

Your PAC Member Handbook

What you'll want to
know about the
Maryland Primary
Adult Care Program



PRIORITY
partners
PRIMARY ADULT CARE

1-800-654-9728

www.ppmco.org

Part 1. Enrollee Rights and Responsibilities

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

YOUR RIGHTS

- ✔ To be treated with respect, consideration and dignity
- ✔ To expect total confidentiality in the handling of all your medical information
- ✔ To know that the person you authorize will be called by Priority Partners PAC in the event of an emergency or a concern for your health
- ✔ To participate in all decisions regarding your health care
- ✔ To refuse treatment or therapy and to be counseled about the consequences of your refusal
- ✔ To complete privacy during exams and treatments
- ✔ To approve or refuse the release of medical information except when the release is required by law
- ✔ To complain about Priority Partners PAC plans, providers and care
- ✔ To refuse to be cared for by student practitioners or participate in experimental research
- ✔ To choose a primary care doctor from the Priority Partners PAC network

- ✔ To receive all the information you would like about Priority Partners PAC and its health care providers and services
- ✔ To receive medical care in accordance with State and Federal laws, regardless of gender, race, age, religion, national origin, physical or mental disability, or type of illness or condition
- ✔ To be able to make plans with your doctor about your medical care in case you are not able to speak for yourself
- ✔ To see your medical records as permitted by law

YOUR RESPONSIBILITIES

- ✔ To carry your membership card with you at all times (if you lose your card, call Customer Service to get a new one)
- ✔ To cancel doctors appointments if you cannot keep them
- ✔ To report any other health insurance coverage to your doctor or Priority Partners PAC
- ✔ To report any communicable diseases, family history, problem with substance abuse and any other information your doctor may need in order to provide adequate care
- ✔ To cooperate with health care providers and follow their instructions

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Overview of PAC

PAC is a health care program to help adults with low-incomes. Read this booklet to learn more about PAC and what is covered. Find out how to get care from your Managed Care Organization (MCO). Learn where to go for help. Keep this booklet to use when you want to check on which health services PAC offers.

People in PAC get:

- Prescription drugs for a small fee. This fee is called a co-pay.
- Free visits to a family doctor or nurse practitioner-also called primary care provider or PCP.
- Substance Abuse Treatment
- Emergency Department Services
- Diabetes care services when you have a need for them.
- Free visits to a counselor or psychiatrist for mental health services.

Getting health services

- You filled out the PAC application form and qualified for the program.
- The State sent you a yellow and white PAC ID card in the mail. This ID card lets you start getting pharmacy and mental health services right away.
- You got your Priority Partners PAC enrollment packet. You had the chance to pick an MCO. If you did not pick, the State chose Priority Partners PAC for you. Now you can get PAC services.

Until now, your yellow PAC ID card covered all of your pharmacy and mental health services.

If you did not get your yellow and white PAC ID card from the State, call the Enrollee Action Line at 1-888-754-0095.

Now that you are enrolled in Priority Partners PAC you must get your pharmacy services from Priority Partners PAC. Priority Partners PAC will also cover visits to your PCP for some mental health care, substance abuse treatment and emergency department visits.

If you did not get your Priority Partners PAC ID card, call 1-800-654-9728 or the Enrollee Help Line at 1-888-754-0095.

Use your Priority Partners PAC ID card at the pharmacy, emergency department, for doctor visits and substance abuse treatment.

- You had the chance to pick an MCO. If you did not pick, the State chose Priority Partners PAC for you.
- Now that you are enrolled in Priority Partners PAC, doctor visits with your PCP are covered.
- You must use your Priority Partners PAC ID card to get most of your prescriptions. Always take both ID cards to the pharmacy.

PAC Review at a glance

1. You have chosen an MCO. If you didn't choose, the State assigned you to Priority Partners PAC. If you want to change to a different MCO read page 9.
2. You should now have your Priority Partners PAC ID card. Use your Priority Partners PAC ID card at the pharmacy and for your primary care visits.

3. You should now have the name and phone number of your PCP. PAC covers visits to your PCP. PAC does not cover all doctor visits. Visits for specialty care, except substance abuse, are not covered. PAC does not cover any hospital services, except for emergency department visits. Read pages 3-5 for more information on what is covered.

4. If you have diabetes there are some special services you can get to help keep you healthy. Read page 5 for more information on what is covered.

5. PAC covers primary mental health care. You can get mental health care from your PCP. If you need more services, you or your PCP can ask for specialty mental health services. Call 1-800-888-1965 if you need mental health services that your PCP cannot provide. You will use your yellow and white PAC ID card for these services

6. PAC does not pay for in hospital mental health or substance abuse care. Most outpatient specialty mental health and substance abuse services will be covered by PAC. Read page 3-4 in this booklet to learn more about the mental health services covered by PAC.

7. Some mental health drugs and HIV/Aids drugs will still be covered by your yellow and white PAC card. The pharmacist will know when to bill the State and when to bill Priority Partners. Be prepared to pay the small co-pay for each of your prescriptions. Read page 3 in this booklet to learn more about what is covered by PAC.

Part 2. Introduction to Priority Partners

Welcome to Priority Partners PAC. We look forward to providing you with excellent health care services and outstanding customer service.

Priority Partners (PPMCO) is a state-wide Medicaid Managed Care Organization

(MCO) offered through a partnership between Johns Hopkins HealthCare (JHHC) and the Maryland Community Health System (MCHS), a group of eight federally qualified health centers. Priority Partners PAC has an established network of

doctors and health centers offering doctor visits, limited vision care, prescription coverage, immunizations, dental care, and some over-the-counter medications.

Part 3. Your Health, Mental Health, and Prescription Drug Benefits

You have your MCO. You have your PCP. You have your Priority Partners PAC ID card. Now you can get all the PAC health services. Priority Partners PAC won't charge you for any of your PAC health care

benefits except for your co-pays for prescription drugs.

Be sure to take time to make appointments for routine health screenings. Keep your appointments. Do your part to be healthy.

Review Priority Partners Preventive Health Guidelines, which was included in your Welcome Packet, for more information on when you should have certain routine health screenings.

Benefits

The table lists all the services you can get with PAC. If you have questions about what is covered call Priority Partners PAC

Customer Service at 1-800-654-9728. Or you can call the State's Enrollee Help Line at 1- 888-754-0095.

To be covered by PAC, you must use your PCP and Priority Partners PAC to get the services listed. *Some MCOs may offer more services than are listed. Read page 6 for more information about any additional services Priority Partners PAC offers*

BENEFIT	WHAT IT MEANS	RULES ABOUT THE BENEFITS
Primary Care Services	<ul style="list-style-type: none"> The basic health services you need to take care of your general health needs 	<ul style="list-style-type: none"> You must use your PCP
Pharmacy Services	<p>These are covered:</p> <ul style="list-style-type: none"> Prescription drugs. These are drugs you get with an order from your PCP Insulin, needles and syringes Coated aspirin for arthritis Iron pills Birth control pills and devices. Latex condoms from the drug store (just show your PAC and Priority Partners PAC ID card) 	<ul style="list-style-type: none"> Only drugs you get with a prescription are covered Coated aspirin for arthritis and iron pills for low iron blood are also covered Priority Partners PAC charges you a co-pay of up to \$7.50 for brand name drugs. There is no co-pay for generic drugs Mental health and HIV/AIDS drugs are covered by your yellow and white PAC ID card. For these you must pay a co-pay of \$7.50 for brand names and \$2.50 for the generic drugs
Lab & Diagnostic Services	<p>These tests help your PCP see if you have a certain health condition or disease</p> <p>These tests are covered:</p> <ul style="list-style-type: none"> Lab tests, such as urine tests, including toxicology screening, CBC, blood glucose, Pap test, and PSA EKG Chest x-ray, x-rays to detect fractures Mammograms 	<ul style="list-style-type: none"> Tests must be ordered by your PCP, family planning or substance abuse provider. Talk to your provider about which tests are covered You must go to a lab or imaging center in the Priority Partners PAC network. If the test is not covered or if you go out of network, you may be charged
Family Planning	<ul style="list-style-type: none"> Office or clinic visit Birth control method, such as birth control pills, IUDs, injectables, patches Latex condoms. A pharmacist can give you condoms without a doctor's order 	<ul style="list-style-type: none"> PAC does not pay for permanent sterilization
Routine Gynecologist (GYN) Care	<ul style="list-style-type: none"> Yearly check-ups at the gynecologist Lab tests such as Pap smears 	<ul style="list-style-type: none"> You must use your PCP or a GYN provider who is in the Priority Partners PAC network
Primary Mental Health Services	<ul style="list-style-type: none"> Primary mental health services are basic mental health services provided by your PCP 	<ul style="list-style-type: none"> If more than basic mental health services are needed, your PCP will refer you to the Public Mental Health System for specialty mental health services Your PCP may refer you for extra mental health services outside Priority Partners PAC. Or, you may ask for these specialty services Call the Public Mental Health System at 1-800-888-1965 for specialty mental health treatment
Community Based Substance Abuse Treatment	<ul style="list-style-type: none"> Evaluation Family group and individual counseling Methadone treatment Community based intensive outpatient treatment 	<ul style="list-style-type: none"> Inpatient treatment is not covered Services provided at hospitals are not covered
Emergency Department	<ul style="list-style-type: none"> Services provided in a hospital emergency department Must be a true medical emergency (see page 7) 	<ul style="list-style-type: none"> You will be responsible for the doctor's bill Not covered if you are admitted to the hospital

More information about your Mental Health Benefits

Visits to your PCP for mental health care are covered by Priority Partners PAC. If your PCP thinks you need specialty mental health services you can get those services too.

You can get most specialty mental health services through the Public Mental Health System. Just call for an appointment at 1-800-888-1965. You do not need a referral from your PCP. When you go for the mental health visit, show the office staff your yellow and white ID card. You will not be charged for the visit.

Are there any mental health services that are not covered by PAC?

Yes, inpatient care and day treatment programs (also known as partial hospitalization) are not covered. If you need them you can still get them but you may have to pay a small fee.

Mental Health at a Glance

How Do I Get Mental Health Services through PAC?

If you think you need mental health services you can do any of these things:

- Talk to your PCP.
- Call Priority Partners PAC Customer Service at 1-800-654-9728.
- Call the Public Mental Health System at 1-800-888-1965.

Talk to your PCP if you are feeling low, blue, depressed, or having thoughts of harming yourself.

- Your PCP will ask you questions to help decide if you need mental health treatment.
- The PCP may decide that he or she can help.
- Or, the PCP may help refer you to the Public Mental Health System.
 - The Public Mental Health System's toll-free help line is open 24-hours a day, 7 days a week.
 - The help line 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 the Public Mental Health System finds you do not need specialty mental health services, they will call your PCP (with your permission). This way you can get any needed follow-up care with your PCP.

Can I see the same mental health provider I used before I got in PAC?

- If you saw a provider in the past for mental health services and want to go back to him or her, let your Care Manager know.
- Every effort will be made to refer you to the same provider.

Does it take a long time to get into specialty mental health care?

How quickly you are seen for specialty mental health care depends on the type of treatment you need.

The list below explains the time rules for getting an appointment with a mental health specialist:

Emergency - When the PMHS Care Manager finds that your problem is an emergency, you will be seen the same day. This is most often within 4 hours.

Urgent - When the PMHS Care Manager finds that you have a pressing crisis and need to see a mental health specialist quickly, you will be seen by the next day. This is most often within 24 hours.

Scheduled - When you need to see someone for an evaluation, a visit for specialty care will be scheduled within 10 working days.

More information about Family Planning and GYN Benefits

You can get the help you need to be healthy before pregnancy. You can also learn ways to plan when you want to have a baby or if you don't want to get pregnant. This kind of care is referred to as family planning. Family planning includes gynecological (GYN) exams. For those women who do not need or want family planning, routine GYN care is covered.

Common questions about family planning services

Can I get family planning services with PAC?

Yes. Talk to your PCP about your needs and options. You may want help spacing your children or putting off pregnancy until you are ready. Your breast exam, pap smear, medicines and lab tests will all be covered.

What does family planning "self-referral option" mean?

Self-referral means that you can decide on your own to go to a family planning provider outside of Priority Partners PAC. That means you don't need your PCP to refer you. Priority Partners will still pay for this service. But before you go, call the doctor or clinic you want to go to. Tell them you are in the PAC program and that you are a member of Priority Partners. Make sure the office has agreed to bill Priority Partners directly. Priority Partners will also pay for any related lab work and medicine that you get while at the visit. You must use Priority Partners network for other lab tests and pharmacy services.

What should I know about GYN services?

Getting routine GYN check-ups is important even if you don't want or need family planning services. This means getting your breast exam and pap smear to check for cancer. Going to the GYN helps you stop little problems before they become big health problems.

In many cases your PCP will offer this service. If your PCP does not offer this care, call Priority Partners PAC Customer Service at 1-800-654-9728. They will direct you where to go for GYN care. And Priority Partners PAC will pay for this routine check-up. You must go to where Priority Partners PAC sends you for GYN care.

Will my bill be covered if I have a GYN problem and my PCP thinks I should see a gynecologist?

Your PCP may advise you to see a gynecologist because you are experiencing a GYN problem. Priority Partners will not cover the office visit to the gynecologist. Priority Partners does not pay for specialty care, surgery, or hospital

care. Read page 5 in this booklet to learn more about the services that are not covered by PAC.

Schedule of Preventive Health Care

Review the Priority Partners Prevention Guidelines, which were included with this

Handbook in your Welcome Packet, for information on when you should have certain routine health screenings.

Additional PAC Benefits for People with Diabetes

If you have diabetes, Priority Partners PAC

and your PCP wants to work with you so you can keep your blood sugar under control. That is why PAC covers additional services for people with diabetes. To have PAC pay for these services you must use the Priority Partners PAC network.

BENEFIT	WHAT IT MEANS	RULES ABOUT THE BENEFITS
Diabetes Care	<ul style="list-style-type: none"> • Diabetes education • Diabetes nutrition education 	<ul style="list-style-type: none"> • Talk to your PCP about getting these services to help control diabetes
Equipment and Supplies	<ul style="list-style-type: none"> • Equipment to help you get around more easily and devices to help you measure your blood sugar • Finger sticking devices • Blood glucose meters • Test strips • Compression stockings • Crutches and canes • Walkers 	<ul style="list-style-type: none"> • Covers limited equipment and supplies • Wheelchairs are not covered
Vision Care	<ul style="list-style-type: none"> • Eye exams by an eye doctor to correct vision or to find and treat eye diseases related to diabetes 	<ul style="list-style-type: none"> • People with diabetes can get one eye exam and one pair of eyeglasses each year
Foot Care	<ul style="list-style-type: none"> • Foot care when medically needed • Care to remove corns or calluses • Care to trim, cut or clip toenails • Special shoes, non-custom inserts and supports 	<ul style="list-style-type: none"> • Foot care for people with diabetes may be limited to one visit every 60 days • Custom shoe inserts are not covered

Part 4. What PAC Does Not Cover

PAC has limited benefits. PAC does not cover care provided by specialists or specialty care. This means that most of the services covered by PAC are limited to those services that your PCP can provide. There are some exceptions. They are listed below:

- Some specialty care is covered for people with diabetes. Read page 5 for more information. Specialty mental health is covered. Read page 4 for more information.
- Some substance abuse treatment services are covered.
- Some emergency department services are covered.

Examples of services that PAC does not pay for include:

- Audiologists and hearing aids are not covered.
- Blood and blood products that may be needed if you are in an accident or need an operation are not covered.

- Case management services to coordinate all your health care appointments and care needs are not covered.
 - **Priority Partners PAC is required to send you notices when routine health screenings are coming up.**
- Dental services are not covered.
 - **Except those value-based services listed under Optional Services on page 6.**
- Dialysis for kidney disease is not covered.
- EPSDT services, including specialty, treatment, or rehabilitation services needed to diagnose or treat problems of children, usually up to age 21, are not covered.
- Health programs to help you lose weight, eat right, exercise or quit smoking are not covered.
 - **Except those value-based services listed under Optional Services on page 6.**

- Hospice care for people who are in the final stages of life is not covered.
- Hospital services including in-patient and out-patient services are not covered (except for some emergency department services)
- In-home help with activities of daily living, including home health nursing, private duty nursing, and home health aide care are not covered.
- Nursing home care or care in a long-term care facility is not covered.
- Oxygen and respiratory equipment is not covered.
- Pregnancy-related services are not covered and abortion is not covered.
 - **If you are pregnant, you should apply for full Medicaid benefits. Call 1-800-456-8900. Ask how to apply for the Maryland Children's Health Program (MCHP). MCHP covers prenatal care. Abortion is not covered by MCHP.**

- Rehabilitation care of any type, including hospital care for people who have become disabled because of an accident or illness, is not covered.
- Rehabilitation services, including physical therapy, occupational therapy, speech therapy, are not covered.
- Specialty health care to diagnosis and treat problems which cannot be managed by your PCP is not covered except for

mental health, substance abuse, some emergency department services and diabetes care.

- Transportation is not covered.

Priority Partners PAC may offer some additional services. Read page 6 for information about any optional services Priority Partners PAC is offering.

If you have questions about which services are covered by PAC, call Priority Partners PAC Customer Service at 1-800654-9728 or call the Enrollee Help Line at 1-888-754-0095.

Priority Partners PAC Optional Services and Applicable Terms and Conditions

In addition to the required services to keep you healthy, Priority Partners PAC also offers members the following additional services.

BENEFIT	WHAT IT MEANS	RULES ABOUT THE BENEFITS
Over the Counter Medication	<ul style="list-style-type: none"> • More than 40 over-the-counter medications are provided to members at no cost/low cost, including items like cough syrup, Tylenol, and vitamins. A full list was included in your Priority Partners PAC Welcome Packet 	<ul style="list-style-type: none"> • PCP must write prescription and member must fill at Priority Partners participating pharmacy
Dental	<ul style="list-style-type: none"> • Semi-annual exams, limited x-rays, emergency extractions, limited exams to assess more complicated dental issues 	<ul style="list-style-type: none"> • Does not include other types of extractions or other specialty dental care such as root canals, crowns, dentures, bridges, or orthodontics
Health Education	<ul style="list-style-type: none"> • Access to Priority Partners Health Education programs and classes, including smoking cessation, diabetes, etc 	<ul style="list-style-type: none"> • Available through Priority Partners Health Educator

Over-the-Counter Medications

Priority Partners PAC covers more than 40 over-the-counter medications at no/low cost. Your PCP must write a prescription and you must have it filled at a Priority Partners participating pharmacy. A list of covered over-the-counter medications was

included in your Priority Partners PAC Welcome Packet.

Notice of Stopping or Changing Benefits and Service Locations

If Priority Partners PAC changes any of its benefits, services, or doctors, we will notify

members by letter or on the web site (www.ppmco.org) within 10 days. If your doctor changes, Priority Partners PAC will send you a new ID card within 10 days. If you have any questions, call Priority Partners PAC Customer Service at 1-800-654-9728.

Part 5. Information About Priority Partners PAC Providers

What is Primary Care?

Primary care is that care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons. Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses. Primary care promotes effective communication with patients and encourages the role of the patient as a partner. Primary care is performed and managed by a Primary Care Provider (PCP).

What is a PCP?

A Primary Care Provider (PCP) 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.

Information About Your PCP

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

Selecting or Changing Providers

If you want to change your doctor, you can do so at any time. Please call Priority Partners PAC Customer Service at 1-800-654-9728 for help in changing your Primary Care Provider. Your change will be effective the first of the month following your request. We will provide you with a new identification card within 7 days. You

can also find a list of Priority Partner PAC Primary Care Providers and pharmacies in the Priority Partners Provider Directory and on our website: www.ppmco.org. A copy of the directory is in your Priority Partners PAC Welcome Packet. Call Priority Partners PAC Customer Service at 1-800-654-9728 for help over the phone or to request that a Provider Directory be mailed to you.

List of Primary Care Providers

A list is included in the Priority Partners PAC Welcome Packet and available on the Priority Partners PAC website at www.ppmco.org

List of Pharmacy Providers

A list is included in the Priority Partners PAC Welcome Packet and available on the Priority Partners PAC website at www.ppmco.org

Part 6. Information about Getting Into Care

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.

Referral to a Specialist

Specialist care is not covered as a PAC benefit. However, 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, let your Primary Care Provider know that you want to keep seeing that doctor. Your Primary Care Provider will provide a referral to let the specialist know what type of care is needed. Payment for this specialty care is your responsibility.

After Hours and Urgent Care

If you have a problem that is not a medical emergency or if you are not sure, you can call your Primary Care Provider. Your doctor may be able to see you. Examples of non-emergency situations include:

- Back pain
- Ear aches
- Fever
- Sore throats
- Flu and colds
- Frequent urination
- Headaches
- Minor illnesses
- Minor injuries

Out-of-Service Area Coverage

WHAT TO DO IF YOU ARE OUT OF TOWN

Out-of-Service Area Coverage is not covered as a PAC benefit. If you have a medical emergency, go to the nearest hospital emergency room. You will be asked to pay for these services.

Family Planning as a Self-Referral

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 Priority Partners PAC Provider Directory or a provider near where you live. Priority Partners PAC will pay for this service even if the clinic is not in our directory. Services include:

- Family planning office visit
- Lab tests such as pap smears
- Contraceptive supplies, such as birth control pills, IUD insertion and removal, injectables, patches, diaphragm (including fitting), Norplant, latex condoms*
- A pharmacist can give you condoms without a doctor's order.

How To Get Substance Abuse Treatment

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, out-patient detox treatment, partial hospitalization, and referral to substance abuse services.

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, and detoxification. You must meet certain criteria to receive these services. Contact us at 1-800-654-9728 for more information.

Emergency Department Services

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
- 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.

Health Education Programs

You may get a periodic newsletter from Priority Partners PAC 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. Watch for your member newsletter or call Priority Partners PAC Customer Service at 1-800-654-9728 for more information.

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

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 telephone number is 410-424-4643 or 888-232-0488.

Part 7. Information, Complaints, Grievances, and Appeals

Priority Partners Consumer Services and Hotline Information

Priority Partners PAC Customer Service is available to our members from 8 a.m. to 5 p.m., Monday through Friday. Call 1-800-

654-9728. (There is an after hours answering machine.) We also have a TTY line for our hearing-impaired members. That number is 410-424-4643 or 888-232-0488.

Priority Partners Internal Grievance Procedures

We are very glad that you chose Priority Partners PAC, 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. Here are the steps you should take when you are unhappy with a Priority Partners PAC service:

1. Tell the person who is providing the service about the reason you are unhappy. Often, the problem will be fixed right away.
2. If this does not solve the problem, call Priority Partners PAC Customer Service at 1-800-654-9728. Hours of operation are 8 a.m. and 5 p.m., Monday through Friday. A Customer Service Representative will hear your complaint and attempt to resolve your issue in as speedy and efficient a manner as possible. If this does not solve the problem, the complaint will be forwarded to the Priority Partners PAC Complaints and Grievances Unit by the Customer Service Representative.
3. You may also submit your Complaint or Grievance in writing to Priority Partners PAC, 6704 Curtis Court, Glen Burnie, MD, 21060, Attention: Complaints & Grievances.
4. You may also send us an e-mail through the Priority Partners web site: www.ppmco.org
5. Your complaints will be resolved quickly.
 - Emergency medically related complaints will be resolved within 24 hours.
 - Non-emergency medically related complaints will be resolved in five days.
 - All other complaints will be resolved within 30 days.
6. Your Provider may participate in the process.
7. If you are not satisfied with the way your complaint is handled, you may appeal by calling the State's Enrollee Help Line at 1-888-754-0095. See page 8 for the types of decisions you can appeal.

State's Complaint and Appeal Process

Getting Help from the State's Enrollee Help Line

If, after calling Priority Partners, you still have questions or are not satisfied, you can call the State's Enrollee Help Line. Examples of when to call the Enrollee Help Line include:

- You have a question or complaint about your health care;
- You have been unable to get an appointment for a covered service;

- You have not been able to get a covered benefit or service you think you need;
- You received a bill for services that you think should be covered by PAC;
- You have to travel too far to get covered health care services; or
- Any problem that Priority Partners has not solved to your satisfaction.

Call 1-888-754-0095 to reach the State's Enrollee Help Line. Someone can help you Monday through Friday between 7:30 a.m. and 5:30 p.m. You can leave a recorded message at any other time and someone will call you back during business hours.

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

- Work with Priority Partners to discuss what you need or how to solve the problem;
- Answer your questions and, if necessary, send your complaint to Complaint Resolution Unit. This Unit may take the actions below:
 - Ask Priority Partners to provide them information about your problem so that it can be resolved as soon as possible;
 - Work with Priority Partners and the provider to assist you in getting what you need;
 - Help you to get community services, if needed; or
 - Help you to appeal denials of covered services and give you the fair hearing process in writing. Read page 8 for information about the appeals process.

State Complaint Process

If I don't agree with a decision made by Priority Partners, what do I do?

- You can contact the State's Enrollee Help Line at 1-888-754-0095.
- The Enrollee Help Line will give your appeal to the Complaint Resolution Unit.
- The Complaint Resolution Unit will attempt to resolve your appeal with Priority Partners 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 of the appeal. When the review is finished, you will receive the decision in writing. If you do not agree with the decision, you may have the option to request a fair hearing.

The State's Decision on Your Appeal

When all of the facts about your appeal have been reviewed by the State, the State will take one of the actions below:

- If the State decides that Priority Partners should provide the benefit or service, it can order Priority Partners to do so right away, and Priority Partners will give you the benefit or service.
- If the State decides that Priority Partners does not have to give you the benefit or service, you will be told that the State agrees with Priority Partners. Read about the decisions that can be appealed below.

What Kind of Decisions Can Be Appealed

You have the right to appeal the following decisions made by the State. When the State:

- Agrees with Priority Partners that a covered benefit or service you are receiving should be reduced or terminated;
- Agrees with Priority Partners that a covered benefit or service is not medically necessary.

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 may appear as witnesses for the State at the appeal hearing.

The Office of Administrative Hearings will set a date for the hearing. The hearing must be held and a decision must be made within 90 days from the date you requested the Fair Hearing. 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. If the Board of Review decides against you, you may appeal to the Circuit Court.

How to Make Suggestions for Changes in Policies and Procedures

We welcome your suggestions to improve Priority Partners PAC. You can call PriorityPartners PAC Customer Service at 1-800-654-9728 to share your ideas with us. They will be reviewed by the Priority Partners Consumer Advisory Board.

Part 8. How to Change Your MCO

When Can I Change My MCO?

You will be able to change MCOs at least once a year. Read about when you can change below.

You can change MCO once a year, on the anniversary of your enrollment.

Every year around the time you first signed up with Priority Partners PAC, you will be mailed a notice from the State asking if you would like to change MCOs. You will have 21 days from the date the State mails the notice to give your answer. You may choose to stay with Priority Partners PAC or you may decide to select another MCO near where you live. You do not need to have a reason for this yearly change.

What are the approved “for cause” reasons which will let me change MCOs at any time?

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

- Within 90 days of initial enrollment in the PAC program;

- If you move to another county where Priority Partners PAC does not offer care;
- If you move or 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 you want to keep all family members together in the same MCO;
- You wish to continue to receive care from your primary care provider (PCP) and the PCP’s contract with Priority Partners PAC has been terminated by Priority Partners PAC for one of the following reasons:
 - for reasons other than quality of care;
 - the provider and Priority Partners PAC cannot agree on a contract for certain financial reasons; or
 - Priority Partners PAC has been purchased by another MCO.

How do I change MCOs?

Contact the State’s Enrollment Broker at 1-866-676-5880. If you meet one of the requirements and decide you want to change your MCO you will need to give the following information:

- The reason you are requesting the change; and
- If you are moving, what county and city will you be moving to.

When can the State disenroll me from my MCO?

The State will remove you (disenroll you) from Priority Partners PAC if:

- You no longer qualify for PAC benefits;
- You no longer qualify to be in an MCO because you are now in another State program which does not enroll its members in MCOs;
- You are admitted into an intermediate facility for mentally retarded persons;
- You are an inmate of a public institution;
- You are in an MCO that no longer has a contract to provide care in the State of Maryland; or
- You were not validly enrolled in the MCO.

If you are still eligible for PAC benefits you will be enrolled in another MCO.

Part 9. Keeping Your PAC Benefits

If you want to continue to get PAC benefits, you must remember to keep your eligibility for PAC current. If you lose PAC coverage, you will lose all of your health benefits.

Do I have to re-apply for PAC?

Yes, and you must keep your eligibility for PAC current to stay enrolled in Priority Partners. If you lose coverage for PAC, you will have to pay for all doctor visits and prescription drugs you received during the time you were not eligible. You must re-apply for PAC once a year or when you are notified by mail. That is why it is important that you keep your address current, so that your mail reaches you.

Where do I call to report my address change or if I have questions about my PAC application?

When you move be sure to call and report your address changes immediately. Call the PAC eligibility unit at 1-800-226-2142. They can also answer any questions you have about your eligibility. Also, be sure to report any address changes to Priority Partners by calling 1-800-654-9728.

Do I have to re-apply for membership in Priority Partners PAC?

As long as you are eligible for PAC and want to continue to receive health care from Priority Partners PAC, your membership in

Priority Partners PAC will continue. If at any point you are disenrolled from Priority Partners PAC, Priority Partners PAC will not be financially responsible for any of the care you receive during the time you are disenrolled. However, if you regain eligibility for PAC within 120 days, you will automatically be re-enrolled in Priority Partners.

Where do I call to check to see if I am currently in PAC and Priority Partners PAC?

For help, call Priority Partners PAC Customer Service at 1-800-654-9728 or call the Enrollee Help Line at 1-888-754-0095.

Part 10. Quick Reference Phone Numbers

Priority Partners

Priority Partners Customer Service 1-800-654-9728
TTY Line for the Hearing Impaired 410-424-4643
or
1-888-232-0488

State of Maryland

Enrollee Action Line 1-888-754-0095
Public Mental Health System 1-800-888-1965
PAC Eligibility Unit 1-800-226-2142
State of Maryland Enrollment Broker 1-866-676-5880
If you are pregnant 1-800-456-8900

Part 11. 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 anytime. 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 example, 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; 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 commits 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, Priority Partners 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 Priority Partners, 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.

6704 Curtis Court
Glen Burnie, MD 21060
1-800-530-9728
www.ppmco.org



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