on your written authorization, made to your family, friends or others involved in your care, provided for national security, made to law enforcement officials or correctional facilities, or made as part of a "limited data set" (where all but a few identifiers are removed). There will be no charge for up to one such list each year.

**Notice:** You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

### For More Information

This document is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act. If you have questions and would like more information, you may contact PPMCO Compliance Division at 1-800-654-9728.

To Report a Problem about our Privacy Practices

If you believe your privacy rights have been violated, you may file a complaint.

- You can file a complaint with PPMCO Complaint Division by calling 1-800-654-9728 or by writing

Priority Partners MCO  
6704 Curtis Court  
Glen Burnie MD 21060

- You can file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. You may call PPMCO for the contact information.

PPMCO will take no retaliatory action against you if you make such complaints.

Effective Date: This notice is effective on April 14, 2003.

### Health Care Fraud – What You Should Know.

It has been estimated that over 60 billion dollars a year is spent on health care fraud. Priority Partners wants to find and stop health care fraud. Fraud is any dishonest act that a person commits or commit on behalf of someone else, which results in benefits that he or she is not entitled to. Some examples of health care fraud are:

- Using someone else's medical assistance card or medical assistance number to get health care services.
- Loaning your medical assistance card to another person so that they can receive health care services.
- Using someone else's name, social security number, or other personal information to be eligible for the medical assistance program.
- Hiding income and assets to qualify for the medical assistance program.
- Living in another state while getting Maryland medical assistance benefits.
- Selling prescription medicine or items provided to you under the medical assistance program.
- Obtaining many prescriptions for the same drug from several doctors during the same time period.
- Forging or changing prescription forms.

Priority Partners Compliance Department investigates charges of actual or suspected health care fraud. These results are then reported to the Maryland Department of Health and Mental Hygiene (DHMH). DHMH may perform its own investigation and take action against people who are found to have committed fraud.

### How Can I Help?

You can help reduce health care fraud by following these simple rules:

- Never loan your medical assistance card to anyone;
- Guard your medical assistance number as you would your social security number;
- Follow all medical assistance rules;
- Report all suspicions of fraud; and
- Report lost or stolen medical assistance

cards to Priority Partners Customer Service Department at 1-800-654-9728

Remember health care fraud affects everyone. If you believe someone is committing fraud against Priority Partners or the Maryland Medical Assistance Program, please report the act to Priority Partners, DHMH or the Department of Social Services. You can remain nameless, and all reports of fraud are kept confidential. Priority Partners is committed to following all applicable laws and regulations, in particular those that address health care fraud, waste and abuse and the improper billing of health care services.

### What happens to me if I report a concern?

Priority Partners takes its responsibility to protect your 'right to report' seriously! No Priority Partners employee may, threaten, coerce, harass, retaliate, or discriminate against, any individual who reports a compliance concern. To support this effort, the Health Plan has enacted zero-tolerance policies and annually trains all personnel on their obligation to uphold the highest integrity when handling compliance related matters. Any individual who reports a compliance concern has the 'right' to remain nameless and Priority Partners commits to enforcing this 'right!'

### How can I report fraud?

Reporting is simple! You may report through the Managed Care Organization (MCO), the Department of Mental Health and Hygiene (DHMH), or the Department of Social Services (DSS).

You can contact Priority Partners Compliance Department by either of the following: Call: 410-424-4996 or call 1-800-654-9728 and ask for the Compliance Department Write: Priority Partners Compliance Department, 6704 Curtis Ct, Glen Burnie, MD 21060 Email: Compliance@jhhc.com Fax: 410-424-4996

You can contact DHMH by either of the following: Call: DHMH directly at 1-800-284-4510 or the Maryland Office of Inspector General at 1-866-770-7175 Write: DHMH Program Integrity Unit, 201 West Preston Street, Baltimore, Maryland 21201 Email: <http://www.dhmh.state.md.us/oig/fraud/reportfraud.htm>

You can also report fraud to your local Department of Social Services.

## X. ADVANCE DIRECTIVES

### MARYLAND ADVANCE DIRECTIVE

#### PLANNING FOR FUTURE HEALTH CARE DECISIONS

##### **A guide to Maryland Law on Health Care Decisions** *(Forms Included)*

##### **State of Maryland Office of the Attorney General**

Dear Fellow Marylander:

I am pleased to send you an advance directive form that you can use to plan for future health care decisions. The form is optional; you can use it if you want or use others, which are just as valid legally. If you have any legal questions about your personal situation, you should consult your own lawyer. If you decide to make an advance directive, be sure to talk about it with those close to you. The conversation is just as important as the document. Give copies to family members or friends and your doctor. Also make sure that, if you go into a hospital, you bring a copy. Please do not return completed forms to this office.

Life-threatening illness is a difficult subject to deal with. If you plan now, however, your choices can be respected and you can relieve at least some of the burden from your loved ones in the future. You may also use another enclosed form to make an organ donation or plan for arrangements after death.

Here is some related, important information:

- If you want information about Emergency Medical Services (EMS) Palliative Care/Do Not Resuscitate (DNR) Orders, please contact the Maryland Institute for Emergency Medical Services Systems directly at (410) 706-4367. An EMS/ DNR Order is a physician's instruction to emergency medical personnel (911 responders) to provide comfort care instead of resuscitation. The EMS/DNR Order can be found on the Internet at: <http://www.miemss.org>. From that page, click on "EMS Forms."
- The Maryland Department of Health and Mental Hygiene makes available an advance directive focused on preferences about mental health treatment. This can be found on the Internet at:

<http://www.dhmf.state.md.us/mha>. From that page, click on "MHA Forms."

I hope that this information is helpful to you. **I regret that overwhelming demand limits us to supplying one set of forms to each requester.** But please feel free to make as many copies as you wish. Additional information about advance directives can be found on the Internet at:

<http://www.oag.state.md.us/healthpol/advancedirectives.htm>.

#### HEALTH CARE PLANNING USING ADVANCE DIRECTIVES

##### *Optional Form Included*

##### **Your Right To Decide**

Adults can decide for themselves whether they want medical treatment. This right to decide) to say yes or no to proposed treatment ) applies to treatments that extend life, like a breathing machine or a feeding tube. Tragically, accident or illness can take away a person's ability to make health care decisions. But decisions still have to be made. If you cannot do so, someone else will. These decisions should reflect your own values and priorities.

A Maryland law called the Health Care Decisions Act says that you can do health care planning through "advance directives." An advance directive can be used to name a health care agent. This is someone you trust to make health care decisions for you. An advance directive can also be used to say what your preferences are about treatments that might be used to sustain your life.

The State offers a form to do this planning, included with this pamphlet. The form as a whole is called "Maryland Advance Directive: Planning for Future Health Care Decisions." It has three parts to it: Part I, Selection of Health Care Agent; Part II, Treatment Preferences ("Living Will"); and Part III, Signature and Witnesses. This pamphlet will explain each part.

The advance directive is meant to reflect your preferences. You may complete all of it, or only part, and you may change the wording. You are not required by law to use these forms. Different forms, written the way you want, may also be used. For example, one widely praised form, called Five Wishes, is available (for a small fee)

from the nonprofit organization Aging With Dignity. You can get information about that document from the Internet at [www.agingwithdignity.org](http://www.agingwithdignity.org) or write to: Aging with Dignity, P.O. Box 1661, Tallahassee, FL 32302.

This optional form can be filled out without going to a lawyer. But if there is anything you do not understand about the law or your rights, you might want to talk with a lawyer. You can also ask your doctor to explain the medical issues, including the potential benefits or risks to you of various options. You should tell your doctor that you made an advance directive and give your doctor a copy, along with others who could be involved in making these decisions for you in the future.

In Part III of the form, you need two witnesses to your signature. Nearly any adult can be a witness. If you name a health care agent, though, that person may not be a witness. Also, one of the witnesses must be a person who would not financially benefit by your death or handle your estate. You do not need to have the form notarized.

This pamphlet also contains a separate form called "After My Death." Like the advance directive, using it is optional. This form has four parts to it: Part I, Organ Donation; Part II, Donation of Body; Part III, Disposition of Body and Funeral Arrangements; and Part IV, Signature and Witnesses.

Once you make an advance directive, it remains in effect unless you revoke it. It does not expire, and neither your family nor anyone except you can change it. You should review what you've done once in a while. Things might change in your life, or your attitudes might change. You are free to amend or revoke an advance directive at any time, as long as you still have decision-making capacity. Tell your doctor and anyone else who has a copy of your advance directive if you amend it or revoke it.

If you already have a prior Maryland advance directive, living will, or a durable power of attorney for health care, that document is still valid. Also, if you made an advance directive in another state, it is valid in Maryland. You might want to review these documents to see if you prefer to make a new advance directive instead.

## **Part I of the Advance Directive: Selection of Health Care Agent**

You can name anyone you want (except, in general, someone who works for a health care facility where you are receiving care) to be your health care agent. **To name a health care agent, use Part I of the advance directive form.** (Some people refer to this kind of advance directive as a “durable power of attorney for health care.”) Your agent will speak for you and make decisions based on what you would want done or your best interests. You decide how much power your agent will have to make health care decisions. You can also decide when you want your agent to have this power) right away, or only after a doctor says that you are not able to decide for yourself.

You can pick a family member as a health care agent, but you don't have to. Remember, your agent will have the power to make important treatment decisions, even if other people close to you might urge a different decision. Choose the person best qualified to be your health care agent. Also, consider picking one or two back-up agents, in case your first choice isn't available when needed. Be sure to inform your chosen person and make sure that he or she understands what's most important to you. When the time comes for decisions, your health care agent should follow your written directions.

We have a helpful booklet that you can give to your health care agent. It is called “Making Medical Decisions for Someone Else: A Maryland Handbook.” You or your agent can get a copy on the Internet by visiting to the Attorney General's home page at: <http://www.oag.state.md.us>, then clicking on “Guidance for Health Care Proxies.” You can also request a copy by calling 410-576-7000.

The form included with this pamphlet does not give anyone power to handle your money. We do not have a standard form to send. Talk to your lawyer about planning for financial issues in case of incapacity.

## **Part II of the Advance Directive: Treatment Preferences (“Living Will”)**

You have the right to use an advance directive to say what you want about future life-sustaining treatment issues. You can do this in Part II of the form. If you both name a health care agent and make

decisions about treatment in an advance directive, it's important that you say (in Part II, paragraph G) whether you want your agent to be strictly bound by whatever treatment decisions you make.

Part II is a living will. It lets you decide about life-sustaining procedures in three situations: when death from a terminal condition is imminent despite the application of life-sustaining procedures; a condition of permanent unconsciousness called a persistent vegetative state; and end-stage condition, which is an advanced, progressive, and incurable condition resulting in complete physical dependency. One example of end-stage condition could be advanced Alzheimer's disease.

## **FREQUENTLY ASKED QUESTIONS ABOUT ADVANCE DIRECTIVES IN MARYLAND**

### **1. Must I use any particular form?**

No. An optional form is provided, but you may change it or use a different form altogether. Of course, no health care provider may deny you care simply because you decided not to fill out a form.

### **2. Who can be picked as a health care agent?**

Anyone who is 18 or older except, in general, an owner, operator, or employee of a healthcare facility where a patient is receiving care.

### **3. Who can witness an advance directive?**

Two witnesses are needed. Generally, any competent adult can be a witness, including your doctor or other health care provider (but be aware that some facilities have a policy against their employees serving as witnesses). If you name a health care agent, that person cannot be a witness for your advance directive. Also, one of the two witnesses must be someone who (i) will not receive money or property from your estate and (ii) is not the one you have named to handle your estate after your death.

### **4. Do the forms have to be notarized?**

No, but if you travel frequently to another state, check with a knowledgeable lawyer to see if that state requires notarization.

### **5. Do any of these documents deal with financial matters?**

No. If you want to plan for how financial matters can be handled if you lose capacity, talk with your lawyer.

### **6. When using these forms to make a decision, how do I show the choices that I have made?**

Write your initials next to the statement that says what you want. Don't use checkmarks or X's. If you want, you can also draw lines all the way through other statements that do not say what you want.

### **7. Should I fill out both Parts I and II of the advance directive form?**

It depends on what you want to do. If all you want to do is name a health care agent, just fill out Parts I and III, and talk to the person about how they should decide issues for you. If all you want to do is give treatment instructions, fill out Parts II and III. If you want to do both, fill out all three parts.

### **8. Are these forms valid in another state?**

It depends on the law of the other state. Most state laws recognize advance directives made somewhere else.

### **9. How can I get advance directive forms for another state?**

Contact Caring Connections (NHPCO) at 1-800-658-8898 or on the Internet at: <http://www.caringinfo.org>.

### **10. To whom should I give copies of my advance directive?**

Give copies to your doctor, your health care agent and backup agent(s), hospital or nursing home if you will be staying there, and family members or friends who should know of your wishes. Consider carrying a card in your wallet saying you have an advance directive and who to contact.

### **11. Does the federal law on medical records privacy (HIPAA) require special language about my health care agent?**

Special language is not required, but it is prudent. Language about HIPAA has been incorporated into the form.

### **12. Can my health care agent or my family decide treatment issues differently from what I wrote?**

It depends on how much flexibility you want to give. Some people want to give family members or others flexibility in applying the living will. Other people want it followed very strictly. Say what you want in Part II, Paragraph G.

### **13. Can my doctor override my living will?**

Usually, no. However, a doctor is not required to provide a “medically ineffec-

tive” treatment even if a living will asks for it.

**14. If I have an advance directive, do I also need an Emergency Medical Services Palliative Care/Do Not Resuscitate Order?**

Yes. If you don't want ambulance personnel to try to resuscitate you in the event of cardiac or respiratory arrest, you must have an EMS Palliative Care/DNR Order signed by your doctor.

**15. Does the EMS Palliative Care/DNR Order have to be in a particular form?**

Yes. Ambulance personnel have very little time to evaluate the situation and act appropriately. So, it is not practical to ask them to interpret documents that may vary in form and content. Instead, a standardized order form has been developed. Have your doctor or health care facility contact the Maryland Institute for Emergency Medical Services System at (410) 706-4367 to obtain information on EMS Palliative Care/DNR Orders.

**16. Can I fill out a form to become an organ donor?**

Yes. Use Part I of the “After My Death” form.

**17. What about donating my body for medical education or research?**

Part II of the “After My Death” form is a general statement of these wishes. The State Anatomy Board has a specific donation program, with a pre-registration form available. Call the Anatomy Board at 1-877-463-3464 for that form and additional information.

*IF YOU HAVE OTHER QUESTIONS, PLEASE TALK TO YOUR DOCTOR OR YOUR LAWYER, OR, IF YOU HAVE A QUESTION ABOUT THE FORMS THAT IS NOT ANSWERED IN THIS PAMPHLET, YOU CAN CALL THE HEALTH POLICY DIVISION OF THE ATTORNEY GENERAL'S OFFICE AT (410) 576-6327 OR EMAIL US AT [ADFORMS@AG.STATE.MD.US](mailto:ADFORMS@AG.STATE.MD.US).*

*MORE INFORMATION ABOUT ADVANCE DIRECTIVES CAN BE OBTAINED FROM OUR WEBSITE AT:*

*<http://www.oag.state.md.us/Healthpol/>*

**MARYLAND ADVANCE DIRECTIVE:  
PLANNING FOR FUTURE HEALTH CARE DECISIONS**

By: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print Name) (Month/Day/Year)

Using this advance directive form to do health care planning is completely optional. Other forms are also valid in Maryland. No matter what form you use, talk to your family and others close to you about your wishes.

This form has two parts to state your wishes, and a third part for needed signatures. Part I of this form lets you answer this question: If you cannot (or do not want to) make your own health care decisions, who do you want to make them for you? The person you pick is called your health care agent. **Make sure you talk to your health care agent (and any back-up agents) about this important role.** Part II lets you write your preferences about efforts to extend your life in three situations: terminal condition, persistent vegetative state, and end-stage condition. In addition to your health care planning decisions, you can choose to become an organ donor after your death by filling out the form for that too.

You can fill out Parts I and II of this form, or only Part I, or only Part II. Use the form to reflect your wishes then sign in front of two witnesses (Part III). If your wishes change, make a new advance directive.

Make sure you give a copy of the completed form to your health care agent, your doctor, and others who might need it. Keep a copy at home in a place where someone can get it if needed. Review what you have written periodically.

**PART I: SELECTION OF HEALTH CARE AGENT**

**A. Selection of Primary Agent**

I select the following individual as my agent to make health care decisions for me:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
(home and cell)

**MARYLAND ADVANCE DIRECTIVE:  
PLANNING FOR FUTURE HEALTH CARE DECISIONS**

By: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
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**Address:** \_\_\_\_\_

**Telephone Numbers:** \_\_\_\_\_

(home and cell)

**MARYLAND ADVANCE DIRECTIVE:  
PLANNING FOR FUTURE HEALTH CARE DECISIONS**

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**By:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(Print Name) (Month/Day/Year)

Using this advance directive form to do health care planning is completely optional. Other forms are also valid in Maryland. No matter what form you use, talk to your family and others close to you about your wishes.

This form has two parts to state your wishes, and a third part for needed signatures. Part I of this form lets you answer this question: If you cannot (or do not want to) make your own health care decisions, who do you want to make them for you? The person you pick is called your health care agent. **Make sure you talk to your health care agent (and any back-up agents) about this important role.** Part II lets you write your preferences about efforts to extend your life in three situations: terminal condition, persistent vegetative state, and end-stage condition. In addition to your health care planning decisions, you can choose to become an organ donor after your death by filling out the form for that too.

You can fill out Parts I and II of this form, or only Part I, or only Part II. Use the form to reflect your wishes then sign in front of two witnesses (Part III). If your wishes change, make a new advance directive.

Make sure you give a copy of the completed form to your health care agent, your doctor, and others who might need it. Keep a copy at home in a place where someone can get it if

**If the only thing you want to do is select a health care agent, skip Part II. Go to Part III to sign and have the advance directive witnessed. If you also want to write down your treatment preferences, go to Part II. Also consider becoming an organ donor, using the separate form for that.**

## PART II: TREATMENT PREFERENCES (“LIVING WILL”)

### MARYLAND ADVANCE DIRECTIVE: PLANNING FOR FUTURE HEALTH CARE DECISIONS

By: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print Name) (Month/Day/Year)

Using this advance directive form to do health care planning is completely optional. Other forms are also valid in Maryland. No matter what form you use, talk to your family and others close to you about your wishes.

This form has two parts to state your wishes, and a third part for needed signatures. Part I of this form lets you answer this question: If you cannot (or do not want to) make your own health care decisions, do you want someone else to make decisions for you? In addition to your health care planning decisions, you can choose to become an organ donor after your death by filling out the form for that too.

You can fill out Parts I and II of this form, or only Part I, or only Part II. Use the form to reflect your wishes then sign in front of two witnesses (Part III). If your wishes change, make a new advance directive.

Make sure you give a copy of the completed form to your health care agent, your doctor, and others who might need it. Keep a copy at home in a place where someone can get it if needed. Review what you have written periodically.

### PART I: SELECTION OF HEALTH CARE AGENT

#### A. Selection of Primary Agent

I select the following individual as my agent to make health care decisions for me:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

(home and cell)

MARYLAND ADVANCE DIRECTIVE  
**PLANNING FOR FUTURE HEALTH CARE DECISIONS**

By: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print Name) (Month/Day/Year)

Using this advance directive form to do health care planning is completely optional. Other forms are also valid in Maryland. No matter what form you use, talk to your family and others close to you about your wishes.

This form has two parts to state your wishes, and a third part for needed signatures. Part I of this form lets you answer this question: If you cannot (or do not want to) make your own health care decisions, who do you want to make them for you? The person you pick is called your health care agent. **Make sure you talk to your health care agent (and any back-up agents) about this important role.** Part II lets you write your preferences about efforts to extend your life in three situations: terminal condition, persistent vegetative state, and end-stage condition. In addition to your health care planning decisions, you can choose to become an organ donor after your death by filling out the form for that too.

You can fill out Parts I and II of this form, or only Part I, or only Part II. Use the form to reflect your wishes then sign in front of two witnesses (Part III). If your wishes change, make a new advance directive.

Make sure you give a copy of the completed form to your health care agent, your doctor, and others who might need it. Keep a copy at home in a place where someone can get it if needed. Review what you have written periodically.

**PART I: SELECTION OF HEALTH CARE AGENT**

**A. Selection of Primary Agent**

I select the following individual as my agent to make health care decisions for me:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
(home and cell)

**MARYLAND ADVANCE DIRECTIVE:  
PLANNING FOR FUTURE HEALTH CARE DECISIONS**

**By:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(Print Name) (Month/Day/Year)

Using this advance directive form to do health care planning is completely optional. Other forms are also valid in Maryland. No matter what form you use, talk to your family and others close to you about your wishes.

This form has two parts to state your wishes, and a third part for needed signatures. Part I of this form lets you answer this question: If you cannot (or do not want to) make your own health care decisions, who do you want to make them for you? The person you pick is called your health care agent. **Make sure you talk to your health care agent (and any back-up agents) about this important role.** Part II lets you write your preferences about efforts to extend your life in three situations: terminal condition, persistent vegetative state, and end-stage condition. In addition to your health care planning decisions, you can choose to become an organ donor after your death by filling out the form for that too.

You can fill out Parts I and II of this form, or only Part I, or only Part II. Use the form to reflect your wishes then sign in front of two witnesses (Part III). If your wishes change, make a new advance directive.

Make sure you give a copy of the completed form to your health care agent, your doctor, and others who might need it. Keep a copy at home in a place where someone can get it if needed. Review what you have written periodically.

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## PART III: SIGNATURE AND WITNESSES

### A. Selection of Primary Agent

I select the following individual as my agent to make health care decisions for me:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

(home and cell)

## MARYLAND ADVANCE DIRECTIVE: PLANNING FOR FUTURE HEALTH CARE DECISIONS

By: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Print Name)

(Month/Day/Year)

Using this advance directive form to do health care planning is completely optional. Other forms are also valid in Maryland. No matter what form you use, talk to your family and others close to you about your wishes.

This form has two parts to state your wishes, and a third part for needed signatures. Part I of this form lets you answer this question: If you cannot (or do not want to) make your own health care decisions, who do you want to make them for you? The person you pick is called your health care agent. **Make sure you talk to your health care agent (and any back-up agents) about this important role.** Part II lets you write your preferences about efforts to extend your life in three situations: terminal condition, persistent vegetative state, and end-stage condition. In addition to your health care planning decisions, you can choose to become

**AFTER MY DEATH**  
(This document is optional. Do only what reflects your wishes)

Make sure you give a copy of the completed form to your health care agent, your doctor, and others who might need it. Keep a copy at home in a place where someone can get it if needed. Review what you have written periodically.

**PART I: ORGAN DONATION**

**PART I: SELECTION OF HEALTH CARE AGENT**

**A. Selection of Primary Agent**

I select the following individual as my agent to make health care decisions for me:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Numbers:** \_\_\_\_\_

(home and cell)

**MARYLAND ADVANCE DIRECTIVE:  
PLANNING FOR FUTURE HEALTH CARE DECISIONS**

**By:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

(Print Name)

(Month/Day/Year)

Using this advance directive form to do health care planning is completely optional. Other forms are also valid in Maryland. No matter what form you use, talk to your family and others close to you about your wishes.

This form has two parts to state your wishes, and a third part for needed signatures. Part I of this form allows you to select your own health care agent. The health care agent you select is called your health care agent. **Part II: DONATION OF BODY** (any back-up agents) about this important role. Part II lets you write your preferences about efforts to extend your life in three situations: terminal condition, persistent vegetative state, and end-stage condition. In addition to your health care planning decisions, you can choose to become an organ donor after your death by filling out the form for that too.

## PART III: DISPOSITION OF BODY AND FUNERAL ARRANGEMENTS

a new advance directive.

Make sure you give a copy of the completed form to your health care agent, your doctor, and others who might need it. Keep a copy at home in a place where someone can get it if needed. Review what you have written periodically.

### PART I: SELECTION OF HEALTH CARE AGENT

#### A. Selection of Primary Agent

I select the following individual as my agent to make health care decisions for me:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

(home and cell)

### PART IV: SIGNATURE AND WITNESSES

Other forms are also valid in Maryland. No matter what form you use, talk to your family and others close to you about your wishes.

This form has two parts to state your wishes, and a third part for needed signatures. Part I of this form lets you answer this question: If you cannot (or do not want to) make your own health care decisions, who do you want to make them for you? The person you pick is called your health care agent. **Make sure you talk to your health care agent (and any back-up agents) about this important role.** Part II lets you write your preferences about efforts to extend your life in three situations: terminal condition, persistent vegetative state, and end-stage condition. In addition to your health care planning decisions, you can choose to become an organ donor after your death by filling out the form for that too.

You can fill out Parts I and II of this form, or only Part I, or only Part II. Use the form to reflect your wishes then sign in front of two witnesses (Part III). If your wishes change, make a new advance directive.

You can fill out Parts I and II of this form, or only Part I, or only Part II. Use the form to reflect your wishes then sign in front of two witnesses (Part III). If your wishes change, make a new advance directive.

***Did You Remember To...***

- Fill out Part I if you want to name a health care agent?**
  
- Name one or two back-up agents in case your first choice as health care agent is not available when needed?**
  
- Talk to your agents and Back-up agent about your values and priorities, and decide whether that's enough guidance or whether you also want to make specific health care decisions in the advance directive?**
  
- If you want to make specific decisions, fill out Part II, choosing carefully among alternatives?**
  
- Sign and date the advance directive in Part III, in front of two witnesses who also need to sign?**
  
- Look over the "After My Death" form to see if you want to fill out any part of it?**
  
- Make sure your health care agent (if you named one), your family, and your doctor know about your advance care planning?**
  
- Give a copy of your advance directive to your health care agent, family members, doctor, and hospital or nursing home if you are a patient there?**

# Advance Directives Information Sheet

## What You Should Know About Advance Directives

Everyone has the right to make personal decisions about health care. Doctors ask whether you will accept a treatment by discussing the risks and benefits and working with you to decide. But what if you can no longer make your own decisions? Anyone can wind up hurt or sick and unable to make decisions about medical treatments. An advance directive speaks for you if you are unable to and helps make sure your religious and personal beliefs will be respected. It is a useful legal document for an adult of any age to plan for future health care needs. While no one is required to have an advance directive, it is smart to think ahead and make a plan now. If you don't have an advance directive and later you can't speak for yourself, then usually your next of kin will make health care decisions for you. But even if you want your next of kin to make decisions for you, an advance directive can make things easier for your loved ones by helping to prevent misunderstandings or arguments about your care.

### What can you do in an advance directive?

An advance directive allows you to decide who you want to make health care decisions for you if you are unable to do so yourself. You can also use it to say what kinds of treatments you do or do not want, especially the treatments often used in a medical emergency or near the end of a person's life.

**1. Health Care Agent.** Someone you name to make decisions about your health care is called a "health care agent" (sometimes also called a "durable power of attorney for health care," but, unlike other powers of attorney, this is not about money). You can name a family member or someone else. This person has the authority to see that doctors and other health care providers give you the type of care you want, and that they do not give

you treatment against your wishes. Pick someone you trust to make these kinds of serious decisions and talk to this person, to make sure he or she understands and is willing to accept this responsibility.

**2. Health Care Instructions.** You can let providers know what treatments you want to have or not to have. (Sometimes this is called a "living will," but it has nothing to do with an ordinary will about property.) Examples of the types of treatment you might decide about are:

- a. Life support - such as breathing with a ventilator
- b. Efforts to revive a stopped heart or breathing (CPR)
- c. Feeding through tubes inserted into the body
- d. Medicine for pain relief

Ask your doctor for more information about these treatments. Think about how, if you become badly injured or seriously ill, treatments like these fit in with your goals, beliefs, and values.

### How do you prepare an advance directive?

Begin by talking things over, if you want, with family members, close friends, your doctor, or a religious advisor. Many people go to a lawyer to have an advance directive prepared. You can also get sample forms yourself from many places, including the ones given as examples at the end of this information sheet. There is no one form that must be used. You can even make up your own advance directive document.

To make your advance directive valid, it must be signed by you in the presence of two witnesses, who will also sign. If you name a health care agent, make sure that person is not a witness. Maryland law does not require the document to be notarized. You should give a copy of your advance directive to your doctor, who will keep it in your medical file, and to others you trust to have it available when needed. Copies are just as valid as the originals.

You can also make a valid advance direc-

tive by talking to your doctor in front of a witness.

### When would your advance directive take effect?

Usually, your advance directive would take effect when your doctor certifies in writing that you are not capable of making a decision about your care. If your advance directive contains health care instructions, they will take effect depending on your medical condition at the time. If you name a health care agent, you should make clear in the advance directive when you want the agent to be able to make decisions for you.

### Can you change your advance directive?

Yes, you can change or take back your advance directive at any time. The most recent one will count.

### Where can you get forms and more information about advance directives?

There are many places to get forms, including medical, religious, aging assistance, and legal organizations. Three places are shown below, but these are just examples. Any of these forms are valid in Maryland, but not all may be in keeping with your beliefs and values. Your advance directive does not have to be on any particular form.

#### Call The Maryland Attorney General's Office

410-576-7000 or 1-888-734-0023.  
[www.oag.state.md.us/healthpol/adirective.pdf](http://www.oag.state.md.us/healthpol/adirective.pdf)

#### Call Caring Connections (NHPCO)

1-800-658-8898  
[www.caringinfo.org](http://www.caringinfo.org)

#### Call Aging with Dignity

1-800-594-7437  
[www.agingwithdignity.org](http://www.agingwithdignity.org)

Maryland Department of Health and Mental Hygiene



6704 Curtis Court  
Glen Burnie, MD 21060  
1-800-654-9728  
[www.ppmco.org](http://www.ppmco.org)

