



MARYLAND
physicians care
MANAGED CARE ORGANIZATION

TAKE STEPS TO LIVE WELL.



Member Handbook
2011

Helpful Information

Maryland Physicians Care Office Hours
Monday–Friday, 8 a.m. to 5 p.m.

Member Services Center
1-800-953-8854

Maryland TDD Relay Service
1-800-735-2258

Block Vision
1-800-428-8789

Doral USA
1-800-685-1150

Drug and/or Alcohol Treatment Center Help
1-800-953-8854

If You Are Pregnant
1-800-953-8854

**State of Maryland HealthChoice
Enrollee Action Line**
1-800-284-4510

**State of Maryland Public Mental
Health System**
1-800-888-1965

State of Maryland Hotline
1-800-492-5231

**State of Maryland Rare and Expensive
Case Management Program (REM)**
1-800-977-7388

State of Maryland Enrollment Broker
1-800-977-7388



509 Progress Drive
Linthicum, Maryland 21090-2256
Toll-Free 1-800-953-8854
www.MarylandPhysiciansCare.com

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MARYLAND physicians care

MANAGED CARE ORGANIZATION



Member ID# 12345678910 **Date of Birth:** 02-01-2000 **Sex:** F

Member Name: IMA MEMBER

PCP: HEALTHCARE PROVIDER

PCP's Phone: 123-456-7890 **Effective Date:** 01-01-08

Member Services: 1-800-953-8854

HealthChoice Enrollee Help Line: 1-800-284-4510



RxBIN: 610084

RxPCN: A4

RxGRP: MDC

Pharmacist Call: 1-800-824-0898

This ID card is not a guarantee of eligibility, enrollment or payment.

www.MarylandPhysiciansCare.com

MEMBERS: If you have a medical emergency, go to the nearest hospital. Call your PCP within 48 hours. Outside of Maryland, only medical emergencies are covered.

To verify member eligibility go to
www.MarylandPhysiciansCare.com or call 1-800-953-8854.

Inpatient Notification must be received within 24 hours of admission.

Prior Authorization is required for all inpatient admissions, selected outpatient services and all non-participating providers. To notify of an admission, please call 1-800-953-8854.

Adult Dental Services 1-800-685-1150
Vision Services 1-800-428-8789

Send Claims to:
Maryland Physicians Care • PO 61778 • Phoenix, AZ 85082-1778

MD-10-05-30A



I. RIGHTS & RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

- Be treated with respect to your dignity and privacy.
- Receive information in a manner you can understand, including information on treatment options and alternatives.
- Get covered benefits and/or services regardless of gender, race, age, religion, origin, physical or mental disability, or type of illness or condition.
- Privacy when you are at an office visit or getting treatment.
- Participate in decisions regarding your healthcare, including the right to refuse treatment.
- Talk to your doctor about treatment for your condition and what could happen after treatment, even if the treatment is expensive or not a covered benefit.
- Receive a second opinion from another doctor in Maryland Physicians Care (MPC) if you don't agree with your doctor's opinion about the services that you need.
- Request and receive a copy of your medical records, and request that they be amended or corrected as allowed.
- Not have your medical records shown to others without your okay, unless allowed by law.
- Receive information about MPC, such as how we manage, the services we provide, our Provider Network, and Member Rights and Responsibilities. You may request this information by calling MPC Member Services Department at 1-800-953-8854.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- File appeals and grievances with MPC. (See page 28)
- File appeals and grievances with the State. (See page 29)
- State fair hearing. (See page 30)
- Request that ongoing benefits be continued during an appeal or state fair hearing however, you may have to pay for the continued benefits if our decision is upheld in the appeal or hearing. (See page 30)
- Exercise your rights and to know exercising your rights will not adversely affect the way MPC or our providers treat you.

- Tell us ways to improve MPC's policies and procedures.
- Develop Advanced Directives or a Living Will.

YOU HAVE A RESPONSIBILITY TO:

- Read this handbook, it will explain how to use your health plan to get services and should answer most of your questions.
- Follow MPC's rules.
- Pick a Primary Care Provider who participates with MPC.
- Make and keep all appointments with your provider. If you need to cancel appointments, it must be done at least 24 hours before your scheduled visit.
- Show your MPC Identification Card to each provider before getting health services.
- Make sure that the person's name that is printed on the MPC Identification Card is the only one using the card for health care services.
- Get approval from your PCP before you get treatment from other providers. This does not include self-referral services or emergency treatment. Give all information about your health to MPC and your PCP. This includes immunization records for members under age 21.
- When discussing your health, if there is anything you do not understand tell your PCP.
- Follow what your PCP tells you. Make follow-up appointments. Take all medicines as prescribed and follow your PCP's care instructions.
- Schedule wellness check-ups. (Members under 21 years of age need to follow the Healthy Kids schedule on page 23).
- Get care as soon as you know you are pregnant. Keep all prenatal appointments.
- Use the Emergency Room (ER) for true emergencies only.
- Tell MPC and the Department of Social Services (DSS) when your address changes. Tell DSS about changes in your family that may affect eligibility or enrollment.
- Tell MPC if you have other health insurance, including Medicare.



- Give your PCP a copy of your living Will and Advance Directive if you have one.
- Report suspected fraud and/or abuse. (See page 4)

CONSENT FOR THE TREATMENT OF MINORS

In most cases, providers need the consent of a parent or legal guardian to give care to children under 18 or minors. In a few cases, the law allows doctors to give certain care to patients under 18 years old without telling the parent or guardian. In these cases, the decision to get consent before treating a minor is up to the provider. MPC PCPs must follow all laws about the treatment of minors.

MEMBER CONFIDENTIALITY AND OUR PRIVACY PRACTICE

You will find a copy of MPC's Notice of Privacy Practice in your welcome packet. The notice tells how MPC will use your records for health plan activities and to pay for your services. It also tells how you can look at your records, get a copy or make changes. Your health care information will be kept private and confidential, and will be given out only if the law allows it or with your permission.

DECISIONS ABOUT YOUR HEALTH CARE

MPC wants to tell you about your rights as a member. We also want to tell you our policies about those rights. Please take a minute to read this. It is a summary about your health care.

- Your provider should tell you how he or she plans to treat you. The provider should tell you if other treatments can be used and the risks for each one.
- Make sure your decisions about your medical care are followed. You may want to put the decisions in writing before you get treatment.

BILLS FOR COVERED MEDICAL SERVICES

Under the HealthChoice program, you are entitled to get all covered medical services without cost to you. The covered services will be paid by MPC or by your other health insurance carrier if you have other primary insurance. Providers should not send you a bill for a covered medical service or for the difference between

what your health insurance paid and what they charge (Balance Billing). Covered services are listed in Section II of this member handbook. If you get a bill for a covered medical service while you were a member of MPC, please contact MPC's Member Services Department 1-800-953-8854 before paying anything.

FRAUD AND ABUSE

Fraud and abuse occurs when false or untrue information is given to receive health care benefits and/or services. Listed below are examples of actions considered fraud and abuse:

- Under-reporting income and insurance;
- Under-reporting resources and assets (e.g. bank accounts, stocks, bonds, home property);
- Falsely reporting household income;
- Living out-of-state (e.g. not maintaining Maryland residency);
- Selling prescription medications;
- Making changes to a written prescription.

REPORTING FRAUD AND ABUSE

To report fraud and/or abuse, please call the MPC's Compliance Hotline at 1-866-781-6403 or visit the website at www.MarylandPhysiciansCare.com and select the "Fraud" tab. Caller identification is preferred, but not required. Callers will not be subject to retaliation by MPC. Please leave enough information to help us investigate, including;

- A description of the act you suspect as fraud or abuse;
- The name of the person suspected of committing fraud and/or abuse;
- If the suspected person is a MPC member, the MPC card number;
- The name of the doctor, hospital, or other health care provider involved;
- The date of service if available;
- The amount of money that MPC and/or member paid if known.

Remember, it is everyone's responsibility (a requirement which can be subjected to federal or state sanctions) to report suspected fraud and/or abuse.



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 11). For a few special benefits, you have to be certain ages or have a certain kind of problem. We will never charge you for any of the health care services we provide, except for copays when applicable. This table lists the basic benefits that you can get through Maryland Physicians Care (MPC) when you need them.

If you have a question or are confused about whether we offer a certain benefit, you can call the Enrollee Help Line at 1-800-284-4510 or MPC Member Services Department at 1-800-953-8854 for help.

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Primary Care Services	These are all of the basic health services you need to take care of your general health needs, and are usually provided by your “Primary Care Provider (PCP)”, a doctor or advanced practice nurse.	All Enrollees	
EPSDT Services for Children	Regular well-child check-ups, immunizations (shots), and check-ups to look for illness. Whatever is needed to take care of sick children and to keep healthy children well.	Under age 21.	
Pregnancy-Related Services	Medical care during and after pregnancy, including hospital stays and, when needed, home visits after delivery.	Women who are pregnant, and for two months after the birth.	
Family Planning	Family planning office visits, lab tests, birth control pills and devices (includes latex condoms from the pharmacy, without a doctor’s order) and permanent sterilizations.	All Enrollees	



BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Primary Mental Health Services	Primary mental health services are basic mental health services provided by your PCP or another provider in Maryland Physicians Care (MPC). 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 MPC. For example, for treatment of serious emotional problems like schizophrenia, your PCP or specialist will refer you or you can call the Public Mental Health System at 1-800-888-1965.
Pharmacy Services	Prescription drugs, insulin, needles and syringes, birth control pills and devices, coated aspirin for arthritis, iron pills (ferrous sulfate), and chewable vitamins for children younger than age 12. You can get latex condoms from the drug store without a doctor's order.	All enrollees	Non-prescription drugs except for coated aspirin, iron pills, and chewable vitamins for children under age 12.
Specialist Services	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	
Laboratory & Diagnostic Services	Lab tests and X-rays to help find out the cause of an illness.	All Enrollees	



BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Case Management	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	
Diabetes Care	Special services, medical equipment, and supplies for enrollees with diabetes.	Enrollees who have been in the hospital because of diabetes.	
Substance Abuse Treatment	Services include a comprehensive substance abuse assessment, individual and group counseling services, 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.	Pregnant and postpartum women and persons with HIV/AIDS will have access for treatment within 24 hours of request.	
Podiatry	Foot care when medically needed. Includes special shoes, supports, and routine foot care.	Available to enrollees under age 21 or individuals with diabetes and circulatory problems.	



BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Vision Care	<p>Eye Exams</p> <ul style="list-style-type: none"> Under 21: one exam every year 21 and older: one exam every two years <p>Glasses</p> <ul style="list-style-type: none"> Under 21 only Contact lenses if there is a medical reason why glasses will not work 	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.
Home Health Services	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)
Oxygen & Respiratory Equipment	Treatment to help breathing problems.	All enrollees.	
Hospital Services	Inpatient and outpatient services are covered.	All enrollees with authorization or as an emergency.	
Hospice Care	Support services for people who are terminally ill.	All enrollees.	
Rehabilitation Outpatient	Rehabilitation services, including physical therapy, occupational therapy and speech therapy (without a hospital stay).	All enrollees (See Section II C for enrollees under age 21).	
Nursing Home	Full-time nursing care in a nursing home.	Available to all enrollees. After 30 days, State pays, instead of MPC.	
Chronic Hospital	Full-time hospital care for long-term illness.	Available to all enrollees. After 30 days, State pays, instead of MPC.	
Blood & Blood Products	Blood used during an operation, etc.	All enrollees.	
Dialysis	Treatment for kidney disease.	All enrollees.	



BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
DME & DMS	Durable medical equipment (DME) and disposable medical supplies (DMS) are things like crutches, walkers, wheelchairs, and finger stick supplies (for people who do blood testing at home).	All enrollees.	
Transplants	Medically necessary transplants.	All enrollees.	
Clinical Trials	Enrollees costs for studies to test the effectiveness of new treatments or drugs.	Enrollees with life threatening conditions, when authorized.	No experimental transplants.



B. OPTIONAL BENEFITS AND APPLICABLE TERMS AND CONDITIONS

In addition to the required services to keep you healthy, MPC also offers members these services.

VISION SERVICES

Adults (21 and older) include:

- One eye exam every year
- One set of lenses every two years
- Frames every two years
- Any necessary surgical or advanced care

ADULT DENTAL SERVICES

Adults (21 and older) include:

- Dental exams two times a year (1 every six months)
- Dental cleaning two times a year (1 every six months)
- X-rays once a year (Bitewing only)
- Fillings for cavities
- Non-surgical extractions (surgical extractions for residual roots only)

OVER-THE-COUNTER MEDICATIONS

MPC covers several over-the-counter drugs. To find out which medications are covered, you can visit www.MarylandPhysiciansCare.com or call MPC's Member Services Department at 1-800-953-8854.

C. BENEFITS AND SERVICES NOT OFFERED BY MARYLAND PHYSICIANS CARE BUT OFFERED BY THE STATE

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

Dental services for children under 21 and pregnant women - General dentistry including regular and emergency treatment is offered. Dental services are provided by the Maryland Healthy Smiles Dental Program administered by Doral Dental. If you are eligible for the Dental Services Program, you will receive

information and a dental card from Doral Dental. If you have not received your dental ID card or have questions about your dental benefits, call the Maryland Healthy Smiles Dental Program at 1-888-696-9596.

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

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

Skilled personal care services - This is skilled help with daily living activities.

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

Transportation services - We do not have to pay for your transportation to medical services, unless we send you to a far-away county to get treatment that you could get in a closer county. We will help you arrange non-emergency transportation, if needed for a medical visit or treatment, through your city or county government (usually the county health department). Emergency transportation is provided by local fire companies ("911" emergency service), but this is only for real emergencies.

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

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



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

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

Occupational, Physical, and Speech Therapy, and Audiology for children under the age of 21 - The State pays for these services if medically needed. For help in finding a provider, you can call the State’s 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.

D. BENEFITS AND SERVICES NOT OFFERED BY MARYLAND PHYSICIANS CARE OR THE STATE

These are benefits and services that we are not required to offer. We offer a few of them anyway (see page 10). The State will not offer any of the benefits on this list.

- Anything that you do not have a medical need for.
- Anything experimental unless part of an approved clinical trial.
- Autopsies.
- Shots for travel outside the continental United States or medical care outside the United States.

Diet and exercise programs, to help you lose weight.

Fertility treatment services, including services to reverse a voluntary sterilization.

Cosmetic surgery. Operations to make you look better, but you do not need for any medical reason.

Private hospital room. For people without a medical reason such as having a contagious disease.

Private duty nursing. For people over 21 years old.

Orthodontist services. Braces to straighten teeth, for people 21 years old and older or children who do not have a serious problem that makes it difficult for them to speak or eat.

Special (orthopedic) shoes and supports. For people who do not have diabetes or circulation problems or are older than age 21.

Routine foot care. For people who do not have diabetes or circulation problems or are older than age 21.

Non-prescription drugs. (Except coated aspirin for arthritis, insulin, iron pills, and chewable vitamins for children younger than age 12.)

Hearing aids. For people over age 21.

Dental services for adults. (Except for pregnant women.) However, MPC does offer Adult Dental Services, please see page 25.

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 MPC. For some types of services, you can choose a health care provider who is not part of our network, and we will still pay for the service. These are called “self-referral services.” We will also pay for any related lab work and medicine received at the same site that you receive the self-referral visit. The following are self-referred services.

FAMILY PLANNING SERVICES

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

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



EMERGENCY SERVICES

If you have a real medical emergency, you do not need a referral from your PCP to go to the emergency room (ER). If you're not sure if you should go to the ER, call your PCP for advice. After you are treated for an emergency condition you may need additional services to make sure the emergency condition does not return. These are called post stabilization services. We will work with the hospital staff to decide if you need these services. If you would like additional information about how this is decided, contact us at 1-800-953-8854.

SCHOOL-BASED HEALTH CENTER SERVICES

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

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

PREGNANCY SERVICES

If you were pregnant when you joined MPC, and had already seen a provider, who is not in MPC network, for at least one complete prenatal check-up, then you can choose to keep seeing that provider all through your pregnancy, delivery, and for two months after the baby is born for follow-up, as long as the provider agrees to continue to see you.

BABY'S FIRST CHECK-UP BEFORE LEAVING HOSPITAL

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

CHECK-UP FOR CHILDREN ENTERING STATE CUSTODY

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

CERTAIN PROVIDERS FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Children with special healthcare needs may self-refer to providers outside of MPC network under certain conditions. Self-referral for children with special needs is intended to insure 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 an MCO. Medical services directly related to a special needs child's medical condition may be accessed out-of-network only if the following specific conditions are satisfied:

- **New Enrollee:** A child who at the time of initial enrollment was receiving these services as part of a current plan of care may continue to receive these specialty services provided the pre-existing out-of-network provider submits the plan of care to us for review and approval within 30 days of the child's effective date of enrollment in MPC, and we approve the services as medically necessary.
- **Established Enrollee:** A child who is already enrolled in MPC 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. We must grant the request unless we have a local in-network specialty provider with the same professional training and expertise who is reasonably available and provides the same services.

If we deny, reduce, or terminate the services, you can file an appeal. See page 28 for information about appeals.

DIAGNOSTIC EVALUATION SERVICE (DES)

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

RENAL DIALYSIS

Some people with kidney disease need to have their blood cleaned. This is called "renal dialysis." A person who needs renal dialysis does not have to go to a MPC provider for this treatment, but can choose any provider, either inside or outside of our MCO. People needing this service may be eligible for the Rare and Expensive Case Management Program (REM). (See page 20 for more information about the REM Program).



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 1-800-953-8854 for more information.

GETTING HELP WITH SUBSTANCE ABUSE

It is important to MPC that you have every chance to stay healthy. One way to stay healthy is to get help when you feel you have a problem with alcohol and/or drugs.

You can get alcohol and/or drug treatment if you need it through MPC. You must go to a provider or treatment

center that is certified. You do not need a referral from a provider. Just tell the facility that you are a MPC member.

If you need help finding a treatment center, call us. We are here 24 hours a day, 7 days a week at 1-800-953-8854 (please follow the Substance Abuse prompt).

F. NOTICE OF STOPPING OR CHANGING BENEFITS, SERVICES, OR HEALTH CARE LOCATIONS

MPC will notify you in writing ten (10) days prior to any changes in benefits and/or services.

MPC will, when possible, notify you in writing prior to any changes in provider contracts (such as terminations, changes in practice locations, or termination/replacement of certain ancillary providers).

There may be times when MPC will have to change your Primary Care Provider (PCP) without talking to you first. If this happens, you will be allowed to choose another PCP by calling MPC's Member Services Department at 1-800-954-8854.



III. INFORMATION ON PROVIDERS

A. WHAT IS A PCP, A SPECIALIST, AND WHAT IS SPECIALTY CARE

A **PCP** is the short name for **Primary Care Provider**. A Primary Care Provider (PCP) is the doctor or nurse practitioner who manages your medical care.

A **Specialist** is a doctor who is trained to treat a certain medical condition, like the heart, bones or brain.

Specialty Care is the health care services given by a specialist. Some special health care needs may require that you see a specialist as part of your primary care (health care services). If you have any questions please call Maryland Physicians Care (MPC)'s Member Services Department 1-800-953-8854.

Your PCP will set up or give you all of the covered services you need. Make sure you talk to your PCP about any health problem you have. It is important to have a good relationship with your PCP. That way your provider gets to know you and your medical history. Always follow your PCP's advice about your health care and check with your PCP before you get medical care or services from other providers. Your PCP will also refer you to a Specialist for specialty care services when necessary.

B. INFORMATION ABOUT YOUR PCP AND SPECIALISTS

How Do I Find Information About My Health Care Provider?

If you want to know more about any of the people who provide your health care services, call MPC's Member Services Department 1-800-953-8854. A Member Services Representative will help you get the information you need about the providers (PCPs, specialists, therapists, nurse midwives, clinics, etc.) who participate in MPC's Provider Network.

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 MPC's Provider Network without a referral.

C. SELECTING OR CHANGING PROVIDERS

How Do I Choose My PCP?

When you join MPC, you can choose the PCP you want for yourself and your eligible family members. You must select a PCP that participates with MPC. You can use the MPC Provider Directory or visit www.MarylandPhysiciansCare.com to locate a PCP in your area.

Note: You do not have to choose the same PCP for every family member.

If you do not choose a PCP, MPC will select one for you. If you want a different PCP than the one we assigned for you, please call MPC's Member Services Department at 1-800-953-8854 to change your PCP.

MPC's Member Services can also help you if you need:

- Help choosing a PCP
- More information about the provider assigned
- More information about other providers on our plan
- You need care and cannot reach your PCP
- A provider directory or listing of participating providers in your area

How Do I Change My PCP?

Your PCP is an important part of your health care team. MPC wants you and your PCP to work together. If you want to change your PCP, you can call MPC's Member Services Department at 1-800-953-8854 to request your change. You will get a new ID card within 10 days of the requested change date.

Note: If you call before the 15th of the month, your new PCP will be made effective the day of the call. All calls on or after the 15th of the month, your new PCP will be made effective the 1st of the next month.

It is very important that you work with your PCP. Your PCP keeps records of all your health care services. Medical decisions about your health are based on your health history. MPC monitors the number of PCP changes a member requests to determine if assistance is needed



to help with selecting a PCP that the member can build a long relationship with.

D. LIST OF PRIMARY AND SPECIALTY CARE PROVIDERS

To make sure that you have all of the information that you need in getting your health care services, we have included a MPC Provider Directory with this handbook. This directory lists the providers that work with us.

If there is someone we do not have in our directory that you would like to see, please call MPC's Member Services Department at 1-800-953-8854. We will do everything we can to add them to our plan. You will not be able to use that provider until he or she has joined MPC's Provider Network.

E. LIST OF HOSPITAL PROVIDERS

The MPC Provider Directory included with this handbook also lists the hospitals you can use in case of emergencies.

F. LIST OF PHARMACY PROVIDERS

The MPC Provider Directory included with this handbook will list the pharmacy providers you can use to fill your prescriptions.

Approved Drugs

MPC has a wide selection of approved drugs for your provider to choose from. This list identifies drugs available to you through a prescription from your provider. This list also includes generic prescription drugs and some brand name drugs. Please ask your provider to consider a drug from the generic prescription drug list if it meets your medical needs. You can contact MPC to get a copy of the most current listing at 1-800-953-8854 or on the web at www.MarylandPhysiciansCare.com.

Prior Authorization

Some health care services and medications may require Prior Authorization (PA). This is when your provider is requesting a service or drug that requires MPC to approve before the services can be done. Your provider is

responsible for getting the PA and can not bill you when they fail to do so.

Quantity Limits (QL)

Certain prescription drugs may be prescribed only in limited quantities or amounts. In order to receive an override for the indicated or prescribed quantity limit, your provider must complete a Prior Authorization form.



PRIOR AUTHORIZATION AND QUANTITY LIMITS FOR DRUGS

If a drug is not on this list and is medically necessary, your provider must get prior authorization from MPC before a pharmacy can fill your prescription. Your provider can complete the Prior Authorization Form and fax it to MPC Pharmacy PA at 1-866-207-7231. If a drug that is not on this list is needed in an emergency, a limited supply will be given. Your provider or pharmacist can call MPC 24 hours a day at 1-800-953-8854.

STEP THERAPY (ST)

The step therapy program requires that preferred drugs be given before MPC will approve non-preferred drugs. The program has two stages, first-line therapy and second-line therapy.

- First-line therapy includes generic drugs and some preferred brand drugs on the MPC Preferred Drug List.
- Second-line therapy includes certain preferred brand drugs on the MPC Preferred Drug List and non-preferred brand drugs.

Drugs having Step Therapy are identified on the Preferred Drug List with an “ST” after the drug name.

Your provider can request that new or existing medication is added to the Preferred Drug List by completing the Drug Formulary Change Request Form and sending it to MPC. The request is presented to the MPC P&T Committee. The committee meets quarterly or every three months. Your provider will be notified in writing of the decision taken at the P&T Committee.

BILLS FOR COVERED MEDICAL SERVICES

Under the HealthChoice program, you are entitled to get all covered medical services without cost to you. The covered services will be paid by MPC or by your other health insurance carrier if you have other primary insurance. Providers should not send you a bill for a covered medical service or for the difference between what your health insurance paid and what they charge (Balance Billing). Covered services are listed in Section II of this member handbook. If you get a bill for a covered medical service while you were a member of MPC, please contact MPC’s Member Services Department 1-800-953-8854 before paying anything.



IV. SPECIAL SERVICES

A. INTERPRETER FOR THOSE WHO ARE NOT ENGLISH PROFICIENT

Maryland Physicians Care (MPC) wants to make sure that our members can access our services. If English is not your main language, you can still call MPC's Member Services Department 1-800-953-8854. MPC will link your call with the AT&T translation service for any language need. You can even call for this help when you are visiting your provider.

B. INTERPRETER FOR THOSE WHO ARE HEARING IMPAIRED

If you have hearing problems or are deaf or need the help of a TDD line, MPC will use the services of Maryland Relay Service. To contact any MPC department, please contact Maryland Relay at 1-800-735-2258.

They can interpret for you when you call MPC's Member Services Department.

C. TRANSPORTATION SERVICES

WHAT IF I NEED EMERGENCY TRANSPORTATION?

If you need emergency transportation for a real emergency, call 911 or the emergency telephone number in your area.

WHAT IF I DO NOT HAVE ANY TRANSPORTATION?

You are responsible for getting to your provider appointments. MPC can help you arrange transportation if you do not have a car or you can not get a ride from a friend or relative. We will work with the Local Health Department to help you get transportation. Please call MPC's Member Services Department at 1-800-953-8854 at least three days before your scheduled appointment. When you call, you will need to have the name and address of the office where your appointment is and the time of your visit.

D. SERVICES FOR SPECIAL NEEDS POPULATIONS

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

- Children with special 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
- Children in State-Supervised care

We have a process to let you know if you are in a special needs populations. If you have a question about your special needs, contact our Member Service Department at 1-800-953-8854.

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 join MPC. 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 us know and someone will try to get in touch with you by mail, by telephone or by a visit to your home to remind you to call for another appointment. If you still miss appointments, you may be visited by someone from the local health department near where you live.

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

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

ADULTS AND CHILDREN WITH HIV/AIDS

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

Diagnostic Evaluation Service (DES) assessment visits once every year – One annual diagnostic and evaluation service (DES) visit for any enrollee diagnosed with HIV/AIDS, which we are responsible for facilitating on the enrollee's behalf.

Substance Abuse Services – Anyone with HIV/AIDS who needs substance abuse treatment will be referred within 24 hours of request.

ADULTS AND CHILDREN WITH PHYSICAL AND DEVELOPMENTAL DISABILITIES

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

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

Medical Equipment and Assistive Technology – Our providers have the experience and training for both adults and children to provide medical equipment and assistive technology services.

Case Management – Case managers are experienced in working with people with disabilities.

PREGNANT WOMEN AND WOMEN WHO HAVE JUST GIVEN BIRTH

Appointments – The provider must schedule an appointment within 10 days of your request. If you can not get an appointment call us at 1-800-953-8854 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 MPC will contact the pregnant woman and offer to visit her.

Length of Hospital Stay – The length of hospital stay after delivery is 48 hours for an uncomplicated vaginal delivery or 96 hours for an uncomplicated cesarean delivery. If you elect to be discharged earlier, a home visit must be provided within 24 hours after discharge. If you must remain in the hospital after childbirth for medical reasons, you may request that your newborn remain in the hospital while you are hospitalized, additional hospitalization up to four (4) days is covered for your newborn.

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

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

Substance Abuse Services – Any pregnant or post partum (2 months after delivery) woman, who is a substance abuser, will have access to substance abuse treatment within 24 hours of request. If day treatment is needed, your children may go with you during your treatment.

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

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

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

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

ADULTS AND CHILDREN IN NEED OF SUBSTANCE ABUSE TREATMENT

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

Substance Abuse Screening – Screening must be done as part of your initial health screen, first prenatal visit, or when your provider thinks it is necessary. You may self-refer for an assessment. (See page 11)

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 1-800-953-8854 for more information.

No Denial for Past Problems – We will not deny you substance abuse treatment if the only reason is that you have not been successful with drug or alcohol treatment in the past.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

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

Keeping Certain Non-MPC Providers – Children with special healthcare needs may self-refer to providers outside of our network under certain conditions. Self-referral for children with special needs is intended to insure 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 an MCO. Medical services directly related to a special needs child's medical condition, may



be accessed out-of-network only if the following specific conditions are satisfied:

- **New Enrollee:** A child who at the time of initial enrollment was receiving these services as part of a current plan of care may continue to receive these specialty services provided the pre-existing out-of-network provider submits the plan of care to us for review and approval within 30 days of the child's effective date of enrollment in MPC, and we approve the services as medically necessary.
- **Established Enrollee:** A child who is already enrolled in MPC 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. We will grant your request unless we have a local in-network specialty provider with the same professional training and expertise who is reasonably available and provides the same service

State Supervised Care – Foster and Kinship

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

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

INDIVIDUALS WHO ARE HOMELESS

If you are homeless, we will provide a case manager to coordinate your 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 PCP and MPC 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 MPC.



Will I Keep the Same Benefits?

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

Do REM Enrollees Keep their MCO and their PCP?

Entering the REM program means not being in an MCO anymore. This change will happen automatically. You will work with a REM Case Manager who will become very familiar with the care you or your child needs and will help you select the right provider. The REM Case

Manager will work with you or your child to see that you continue with the same PCP and specialists if possible, even though you will no longer be in MPC. If your child under age 21 was getting medical care from a specialty clinic or other setting before going into the REM program, you can choose for your child to keep getting services there after joining the REM program.

How Do I Get More Information About the REM Program?

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



V. GETTING INTO CARE

A. MAKING OR CANCELING AN APPOINTMENT

How Do I Make an Appointment?

After you get your ID card, call your new or existing Primary Care Provider (PCP) for a regular check-up. Even if you went to your PCP recently because you were sick, you still need to go back for a check-up (Initial Health Assessment). It is important to take charge of your health care by making your appointments before you arrive at the provider's office. This will give your provider a chance to spend as much time with you as needed. If you show up without an appointment, your PCP may not be able to see you.

If you need urgent care, your PCP will see you or let you know where to go for care within 48 hours. For routine care, most appointments can be scheduled within three weeks of your call. Your provider and/or nurse will help you get the care you need. Provider offices may open at different times. Some close earlier than others. When you call, always tell the office that you are a member of Maryland Physicians Care (MPC). Tell them the reason you need an appointment.

How Do I Cancel or Change an Appointment?

When your PCP gives you an appointment, the time is important to your provider. Your provider sees lots of patients and he/she has to make time for all of them. If you need to cancel or change your visit with your PCP, let the provider's office know at least 24 hours in advance. This will give the PCP more time to see other patients.



B. REFERRAL TO A SPECIALIST OR SPECIALTY CARE

What If I Need to See a Specialist?

Your PCP is in charge of setting up or giving you most of your covered health care needs. Your PCP will refer you to other doctors when specialty care is needed. You can make those specialty appointments at a time that is best for you. Make sure you get a referral for the visit from your PCP if you need one. If you need to cancel a specialist appointment, please remember to call at least 24 hours in advance.

C. AFTER HOURS, URGENT CARE, AND EMERGENCY CARE

What Care is Available After Hours?

Contact your PCP if you have a question or need to arrange care. After the provider's office is closed or on a weekend, call the office anyway. An answering service will make sure your provider gets the message. Your PCP will call you back and tell you what to do. If you have a real emergency such as sharp chest pain, stroke, heavy bleeding, poisoning, not breathing, loss of consciousness, or feel like your life is in danger then please CALL 911 or the emergency number for your area.

What if I Need Urgent or Emergency Care?

If you have an emergency, go to the emergency room. You should only use an emergency room for true emergencies.

These may include:

- Sharp chest pains
- Bleeding that will not stop
- Passing out
- Poisoning
- Severe burns
- Extreme shortness of breath

Remember, if you feel like your life is in danger, CALL 911 or the emergency telephone number for your area.

If the health condition is not dangerous to your life, and you still feel like you need urgent medical help, call your



PCP's office to arrange care. Your PCP will decide when you should be seen. You should not use the emergency room instead of your PCP for routine care. Emergency rooms are often very crowded. You may have to wait a long time to be seen. Emergency rooms are not the place to take care of small problems such as the flu. It is better to have your PCP treat these problems.

D. OUT-OF-SERVICE AREA COVERAGE

If you are not in a county that MPC serves, you are out of our service area. When you are out of the service are, you are covered for emergency services only. Call MPC's Member Services Department 1-800-953-8854 to find out if you are out of our service area.

If you are out of our service area and you feel that your life is in danger, go to the closest emergency room. Show them your MPC ID Card.

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

How Do I Keep My Children Healthy?

Children and teenagers are special to MPC. The State of Maryland has a program called "Healthy Kids" that MPC follows. This program is for all members from birth to age 21. Regular well child check-ups, lab tests and vaccines are an important part of this program and are provided through your child's PCP. Together, these services are there to help keep your child healthy and treat serious illnesses early.

Services Available:

- Eye tests and glasses, if needed
- Hearing tests and hearing aids, if needed
- Vaccines (shots) to help protect your child from serious illnesses, such as measles and mumps
- Complete check-ups
- Dental checks
- Lab tests
- A check of the foods your child needs and advice about the right kind of diet for your child
- Physical, occupational and speech therapy
- Checking for behavioral health and substance abuse problems

- Screening for lead poisoning
- Growth measurements

MPC has a network of PCPs who are specially trained to care for members under the age of 21. Contact MPC's Member Services Department 1-800-953-8854 to select the right PCP for your child. If you are pregnant, you should select a PCP for your baby before you go to the hospital to deliver your baby.

Scheduling Appointments

You need to contact your child's PCP to schedule an appointment for these services. If you need help making an appointment or getting transportation, please contact MPC's Member Services Department at 1-800-953-8854.

Remember to take your child's vaccine record (shot record) to each visit. If you do not have a shot record, ask your child's PCP to provide you with one.

Regular Appointments and the Healthy Kids Schedule

It is important that you make and keep appointments according to the Healthy Kids Schedule, even if your child is not sick. Your child's PCP will inform you of the schedule for these appointments. Young people should have regular check-ups at or between the following ages:

0-1 months*	3 years	14 Years*
2-3 months*	4 years	15 years
4-5 months*	5 years	16 years*
6-8 months*	6 years	17 years
9-11 months*	8 years	18 years
12 months*	10 years	19 years
15 months*	11 years	20 years
18 months*	12 years*	
2 years	13 years	

Note: A star (*) indicates when vaccines (shots) may be due. Check with your doctor about your child's vaccine schedule.

Getting regular check-ups are important, even when your child seems healthy. This will help find problems early so that your child can get the care that is needed to prevent serious illness and help keep your child healthy. Your PCP may send your child to other doctors (specialists) when necessary. If you think your child needs a specialist, talk to your PCP.



Vision

Members under 21 years old can get routine vision exams. See the benefit section for details on these services. MPC's Member Services Department can help you make an appointment for these services. Please call 1-800-953-8854 for more information.

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

It is important for women to get regular check-ups, even when they are not sick. This is called a well-women exam. Women who are pregnant or have just delivered need special care and follow-up. If you are pregnant or have given birth within the last two months, call MPC's Member Services Department at 1-800-953-8854 as soon as possible for help with making an appointment for your prenatal or post-partum visit.

What if I'm Pregnant When I Become a Member of MPC?

If you are pregnant when you join, and have already seen a certain provider for your care, you do not need to change providers. You will need to call MPC's Member Services Department at 1-800-953-8854 and let us know.

Prenatal Care

Care during pregnancy (prenatal care) is important. You need to start prenatal care as soon as you know you are pregnant. MPC has specially trained providers who can care for you and your baby to help avoid any complications. Starting prenatal care early and having regular check-ups throughout your pregnancy is very important for your health and the health of your baby.

Your provider will inform you about the schedule of your prenatal visits. It is important that you make and keep these appointments. If you need help with transportation arrangements, call MPC's Member Services Department at 1-800-953-8854

Special Services for Pregnant Women

MPC has a special program for you if you are expecting a baby. It is called "Small Miracles." This program gives you tools to help you have a healthy baby. MPC prenatal staff will call you to talk with you about your pregnancy and make sure you have all the primary care and OB/GYN appointments that you need. If you are having a high-risk pregnancy, MPC may request that your city or county Ombudsman visits your home. MPC also offers a program to help you quit smoking as well as drug treatment programs if you need it. We can also get you free childbirth education classes. We care about you and your baby!



Case Management Services for Pregnant Women

When you become pregnant, MPC staff will work with you to help you get the services you need to keep you and your baby healthy. The prenatal staff will begin by doing a risk assessment. This is a list of questions that will help to identify areas where you may need help. MPC prenatal staff will work with you and your provider to help you get the care you need and to prepare you for taking care of your new baby. If there is anything that makes it difficult for you to get the care you need, you can ask the MPC prenatal staff for help. We can help you quit smoking and get childbirth education classes too!

After the Birth of Your Baby

After your baby is born, it is important that you see your OB/GYN within 6-8 weeks. Your OB/GYN will provide you with a well-woman check-up and advise you of family planning options that are available at no cost.

Your baby needs a PCP just like you. If you did not pick a PCP for your baby before you went into the hospital, call MPC's Member Services Department at 1-800-953-8854 and request to speak to the Newborn Coordinator to pick one as soon as possible. Regular check-ups for babies, young children and adults are important!

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

It is important to MPC that you have every chance to stay healthy. One way to stay healthy is to get help when you or people in your life feel that you have a problem with alcohol and/or drugs.

You can get alcohol and/or drug treatment if you need it through MPC. You must go to a provider or treatment center that is certified. You do not need a referral from a provider. Just tell the facility that you are a MPC member.

If you need help finding a treatment center, call us. We are here 24 hours a day, seven days a week at 1 -800-953-8854 and please follow the Substance Abuse prompt.

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

If you choose to do so, you can go to a provider who is not part of MPC for any of these Family Planning services (for additional information, please see Section II under Self-Referral Services for additional information about Family Planning).

These services include:

- Family Planning office visit
- Pap Smear
- Special contraceptive supplies
- Diaphragm fitting
- IUD insertion and removal
- Norplant contraceptive
- Depo-Provera
- Latex condoms

NOTE: Voluntary sterilization is not a self-referral service; for it, you must get a referral from your PCP. Your PCP will send you to a specialist in the MPC provider network.

I. VISION AND ADULT DENTAL CARE

MPC also offers you a chance to take care of your eyes with our vision benefits.



CHILDREN (20 AND UNDER) INCLUDE:

- One eye exam per year (not including basic eye test by the PCP)
- One set of glasses per year (including frames and lenses)
- One set of contact lenses ONLY if there is a medical reason why glasses will not work.
- A replacement pair of glasses if lost, stolen or if a new prescription is needed.
- Any necessary surgical or advanced care.

MPC wants you to have a healthy smile. The best way to do that is to start with dental check-ups.

Adults (21 years of age and older) are covered for preventive and some restorative dental benefits (see Section II-B, Optional Services)

How do I use the Dental Plan?

MPC uses Doral USA for dental services. You may call Doral to choose a dentist at 1-800-685-1150. When you are ready for a dental exam call your Doral dentist to make an appointment.

You will need to give your Medical Assistance number (this is the number on your MPC ID card) to the dentist when making an appointment. If you have any questions regarding dental benefits, please call Doral at 1-800-685-1150 or MPC’s Member Services Department at 1-800-953-8854.

J. HEALTH EDUCATION PROGRAMS

MPC wants you to know more about your health. If you know about your health, you can do more to stay healthy.

We offer many classes to help you learn more about your health, including childbirth education classes. To find out more about the health education programs available to you, please use one of the following resources:

- Member newsletter
- Special mailings
- Your PCP
- Your Case Manager
- MPC Prevention and Wellness staff
- MPC displays at community events

We have an active Prevention and Wellness Program. We have health information that tells you how to keep healthy and prevent certain illnesses. This program lets you know about wellness services. These include routine wellness exams, vaccines (shots), lead tests, dental exams and other screenings (pap smears, mammograms, etc.). If you have questions about these programs, you can also call MPC’s Member Services Department at 1-800-953-8854.

How Do Adults Stay Healthy?

MPC wants our adults to stay healthy too. Talk to your PCP about tips on how to stay healthy. These include eating right, exercising regularly and getting routine check-ups. Take charge of your health.

The chart below lists services that you may or may not need that can help you prevent certain illnesses. Your provider can help you decide what services you may need. These services can also help find health problems (like cancer or high blood pressure) early, so that your provider can treat them as soon as possible.

TYPE OF SERVICES	HOW OFTEN
Physical exam	Every 2 years
Blood Pressure check	Every 2 years
Cholesterol check	Every 5 years
Breast exam	Every 1-2 years
Mammogram Age: 35-49	Every 2 years
50 and over	Every year
Pap Smear	Every 1-2 years
Check for Colorectal Cancer between ages 50-64	Every 2 years
Testicular exam between ages 18-39	Every 2 years
Flu Vaccine	Ask your provider if you are at risk
Pneumonia Vaccine	Ask your provider if you are at risk
Td (Tetanus diphtheria)	Every 10 years
Health Education	Every visit

Note: These are only guidelines. Your provider may want you to get these services more or less often. Talk to your provider about what is right for you.



VI. MENTAL HEALTH SERVICES

How Do I Get Mental Health Services?

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

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

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

If I Need Mental Health Services From the Public Mental Health System (PMHS), How Quickly Will I Get It?

How quickly you are seen for specialty mental 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 within the same day, usually within 4 hours.

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

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



VII. GRIEVANCES AND APPEALS

A. MCO CONSUMER SERVICES AND HOTLINE INFORMATION

If you have a question or problem, please call Maryland Physicians Care (MPC)'s Member Services Department at 1-800-953-8854. A Member Services Department Representative can help you with information about your health benefits and finding a provider. The Member Services Department Representative can also help you if you have a complaint about your medical care.

B. MPC INTERNAL GRIEVANCE PROCEDURES

If you have a complaint you can contact us at 1-800-953-8854 or TTY/TDD at 1-800-735-2258.

If English is not your main language, you can still call MPC's Member Services Department 1-800-953-8854. A Member Services Representative will link your call with the AT&T translation service.

APPEALS

If your complaint is about a service you or a 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 us to file your appeal or you may also send your appeal in writing. We have a simple form you can use to file your appeal. Just call 1-800-953-8854 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:

MPC MCO
Attn: Grievance and Appeals Unit
509 Progress Drive, Suite 117
Linthicum, MD 21090

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 MPC feels that your appeal should be reviewed quickly due to the seriousness of your condition, you will receive a decision about your appeal within three 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 1-800-953-8854 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 MPC 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 five days.
- Not about a medical problem, it will be solved within 30 days.

If you would like a copy of our official complaint procedure or if you need help filing a complaint, please call the MPC's Member Services Department at 1-800-953-8854.

C. THE STATE'S COMPLAINT PROCESS

Getting Help From the HealthChoice Enrollee Action Line

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

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

- Answer your questions;
- Work with us to discuss what you need; or
- Send your complaint to the Complaint Resolution Unit nurses who may:
 - Ask us to provide information about your case within five days;
 - Work with your provider and us to assist you in getting what you need;

- Help you to get more community services, if needed; or
- Help you to appeal denials and send you the fair hearing process in writing. (See Section VII. D.)

D. THE STATE'S APPEAL PROCESS

Asking the State to Review Our Decision

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

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

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

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

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

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

TYPES OF STATE DECISIONS YOU CAN APPEAL

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

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



CONTINUING SERVICES DURING THE APPEAL

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

FAIR HEARINGS

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

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

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

You can ask for an expedited appeal. If the State thinks your hearing should be held more quickly due to the seriousness of your health condition, a hearing will be held and a decision will be made within three 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. HOW TO MAKE SUGGESTIONS FOR CHANGES IN POLICIES OR PROCEDURES

MPC wants to hear your ideas about adding or changing a policy or procedure that would be helpful to our members. If you have a suggestion, please call MPC's Member Services Department at 1-800-953-8854.

We also have a Consumer Advisory Board (CAB) that meets six times a year to talk about the health plan. If you are interested in joining the Consumer Advisory Board call MPC's Member Services Department at 1-800-953-8854 and let the Member Services department representative know you would like to join the board. If you are picked for the Consumer Advisory Board, MPC will provide transportation to and from the meetings.



VIII. CHANGING YOUR MCO

WHEN CAN I CHANGE MY MCO?

(1) During the first 90 days of enrollment

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

(2) Once a year, on the anniversary of your enrollment

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

(3) When there is an approved reason to change MCOs

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

- If you move to another county where we do not offer care
- If you become homeless and find that there is another MCO closer to where you live or have shelter 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:

- a) For reasons other than quality of care;
- b) The provider and the MCO cannot agree on a contract for certain financial reasons; or
- c) Your MCO has been purchased by another MCO.

REASONS THE STATE WILL DISENROLL YOU FROM AN MCO

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

- Are placed in a long term care facility for more than 30 days straight;
- Are admitted into an intermediate facility for mentally retarded persons;
- Are approved for the Rare and Expensive Case Management Program;
- Are no longer qualified for State benefits;
- Are no longer qualified to be in an MCO because you are now in another State program 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
- If you are moving, to what county and city will you be moving



IX. ADVANCE DIRECTIVES

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.

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

Call Caring Connections (NHPCO)
1-800-658-8898
www.caringinfo.org

Call Aging with Dignity
1-800-594-7437
www.agingwithdignity.org

Maryland Department of Health and Mental Hygiene

PLANNING YOUR HEALTH CARE IN ADVANCE (ADVANCE DIRECTIVES & LIVING WILLS)

What Are My Rights?

- In most cases you have the right to decide if you want medical treatment or not.
- If an accident or illness takes away your ability to make your health care decisions, Maryland State law gives you the right to make these decisions before someone else does.

How Do I Plan for This?

- You may choose in advance who will make health care decisions for you if you cannot do it yourself.
- You may also decide in advance what type of treatment you would like, especially those that may be needed to keep you alive. This is called a living will or an advance directive.
- Maryland Physicians Care (MPC) cannot help to prepare a living will or an advance directive because this is personal and should only come from you.

For more information on a living will or an advance directive you can also contact:

Library and Information Services Division
Department of Legislative Reference
90 State Circle
Annapolis, MD 21401
Baltimore area: 410-946-5400
Washington area: 301-970-5000 or 410-946-5000
Other areas in MD: 1-800-492-7122

To obtain a copy of the Maryland Law on Health Care Decisions Guide you can visit
www.MarylandPhysiciansCare.com or call
MPC's Member Services Department at
1-800-953-8854.

If you have made a "Living Will" or an "Advance Directive," you need to be sure that your provider is aware of this and understands your requests.



X. Helpful Tips to Getting the Most Out of Your Health Care Benefits

Maryland Physicians Care (MPC) will contact you to introduce you to our health plan. During the call you will be asked to participate in a Health Assessment, which helps us to determine if you need assistance with using your new health care services.

TIPS

- Take your MPC identification card with you to each appointment.
- Take your Maryland State photo identification card with you to new patient appointments, as your new provider may require proof of identification.
- Use the emergency room for true emergencies only.
- Call MPC for any problems you have getting medical or dental care.
- Ask your provider if the medication being prescribed is on the MPC Approved Drug (Formulary) list. If not, your provider must call for Prior Authorization before you can fill your prescription.
- If you are pregnant call MPC's Member Services Department at 1-800-953-8854 to join our "Small Miracles" program.
- Select your baby's Primary Care Provider (PCP) before you deliver. The Newborn Coordinator will make a note in your records to ensure your newborn is assigned to the PCP of your choice.
- Adults (21 and older) should see their provider once every two years for regular appointments.

MPC will also contact you by phone and special mailings to remind you of health care services.

- Children (under 21) should see their primary care provider for well-child check-ups and immunizations (shots) every year as well as lead screening at age 1 and 2. This does not include sick visits.
- Women 21-64 should get a pap exam and sexually transmitted disease screening every year.
- Women ages 40-69 should get a mammogram screening every 2 years.
- Members with diabetes should get routine diabetic care:
 - Diabetic eye exam – every year
 - Lab work – as instructed by your PCP
 - Urine screening – as instructed by your PCP
 - Blood pressure reading – with each visit
- Members ages 2-65 should see their dentist for a check-up every year.

Please be sure to inform MPC of any address or phone number changes. You can contact us on the phone at 1-800-953-8854 or visit our website at www.MarylandPhysiciansCare.com.





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