

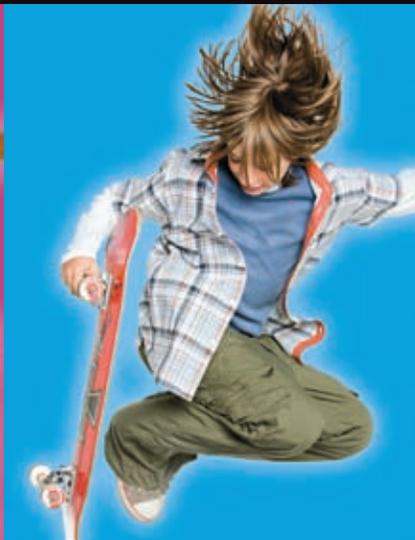


K.1 – Member Educational Materials



**AND DELAWARE HEALTHY
CHILDREN PROGRAM**

GET READY. GET SET. GO!



F O R B E T T E R H E A L T H

2010 MEMBER HANDBOOK



*Delaware Health and
Social Services*

HELPFUL INFORMATION

Delaware Physicians Care (DPCI) Office Hours
Monday-Friday 8 a.m. to 5 p.m.

Member Services Center
1-866-543-2167

Delaware Relay Services for
Hearing-Impaired Members
1-800-232-5460

Emergency (24 hours)
911

State of Delaware, Division of Social Services
Customer Relations
1-800-372-2022 or 302-571-4900

Health Benefits Manager – Enrollment
1-800-996-9969

Pharmacy Benefits Manager
1-800-996-9969, select option 2

Block Vision
1-800-879-6901

Non-emergency Transportation – LogistiCare®
1-866-412-3778

LogistiCare® Helpline – Where’s My Ride?
1-866-896-7211

PERSONAL INFORMATION

My Enrollee ID Number

My PCP (Primary Care Provider)

My PCP’s Phone Number



252 CHAPMAN ROAD, SUITE 250
NEWARK, DELAWARE 19702
WWW.DELAWAREPHYSICIANS CARE.COM

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INFORMACIÓN ÚTIL

Horario de Atención de
Delaware Physicians Care (DPCI)
De lunes a viernes de 8 a.m. a 5 p.m.

Centro de Servicios al Cliente
1-866-543-2167

Servicios Relay de Delaware para
Miembros con Dificultades de Audición
1-800-232-5460

Emergencias (las 24 horas)
911

Estado de Delaware, División de Servicios Sociales,
Relaciones con los Clientes
1-800-372-2022 or 302-571-4900

Gerente de Beneficios de Salud – Inscripción
1-800-996-9969

Gerente de Beneficios de Farmacia
1-800-996-9969, elija la opción 2

Block Vision
1-800-879-6001

Transporte que no es de Emergencia – LogistiCare®
1-866-412-3778

Línea de Ayuda de LogistiCare® – Where’s My Ride?
1-866-896-7211

INFORMACIÓN PERSONAL

Mi Número de Identificación (ID)

Mi PCP (Proveedor de Cuidado Primario)

Número de Teléfono de mi PCP



252 CHAPMAN ROAD, SUITE 250
NEWARK, DELAWARE 19702
WWW.DELAWAREPHYSICIANS CARE.COM

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**AND DELAWARE HEALTHY
CHILDREN PROGRAM**

EN SUS MARCAS. LISTOS. ¡YA!



LOGRE TENER UNA MEJOR SALUD

2010 MANUAL PARA LOS MIEMBROS



*Delaware Health and
Social Services*



Member ID# 123456789-12
Member Name Smith, Joan

Date of Birth 01/20/1980
Sex F

PCP Jones, Robert
PCP Phone 123-456-7890

Effective Date 06/01/2011

THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.
www.aetnabetterhealth.com

Member Services 1-8XX-XXX-XXXX (24 hours / 7 days a week)

Hearing impaired: LA Relay 7-1-1

To file a grievance contact Member Services.

Urgent Care: Call your primary care physician (PCP)

Emergency Care: Call **911** or go to the nearest emergency room when your medical situation is very serious – when it may be life or death. Call your PCP as soon as you can.

To Verify Member Eligibility: www.aetnabetterhealth.com or 1-8XX-XXX-XXXX.

Provider Services and Prior Authorization: prior authorization is required for all inpatient admissions and selected outpatient services. To notify of an admission, call 1-8XX-XXX-XXXX.

Reporting Medicaid Fraud: 1-800-488-2917

Send Medical Claims To:

Aetna Better Health
PO Box XXXXX
Phoenix, AZ 85082-XXXX

Physical Address:

Aetna Better Health
Street Address
City, State Zip

Electronic Claims: Payer ID# XXXX

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Welcome to Delaware Physicians Care, An Aetna Medicaid Plan

OUR COMMITMENT

Thank you for choosing Delaware Physicians Care, an Aetna Medicaid Plan (DPCI). Our goals are to provide you and your family with:

- The quality care you need
- The respect you deserve, and
- Give you excellent service

This handbook is a guide to help you understand your DPCI health plan. This handbook is for both Medicaid and Delaware Healthy Children Program (DHCP) members enrolled with DPCI. There is special information that has to do with DHCP members on pages 1,3,8,15,19,24 and 25 of this handbook.

OPEN ENROLLMENT

Every year, you have a chance to change your health plan. This is called Open Enrollment. Open Enrollment is usually held in May. The Health Benefits Manager (HBM) will send you information about each health plan. You should look over the information and decide whether or not you want to change health plans. If you are thinking about changing your health plan, you should contact Member Services toll-free at 1-866-543-2167. We are happy to answer your DPCI questions.

DISENROLLMENT

You may be disenrolled from DPCI if you:

- Are no longer eligible for State benefits.
- Move out of the State of Delaware.
- Enrolled in error.
- Are placed in a long term care facility, an intermediate care facility, or State institution for mentally retarded persons for more than 30 days.
- Become covered under Medicaid home and community-based waivers.
- Are eligible for both Medicaid and Medicare.
- Are sent to jail.
- Use abusive or threatening behavior toward DPCI employees and/or providers, or non-compliant behavior.
- Fail to make two consecutive monthly premium payments for Delaware Healthy Children Program (DHCP) members.

CHANGE OF ADDRESS

It is very important for us to have your correct address. If we do not have your right address, you may not get important notices. If you are moving, call your Division of Social Services (DSS) case worker. Give your DSS case worker your new address before you move. You can always call DPCI Member Services toll-free at 1-866-543-2167. They will help you.

WHEN YOU JOIN DPCI

You will receive a Welcome Packet (in English and Spanish). This packet has:

- A welcome letter
- A welcome newsletter
- A member handbook in English & Spanish
- Member ID cards for each eligible member in your family (blue and white card)
- Ask Me 3™ brochure
- A HIPAA privacy notice

MEMBER CONFIDENTIALITY AND PRIVACY

You will get a copy of DPCI's **Notice of Privacy Practice** in your Welcome Packet. The notice will tell you how DPCI may use your information for health plan activities. It also tells how you can look at your records, get a copy of them or change them. Your health care information will be kept private and confidential. It will be given out only if the law allows or if you tell DPCI to give it out.

YOUR MEMBER HANDBOOK

This member handbook explains how to get health care services and your rights and responsibilities as a member. In this handbook you will find:

- How to get health care services
- The role of your Primary Care Physician (PCP)
- How to get help with appointments
- What to do in an emergency or urgent situation
- Services that are covered and not covered
- Grievances & Appeals process
- Case Management programs
- And more...

We encourage you to take the time to read this



handbook and learn about all the services that are available to you and your family.

If you would like a copy of this handbook in one of these ways, please call the Member Services department.

- In all other languages upon request
- In large print
- On cassette tape, cd or dvd
- In Braille

Member Rights & Responsibilities

MEMBERS HAVE CERTAIN RIGHTS AND RESPONSIBILITIES. THEY ARE LISTED BELOW.

YOU HAVE THE RIGHT TO:

- Be treated with respect and dignity.
- Get covered benefits or services regardless of gender, race, ethnicity, age, religion, national origin, sexual orientation, physical or mental disability, type of illness or condition, ability to pay or ability to speak English.
- Pick a doctor who works with DPCI's provider network.
- Not have your medical records shown to others without your approval, unless allowed by law.
- Privacy when you are at an office visit, getting treatment or talking to the health plan.
- Get information about DPCI, the services we cover, the doctors who provide care, and the Member's Rights and Responsibilities.
- Have your doctor tell how he or she plans to treat you. The doctor should tell you if other treatments can be used and the risks for each one no matter how much they cost or if DPCI will pay for it.
- Know the cost to you if you choose to get a service that DPCI does not cover.
- Be involved in deciding on the kind of care you want or do not want.
- Get a second opinion from an appropriately qualified participating health care professional at no cost to you. If a DPCI provider is not available, DPCI will help you get a second opinion from a non-participating provider at no cost to you.
- Find out what is in your medical records, as allowed by law, and request a copy of your records.
- Ask that changes be made to your medical records.
- Ask for a list of people who have been given a copy of your medical records.
- Be free from any form of restraint and/or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Get interpretation services if you do not speak English or have a hearing impairment to help you get the medical services you need.
- Ask for materials to be presented in a manner or language that you understand at no cost to you.
- Voice your complaints and grievances about DPCI and the care you get from your doctor.
- Use the methods listed in this handbook to share questions and concerns about your health care or DPCI.
- Tell us ways to improve DPCI's policies and procedures, including the Member Rights and Responsibilities.
- Develop Advance Directives or a Living Will, which tell how to have medical decisions made for you if you are not able to make them for yourself.
- Know how DPCI pays providers, controls costs and uses services.
- Get emergency health care services without the approval of your Primary Care Physician (PCP) or DPCI when you have a true medical emergency.
- Say no to treatment, services, or PCPs, and be told what may happen if you do not have the treatment. You can continue to get Medicaid and medical care even if you say no to treatment.

- Refuse care from a doctor you were referred to and ask for a referral to a different doctor.
- Be told in writing by DPCI when any of your health care services requested by your PCP are reduced, suspended, terminated or denied. You must follow the instructions in your notification letter.

Tell them about changes in your family that might affect eligibility or enrollment. Some examples are change in family size, employment, and moving out of the state of Delaware.

- Tell DPCI if you have other health insurance, including Medicare.
- Give your doctor a copy of your Living Will and/or Advance Directive.

YOU HAVE A RESPONSIBILITY TO:

- Read this handbook. It tells you about our services and how to file a complaint or grievance.
- Follow DPCI rules.
- Know the name of your assigned PCP.
- Show your ID card to each doctor before getting health services.
- Protect your member ID card. Do not lose or share it with others.
- Use the emergency room (ER) for true emergencies only.
- Make and keep appointments with your doctors. If you need to cancel an appointment, it must be done at least 24 hours before your scheduled visit.
- Treat the doctors, staff and people providing services to you with respect.
- Give all information about your health to DPCI and your doctor. This includes immunization records for members under age 21.
- Tell your doctor if you do not understand what they tell you about your health so that you and your doctor can make plans together about your care.
- Follow what you and your doctor agree to do. Make follow-up appointments. Take medicines and follow your doctor's care instructions.
- Schedule wellness check-ups. (Members under 21 years of age need to follow the Early Periodic Screening Diagnosis and Treatment (EPSDT) schedule.)
- Get care as soon as you know you are pregnant. Keep all prenatal appointments.
- Tell DPCI and the Department of Social Services (DSS) when your address changes.

MEMBER SERVICES DEPARTMENT

DPCI has a team of helpful staff available to assist you with questions about your eligibility, benefits, and how to get care. Please call Member Services toll-free at 1-866-543-2167 with any questions you may have.

Clinical staff members are available to answer questions about your health care needs during normal business hours (8:00 AM to 5:00 PM Monday through Friday). Please call and ask to talk with a clinical staff member. If you call after hours, you may leave a message. A clinical staff member will return your call the next business day during normal business hours. DPCI staff will always tell you their name, title and that they are calling from DPCI.

DPCI WEBSITE INFORMATION

(www.DelawarePhysiciansCare.com)

DPCI is dedicated to protecting your privacy and we will use our best efforts to make sure that your information is protected. DPCI has a secure website where you can create your very own personal profile and log in.

This website gives you easy access to:

- Finding a PCP or specialist in your area
- Finding out about health education programs
- How to e-mail DPCI with questions or problems
- General health information
- Benefit information
- Member newsletters

When you log in for the first time, you will need to enter your member ID number listed on your card. You will be asked to pick a user name and a password.



Once you have logged in to DPCI, you will be able to view:

- Your member eligibility
- Your prior authorizations
- And much more...

If you have any questions about our website, please call our Member Services Department.

INTERPRETIVE SERVICES

If you need a translator, please call DPCI's Member Services Department. DPCI will connect you with a service that can translate any language. You can also use this service when you are at the doctor's office. This service is available at no cost to you.

If you have trouble hearing or are deaf, you can use a TDD line to talk to any DPCI department. Please call the Delaware Relay Services line for help toll-free at 1-800-232-5460.

MEMBER ADVOCATE SERVICES

DPCI has Member Advocates who speak English and Spanish and who work closely with members and providers in the community.

A Member Advocate:

- Helps members who are having trouble with their health care needs.
- Helps members find a provider they are comfortable with.
- Helps members file a grievance and/or an appeal.
- Works with schools and community agencies that give services to members.
- Takes part in community groups to learn about the special health care needs for members.
- Provides meetings for members in the community to help answer questions about benefits.
- Helps DPCI staff and providers understand the values and practices of all cultures that DPCI serves.

If you would like to talk to a Member Advocate, or attend one of our benefit education meetings, please call the Member Services Department.

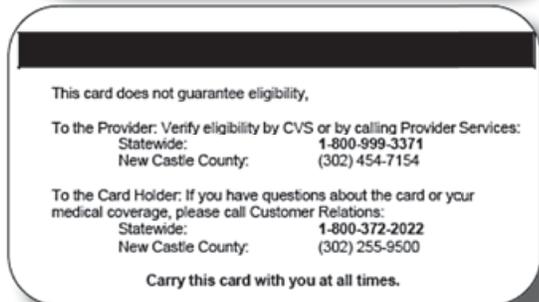
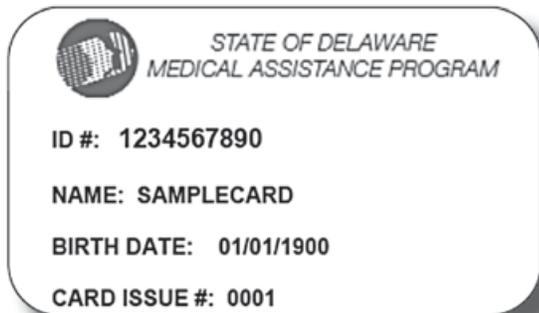


MEMBER IDENTIFICATION CARDS

You must show **both** cards – Medicaid ID card and DPCI ID card - whenever you receive medical care.

1. Division of Social Services – Medicaid ID card

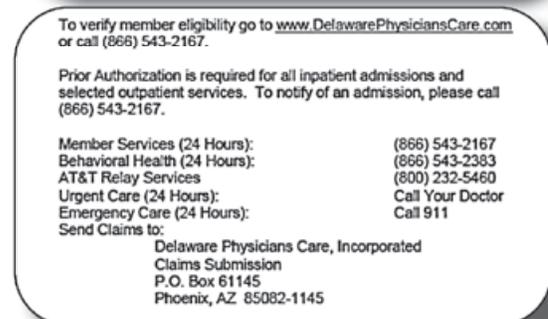
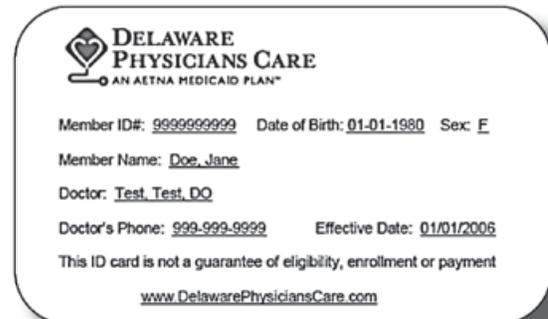
Through the Division of Social Services (DSS) you can apply for the State of Delaware Medical Assistance Program. DSS will send you a Medicaid member identification (ID) card when you become eligible. You can call DSS for more information or if you need to get a new card.



ONCE YOU RECEIVE YOUR MEDICAID ID CARD:

- You and each eligible member in your family will get a Medicaid ID card.
- Keep your Medicaid ID card with you at all times.
- You will need to show your Medicaid ID card:
- Each time you get your prescriptions at a pharmacy or
 - Schedule a ride to a medical appointment through LogistiCare.
 - When you get dental care for your child.
- Your Medicaid ID card is for your own personal use. You are responsible for keeping it safe.
- Misuse of your Medicaid ID card or your Medical Assistance number, like giving, loaning or selling the card or the information written on it, could result in legal action.

2. Delaware Physicians Care (DPCI) – Member ID Card. When you join DPCI, you and each eligible member in your family will get a DPCI member ID card.



- The DPCI ID card will have your PCP's name and telephone number on it. (Make sure the correct PCP is listed on the card. If the PCP is not correct, please call the Member Services Department.)
- This is the ID card you will use to get most of your health care services.
- If you do not get your DPCI ID card or if you lose your card, please call Member Services to ask for a new one.
- Keep your DPCI ID card with you at all times.
- You will need to show all your insurance cards each time you receive health care services (your DPCI ID card, your Medicaid ID card and any other insurance ID card you have).
- Your DPCI ID card is for your own personal use. You are responsible for keeping it safe.
- Misuse of your DPCI ID card or your Medical Assistance number, like giving, loaning or selling the card or the information written on it, could result in legal action.

IMPORTANT - ID CARDS FOR NEWBORNS

- When your baby is born, please call your Division of Social Services (DSS) caseworker to enroll your baby with Medicaid. Call within 30 days of your baby's birth.
- Your baby will receive an ID card with his or her own personal Medicaid ID number. Your baby will also receive a DPCI member ID card. The name and telephone number of the doctor you picked will be on the card.
- If you have not picked a PCP for your baby, you must call DPCI's Member Services toll-free at 1-866-543-2167 to pick a doctor.

DELAWARE HEALTHY CHILDREN PROGRAM

Delaware Healthy Children Program members need to pay a monthly premium fee before they get services. If you have questions about your coverage please call the Health Benefits Manager toll-free at 1-800-996-9969.

THIRD PARTY COVERAGE – OTHER INSURANCE

You may have DPCI and other medical insurance. This other medical insurance is also known as “third party coverage”. It is usually through insurance companies, but may also be the result of an accident. There are two types of third party coverage:

1. Coordination of Benefits (COB)
2. Third Party Liability (TPL)

It is important that you tell DPCI when you have one of these situations.

Here are some important things to know about third party coverage and DPCI coverage:

- Always show your primary insurance card.
- Show your DPCI and Medicaid ID cards before you receive medical care services.
- DPCI is the “payor of last resort”. In most cases, a third party coverage insurance company will pay your PCP or other health care provider before DPCI pays.
- If you have other insurance, you must follow the process of the other insurer first. DPCI will handle all requests once all the other insurance processes are followed.
- Make sure your provider is in the DPCI network (known as in-network). In most cases, DPCI does not pay for services when you use a provider who is out of network with DPCI.
- You may be responsible for the cost of a service if:
 - The provider is not in the DPCI network.
 - You chose to have a non-covered service after the provider told you the service was not covered.
- Sometimes you must get an approval for health care services. This approval is called “prior authorization”. DPCI requires this approval even when members have COB or TPL. Your health care provider should tell you if you need approval for a service. Or, you can call DPCI Member Services toll-free at 1-866-543-2167 for help.
- A referral to a DPCI specialist is not required. As long as they are part of our network, you

do not need a referral. If you think you need to see a specialist, talk to your PCP about it. Let your PCP know if you visit a specialist, so they can help you with your care. If a provider you want to see is not in the DPCI network, your PCP must request prior authorization from DPCI in order for you to see the out-of-network provider. Only your PCP can make this request.



COORDINATION OF BENEFITS (COB)

Coordination of Benefits (COB) happens when a member has insurance coverage through employment or a family member's employment. DPCI and the insurance companies work together to cover your expenses. Since DPCI is always the "payor of last resort", all bills should be sent to the other (primary) insurance company first. DPCI will process your bills after the primary insurance makes their payment.

Some examples of COB may include:

- You are employed and have insurance through your employer.
- Your spouse is employed and has insurance that covers you as a dependent.

It is very important to keep your information with DPCI current. Please call DPCI Member Services toll-free at 1-866-543-2167 to keep your COB information up to date.

THIRD PARTY LIABILITY (TPL)

When another party may be responsible for your expenses, it's called third party liability (TPL). Some examples of TPL are:

- An automobile accident
- You are hurt at work
- Court ordered judgments or settlements

It is important to call the Division of Medicaid & Medical Assistance (DMMA) if you have any of the above TPL examples. If you have questions about TPL, call the **Third Party Liability Unit** toll-free at 1-800-372-2022.

It is very important to keep your information with DPCI current. Please call DPCI Member Services toll-free at 1-866-543-2167 whenever your medical bills may be covered by TPL.

You also need to know there are conditions of your eligibility with Division of Medicaid & Medical Assistance (DMMA).

Each legally able DMMA applicant (when you apply for DMMA you become an applicant) and recipient (when you receive services through DMMA you become a recipient) **must**:

- Allow DMMA, or its representative, to act as your agent in recovering money that is spent by the medical assistance programs when other money from insurance becomes available to pay for your medical bills.
- Remember that you may have to repay DMMA for any medical assistance that you get but are not entitled to. Your obligations to repay DMMA for any assistance applies both during your period of eligibility and after you no longer receive medical assistance.



- Remember that as required by law and as conditions of eligibility:
 - You give all rights to medical support and to payment for medical care from any third party to DMMA.
 - You understand that you must cooperate with the Division of Child Support Enforcement in establishing paternity and obtaining medical support for any child receiving medical assistance.
 - You may claim to have a good reason for:
 - refusing to cooperate in establishing paternity, or
 - identifying and providing information about responsible third parties.

CONSENT FOR THE TREATMENT OF MINORS

Doctors need permission from a parent or legal guardian for children under 18 years old (minors) to give health care. The law lets doctors provide some kinds of care to patients under 18 years old, without telling the parent or guardian. The doctor decides

when to get permission before treating a minor. DPCI doctors must follow all laws on the treatment of minors.

FRAUD, WASTE AND ABUSE

Members have a duty to report any possible fraud, waste or abuse.

Examples of member fraud could be:

- Lending a Medicaid ID card to another person
- Changing a Medicaid ID card
- Changing a prescription

Examples of provider fraud could be:

- Billing for services that were not provided
- Ordering services that are not medically necessary
- Telling members to get services that are not medically necessary

If you suspect fraud, you can report it without giving your name to DPCI toll-free at 1-866-781-6403. You can also report provider fraud to: Delaware Crime Stoppers toll-free at 1-800-TIP-3333 or The Attorney General's Medicaid Fraud Control Unit at 302-577-5000.



How to get services Primary Care Physicians (PCP)

ALL MEMBERS NEED A PRIMARY CARE PHYSICIAN (PCP)

What is a primary care physician (PCP)?

- This is your primary doctor that you picked when you enrolled in DPCI.
- PCPs include family physicians, general practitioners, internists or pediatricians.
- A PCP will help you get all the covered services you need.
- It is important that you talk to your PCP about any health problems you may have.
- It is important to have a good relationship with your PCP. Your doctor will get to know you and your medical history.
- Always listen to your PCP about your health care and check with your PCP before you get medical services from other doctors.

You will need to show your DPCI ID and your Medicaid ID cards each time you go to a doctor.

HOW DO I PICK MY PCP?

When you join DPCI, you will need to pick a PCP for you and your eligible family members.

- You must pick a PCP in the DPCI provider network. The Provider Directory has a list of PCPs to pick from in your area.
- Each eligible family member does not have to have the same PCP.
- If you do not pick a PCP, DPCI will pick one for you.

HOW DO I CHANGE MY PCP?

Your PCP is an important part of your health care team. DPCI wants you and your doctor to work together. If you want to change your PCP:

- You must call DPCI's Member Services Department toll-free at 1-866-543-2167 to change to another doctor in the DPCI provider network.
- In most cases, the PCP change will happen on the first day of the month following your request.

- You will get a new DPCI ID card with the name of your new PCP.
- **You may change your PCP up to three times a year without reason.**
- Please call Member Services to speak with a representative if you would like to change your PCP.

NOTICE OF PROVIDER CHANGES OR SERVICE LOCATIONS

Sometimes DPCI will have to change your PCP without talking to you first. If this happens, you will be allowed to pick another PCP by calling DPCI's Member Services Department toll-free at 1-866-543-2167. An example might be if your doctor decides he/she does not want to be a part of the DPCI provider network or they move to another location. DPCI will tell you about any changes and will help you pick a new doctor.

HOW DO I SET UP A DOCTOR VISIT?

It is important to take charge of your health care. When you get your DPCI ID card, call your new PCP for a regular check-up. This is called an *Initial Health Assessment*. If you went to your doctor recently because you were sick, you still need to set up a visit with your PCP for a check up. You should always call and set up a time before you go to see your PCP. This will let your PCP spend as much time with you as you need. Your PCP may not be able to see you if you do not call first.

To see your PCP, call the office to make an appointment. Routine care visits can be scheduled within three weeks of your call. Your PCP and/or nurse will help you get the care you need. Doctors' offices may be open at different times. Always tell the doctor's office that you are a member of DPCI and the reason you need to see the doctor.

Be sure to take your ID cards and a list of any medications you are taking. If you are going to your child's PCP, take both the ID cards and your child's record of shots. Sometimes, you or your children will need to see the PCP sooner. For example, your child might have an earache. Call the PCP's office right away and tell him or her about the child's symptoms.

www.DelawarePhysiciansCare.com

DPCI Member Services Center 1-866-543-2167



Ask to bring your child in that day. Most offices keep some time open just for these problems. If you need urgent care, your PCP will either see you or tell you where you can go to get care within 24-48 hours.

For emergency care please see page 26.

ASK ME 3™

Everyone needs help understanding his or her medical information.

Every time you talk to your doctor or pharmacist use the Ask Me 3™ questions listed below to better understand your health.

Asking these questions will help you stay well or get better. Write down the answers to your questions.

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Please call our Member Services Department toll-free at 1-866-543-2167 if you would like to receive an Ask Me 3™ brochure or if you have questions about the program.

HOW DO I CANCEL OR CHANGE A DOCTOR VISIT?

When you schedule a visit with a doctor, that time is important. Doctors see lots of patients and must make time for all of them. If you need to cancel or change your visit with your doctor, let the doctor's office know at least 24 hours ahead of time. This will give the doctor more time to see other patients. A good relationship with your doctor is important. Being on time and letting your doctor's office know if you must cancel helps build a good relationship.



Specialty Care Referrals

WHAT IS SPECIALTY CARE?

Specialty care comes from doctors (specialists) who are trained to treat certain specific problems such as your heart.

Some kinds of special health care needs will mean that you need to visit a specialist instead of your PCP. An example of a specialist could be an ear, nose and throat doctor, a surgeon, allergist or pulmonary (lung) doctor. If you have questions, call DPCI's Member Services Department.

When your PCP sends you to see a specialist, it is called a referral. Your PCP will suggest a specialist. Your PCP's office may set up the visit for you or ask you to set up a time that is best for you. If you think you need to see a specialist, talk to your PCP about it.

A referral to a DPCI specialist is not required. As long as they are part of our network, you do not need a referral.

Let your PCP know if you visit a specialist, so they can help you with your care. If you need help finding a specialist, your PCP or DPCI can help you.

If a provider you want to see is not in the DPCI network, your PCP must request prior authorization from DPCI in order for you to see the out-of-network provider. Only your PCP can make this request. It is not something you can do yourself.

Specialist services that do not require your doctor's approval are called self-referral services. Some examples of self-referral services are family planning services and behavioral health services.

PRIOR AUTHORIZATION

Some services need to be approved as "medically necessary" by DPCI before your health care provider can arrange for you to get these services. This process is called "prior authorization."

DPCI's doctors and nurses monitor the services that are provided to all members and make decisions about medically necessary care and services. These decisions are based on nationally recognized clinical

guidelines, medical information received and your individual medical needs.

You can call Member Services toll-free at 1-866-543-2167 if you have questions about this process.

PRIOR AUTHORIZATION PROCESS

1. Your health care provider must contact DPCI with information that can support the medical necessity for the service.
2. DPCI nurses will review the services requested to determine if it can be approved based on DPCI's clinical guidelines. If the nurse cannot approve it, a DPCI physician will review it and may attempt to contact the requesting provider to discuss the request.
3. If the authorization is approved, your health care provider will be notified of the approval.
4. If the authorization is not approved, a notice of action letter will be sent to you and your health care provider stating the reason for the decision.
5. At any time, you and your provider may ask for a copy of the clinical criteria that was used to make a denial decision.
6. If you do not agree with the decision:
 - you may file an appeal with DPCI or
 - request a state fair hearing

See page 30 for more information.

DPCI does not reward health care providers for denying, limiting or delaying coverage of health care services. We also do not give monetary incentives to our staff making medical necessity decisions to provide less health care coverage or services.

As a DPCI member you are not responsible to pay for medically necessary covered services. You may be responsible for payment when the service provided is not covered by DPCI and your provider has told you that it is not covered before you received the service.



“MEDICAL NECESSITY” - DEFINITION

“Medical necessity” is defined as:

The essential need for medical care or services (all covered State Medicaid Plan services, subject to age and eligibility restrictions and/or Early Periodic Screening Diagnosis and Treatment (EPSDT) requirements for children up to age 21) which, when prescribed by the beneficiary’s primary physician care manager and delivered by or through authorized and qualified providers, **will**:

- Be directly related to the diagnosed medical condition or the effects of the condition of the beneficiary (the physical or mental functional deficits that characterize the beneficiary’s condition), and be provided to the beneficiary only;
 - Be appropriate and effective to the comprehensive profile (e.g. needs, aptitudes, abilities, and environment) of the beneficiary and the beneficiary’s family;
 - Be primarily directed to treat the diagnosed medical condition or the effects of the condition of the beneficiary, in all settings for normal activities of daily living, but will not be solely for the convenience of the beneficiary, the beneficiary’s family, or the beneficiary’s provider;
 - Be timely, considering the nature and current state of the beneficiary’s diagnosed condition and its effects, and will be expected to achieve the intended outcomes in a reasonable time;
 - Be the least costly, appropriate, available health service alternative, and will represent an effective and appropriate use of program funds;
 - Be the most appropriate care or service that can be safely and effectively provided to the beneficiary, and will not duplicate other services provided to the beneficiary;
 - Be sufficient in amount, scope and duration to reasonably achieve its purpose;
 - Be recognized as either the treatment of choice (i.e. prevailing community or statewide standard) or common medical practice by the practitioner’s peer group, or the functional equivalent of other care and services that are commonly provided;
- Be rendered in response to a life threatening condition or pain, or to treat an injury, illness, or other diagnosed condition, or to treat the effects of a diagnosed condition that has and will be reasonably determined to:
 - Diagnose, cure, correct or ameliorate defects; physical and mental illnesses and diagnosed conditions or the effects of such conditions; **or**
 - Prevent the worsening of conditions or effects of conditions that endanger life or cause pain, or result in illness or infirmity, or have caused or threaten to cause a physical or mental dysfunction, impairment, disability, or developmental delay; **or**
 - Effectively reduce the level of direct medical supervision required or reduce the level of medical care or services received in an institutional setting or other Medicaid program; **or**
 - Restore or improve physical or mental functionality, including developmental functioning, lost or delayed as the result of an illness, injury, or other diagnosed condition or the effects of the illness, injury or condition; **or**
 - Provide assistance in gaining access to needed medical, social, educational and other services required to diagnose, treat, or support a diagnosed condition or the effects of the condition, **in order that:**
 - The beneficiary might attain or retain independence, self-care, dignity, self- determination, personal safety, and integration into all natural family, community, and facility.

COVERED BENEFITS

Member Benefit	Covered
Allergy Testing	Covered
Ambulance (Emergency)	Covered
Bed Liners (age 4 and up)	Covered
Behavioral Health/Alcohol and Substance Abuse – Outpatient	Covered <ul style="list-style-type: none"> ▪ 18 and above - 20 visits per contract year ▪ Under Age 18 – 30 visits per contract year
Behavioral Health – Inpatient Hospitalization	Covered <ul style="list-style-type: none"> ▪ 18 and above – 30 days per contract year ▪ Under age 18 – Covered by Department of Services for Children, Youth and their Families, Division of Child Mental Health (use your Medical Assistance ID card)
Blood and Plasma Products	Covered
Bone Mass Measurement (Bone Density)	Covered
Cancer Screenings	Covered
Cancer Testing and Treatment	Covered
Chemotherapy	Covered
Childbirth Education	Covered
Colorectal Screening Exam	Covered
Contact Lenses or Eyeglasses	Covered
CT Scans	Covered
Dental Services 1-800-372-2022 (toll-free) <ul style="list-style-type: none"> ▪ The Delaware Medical Assistance Program covers certain dental care for children up to age 21. (Includes the Delaware Healthy Children Program) 	Covered <ul style="list-style-type: none"> ▪ Removal of bony impacted wisdom teeth covered by DPCI
Members with diabetes: <ul style="list-style-type: none"> ▪ Care ▪ Education ▪ Equipment (insulin pump and supplies) 	Covered
Diabetes Supplies (glucose monitor and strips) 1-800-996-9969 (toll-free)	Covered <ul style="list-style-type: none"> ▪ Covered by the State of Delaware Medicaid Program (use your Medical Assistance ID card)
Dialysis	Covered
Diapers (age 4 and up)	Covered
Drugs (given in your doctors' office)	Covered
Durable Medical Equipment (DME)	Covered
Early Periodic Screening, Diagnosis and Treatment (EPSDT)	Covered
Emergency Room Care	Covered



Member Benefit	Covered
Eye Tests, routine Contact Block Vision 1-800-879-6901 (toll-free)	Covered
Eyeglasses and Contacts	Covered
Family Planning (No referral needed)	Covered
Genetic Testing	Covered
Glaucoma Screening	Covered
Gynecology Visits	Covered
Hearing Aids and Batteries (External)	Covered
Hearing Exams	Covered
HIV/AIDS Testing	Covered
Home Health and Aide Services	Covered
Hospice Care	Covered
Hospital Services (Inpatient and Outpatient)	Covered
Immunizations	Covered
Infusion Therapy	Covered
Laboratory Services	Covered
Mammograms	Covered
Medical Supplies	Covered
MRI and MRA Scans	Covered
Nutritional Counseling	Covered
Obstetrical/Maternity Care	Covered
Orthopedic Shoes and Inserts	Covered
Outpatient Surgery, Same Day Surgery, Ambulatory Surgical Center	Covered
Pain Management Services	Covered
PET Scans	Covered
Pharmacy/ Prescription Drugs 1-800-996-9969 (toll-free)	<ul style="list-style-type: none"> ▪ Covered by Delaware Medical Assistance Program (use your Medical Assistance ID card)
Physicals	Covered
Podiatry Care	Covered
Pregnancy-related Services	Covered
Primary Care Services	Covered
Private Duty Nursing	Covered
Prostate Cancer Screenings	Covered
Prosthetics and Orthotics	Covered
Radiation Therapy	Covered
Rehabilitation (Medical-Inpatient Hospital)	Covered
Skilled Nursing Facility Care	Covered up to 30 days
Sleep Apnea Studies	Covered
Smoking Cessation 1-800-996-9969 (toll-free)	<ul style="list-style-type: none"> ▪ Covered by Delaware Medical Assistance Program (use your Medical Assistance ID card)

Member Benefit	Covered
Specialist Physician Services	Covered
Therapy – Outpatient Occupational/Physical/Speech	Covered
Transportation - (Non Emergency)	Covered
Urgent Care, After-Hours, and Walk-In Centers and Retail Clinics	Covered
Well Woman Services	Covered
X-Rays	Covered



COVERED BENEFITS DESCRIPTIONS

All services must be medically necessary. Some services may require prior authorization. Check with your Primary Care Physician. This list is not all inclusive.

Benefit	What It Is	Who Can Get This Benefit
Allergy Testing	Allergy testing can help you and your doctor find out if your symptoms are caused by an allergy and which things you are allergic to. There are skin and blood test for allergies. Skin tests are used most of the time.	All members when medically necessary.
Ambulance (air and ground) Call 911	Emergency transportation is a covered benefit. Call 911 or the emergency telephone number in your area.	All members when medically necessary.
Bed Liners (for members age 4 and up)	A disposable pad to protect bedding. Limits may apply. Call Member Services.	Members age 4 and up when medically necessary.
Behavioral Health/Alcohol and Substance Abuse (Children) 1-866-543-2383 (toll-free) 24 hrs a day, 7 days a week Child Mental Health Crisis Line 302-633-5128	30 Outpatient visits each year (7/1 through 6/30). No referral is needed; must see a network provider.	Children under Age 18. NOTE: Inpatient, Partial Intensive Outpatient services are covered by the State of Delaware, Department of Services for Children, Youth and their families, Division of Child Mental Health.
Behavioral Health/Alcohol and Substance Abuse (Adults) 1-866-543-2383 (toll-free) 24 hrs a day, 7 days a week	20 Outpatient visits each year (7/1 through 6/30) and 30 Inpatient days each year (7/1 through 6/30). No referral is needed; must see a network provider.	Adults 18 and over. Outpatient visits include: ▪ Partial day programs ▪ Intensive outpatient programs ▪ Traditional outpatient visits
Blood and Plasma Products	Fluids and cells that give nutrients to the cells so that the muscles and organs work.	All members when medically necessary.
Bone Mass Measurement (Bone Density)	An X-ray that measures how thick and strong the bones in the body are.	All members when medically necessary.

Benefit	What It Is	Who Can Get This Benefit
Cancer Screenings	<p>Screening means checking your body for cancer before there are signs or symptoms of the disease.</p> <p>Screening tests may find many kinds of cancer early, when treatment is likely to work best.</p> <p>Find cancer early; see your PCP for which cancer screenings are right for you.</p>	All members when medically necessary.
Cancer Testing and Treatment	<p>Common cancer tests include:</p> <ul style="list-style-type: none"> ▪ CT scan ▪ Complete blood count ▪ Blood chemistries ▪ Biopsy of the tumor ▪ Chest X-ray <p>Types of cancer treatment include:</p> <ul style="list-style-type: none"> ▪ Chemotherapy ▪ Radiation therapy ▪ Surgery 	All members when medically necessary.
Chemotherapy	Taking certain types of drugs to treat cancer.	All members when medically necessary.
Childbirth Education	Learning about the various stages of labor and birth.	All pregnant members.
Colorectal Screening Exam	A simple test to find blood in the stool that cannot be seen.	All members when medically necessary.
Contact Lenses	One pair of contact lenses or eye glasses once every 12 months.	All members.
CT Scans	A painless X-ray procedure used to study all parts of your body, such as the chest, belly, pelvis, or an arm or leg.	All members when medically necessary.
Dental Services 1-800-372-2022 (toll-free)	<p>The Delaware Medical Assistance Program covers certain dental care for children up to age 21. (Includes the Delaware Healthy Children Program)</p> <p>Exception: Removal of bony impacted wisdom teeth covered by DPCI.</p>	The Delaware Medical Assistance Program covers certain dental care for children up to age 21. (Includes the Delaware Healthy Children Program)



Benefit	What It Is	Who Can Get This Benefit
Diabetes Care	<p>Education Special services, such as disease management, help members learn about living with diabetes</p> <p>Routine</p> <ul style="list-style-type: none"> ▪ Podiatry Care <p>Equipment</p> <ul style="list-style-type: none"> ▪ Equipment (insulin pump and pump supplies) <p>Supplies</p> <ul style="list-style-type: none"> ▪ Alcohol swabs <p><i>Exception:</i> Test strips, lancets and glucose monitoring equipment is covered by the Delaware Medical Assistance Program (use your Medical Assistance ID card).</p>	All members when medically necessary.
Dialysis	<p>A treatment that is needed when your own kidneys can no longer take care of your body's needs. Like healthy kidneys, dialysis keeps your body in balance by:</p> <ul style="list-style-type: none"> ▪ Removing waste, salt and extra water to prevent them from building up in the body. ▪ Keeping a safe level of certain chemicals in your blood. ▪ Helping to control blood pressure. 	All members when medically necessary.
Diapers (age 4 and up)	<p>A disposable garment consisting of a folded cloth or other absorbent material drawn up between the legs and fastened about the waist.</p> <p>Limits may apply. Call Member Services.</p>	Members age 4 and up, when medically necessary.
Drugs (Given in your doctor's office)	Drugs that are ordered by your doctor. This does not include any over-the-counter drugs.	All members when medically necessary.

Benefit	What It Is	Who Can Get This Benefit
Durable Medical Equipment (DME)	<p>Certain medical equipment that is ordered by a doctor and is used to aid in a better quality of living. DME can hold up to repeated use.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Walker ▪ Wheelchair ▪ Nebulizer ▪ Diabetes Equipment (insulin pump) 	All members when medically necessary.
Early Periodic Screening, Diagnosis and Treatment (EPSDT)	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.	Children up to the age of 21.
Emergency Room Care	<p>If you have an emergency, go to the emergency room or call 911.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Sharp chest pains ▪ Bleeding that will not stop ▪ Passing out ▪ Poisoning ▪ Severe burns ▪ Extreme shortness of breath <p>If you have received care out of the area, follow up with your PCP.</p>	All members.
Eye Tests, Routine Block Vision 1-800-879-6901 (toll-free)	<p>Routine eye exam once every 12 months with a Block Vision provider.</p> <p>This does not count the basic eye test by your PCP. Additional exams are covered when medically necessary.</p>	All members.
Eye Glasses or Contacts	One pair of glasses or contact lenses once every 12 months.	All members.
Family Planning	<ul style="list-style-type: none"> ▪ Family planning office visits ▪ Lab test ▪ Birth control ▪ Voluntary sterilizations 	All members.
Genetic Testing	A blood test to help predict the risk for disease in children and adults.	All members when medically necessary.



Benefit	What It Is	Who Can Get This Benefit
Glaucoma Screening	<p>Glaucoma is a group of eye diseases that puts pressure on the eye and can lead to blindness.</p> <p>A regular eye exam by your eye doctor is the best way to detect glaucoma.</p>	All members when medically necessary.
Gynecology Visits	A GYN exam may include a pelvic exam, PAP (cervical cancer) test and breast exam. Women should have a GYN visit every year or more often if she is being treated for a problem. A PCP or an OB/GYN can do an exam.	All female members.
Hearing Aids and Batteries (External)	An external electronic device that makes some sounds louder for the person with a hearing loss.	Children up to age 21 when medically necessary.
Hearing Exams	A pain free test to check a person for hearing loss. This test can be done in your doctor's office.	All members.
HIV/AIDS or Sexually Transmitted Diseases Testing	Having your blood, urine, or saliva tested to see if you are infected with HIV, the virus that causes AIDS or other sexually transmitted diseases.	All members when medically necessary.
Home Health Care and Aide Services	Home health care services, including nursing and home health aide care.	All members when medically necessary.
Hospice Care	Care and services for people who have a terminal illness.	All members when medically necessary.
Hospital Services (Inpatient and Outpatient)	<ul style="list-style-type: none"> ▪ Inpatient hospital services ▪ Outpatient hospital services 	Any member with an authorization or who has an emergency.
Immunizations	<p>Immunizations protect children and adults from diseases such as:</p> <ul style="list-style-type: none"> ▪ measles ▪ polio ▪ whooping cough ▪ tetanus ▪ shingles ▪ meningitis ▪ flu <p>Check with your PCP to see if you and your child's shots are up-to-date.</p>	All members when medically necessary.
Infusion Therapy	Any kind of medicine given through a needle or IV, and is often given at home.	All members when medically necessary.
Laboratory Services	Testing services that may include: blood tests, body fluid testing, health screening and monitoring tests.	All members when medically necessary.

Benefit	What It Is	Who Can Get This Benefit
Podiatry Care	Special care for foot problems.	All members when medically necessary.
Pregnancy Related Services	Medical care during and after pregnancy, including hospital stays and home visits after delivery when necessary.	Women who are pregnant and for 90 days after the birth of their baby.
Primary Care Services	These are all of the basic health services you need to take care of your general health needs. They are usually provided by your Primary Care Physician (PCP).	All members when medically necessary.
Private Duty Nursing	For members who require more skilled care than can be given by standard home health care services.	All members when medically necessary. Covered for Delaware Healthy Children Program members up to 28 hours per week.
Prostate Cancer Screening	A simple exam and/or lab test done in your doctor's office to see if further testing is needed.	All male members when medically necessary.
Prosthetics & Orthotics	A prosthetic is a man-made device used to take the place of a missing body part. An orthotic is a device used to treat, adjust, and support how the foot functions.	All members when medically necessary.
Radiation Therapy	The use of radiation as part of cancer treatment.	All members when medically necessary.
Rehabilitation (Medical-Inpatient Hospital)	A level of care given to a member to bring back the best possible function.	All members when medically necessary.
Skilled Nursing Facility State of Delaware Long-Term Care Medicaid Unit at 1-800-464-4357 (toll-free)	<ul style="list-style-type: none"> ▪ DPCI will pay for your care in a nursing home or chronic care hospital up to the first 30 days, when medically necessary. ▪ After the first 30 days, the services are considered "long-term care." The State of Delaware may pay for your long-term care and treatment, when medically necessary. 	For Delaware Medicaid to pay for care after the first 30 days, you must complete an application and submit it to the State of Delaware.
Sleep Apnea Studies	Tests that measure what happens to your body during sleep.	All members when medically necessary.

Benefit	What It Is	Who Can Get This Benefit
Specialist Physician Services	Specialty Care is health care provided by doctors trained to treat problems affecting specific areas, such as heart, bones or brain. For some special health care needs, you may need a specialist for your primary care.	All members when medically necessary.
Therapy: Outpatient Occupational/Physical/Speech	Physical, Occupational and Speech Therapy helps people improve movement or function with physical and other problems caused by injury or illness.	All members when medically necessary.
Transportation (Non Emergency) LogistiCare® 1-866-896-7211 (toll-free) LogistiCare® Helpline – “Where’s My Ride?” 1-866-412-3778 (toll-free)	If you need help getting to and from a scheduled doctor’s visit, you may call LogistiCare®. Please call at least 48 hours before your doctor’s visit.	Covered by Delaware Medical Assistance Program (use your Medical Assistance ID card). This service is NOT offered to Delaware Healthy Children Program members.
Urgent Care Centers, After Hours and Walk-In Centers	Centers that provide care for minor injuries and illnesses that require immediate attention, but are not severe enough for a trip to the emergency room. See page 27.	All members.
Well Woman Services	A GYN exam may include a pelvic exam, PAP (cervical cancer) test and breast exam. Women should have a GYN visit every year. A PCP or an OB/GYN can do a well woman exam.	All female members.
X-Rays	An X-ray allows your doctor to take pictures of the inside of your body.	All members when medically necessary.



VALUE ADDED PROGRAMS AND SERVICES

Program	What It Is	Who Can Get This Benefit
Case Management	<p>A case manager may be assigned to help you plan for and receive health care services.</p> <p>The case manager keeps track of what services are needed and what services have been provided.</p>	Members with special care needs.
Disease Management	<p>Special services to help members learn about living with the following diseases:</p> <p>Asthma</p> <ul style="list-style-type: none"> ▪ Congestive Heart Failure (CHF) ▪ Chronic Obstructive Pulmonary Disease (COPD) ▪ Diabetes <p>A disease manager can help you manage your disease.</p>	<p>Members with:</p> <ul style="list-style-type: none"> ▪ Asthma ▪ CHF ▪ COPD ▪ Diabetes
PACTSM Program	<p>We help you keep doctor visits, before and after your baby is born.</p> <p>You will receive text messages on your cell phone reminding you of appointments and health tips.</p>	Pregnant members.
Promise ProgramSM	<p>Keep your doctor appointments and qualify for things you need for your baby.</p> <p>You can earn a portable crib, play yard, car seat or stroller. The more appointments you keep, the higher level item you will qualify to receive.</p>	Pregnant members.
Teen D.R.E.A.M.SM (Dare to Raise Expectations About Myself)	A health education and life skills program offered to our teen members to increase their self esteem.	Teens.
We Can! TM Make Healthy Choices Obesity Prevention Campaign	After-school activity programs to keep kids active.	DPCI children.

Services That Are Not Covered

There are some services that are not covered by DPCI or by the Delaware Medical Assistance Program, such as:

- Abortion, unless rape, incest or to save the life of the mother
- Autopsies
- Certain medicines used to treat obesity, sexual dysfunction or for cosmetic purposes
- Chiropractic services
- Christian Science nurses and/or sanitariums
- Cosmetic services or items
- Dental Services for member 21 years or older
- Experimental procedures
- Hearing aids for member 21 years or older
- Hippotherapy
- Infertility treatments
- In home exercise equipment
- Inpatient hospital tests not ordered by the attending doctor, except in an emergency
- Non-emergency services from an out of network provider that are not approved
- Paternity testing
- Residential weight loss clinic
- Services that are not medically necessary
- Sex change services and/or hormone therapy
- Single antigen vaccines when a combined antigen was medically appropriate
- Sterilization of a mentally incompetent or institutionalized person
- Vaccines for travel outside of the United States
- Work related and travel physicals

NEW TECHNOLOGY (MEDICAL PROCEDURES)

DPCI is always looking at new medical procedures and services to make sure you get safe, up-to-date, and high-quality medical care. A team of doctors reviews new health care methods and decides if they should become covered services. **Investigational services and treatments that are being researched and studied are not covered services.**

To decide if new technology will be a covered service, DPCI will:

- Study the purpose of each technology.
- Review medical literature.
- Determine the impact of a new technology.
- Develop guidelines on how and when to use the technology.

CHANGES IN BENEFITS

DPCI will, whenever possible, notify you in writing prior to any changes in any of our benefits or services.



After Hours Care Emergency Care Services, Urgent Care and Out-of-Service-Area Care

WHAT CARE IS AVAILABLE AFTER-HOURS?

If you have a question about your health or if you or your child need to get health care at night or on a weekend, call your PCP office. DPCI requires our doctors to be available to you all the time. You may have to leave a message with an answering service. They will make sure your doctor gets your message. A doctor will call you back to tell you what to do.

WHAT IF I NEED EMERGENCY CARE?

If you feel like your life is in danger, call 911 or the emergency telephone number for your area.

IMPORTANT

You should only use an emergency room (ER) for real, life threatening emergencies

“Emergency medical condition” means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

1. Placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
2. Serious impairment to bodily functions or
3. Serious dysfunction of any bodily organ or part.

Examples of emergencies:

- Sharp chest pains
- Choking
- Bleeding that will not stop
- Passing out
- Poisoning
- Drug overdose

- Severe burns
- Extreme shortness of breath
- Broken bones
- Severe spasms or convulsions
- Sudden loss of feeling or not being able to move

Emergency services means covered inpatient and outpatient services that are as follows:

- (1) Furnished by a provider that is qualified to furnish these services.
- (2) Needed to evaluate or stabilize an emergency medical condition.

Prior authorization is not required for emergency services. You should not use the emergency room instead of your PCP for routine care. Emergency rooms are not to be used for small problems. It is better to have your PCP treat these problems in their office. If you have an urgent problem and your doctor cannot see you right away, you can also go to an urgent care center. Urgent care is when you need care right away but you are not in danger of lasting harm or losing your life and your doctor cannot see you right away.

Post stabilization care - services means covered services, related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition.

Always call your PCP for follow-up after an emergency. Do not go back to the Emergency Room for follow-up care or treatment unless your PCP refers you.

WHAT IS NOT AN EMERGENCY?

Examples of medical conditions that are not usually emergencies:

- Flu, colds and sore throats
- Prescription refills or requests
- Health conditions that you have had for a long time
- Back strain

WHAT IF I NEED URGENT CARE?

Your doctor may tell you to go to one of the urgent care and after-hours centers listed in this manual for medical care during weekends or after-hours. Urgent care is when you need care right away but you are not in danger of lasting harm or losing your life and your doctor cannot see you right away.

Examples of medical conditions that might need urgent care:

- Coughing
- Vomiting
- Diarrhea
- Earache
- Flu
- Sore throat
- Colds

- Pink eye
- Stomachache
- Rashes
- Bruises
- A cut that may need stitches
- Migraines

Always call your doctor for follow-up care after visiting an urgent care or after-hours center.

Here is a list of urgent care and after-hours centers that participate with DPCI. DPCI continues to contract with new providers.

Go to our website or call Member Services toll-free at 1-866-543-2167 for the most current list.

Urgent Care/After Hours Center	Address	City	Phone
Silverside Medical Aid Unit www.silversidemedicalaid.com	2700 Silverside Rd	Wilmington	302-225-6868
Limestone Medical Aid Unit www.limestonemed.com/mau.htm	1941 Limestone Rd Ste 114	Wilmington	302-992-0500
Hockessin Walk In Clinic www.walkinmed.com	316 Lantana Dr Lantana Square Shopping Ctr	Hockessin	302-234-4000
Go-Care at Abby Medical www.gocaredelaware.com	1 Centurian Dr, Ste 106 Abby Medical Center	Newark	302-999-0003
Glasgow Medical Aid Unit at Christiana www.glasgowmedicalcenter.com	200 Hygeia Dr Ste 1300	Newark	302-623-0444
Glasgow Medical Unit www.glasgowmedicalcenter.com	2600 Glasgow Ave Ste 204	Newark	302-836-8350
Newark Emergency Center, Inc www.newarkemergencycenter.org	324 East Main St	Newark	302-738-4300
Glasgow Medical Aid Unit at Middletown www.glasgowmedicalcenter.com	124 Sleepy Hollow Dr	Middletown	302-449-3100
The Medical Aid Unit at Smyrna www.christianacare.org	100 S Main St Ste 101	Smyrna	302-659-4545
Walk In Medical Care www.bayhealth.org	301 Jefferson Ave	Milford	302-430-5705
Dover Walk-In Medical www.emergencywalkinmedical.com	640 S Queen St	Dover	302-734-1759
Eden Hill Express Care, LLC www.edenhillmedicalcenter.com	200 Banning St Ste 170	Dover	302-674-1999
Doc In A Box Walk In Medical Care www.docinaboxde.com	1020 Forrest Ave Ste 1 Gateway West Complex	Dover	302-730-1110
Doc In A Box Walk In Medical Care www.docinaboxde.com	379 Walmart Dr Ste 1 Camden Commons Center	Camden	302-698-4441



Urgent Care/After Hours Center	Address	City	Phone
Ambient Medical Care, LLC www.ambientmedicalcare.com	24459 Sussex Hwy	Seaford	302-629-3099
Medical Aid at Longneck	25935 Plaza Dr Unit 1	Millsboro	302-947-4111

OUT-OF-SERVICE AREA COVERAGE

There are times when you may be traveling away from home and you need care. DPCI's service area is the State of Delaware.

- When you are out of DPCI's service area, you are only covered for emergency services.
 - Routine care out of DPCI's service area or the country is not covered by Medicaid.
 - If you are out of DPCI's service area and need health care services, call your PCP and he or she will give you instructions on what to do. (You will find your PCP's telephone number on your DPCI ID card.)
- You can call DPCI to find out if you are out of the service area.
 - If you are not in Delaware and you think your life is in danger, go to the closest emergency room. Make sure you or someone with you shows them your DPCI and Medicaid ID cards.
 - If you receive services in the Emergency Room and you are admitted to the hospital while you are away from home, have the hospital call DPCI at the number listed on the back of your ID card to let us know.



Provider Information

BILLS FOR COVERED MEDICAL SERVICES

If you are a DPCI member and get a bill for health care services, please call the Member Services Department toll-free at 1-866-543-2167.

PROVIDER DIRECTORY

The Provider Directory lists doctors and hospitals that work with DPCI. This information will help you get the health care services you need. The directory lists the languages other than English spoken by the doctors and providers. If you need a copy of the Provider Directory, call DPCI's Member Services Department toll-free at 1-866-543-2167. You can also visit www.DelawarePhysiciansCare.com to get information about DPCI PCPs, specialists or health care facilities in your area.

If there is a doctor you would like to have added to the provider network, please call DPCI's Member Services Department. DPCI may be able to add them to the network. You will not be able to use that provider until he or she is a part of the DPCI network.

HOW DOES DPCI PAY ITS PROVIDERS?

Each time you see a doctor or get health care services, DPCI pays for the service you receive. This is called "fee for service." DPCI will only pay for services you get from a doctor or facility in the DPCI provider network. DPCI may pay for services outside the DPCI network if they have first been authorized by DPCI.

Some services need to be authorized before you get them in order to be paid by DPCI. Your doctor will get an authorization, when needed, before you get the service.

Complaints and Grievances

Some examples of a complaint are:

- Rudeness of a provider or employee
- Problem getting an appointment
- Getting a bill from a provider
- Failure to respect a member's rights

Some examples of a grievance are:

- Concern about quality of care
- Concern about quality of services
- Problem finding or getting services from a provider
- Failure to respect a member's rights

GRIEVANCE PROCESS

If you have a:

- Complaint about a provider
- Problem with a provider
- Concern about your quality of care
- Concern about the services you have received

You may call or write to DPCI's Member Services Department.

- A provider can file a grievance for you, with your written or verbal permission.
- DPCI will do its best to answer your questions and/or help solve your problem.
- Calling Member Services can clear up most grievances.
- If you need an interpreter, DPCI will provide an interpreter for you.

Filing a grievance will not affect your health care services or Medicaid eligibility. DPCI wants to know your concerns to be able to improve service to you.

You may send a grievance letter to:

Delaware Physicians Care
Member Services Department
252 Chapman Rd, Suite 250
Newark, DE 19702-5406

or call
1-866-543-2167 (toll-free)

www.DelawarePhysiciansCare.com

DPCI Member Services Center 1-866-543-2167



If you call DPCI with a grievance, a Member Services representative will:

- Ask for information about the problem.
- Document the problem in DPCI's information system and try to solve it right away, if possible.
- If DPCI cannot solve it right away, the grievance will be reviewed and DPCI will get back to you within ninety (90) days.

If DPCI receives your complaint by mail:

- A member advocate will call you to let you know we received your grievance.

- We may gather more information about the problem, document the problem in DPCI's information system and try to solve it right away.

If the problem cannot be solved right away, DPCI will look into it and get back to you within ninety (90) days.

DPCI will always send you a written response to your grievance.

Appeals

THE DENIAL, REDUCTION, SUSPENSION OR TERMINATION OF SERVICES AND REQUEST FOR APPEAL

DPCI must approve many services ahead of time in order to pay for them. If DPCI decides the services cannot be approved, DPCI will write to you and tell you why. DPCI will also give your doctor this information.

If a denial, reduction, suspension or termination of your services happens, we will write to you and send you a "Notice of Action" letter at least ten (10) days before the change to let you know.

NOTICE OF ACTION

If you request services that are not covered by DPCI, and they are denied by DPCI, you can request an appeal of DPCI's decision.

If DPCI decides not to approve a request for a service or only approves a part of a request for a service, you will get a "Notice of Action" letter that will tell you:

- What action was taken and the reason for it.
- Your right to file an appeal and how to do it.
- Your right to ask for a state fair hearing and how to do it.
- Your right to ask for an expedited appeal and how to do it.
- Your right to ask that your benefits be continued during your appeal, how to do it and when you may have to pay for the services.
- Your right to review DPCI benefit guidelines

or clinical criteria that was used to make the denial decision.

- If your treating doctor would like to discuss your case with one of our doctors he or she may call DPCI toll free toll-free at 1-866-543-2167 and request to speak to a medical director.

SERVICES THAT ARE NOT COVERED

If you request services that are not covered by DPCI, and they are denied by DPCI, you can request an appeal of DPCI's decision.

APPEALS PROCESS

If you disagree with DPCI's Notice of Action, you may file an appeal with DPCI either in writing or by phone. If you need an interpreter, DPCI will get one for you, at no cost to you.

You, your representative or a provider acting with your written permission may file an appeal.

The appeal must be filed within ninety (90) calendar days from the date of your denial, suspension, reduction or termination of services ("Notice of Action" letter).

- To file an appeal, you must call Member Services toll free toll-free at 1-866-543-2167 or send a letter to:

Delaware Physicians Care
Appeals Department
252 Chapman Road, Suite 250
Newark, DE 19702-5406

When DPCI receives your appeal:

- We will let you know that we have received your appeal.
- You will receive a call and/or letter from us within five (5) calendar days of receiving your appeal notification.
- If you have additional information that you feel would be helpful in resolving your appeal you have the right to present this information to us in person or in writing to the address listed above.
- If you have any questions regarding this process please call DPCI Member Services toll-free at 1-866-543-2167 and ask to speak with a Member Advocate for more information.
- DPCI will review your appeal and a decision will be made within thirty (30) calendar days of receiving the appeal request.

The Appeals department will send a written "Notice of Resolution" letter to you within five (5) calendar days of the decision. The letter will tell you DPCI's decision and the reason for the decision

SPECIAL RULE - CONTINUATION OF BENEFITS

There is a special rule if your appeal is about approved services you had been receiving and DPCI has changed or terminated the services but the authorization has not expired. If you want services to continue while your appeal is reviewed, **you must let DPCI know by phone or in writing no later than fourteen (14) calendar days** from the date of DPCI's Notice of Action letter to you.

If, after the appeal review, DPCI's decision is to continue to deny the services, you may be responsible for payment of the services you received while your appeal was being reviewed. If DPCI's decision is to approve the services, DPCI will authorize and arrange for the services right away.

REQUEST FOR EXPEDITED RESOLUTION OF APPEALS

Member Actions

If you think that DPCI's normal appeals timeframe could cause you serious health concerns, you may request an expedited (urgent) appeal. DPCI's medical

director will contact your doctor to discuss your concern. If the medical director decides that your appeal is urgent and needs to be expedited, a decision will be made within three (3) calendar days after the request. If DPCI cannot make a decision based on the information we have, we may request an extra fourteen (14) days to make a decision.

If it is determined that it is not medically necessary to issue a decision within three (3) calendar days, you will be notified that your appeal has been moved to our standard thirty (30) calendar day appeal process.

You may ask for an expedited appeal by writing or calling DPCI toll-free at 1-866-543-2167 or send a letter to:

Delaware Physicians Care
Appeals Department
252 Chapman Road, Suite 250
Newark, DE 19702-5406

You may request a fair hearing at any time during the appeals process through the Division of Social Service (DSS), Attention Fair Hearing Officer by following the steps in your Notice of Action letter.

REQUESTING A STATE FAIR HEARING

If DPCI is to continue the denial of services, you may request a fair hearing with the State of Delaware. Information on how to request a fair hearing is listed below and in your "Notice of Resolution" letter.

At any time during your 90 days appeal process, you may also call the Division of Medicaid & Medical Assistance (DMMA) to request a State fair hearing. You can call DMMA at 302-255-9500 or 1-800-372-2022 (toll-free) or send a letter to:

Division of Medicaid & Medical Assistance
DMMA Fair Hearing Officer
1901 North DuPont Highway
PO Box 906, Lewis Building
New Castle, DE 19720
302-255-9500 – 1-800-372-2022 (toll-free)

If, after the hearing, the DMMA fair hearing officer decides to continue the denial of services, you may be responsible for payment of the services you received while your appeal was being reviewed. If the DMMA fair hearing officer decides to approve services, your services will be authorized and DPCI will arrange for the services right away.



Decisions about your Health Care (Advance Directives & Living Wills)

WHAT ARE MY RIGHTS?

- In most cases, you have the right to decide if you do or do not want medical treatment.
- Sometimes an accident or illness could take away your ability to make your own health care decisions. State of Delaware law gives you the right to make some decisions ahead of time.

HOW DO I PLAN FOR THIS?

- You may choose someone, in advance, to make health care decisions for you, if you cannot do it yourself.
- You may decide in advance what type of treatment you would like, especially those treatments that may be needed to keep you alive. This is called a Living Will or an Advance Directive.
- This is a personal decision for you to make.

MAKING YOUR ADVANCE DIRECTIVE LEGAL

You must choose someone to be your agent. Your agent is the person who will make decisions about your health care if you cannot. He/she can be a family member or a close friend.

To make an Advance Directive legal, you must have two people witness the signing of your advance directive form. Although it is not required, it is recommended that you also sign in the presence of a notary public.

A witness **cannot be** anyone who is:

- Related to you by blood, marriage or adoption
- Entitled to any portion of your estate
- Has a claim against any portion of your estate
- Has a direct financial responsibility for your medical care

- Has a controlling interest or is an employee of a residential facility in which you reside
- Under the age of 18

After you complete your advance directive:

- Let family members and/or caregivers know that you have a Living Will and/or Advance Directive.
- Be sure that your doctor has a copy of it and understands your requests.
- Keep a copy in a safe place for your records.
- Take a copy with you if you are being admitted to a hospital or if you go to the emergency room.
- Any time you make any changes on your Advance Directive or Living Will you must complete new papers. You should make sure you give a copy of the new paper to all the people who already have a copy of the old one.

Visit our website for more health care forms and information on Advance Directives. You can also visit the Delaware Division of Services for Aging & Adults with Physical Disabilities.

1-800-223-9074 (toll-free)

www.dhss.delaware.gov/dhss/dsaapd/index.html

RELEASE FOR ETHICAL REASONS

DPCI does not require that a doctor perform a service that is against their conscience, religious beliefs or ethical principles or policies. DPCI will let a doctor refer a member to another doctor in DPCI's network.

If a provider feels they have an ethical reason for not doing a covered service or procedure, DPCI will help the doctor to refer the member to another doctor. No DPCI provider or employee will suggest, authorize or prescribe an unlawful procedure or service.

Making Suggestions for Changes in Policies or Procedures

MEMBER ADVISORY COMMITTEE

Your opinion is important to DPCI. We want to hear your ideas about adding or changing a policy or procedure that would be helpful to members. If you have a suggestion, please call DPCI's Member Services Department toll-free at 1-866-543-2167.

We have a team of DPCI members that are part of the Member Advisory Committee (MAC). This team meets with DPCI four times a year to review changes, learn

about new programs and give their feedback about the health plan and how we can improve any of our services.

If you are interested in joining our Member Advisory Committee, call DPCI's Member Services Department for more information. If you do not have transportation to attend our Member Advisory meetings, DPCI can arrange transportation for you.

General Health Information

You can find out how to stay healthy by:

- Reading the DPCI Member newsletter. This newsletter is mailed to all our members two times a year.
- Reading special mailings that DPCI sends you.
- Talking to your PCP.
- Talking to your case manager (if you have one).
- Talking to the DPCI Prevention and Wellness Staff.
- Visiting the DPCI displays at community events.
- Visiting the DPCI website.

HEALTH EDUCATION PROGRAMS

Delaware Physicians Care 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 in the community to help our members learn about their health. To find out more about the Health Education Programs available to you, call us toll-free at 1-866-543-2167.

Or, check out our website to get information on:

- Our Delaware Teen Pregnancy Program
- Our Teen D.R.E.A.M.SM program for teenagers on life skills and self esteem
- Promise ProgramSM and PACTSM Program for moms and babies

■ Childhood Obesity Prevention Program

Our health information will give you tips on how to stay healthy and prevent certain illnesses. This includes routine wellness exams, vaccines (shots), lead testing, and other screenings (pap smears, mammograms, etc.). If you have questions, you can call our Member Services Department toll-free at 1-866-543-2167.

HOW CAN ADULTS STAY HEALTHY?

DPCI wants everyone to stay healthy. You should talk to your PCP about how you can stay healthy. Eating right, exercising regularly and getting routine check-ups will help you. The lists below are services that may help you avoid certain illnesses.

- Physical exam
- Pap Smear
- Breast self-exam / Mammogram
- Blood pressure check
- Diabetes test
- Cholesterol check
- Flu / Pneumonia vaccine (shot)
- TD (tetanus diphtheria) (shot)
- Check for colorectal cancer
- Prostate exam
- Testicular exam
- Annual eye exam



HOW CAN CHILDREN STAY HEALTHY?

Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

Children and teenagers are special to DPCI. Regular well-child check-ups, lab tests and shots are important.

Your child's PCP will give the care they need to stay healthy and treat serious illnesses early. Available services are:

- Vaccines (shots) to help protect your child from serious illnesses, such as measles and mumps.
- Complete check-ups.
- Information about your child's health and development.
- Growth measurements.
- Lab tests.
- Screening for lead poisoning.
- Check of the foods your child needs and advice about the right kind of diet for your child.
- Checking for behavioral health and substance abuse problems.
- Physical, occupational and speech therapy, if needed.
- Eye tests and glasses, if needed.
- Hearing tests and hearing aids, if needed.

DPCI has PCPs who are specially trained to care for members under age 21. Call DPCI if you need help picking the right PCP for your child.

If you are a teenager and are pregnant, you should receive EPSDT screening services in addition to prenatal care. You should contact the Member Services Department toll-free at 1-866-543-2167 to pick a PCP for your baby before you go to the hospital to deliver your baby.

REGULAR CHECK-UPS

Children should have regular check-ups and/ or vaccines (shots) even when your child seems healthy. Check with your doctor about your child's vaccine schedule. It is important to find problems early so your child can get the care needed to prevent serious illness and to stay healthy.

Remember: All children must be up-to-date with their shots before they can start school!

Clinical Guidelines

You can get copies of guidelines that explain certain diseases and how they are treated. We have guidelines available for diabetes, asthma, chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF). We also have preventive health guidelines available for adults and children. You can call Member Services to get a copy of these guidelines or log onto the DPCI website. These are available at no cost to you.

FAMILY PLANNING SERVICES

If you choose, you may go to a health care provider of your choice for any of these family planning services:

- Family planning office visit
- Special contraceptive supplies
- Diaphragm fitting
- IUD insertion and removal
- Contraceptive counseling
- Lab tests, if necessary
- Diagnosis and treatment for sexually transmitted diseases
- Screening, testing and counseling for HIV and referral for treatment
- Follow-up care for problems caused by contraceptive methods
- Pregnancy testing and counseling
- Male and female sterilization – tubal ligation and vasectomy

Note: You must get prior authorization for voluntary sterilization. Your doctor will send you to a specialist in the DPCI provider network. Your doctor must contact DPCI for prior authorization.

*Women ages 15 to 50 who are closed in Medicaid for non-fraudulent reasons are automatically eligible for family planning services for up to twenty-four (24) months after their Medicaid eligibility is ended. Contact your DSS caseworker about this benefit.

Care for Women During Pregnancy and After Birth

Women who are pregnant or have just had a baby need special care and follow-up. DPCI can help you find a doctor and get the care you need. You may call the Member Services Department at 1-866-543-2167 with any questions you might have or to find out about services DPCI can help you receive.

PRENATAL CARE

- If you are pregnant and have not seen a doctor, call your doctor right away.
- If you need help finding a doctor, Member Services can help you find one.
- Your doctor must schedule a visit within 10 days of your call.
- Your doctor will tell you about the schedule for prenatal visits.
- It is important that you make and keep these visits.
- If you need a ride to the doctor, you may call LogistiCare® toll-free at 1-866-412-3778.
- DPCI has specially trained nurses who can help you when you are pregnant. Call DPCI and ask to speak to a nurse.
- If you have had a baby in the last two months and need help setting up a visit for your post-delivery check-up, DPCI can help you set up a visit.

PRENATAL CARE PRIOR TO BECOMING EFFECTIVE WITH DPCI

If you were pregnant when you joined DPCI, but your doctor is not in the DPCI provider network, you may keep that doctor during your pregnancy, delivery and up to two months after the baby is born. You must tell this doctor that you are a DPCI member and the doctor must call DPCI for authorization to treat you. Please call DPCI's Member Services Department if you have any questions.

PRENATAL RISK EVALUATION

If you are pregnant, you should have a prenatal risk evaluation at your first visit with your OB/GYN. This evaluation will help your doctor know if you have any

risks. Some examples of risks that would need extra special care could be high blood pressure, diabetes, etc.

SMART START SERVICES

The Smart Start program offers services in nursing, nutrition, and social work. This program helps women deliver a healthy, full-term baby. If you have any risks during your pregnancy, you may want to have these services. Call DPCI's Member Services Department toll-free at 1-866-543-2167 to talk to a nurse that is specially trained to help with your pregnancy. The nurse can also talk to you about Smart Start.

Smart Start can help you get home visits from a nurse, nutritionist or social worker. This person will visit your home and will help you with the services you need. You will get information and education that can help you have a healthy baby. You can get these services during your pregnancy and after you deliver your baby.

OUR PROMISE PROGRAMSM

Our Promise ProgramSM is available for all expectant mothers. We want to make sure that you have a healthy pregnancy and a healthy baby. All you need to do is to keep all of your prenatal and postpartum appointments with your OB/GYN doctor and you can qualify for things you need for your baby!

The item you receive will be of greater value as you keep more appointments. You can earn things such as a car seat, a play yard, a portable crib or a stroller. You will also receive:

- One-on-one mentoring and positive coaching.
- Direct referrals to other programs available in the community such as WIC, Resource Mother Program and others.
- Prevention and wellness education on nutrition and other health related questions.

OUR PACTSM PROGRAM (PERINATAL APPOINTMENT COMPLIANCE TOOL)

Our PACTSM program offers text messaging for appointment reminders and a \$20 long distance calling card to help with any text messaging charges.



PACTSM has a set of messages to match each step of your pregnancy. You will receive:

- A welcome message.
- Messages about your baby and keeping healthy.
- Messages to remind you of your appointments.
- Reminders to schedule an appointment if you missed your reminder.

After you have your baby we will send you a message to remind you to schedule your follow up appointment.

Call our Member Services Department toll-free at 1-866-543-2167 for more information on the PACTSM and PromiseSM programs.

LENGTH OF HOSPITAL STAY AFTER DELIVERY

The usual hospital stay after delivery is:

- 48 hours for an uncomplicated vaginal delivery or
- 96 hours for an uncomplicated cesarean delivery.

If you want to be discharged earlier, you can have a home health care visit after you go home.

CHOOSING A PCP FOR YOUR BABY

If you are pregnant, you will need to call Member Services toll-free at 1-866-543-2167 to pick a PCP for your baby before the baby is born. A children's doctor may be a family practice doctor, pediatrician or nurse practitioner. Regular check-ups for babies, young children and adults are important. If you have questions about how to pick a doctor, Member Services can help.

BABY'S FIRST CHECK- UP BEFORE LEAVING THE HOSPITAL

Your baby will have a check-up before going home from the hospital. The DPCI doctor you picked or the on-call doctor will give your baby this check-up.

AFTER YOU GIVE BIRTH

- It is important for you to schedule your post partum visit to occur three (3) to eight (8) weeks after your baby is born. Your doctor may want to see you sooner. You will get a well-woman check-up and your doctor will talk to you about family planning options. DPCI will pay for some family planning options.
- You **MUST** contact your DSS caseworker as soon as possible to give them a copy of your baby's footprints in order to have your newborn child enrolled with Medicaid.
- Your baby also needs a follow-up visit. If your baby did not have a home visit from a nurse, set up the doctor's visit for two weeks after birth.



Adults and Children with Special Needs

SERVICES FOR SPECIAL HEALTH NEEDS POPULATIONS

The State of Delaware has named the following groups as needing special support. These groups are called “special needs populations” and include:

- Adults or children with a physical or 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 asthma, diabetes, congestive heart failure and/or chronic obstructive pulmonary disease.

DPCI can help you find out if you are in a special needs population. You may be able to receive the services below. Members with disabling conditions or chronic illnesses may request that their primary care physicians (PCP) be specialists. Please call Member Services for more information.

DISEASE MANAGEMENT

DPCI has programs to help you stay healthy. You do not need a referral from your PCP to join in any of these programs. These programs help you better understand your diagnosis and health care needs. Your PCP, specialist or other health care provider may suggest that you join one of these programs. You can also ask to join by calling Member Services toll-free at 1-866-543-2167.

DPCI has disease management programs for:

Asthma

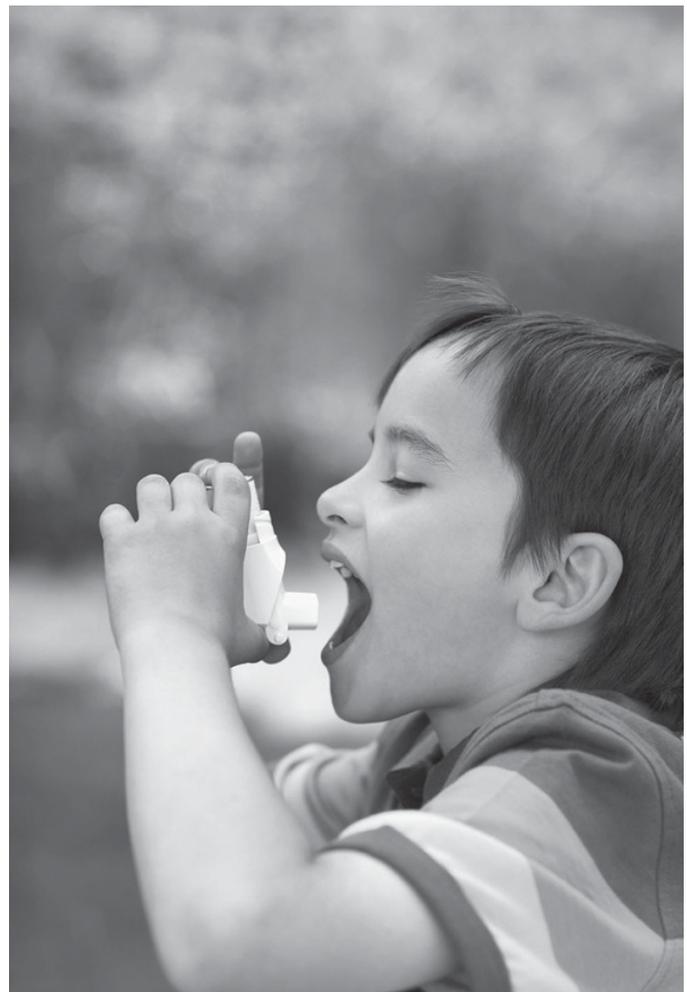
We treat many different cases of asthma. Some people have a bad case of asthma and have a lot of trouble breathing. Other people don't have as many problems. But everyone who has asthma should get help from their doctor.

Once your doctor tells you that you have asthma, we will see whether you are low-risk or high-risk for problems. If you are low-risk we will give you information to help you take care of yourself. If you are high-risk, a nurse will call you to talk about your asthma. The nurse will talk with you about:

- Taking care of your asthma at home.
- Why taking your medicine is important.
- What causes asthma attacks.
- Why you need to do what your doctor tells you.
- Ways to change your habits so you feel better.

Congestive Heart Failure (CHF)

Congestive heart failure (CHF) is not a disease. It is a condition that happens when the heart cannot pump enough blood to meet the body's needs. Our CHF program helps people with this problem.



If you have CHF, you must get treatment. If you don't, your heart could get weaker and you'll feel very sick. You may even have to go to the hospital. But it doesn't have to be that way. Many people live very well with CHF, but only if they see their doctor regularly and follow his or her instructions. We will work with you and your doctor to make sure you get the right treatment.

Chronic Obstructive Pulmonary Disease (COPD)

If you have lung disease, we can help you. Another name for lung disease is chronic obstructive pulmonary disease, or COPD. A lot of people live quite well with COPD and we can help you live well too.

When a person has COPD, their lungs don't work as well as they used to. It happens slowly, so the person doesn't know there is a problem right away. Some people's COPD is worse than others'. That is why everyone gets different kinds of help to treat their COPD. We will work with you and your doctor to find the best treatment for you.

Once your doctor tells you that you have COPD, we will see if you are low-risk or high-risk for problems. If you are high-risk, one of our nurses will call you to see if you need extra help. We will talk with you about not smoking. We will find out if you need oxygen, medicine or other treatment.

Diabetes

When a patient has diabetes, they have too much sugar in their blood. If the patient doesn't get treatment, they could end up with health problems like heart disease and blindness. If you have diabetes, we can help you.

Some people have mild diabetes. They take care of it by exercising and eating healthy foods. Other people have more serious diabetes. They have to take shots of insulin. Insulin helps your body's cells use food the right way. We want you to get the best treatment for you.

Once your doctor tells you that you have diabetes, we will do a test to see how serious it is. We will also see if you are low-risk or high-risk for problems with diabetes. If you are low-risk, we will give you information to help you take care of yourself. We will also work with your doctor to make sure you are getting the treatment that is right for you.

If you are high-risk, one of our diabetes nurses will call you to see if you need extra help.

We will teach you as much as we can about diabetes to help you take care of yourself. When you sign up for our program, you will learn:

- How to take care of your diabetes yourself
- How to watch your blood sugar.
- Why it is important to take your medicine.
- How to take good care of your feet.
- Why you need to do what your doctor tells you.
- How to learn healthy habits so you feel better.

You have the right to decide against joining the disease management programs. You can call us toll-free at 1-866-543-2167 or write to us if you decide against joining a disease management program. This will not in any way change your DPCI benefits. You will be treated the same by DPCI and its providers or the Division of Social Services.

CASE MANAGEMENT

Some members have special medical conditions. We work with many health care providers and organizations to get the services you need. DPCI has trained case managers who can help you learn more about your condition. They will work closely with providers, community organizations and social service agencies to help you get care.

If you think you or a member of your family needs this kind of help from a case manager, call toll-free at 1-866-571-5784.

You have the right to decide against joining case management. You can call us toll-free at 1-866-543-2167 or write to us if you decide against joining case management. This will not in any way change your DPCI benefits. You will be treated the same by DPCI and its providers or the Division of Social Services.

HIV/AIDS CASE MANAGEMENT

DPCI has case managers who are trained to work with HIV/AIDS issues. You can get information if you have been infected with HIV. You can get information about how HIV may affect your baby if you are pregnant. HIV testing is a benefit.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

- Children with special health care needs may still see their specialist(s) after they join DPCI, even if the specialist(s) is not in the DPCI network.
- If a child has serious, long-term medical needs, DPCI will pay for the child to see that doctor. **This must be approved in advance by a DPCI medical director.**
- The child's PCP must send a letter of medical necessity along with a copy of updated medical

information for the medical director's review and approval.

LONG-TERM CARE PLACEMENT

Before going to a nursing home or a long-term care facility, DPCI will coordinate the stay with the State of Delaware Long-Term Care Medicaid Unit, 1-800-464-4357 (toll-free), which must approve any stay that may be more than 30 days.

Call Member Services toll-free at 1-866-543-2167 if you have questions about special needs services.



Behavioral Health Services

If you are in a crisis situation and think you might harm yourself or hurt someone else, please call 911.

Behavioral health services can help you with personal issues. These issues may affect you and/ or your family. We can help with problems like depression, anxiety or problems from using drugs or alcohol.

Your primary care physician (PCP) may be able to help you with mild depression or anxiety. Your PCP

can also help you with alcoholism or attention deficit hyperactivity disorder (ADHD). PCP's may write prescriptions for drugs and check you for how the drugs are working. They can also order lab tests and other tests for behavioral health issues.

You do not need a PCP referral for behavioral health services. You should pick a provider in the DPCI network. If you need help finding a doctor or treatment center, call us toll-free at 1-866-543-2167.

Thank you

Thank you again for choosing Delaware Physicians Care. It is our goal to provide you and your family with the quality health care you need and the respect you

deserve. Feel free to call us with any questions or concerns toll-free at 1-866-543-2167.



OTHER IMPORTANT TELEPHONE NUMBERS

Agency	Phone Number/Other Information
Adult Protective Services	302-453-3820 1-800-223-9074 (toll-free)
Adult Rehabilitation Center (Salvation Army)	302-654-8808
AIDS Hotline	1-800-422-0429 (toll-free)
AIDS Delaware	302-652-6776
Alcoholics Anonymous (AA)	302-655-5113 (New Castle County) 302-736-1567 (Kent County) 302-856-6452 (Sussex County)
Block Vision	1-800-879-6901 (toll-free)
Child Abuse Hotline	302-577-3824 1-800-292-9582 (toll-free)
Child Protective Services	302-577-3824 1-800-292-9582 (toll-free)
Delaware Helpline	1-800-464-4357 (toll-free)
Delaware State Housing Authority	1-888-363-8808 (toll-free)
Division for the Visually Impaired (DVI)	302-255-9800
Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)	1-800-223-9074 (toll-free) 302-453-3820 (256 Chapman Road, Newark) 302-255-9390 (1901 Dupont Hwy, New Castle) 302-424-7310 (18 N. Walnut Street, Milford)
Division of Social Services (DSS)	302-255-9668 1-800-382-2022 (toll-free)
Division of Medicaid & Medical Assistance (DMMA)	302-255-9500 1-800-372-2022 (toll-free) (toll-free)
Domestic Violence Hotline	302-762-6110
Food Stamps	302-255-9500 1-800-372-2022 (toll-free) (toll-free)
Health Benefit Manager (for Medicaid)	1-800-996-9969 (toll-free) (toll-free)
LogistiCare (non-emergency transportation)	1-866-412-3778 (toll-free)
Meals on Wheels	302-656-3257
Medicare Customer Service Medicine Program	1-800-772-1213 (toll-free)
Mental Health and Substance Abuse Mobile Crisis Unit	302-577-2484 (Adults) 302-633-5128 (Children up to 18 years)
Narcotics Anonymous (NA)	http://www.na.org/
Rape Crisis/General Crisis Line	302-761-9100
Pharmacy Benefits (Delaware Prescription Assistance Program)	1-800-996-9969 (toll-free) Option #2 (toll-free)
Partnership for Prescription Assistance (A nationwide pharmaceutical patient assistance program)	1-800-762-4636 (toll-free)
Salvation Army	302-656-1696 (Regional Office)
Victim Support	302-761-9100
Women, Infants and Children (WIC)	1-800-222-2189 (toll-free)





Spring/Summer 2011



We are here for you

Member Services can answer your questions about benefits, help with finding or choosing a provider, and solve problems in getting health care services. Please call us toll-free at **1-866-543-2167** from 8 a.m. to 5 p.m., Monday through Friday.

We have 24-hour phone coverage for behavioral health services. Please call us toll-free at **1-866-543-2383**.

Our website is available 24 hours a day, 7 days a week. Visit us at www.DelawarePhysiciansCare.com for health information, benefits, help finding a provider and much more.

You talk, we listen

At Delaware Physicians Care, we work hard to give you high-quality care and services. We do adult and child surveys every year to see how you feel about us.

We contact about 3,000 members by mail and by phone to help us find out if we are meeting your needs. If you replied to the survey, thank you for letting us know what you think.

We compared the 2010 results with the 2009 results. You are mostly satisfied with us, and we are glad to hear that.

You told us in 2009 that you did not always feel that your health care providers do a good job speaking your language or understanding your culture.

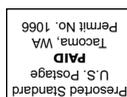
We take your responses seriously. We listen to what you have to say about our services and providers. We made it a goal to make sure that you were satisfied in 2010.

In 2010, we offered free courses on our website for providers and their office staff. The courses talk about the different cultures of our members. They teach right and wrong ways to communicate with members with different needs. We will continue to offer these courses.

We also did phone surveys with members who called us. We got good feedback on your experiences with us and our providers.

Now we are looking at 2010 survey results to see what we can do this year to keep you satisfied and to see what we can do better.

You may be asked to help with short surveys in the future. If you have any questions about our results or ideas for ways we can do better, please call us toll-free at **1-866-543-2167**.





Recommended vaccines for children and teens

Vaccines can protect your child from disease. Do your best to make sure your child gets the vaccines he or she needs. Your child's doctor can help too.

Vaccines are usually given as a shot. Sometimes they are given by mouth or by a nose spray.

This chart shows what vaccines children need. It also helps you know when your child should have a vaccine.

Talk about this chart with your child's doctor. You can also ask the doctor any questions you have.

Vaccines children need

DTaP/Tdap = diphtheria, tetanus, pertussis

Flu = influenza

HepA = hepatitis A

HepB = hepatitis B

Hib = *Haemophilus influenzae* type b

HPV = human papillomavirus

IPV = inactivated poliovirus

MCV = meningococcal

MMR = measles, mumps, rubella

PCV/PPSV = pneumococcal

RV = rotavirus

Var = varicella (chickenpox)

Sources: Centers for Disease Control and Prevention;
U.S. Department of Health and Human Services;
U.S. Food and Drug Administration

Range of routinely recommended ages
 Range for certain high-risk groups
 Range for catch-up immunization
 *In some cases

Keeping doctor visits

A good relationship with your doctor is important. Being on time and letting your doctor's office know if you must cancel helps build a good relationship. When you schedule a visit with a doctor, that time is important. Doctors see lots of patients and must make time for all of them.

If you need to cancel or change your visit with your doctor, let the doctor's office know at least 24 hours ahead of time. This will give the doctor more time to see other patients.

BIRTH	MONTHS								YEARS	
	1	2	4	6	12	15	18	19-23	2-3	4-6
HepB	HepB			HepB						
		RV	RV	RV						
		DTaP	DTaP	DTaP	DTaP*	DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV	PCV	PCV	PCV				PPSV	
		IPV	IPV	IPV						IPV
				Flu (yearly)						
					MMR		MMR*		MMR	
					Var		Var*		Var	
					HepA (2 doses)				HepA series	
									MCV	

YEARS		
7-10	11-12	13-18
	Tdap	Tdap
HPV*	HPV (3 doses)	HPV series
MCV	MCV	MCV
Flu (yearly)		
PPSV		
HepA series		
HepB series		
IPV series		
MMR series		
Var series		



DIABETES

Get Control—It Matters

We are happy to introduce a fun, easy-to-follow eating plan for people with diabetes. Delaware Physicians Care members between the ages of 18 and 75 with a diagnosis of diabetes are eligible for this program.

When your doctor bills us with a diagnosis of diabetes, we will send you a Get Control—It Matters package. It includes:

- An Idaho plate method placemat.
- The *Plate Method for Meal Planning* guide.
- The *Keep Your Diabetes Under Control* booklet.
- A 9-inch plate.

If you have any questions about diabetes or this program, call us at **1-866-543-2167**.



Meal planning is important for people with diabetes. Use the plate method placemat to plan your breakfast, lunch and dinner. It can help you with portion control and teach you healthy food choices. And look to the *Plate Method for Meal Planning* guide to help you choose what types of food to eat.

Other ways to keep control of your diabetes and stay healthy:

- Check your blood sugar twice a day, and write the number down.
- Take your medicine.
- Be active for 30 minutes a day.
- Check your feet.
- Control your cholesterol and blood pressure.
- Brush your teeth and floss daily.
- Follow up with your doctor at least four times a year—more often, if needed.

Know your BMI

Is your weight a healthy one?

You could step on a scale to see. But there's actually a better way to find out. Ask your doctor what your body mass index (BMI) is.

Your BMI is a number based on your height and weight. It's usually a good measure of how much body fat you have. That's important information. The more fat you have, the more likely you are to get serious health problems. These include diabetes, heart disease and certain cancers.

If your BMI is between 18.5 and 24.9, that's good. Your weight is in a healthy range. Do your best to keep it there.

A BMI of 25 to 29.9 generally means you're overweight. And a BMI of 30 or more means you're obese. Ask your doctor what steps you should take to lose weight and protect your health.

Source: American Dietetic Association

Checkups matter



Regular doctor visits are important. They can help find any problems early. That often means that treatment can be more effective. Seeing your doctor can also help keep a problem from developing in the first place.

Before your checkup, find out your family health history. Your doctor will need to know if your close family members had health problems such as:

- Heart trouble.
- Stroke.
- Diabetes.
- Cancer.

Also, tell your doctor about any changes in your own health. That includes:

- New lumps or skin changes.
- Pain.
- Trouble sleeping.
- Changes in eating or bathroom habits.

Your doctor can then tell you what screenings to have and when to have them.

You might need tests for:

Cholesterol. High cholesterol can put you

at high risk for heart disease. This blood test is for:

- Most men starting at age 35.
- Most women starting at age 45.

Blood pressure. Have this checked at least once every two years.

Diabetes. If you have high blood pressure or high cholesterol, get tested for diabetes.

Colorectal cancer. Most adults should have their first exam at age 50. There are different kinds of tests you can have. Ask your provider which one is right for you.

Women might also need tests for:

Breast cancer. Your provider may suggest that you get a mammogram every one or two years starting at age 40.

Cervical cancer. Pap smears should be done every one to three years after first having sex or when you turn 21.

Osteoporosis. A bone density scan should be done at least once beginning at age 65.

Your doctor can tell you more about which screenings are right for you.

Source: Agency for Healthcare Research and Quality

Speak to the experts

To find out what screenings are recommended for you, make an appointment to see your doctor.

To see preventive health schedules, go to www.DelawarePhysiciansCare.com, and click on "Prevention & Wellness." On the left side of the page, click on "Preventive Health."

Delaware HEALTH aware

DELAWARE HEALTH AWARE is published as a community service for the friends and patrons of DELAWARE PHYSICIANS CARE, 252 Chapman Road, Suite 250, Newark, DE 19702.

This is general health information and should not replace care you get from your provider. This information is not meant to replace advice you get from your provider. The plan does not provide health care services; you must receive health care services from your provider. Always ask your provider for information about your own health care needs.

Models may be used in photos and illustrations.

Community Relations Advocates
Paula Victoria
Judith Rodriguez

Chief Medical Officer
Stanley Lynch, MD

Member Services Manager
Karen Helensky

Member Services..... 1-866-543-2167

Behavioral Health..... 1-866-543-2383

www.DelawarePhysiciansCare.com

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When a stroke strikes, act fast

A stroke is a brain attack, cutting off vital blood flow and oxygen to the brain. Few people know the symptoms of stroke. Learning them—and acting fast when they occur—could save your life or the life of a loved one.

Use the F.A.S.T. test for recognizing and responding to stroke symptoms:

- **Face:** Ask the person to smile. Does one side of the face droop?
- **Arms:** Ask the person to raise both arms. Does one arm drift downward?
- **Speech:** Ask the person to repeat a simple sentence. Does the speech sound slurred or strange?
- **Time:** If you observe any of these signs, it's time to call 911 or get to the nearest stroke center or hospital.

Common stroke symptoms include:

- Sudden numbness or weakness of the face, arm or leg, especially on only one side of the body.
- Sudden confusion or trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, or loss of balance or coordination.
- Sudden severe headache with no known cause.

Remember that stroke strikes fast. You should too.

Source: National Stroke Association

MEMBER FIRSTNAME LASTNAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP CODE

Date

MEMBER FIRSTNAME LASTNAME
MEMBER ID #


Better Health

Member ID# 00000000-00 Date of Birth 00/00/0000
Member Name Last Name, First Name Sex X

PCP Last Name, First Name Effective Date 00/00/0000
PCP Phone 000-000-0000

THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.
www.aetnabetterhealth.com


Better Health

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www.aetnabetterhealth.com

Member Services 1-8XX-XXX-XXXX **Hearing impaired: LA Relay 7-1-1**

Urgent Care: Call your Primary Care Physician (PCP)

Emergency Care: Call **911** or go to the nearest emergency room when your medical situation is very serious – when it may be life or death. Call your PCP as soon as you can.

To verify member eligibility go to www.aetnabetterhealth.com or call **1-8XX-XXX-XXXX**.

Prior authorization is required for all inpatient admissions and selected outpatient services. To notify of an admission, please call **1-8XX-XXX-XXXX**.

Send Medical Claims To:
Aetna Better Health
PO Box XXXXX
Phoenix, AZ 85082-XXXX

Electronic Claims:
Payer ID# XXXX

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Aetna Better Health
PO Box XXXXX
Phoenix, AZ 85082-XXXX

Electronic Claims:
Payer ID# XXXX

Aetna Better Health Privacy Note

This letter tells you how your health history may be used and given out. It also tells what you need to do to see it. Please read this letter closely. Please call us if you have any questions about this letter. Our toll free number is 1-XXX-XXX-XXXX.

What do we do with your health history?

We sometimes need to see your health history to answer your questions.

Help take care of you: We may use your health history to help with your health care. We also use it to decide what services your benefits cover. We may tell you about services you can get. This could be shots, checkups, or medical tests. We may also remind you of appointments. We may share your health history with other people who give you care. This could be doctors, hospitals, drug stores, and others. If you are no longer with our plan, with your okay, we will give your health history to your new doctor.

Family and friends: We may give out your health history to your family or friend who is helping you with your care or helping pay for your care. Example: if you have an accident, we may need to talk with one of these people. Please tell us if you do not want us to give your health history to your family or friend. Our address and phone number are at the end of this letter.

For payment: We may give your health history to others who pay for your care. Your doctor must give a claim form to us that contains your health history. We may also use your health history to go over the care your doctor gives you. We can also check your use of health services.

Health care operations: We may use your health history to help us do our job. We may use your health history for:

- Health promotion and disease prevention
- Quality improvement
- Insurance administration
- Case management
- Accounting and audits
- Business management and planning
- Legal matters
- Fraud prevention

A case manager may work with your doctor. The case manager may tell you about programs or places that can help you with your health problem.

Public purposes: We may use or give out your health history for some public reasons. Such as:

- *Required by law:* Federal, state, or local laws sometimes need us to give your health history to others.
 - For workers' compensation if you get hurt on the job
- *Public safety:* We may give out your health history for public safety and police purposes.
 - If they give us a search warrant or a grand jury witness request
 - To help them name or find someone
 - To stop harm to someone
 - For other reasons
- *Research:* We may use your health history for research. We will ask for your okay before we do this. We will make sure that no one will know it is your health history.
- *Oversight:* We can be checked by state and federal agencies to make sure your doctors are doing a good job and we are doing a good job. When these agencies do their checks, we must let them see our history.
- *Disputes:* We may give out your health history if it is required in a lawsuit or legal matter.

Special care for HIV testing history: We may have HIV testing history about you. We will first ask you to give us your written okay to give this history to others for special reasons.

Uses of your history: By joining the plan, you let us use your health history if we need to. We will first ask you for your okay to give out your history.

You may cancel your okay at any time. If we have already done something based on your okay, we cannot change it. To cancel your okay, write to us at the address at the end of this letter.

Sometimes we do not need your okay to use your health history. For example, we may use or give out your health history if:

- It is required by law or a court order for certain purposes; or
- It is required by LA state department.

Effective date:

What are your rights?

Right to see your health history:

- You have the right to look at your health history and to get a copy of it. To get a copy of your health history, write to us at the address at the end of this letter.
- You can ask for your medical records. Call your doctor's office or the health care facility where you were treated to get a copy of these records.

Right to ask for a change to your history:

- If you look at your history and see that something is not right, you can ask us to change it.
- To ask us to change your history, please write to us at the address at the end of this letter. You must clearly tell us what you want to change.

Right to get a list of people or groups that have a copy of your health history:

- You have the right to get a list of the people and groups that we gave your health history to.
- If you want to get that list, please write to us at the address at the end of this letter.

Right to ask for a safe way to be in touch with you:

- If you think the way we keep in touch with you is unsafe, please let us know. We will do our best to be in touch with you in a way that is more private.

Right to ask for special care for your health history:

- We may use your health history in the ways we talked about in this letter.
- You can ask us not to use your history in these ways.
- We are not required to agree to this, but we will think about it carefully.
- If we do agree to how you want us to use your health history, we will tell you.
- If you want to ask for this change, please write to us at the address at the end of this letter.

Right to get a paper copy of this letter:

- You have the right to a paper copy of this letter.
- To get a copy of this letter, visit our website at **www.aetnabetterhealth.com**.
- You can also ask for a copy. Write to us at the address at the end of this letter. We will mail you a copy.

Will we change this letter?

By law, we must keep private your health history. We must follow what we say in this letter. We also have the right to change this letter. If we change this letter, the changes apply to all of your information we have or will get in the future. You can get a copy of the most recent letter on our website at **www.aetnabetterhealth.com**.

What if you have questions?

Call us if you have questions toll free at 1-8XX-XXX-XXXX. You may also write us at:

Aetna Better Health ■ Street Address ■ Baton Rouge, LA XXXXX

If you feel that your privacy rights – as explained in this Notice – have been violated, you may complain to Aetna Better Health or to the Secretary of Health & Human Services through the Office for Civil Rights (OCR). In order to file a complaint, please contact either Member Services at 1-XXX-XXX-XXXX or you may contact Aetna Better Health's Privacy Officer.

Please remember that we will not take any action against you for filing a complaint. This is one of your rights. If our investigation of your complaint confirms that there has been a breach of your privacy through the actions of one of our employees or contractors, we will take disciplinary action against the employee or contractor who has caused the violation.

Important information about your health care benefits. Call our Member Services Department at 1-XXX-XXX-XXXX, or if hearing impaired/TTY call LA Relay 7-1-1; for a translated version of this information.

Información importante sobre sus beneficios de atención médica. Llame a nuestro Departamento de Servicios al Miembro al 1-XXX-XXX-XXXX, o si tiene impedimentos auditivos/TTY debe llamar al relé 7-1-1 de LA para obtener una versión traducida de esta información.

Thông tin quan trọng về phúc lợi y tế của quý vị. Để có bản dịch về thông tin này, xin hãy gọi Ban Dịch vụ Thành viên của chúng tôi ở số 1-XXX-XXX-XXXX, hoặc LA Relay số 7-1-1 dành cho người khiếm thính/dùng TTY.



Street Address
Baton Rouge, LA XXXXX

Dear Member(s):

Welcome to Aetna Better HealthSM. Thank you for choosing us! We look forward to helping you with your health care needs. If you have questions or problems getting services, we are here to help you. The information below will help you get started.

How to Reach Us	1-8XX-XXX-XXXX
Member Identification (ID) Card	Included in this packet is your member ID card for each eligible member of your family. Carry it with you and use it whenever you go to the doctor or hospital. It's very important so keep it safe. Never let anyone else use your ID card.
List of Doctors	You can choose a primary care provider (PCP). Be sure to visit our website at www.aetnabetterhealth.com for a current list. You can also call Member Services for a printed directory of our providers. If you want to change your PCP, call Member Services at 1-8XX-XXX-XXXX . We will help you do this.
Member Handbook	Your handbook explains how to use the health plan to get health services. It should also answer your questions. Take a couple of minutes to read it and keep it in a safe place. If you need help understanding it, please call us.
Your Primary Care Provider (PCP)	Your PCP will arrange for all your health care, including sending you to specialists. The name and phone number of your assigned PCP are listed on your member ID card. If you want to change your PCP, choose one from the list of doctors, then call us to make the change.
Your First Appointment	The sooner you meet with your PCP, the better, even if you aren't sick! That way they can get to know you and keep you well. It is especially important if you are pregnant! If you are pregnant and don't have a doctor, call us and we'll help you find one. If you have a doctor make sure he/she is on our list.
Other Languages/ Format	Important information about your health care benefits. Call our Member Services Department at 1-8XX-XXX-XXXX , or if hearing impaired/TTY call LA Relay 7-1-1; for a translated version of this information. Información importante sobre sus beneficios de atención médica. Llame a nuestro Departamento de Servicios al Miembro al 1-8XX-XXX-XXXX , o si tiene impedimentos auditivos/TTY debe llamar al relé 7-1-1 de LA para obtener una versión traducida de este información. Thông tin quan trọng về phúc lợi y tế của quý vị. Để có bản dịch về thông tin này, xin hãy gọi Ban Dịch vụ Thành viên của chúng tôi ở số 1-8XX-XXX-XXXX 2, hoặc LA Relay số 7-1-1 dành cho người khiếm thính/dùng TTY.

Sincerely,
Member Services



Aetna Better HealthSM

We're glad you chose Aetna Better Health. You have many hospitals and doctors to choose from. They are there to help you get the health care you need.

Your Welcome Packet includes:

- **Your ID card:** Please keep it in a safe place. Always bring it with you to your provider appointments.

Never share your ID card with anyone. If you lose your ID card, call Member Services at 1-8XX-XXX-XXXX or LA Relay at 7-1-1. We will send you another.

- **Your Member Handbook:** It contains a lot of important information as well as frequently asked questions.
- **Your Notice of Privacy Practices:** This explains how we protect information about you

Any changes? Let us know.

There are some changes you must report right away. Call Member Services if you:

- Have a change in the size of your household
- Move to a new address or change your phone number
- Change jobs, start making more money or stop working
- Have other insurance besides Aetna Better Health



What is a PCP?

A PCP is a Primary Care Provider. In Aetna Better Health, your PCP is the doctor, nurse, physician assistant or clinic that you choose from our system to be your main health care provider. Your doctor is your health care partner. Your PCP will give or set up most of the health care you receive as an Aetna Better Health member.

Your PCP will help you get all the covered services you need. It is important that you talk to your PCP about any health problems you may have. He or she will do your well checkups and give you and your children your shots.

You can call your PCP for well checkups or when you are sick with things like earaches, sore throats, minor pains or the flu. Your PCP will give you referrals if you need to see a specialist and prescriptions for any medicines you may need.

Always listen to your PCP about your health care and check with your PCP before you get medical services from other doctors.

Find a PCP

You can find a PCP on our website, www.aetnabetterhealth.com. You can also call us at 1-8XX-XXX-XXXX or LA Relay at 7-1-1 for help.

PCP appointments

To see your PCP, call the office to make an appointment. Be sure to take your ID cards and a list of any medicines you are taking. If you are going to your child's PCP, take both the ID cards and your child's shot record.

Sometimes you or your children will need to see the PCP quickly. For example, your child might have an earache. Call the PCP's office right away and explain your



Well-child checkups

Aetna Better Health wants to help your children grow up healthy and strong. That's why there is a program for members under 21 years old called Early Periodic Screening Diagnosis and Treatment (EPSDT). EPSDT makes sure children and teens get the checkups and shots they need to stay healthy. They are called well-child checkups since children need them even when they're not sick.

It's important for children to go to their PCP for regular checkups. All children should have eleven checkups by the age of three. After the age of three, your child should have a well-child checkup every year. Keep your child healthy by scheduling a checkup with your child's PCP today.

During a well-child checkup, your PCP:

- Does a complete physical exam
- Checks your child's development and nutrition
- Checks your child's vision, hearing and teeth
- Gives shots (immunizations) as needed
- Orders lab work (e.g. blood and lead test) as needed
- Gives you health information about your child
- Finds health problems before they become serious
- Gets to know your child so when your child is sick, the PCP can take better care of him/her

RECOMMENDED CHECKUPS FOR CHILDREN UNDER AGE 3

Newborn (2-3 days)

By age one month

2-3 months

4-5 months

6-8 months

9-11 months

12-14 months

15-17 months

18-23 months

24 months

30 months

What is a PCP? *(continued from page 1)*

child's symptoms. Ask to bring your child in that day. Most offices keep some time open just for these events.

The emergency room should only be used for emergencies. If it is not an emergency, call your PCP first.

Canceling your doctor's appointments

When you schedule a visit with a doctor, that time is important. Doctors see lots of patients and must make time for all of them. If you need to cancel or change your visit with your doctor, let the doctor's office know at least 24 hours ahead of time. This will give the doctor more time to see other patients. A good relationship with your doctor is important. Being on time and letting your doctor's office know if you must cancel helps build a good relationship.

Is it really an emergency?

If there is a real emergency where every second counts, go to the nearest emergency room (ER) as soon as you can. A real emergency is when serious damage or even death is likely unless care is given right away.

Some examples are:

- sharp chest pains
- stroke
- very bad burns
- heavy bleeding
- poisoning
- not breathing
- loss of consciousness

If someone has these kinds of symptoms, call 9-1-1. If you go to the ER, make sure you follow up with your PCP. It's important for your PCP to know what care was done and what medicines were given to you in case you need more care. Remember, use the ER only for an emergency.

Member Services

You can call Member Services when you have questions. Call 1-8XX-XXX-XXXX or LA Relay at 7-1-1.

Here are some of the other things they can help you with:

- Choosing a Primary Care Provider (PCP)
- Changing your PCP
- Updating your address or phone number
- Getting a new ID card
- Answering questions about your benefits or services
- Giving information on your PCP's office hours and location
- Complaints about the quality of service you received
- A problem you are having with your doctor

Aetna Better Health offers:

- PCP and specialist office visits
- Hospital services
- Lab services



Pregnant?

Prenatal Care

If you're having a baby, you need special care. As soon as you know you are pregnant, call Member Services at 1-8XX-XXX-XXXX or LA Relay at 7-1-1. Our team will work with you and your doctor to get you the care you need. Once you choose your obstetrician (OB), you can go directly to him or her without seeing your PCP first.

As soon as you know you are pregnant:

- See your OB/doctor
- Don't forget to stay away from things that can harm your baby, like tobacco and alcohol
- Take care of yourself
- Enjoy your pregnancy

Here's what you can expect your doctor to do at your first visit:

- Give you a pelvic exam
- Take and record your blood pressure and weight
- Test your urine for sugar levels and infections
- Test your blood to determine type and to check for anemia, sexually transmitted diseases (STDs) and HIV
- Ask questions to determine possible risks and your baby's due date

This is a happy and exciting time for you. Aetna Better Health wants to make it a healthy one, too. If you have questions or notice any problems, call your OB as soon as possible.

The health information contained in this newsletter is general in nature and is not a substitute for professional health care. It is not meant to replace the advice of health care professionals. If you have specific health care needs, or for complete health information, please see or ask your health care provider.



Important phone numbers

Member Services
1-8XX-XXX-XXXX

Urgent care – call your doctor

Emergency – call 9-1-1

LA Relay
(hearing impaired)
7-1-1

Transportation
1-8XX-XXX-XXXX

Languages and formats

If you have any questions, please call **Member Services** at **1-8XX-XXX-XXXX**.

If you have trouble hearing, call LA Relay at 7-1-1. They will help connect you with Aetna Better Health.

Call **Member Services** at **1-8XX-XXX-XXXX** for other formats and languages.

We offer verbal and sign language interpreters if you need help talking to your doctor during your visit. We offer help in your language at no cost to you.

Important information about your health care benefits. Call our Member Services Department at 1-8XX-XXX-XXXX, or if hearing impaired/TTY call LA Relay 7-1-1; for a translated version of this information.

Información importante sobre sus beneficios de atención médica. Llame a nuestro Departamento de Servicios al Miembro al 1-8XX-XXX-XXXX, o si tiene impedimentos auditivos/TTY debe llamar al relé 7-1-1 de LA para obtener una versión traducida de este información.

Thông tin quan trọng về phúc lợi y tế của quý vị. Để có bản dịch về thông tin này, xin hãy gọi Ban Dịch vụ Thành viên của chúng tôi ở số 1-8XX-XXX-XXXX, hoặc LA Relay số 7-1-1 dành cho người khiếm thính/dùng TTY.

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