



BlueChoice[®]
HealthPlan of South Carolina

Medicaid



***BlueChoice HealthPlan Medicaid
Evidence of Coverage (EOC)***

BlueChoice HealthPlan Medicaid

Evidence of Coverage

Podemos traducir esto gratuitamente. Llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación (ID card).

This Evidence of Coverage (EOC) tells you how BlueChoice HealthPlan Medicaid of South Carolina works. It also tells you which services are covered and which services are not covered.

Any questions? Call BlueChoice HealthPlan Medicaid toll free at:

Customer Care Center

1-866-781-5094

1-866-773-9634 (TTY)

Monday through Friday

8 a.m. to 6 p.m. EST

Healthy Connections Choices

1-877-552-4642

1-877-552-4670 (TTY)

Call this number for these reasons:

- If you move.
- If you have changes to your health insurance.
- If you want to know more about services BlueChoice HealthPlan Medicaid does not cover.

(TTY lines are for members with hearing or speech loss only.)



Customer Care Center: **1-866-781-5094**

TTY: **1-866-773-9634**

MedCall®: **1-866-577-9710**

TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.

www.BlueChoiceSCMedicaid.com

Welcome to BlueChoice HealthPlan's Medicaid Program

Thank you for choosing our plan. You now are a member of BlueChoice HealthPlan Medicaid. BlueChoice HealthPlan Medicaid works with the state of South Carolina to bring you the Medicaid program. Now that you are part of our health plan family, we want to help you get the best from your membership and us. This book is called an "Evidence of Coverage" (EOC). It tells you how to use your new health plan.

Here is what you will find inside:

- How your health plan works.
- Which services are covered and which are not.
- Covered services given beyond regular Medicaid.
- How to get help if you don't understand part of your plan.
- How you may get help if you have a problem with BlueChoice HealthPlan Medicaid or a health care provider.
- Your member rights.
- Your member responsibilities.
- How we keep your information private.
- Free health programs to help keep you well.
- Phone numbers to call if you need to talk to a registered nurse or want access to more than 300 audio health topics. (MedCall® phone numbers are listed at the bottom of each page.)

- Our Customer Care Center and TTY phone numbers listed at the bottom of each page.

Check for your BlueChoice HealthPlan Medicaid Member ID card

Your ID card was sent to you separately. Did you get it? If not, call our Customer Care Center toll free at **1-866-781-5094**. If you have hearing or speech loss, you may call our Customer Care Center TTY line at **1-866-773-9634**.

Your ID card lists your main doctor. We call this person a primary care provider, or PCP. To change your PCP, please refer to **Part 4 How to use your health plan**. Then, fill out the PCP Selection Form sent with this book and mail it back to us. The form already has our address on it. No stamp is needed. You also may call us.

Remember to take your BlueChoice HealthPlan Medicaid ID card and your South Carolina Healthy Connections ID card to your doctor visits.

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BlueChoice HealthPlan Medicaid

Tell us if you move.

If you move anywhere in South Carolina, we still could be your health plan. When you move, please remember to call Healthy Connections Choices at **1-877-552-4642** or **1-877-552-4670** (TTY). Also call or write to us and give us your new address so that we may keep sending you newsletters and updates about your plan. Our phone number is **1-866-781-5094**. If you have hearing or speech loss, you may call our TTY line at **1-866-773-9634**.

Here's our address:

BlueChoice HealthPlan Medicaid
PO Box 100124
Columbia, SC 29202-3124

Other changes that affect your health care? Call us.

Call us if you have any changes to your health insurance coverage. For instance, other health insurance through another health plan. Also, call Healthy Connections Choices when there is a change. That phone number is **1-877-552-4642**. If you have hearing or speech loss, you may call the TTY line at **1-877-552-4670**.

Questions? Comments?

If you have any questions, please call our Customer Care Center toll free at **1-866-781-5094**, Monday through Friday from 8 a.m. to 6 p.m. If you have hearing or speech loss, you may call our Customer Care Center TTY line at **1-866-773-9634**. If you

call after hours and have a question that is not urgent, leave a message with our answering service. We will call you back the next business day. You also may call MedCall, the 24-hour nurse help line, toll free at **1-866-577-9710** 24 hours a day, seven days a week. The MedCall TTY line for members with hearing or speech loss is **1-800-368-4424**.

One-on-one help close to your home

We have staff members who live in your community to help you. They are called community resource coordinators. To learn more about our community resource coordinators, call us.

Your local community resource coordinator is there to help you. For instance, if you need help setting up a visit with your PCP, picking a PCP or getting interpreter service, you may call us.

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BlueChoice HealthPlan Medicaid

How to use this book

We made this book easy to use by breaking it into parts. You may read any part at any time. To save you time we suggest you read some parts before others.

Read these parts first:

- Important things to do.
- How to use your health plan.
- Emergency and urgent care services.
- Benefits quick reference guide.

Then, take some time and read:

- What BlueChoice HealthPlan Medicaid covers.
- What BlueChoice HealthPlan Medicaid and regular Medicaid do not cover.

These parts are important to read as well:

- Programs to help keep you well.
- Other things you may need to know.
- Your health care rights and responsibilities.
- Important phone numbers.

Picture in this book



Prior OK

This symbol tells you when you need an OK from BlueChoice HealthPlan Medicaid or your PCP before you get care.



Customer Care Center: **1-866-781-5094**

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Customer Care Center: **1-866-781-5094**

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Part 1 Important things to do

Keep your South Carolina Healthy Connections ID card and BlueChoice HealthPlan Medicaid ID card with you at all times. Show them each time you need health care services. Do not let anyone else use your ID cards.

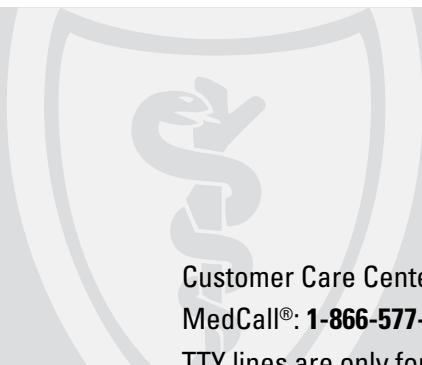
Check that the PCP on your BlueChoice HealthPlan Medicaid ID card is the one you want. Your ID card lists your PCP. A PCP is a provider who will be your main doctor. Your PCP will give you an OK for treatment if needed. If you want a different PCP, let us know right away.

Set up an initial health exam with your PCP right away. All new BlueChoice HealthPlan Medicaid members should see their PCPs within 90 days of joining our health plan. The first meeting with your new PCP is important. It is a time to get to know each other and talk about your health. Your PCP will help you understand your medical needs, and try to teach you ways to improve, or maintain, your health. Call your PCP's office to set up a doctor visit today.

Call your PCP before you get medical care, unless it is an emergency. The staff in your PCP's office will help you set up a doctor visit for care.

If it is an emergency, get help right away. Call **911** (or your local emergency phone number) or go to the nearest emergency room for medical care. You do not need an OK from us or your PCP for emergency care. It does not matter if you are inside or outside of our service area. You are covered for emergency services in the United States even if the provider is not part of your network.

If you are not sure what to do, you may call MedCall, the 24-hour nurse help line. The toll-free phone number is **1-866-577-9710**. The MedCall TTY line for members with hearing or speech loss is **1-800-368-4424**. Have your BlueChoice HealthPlan Medicaid ID card ready when you call. The nurse will ask for your member ID number.



Customer Care Center: **1-866-781-5094**

TTY: **1-866-773-9634**

MedCall®: **1-866-577-9710**

TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.

www.BlueChoiceSCMedicaid.com

Part 2 Important phone numbers

Customer Care Center 1-866-781-5094

Call this number if you want to know more about your BlueChoice HealthPlan Medicaid health plan. You also may call this number for an interpreter.

Customer Care Center TTY 1-866-773-9634

MedCall – 24-hour nurse help line 1-866-577-9710

Call this number to talk in private with a nurse. You may call this toll-free line 24 hours a day, seven days a week. You also may call this number for an interpreter.

MedCall TTY 1-800-368-4424

Vision Service Plan Customer Service 1-800-877-7195

Vision Service Plan TTY 1-800-428-4833

BlueChoice HealthPlan Medicaid of South Carolina offers vision benefits through Vision Service Plan (VSP). VSP is an independent company (not part of BlueChoice HealthPlan Medicaid).

National Poison Control Center 1 800-222-1222

(calls are sent to the closest local office)

Call this number to talk with a nurse or doctor and get free poison control advice and treatment. You may call this toll-free number 24 hours a day, seven days a week.

Relay South Carolina 1-800-735-8583 or 711

Members with hearing or speech loss may call this number to work with a trained person who can help them speak to a person who uses a normal phone.

Healthy Connection Choices 1-877-552-4642

Call this number for these reasons:

- If you move.
- If you have changes to your health insurance.
- If you want to know more about BlueChoice HealthPlan Medicaid services.
- If you want to know what Medicaid does not cover.

Healthy Connection Choices TTY 1-877-552-4670

TTY lines are only for members with hearing and speech loss.

Customer Care Center: **1-866-781-5094**

TTY: **1-866-773-9634**

MedCall®: **1-866-577-9710**



TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.


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Part 3 Benefit quick reference guide


Please refer to **Part 5, What BlueChoice HealthPlan Medicaid covers**, for a full list of your plan's benefits. All services must be medically necessary.

Benefit	Coverage	Limits
 Audiology	<ul style="list-style-type: none"> • Hearing exams • Ear molds • Hearing aids and supplies 	Only for children under 21 years of age
Chiropractic services \$1.15 copay	Using the hands to put the bones of the spine back in line	Limited to six visits per year
Chronic renal disease	<ul style="list-style-type: none"> • Hemodialysis • Peritoneal dialysis • Other dialysis procedures 	
Communicable disease services	<ul style="list-style-type: none"> • Exams and reviews • Taking steps to find out what's wrong with you and treat you • Contact tracing • Certain outreach for directly observed therapy (DOT) for TB 	
Durable Medical Equipment (DME) and disposable supplies  All custom-made DME needs an OK Some other DME needs an OK from BlueChoice HealthPlan Medicaid \$3.40 copay	Medically necessary equipment and supplies, including: <ul style="list-style-type: none"> • Medical products • Surgical supplies • Wheelchairs • Traction equipment • Walkers • Canes • Crutches • Ventilators • Prosthetic devices • Orthotic devices • Oxygen • Hearing aids and accessories • Diabetes supplies 	We do not cover: <ul style="list-style-type: none"> • Wheelchair accessories, including but not limited to: <ul style="list-style-type: none"> - Pillows - Umbrella holders - Crutch and cane holders • Insulin pumps for Type II diabetics. Hearing aids and accessories are only for children under 21 years of age.
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services	Preventive health care services, including: <ul style="list-style-type: none"> • Health screens • Physical exams • Vaccines • Lab tests, including blood lead level • Teaching you about health topics • Hearing tests • Dental and vision screenings 	Services end the month of a child's 21st birthday.



Part 3 Benefit quick reference guide

Benefit	Coverage	Limits
Emergency services	All emergency services received in the U.S. are covered. You do not need an OK from us for any of these services.	We do not cover emergency services received outside the U.S.
Emergency transportation	Emergency transport given by: <ul style="list-style-type: none"> • Ambulance • Air ambulance 	
Family planning	<ul style="list-style-type: none"> • Medical visits for birth control • Teaching you about family planning • Counseling • Birth control • Pregnancy tests • Lab tests • Tests for sexually transmitted infections (STIs) • Sterilization 	<p>We do not cover:</p> <ul style="list-style-type: none"> • Surgery to reverse sterilization • Hysterectomy for sterilization reasons • Fertility treatments such as artificial insemination and in vitro fertilization
Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) services \$3.30 copay for clinic visits	<ul style="list-style-type: none"> • Preventive care • Primary care • Communicable disease services to help control and prevent disease 	
 Home health care \$3.30 copay per visit	<ul style="list-style-type: none"> • Skilled nursing visits that take place from time to time • Home health aides • Medical supplies and equipment fit for use in the home • Physical, occupational and speech therapy • Supplies ordered by a doctor 	<ul style="list-style-type: none"> • We do not cover personal care services. • We cover only 50 home health visits per calendar year.


Part 3 Benefit quick reference guide

Benefit	Coverage	Limits
 <p>Hospital-inpatient</p> <p>\$25 copay</p>	<ul style="list-style-type: none"> • A semi-private room • Maternity services • Special treatment rooms • Operating rooms • Supplies • Medical tests and X-rays • Drugs the hospital gives you during your stay • Giving you someone else's blood • Radiation therapy • Chemotherapy • Dialysis treatment • Meals and special diets • General nursing services • Anesthesia • Anesthesia for dental procedures when it is an emergency • Setting up a plan for when you leave the hospital (this includes future care if you need it) • Rehab in the hospital • Surgery to repair the breast after a complete or partial removal for any medical reason 	<ul style="list-style-type: none"> • Private rooms are not covered unless medically necessary.

Part 3 Benefit quick reference guide

Benefit	Coverage	Limits
 <p>Hospital-outpatient</p> <p>\$3.40 copay</p> <p>No copay for ER visits</p>	<ul style="list-style-type: none"> • Care to prevent illness • Care to find out what is wrong with you • Care to treat your health issue • Rehab • Surgical care • Emergency care • Psychiatric assessment • Substance abuse assessment • Treatment of renal disease • Neurodevelopmental or mental developmental assessment and testing • Physical, occupational or speech therapy • Family planning • Dialysis • Emergency room use • Drugs ordered by a doctor • Giving you someone else's blood • Services to prevent problems or find out what is wrong with you • Surgery that does not end in a hospital stay • Sterilization 	<ul style="list-style-type: none"> • Neurodevelopmental or mental developmental assessments and testing are only for eligible members under 21 years of age.
<p>Institutional long-term care and nursing homes</p>	<p>We cover nursing home and rehab services at the skilled intermediate or subacute level of care.</p>	<ul style="list-style-type: none"> • BlueChoice HealthPlan Medicaid covers care when you are approved for and admitted to a long-term care facility. • If you stay in the facility for the rest of the month in which you were admitted and the rest of the next month, you will be disenrolled from BlueChoice HealthPlan Medicaid as soon as SCDHHS may disenroll you and you may re-enroll in regular Medicaid.
 <p>Lab and X-ray services</p>	<p>Lab and X-ray services ordered by your provider</p>	<ul style="list-style-type: none"> • Services must be medically necessary and ordered by a licensed provider. • Some X-ray services may need an OK from your PCP.


Part 3 Benefit quick reference guide

Benefit	Coverage	Limits
<p>Outpatient Pediatric AIDS Clinic Services (OPAC)</p>	<p>Services for HIV-related and exposed BlueChoice HealthPlan Medicaid children and their families including:</p> <ul style="list-style-type: none"> • Specialty care • Consults • Counseling • Clinical and lab tests 	
<p> Pharmacy and over-the-counter products</p> <p>If you are 19 years of age and older you will have a \$3.40 copay each time you get generic or brand-name prescription drugs</p>	<p>See the BlueChoice HealthPlan Medicaid preferred drug list on our website for the most up-to-date preferred drug list</p>	<ul style="list-style-type: none"> • We limit substances that are not controlled to a 31-day supply. • An OK from BlueChoice HealthPlan Medicaid is required for some drugs. • Members who are 21 years of age and older have a limit of four prescriptions per month. If your PCP feels it is medically necessary, prescriptions may be added with an OK from BlueChoice HealthPlan Medicaid. • The items listed below are not part of that limit: <ul style="list-style-type: none"> - Insulin or syringes - Injections that are given in the home - Pentamidine - Clozapine therapy - Family planning drugs and devices <p>We do not cover:</p> <ul style="list-style-type: none"> • Drugs for erectile dysfunction. • Diet aids. • Cosmetic hair-growth drugs.
<p>Doctor services</p> <p>\$3.30 copay for PCP and specialist visits</p>	<ul style="list-style-type: none"> • Visits to PCPs, specialists or other providers • Routine physicals for children until the end of the month of their 21st birthdays • Adult well visits 	<p>We do not cover routine physicals for a job, school, camp or sports program.</p>

Part 3 Benefit quick reference guide

Benefit	Coverage	Limits
Podiatry	<ul style="list-style-type: none"> • Medical or surgical treatment of disease, injury or defects of the foot • Routine foot care that includes cutting or removing corns and calluses, as well as nail trimming under certain conditions 	<p>We do not cover podiatry for adults 21 years of age and older. If you are 19-20 years of age, you will have a \$3.30 copay. To learn more about this, see Part 5 What BlueChoice HealthPlan Medicaid covers.</p>
Pregnancy and maternity services	<ul style="list-style-type: none"> • Doctor visits and all expert care for pregnancy, problems that have to do with pregnancy and after-delivery care when medically necessary • Services you get from a certified nurse-midwife • Tests you need such as sonograms • HIV testing, treatment and counseling (A pregnant member may refuse to take an HIV test) • Birthing center services • Vaginal childbirth and Cesarean section (C-section) • You may stay in the hospital 48 hours after a vaginal delivery You may stay in the hospital 96 hours after a C-section • Newborn hearing screenings • A follow-up visit for the mother and the baby within two days of an early discharge (a hospital stay of less than two days for vaginal childbirth and less than four days for a C-section) when the treating doctor orders it 	
Preventive and rehabilitative services for primary care enhancement	<p>Members who may have medical risk factors get their:</p> <ul style="list-style-type: none"> • Health status assessed • Risk factors identified • Goal-oriented plan of care done or changed 	<p>We cover a combined total of 75 visits per year for private rehabilitative services (physical, occupational, speech and language therapy).</p>

Part 3 Benefit quick reference guide

Benefit	Coverage	Limits
<p>Psychiatric assessment services</p>	<p>Psychiatric assessment services that you may get in your PCP's office. The following visits may be given by these providers:</p> <ul style="list-style-type: none"> • Psychiatric diagnostic interview exam provided by a doctor and private psychiatrist. • Psychiatric interview by a private psychiatrist only. • Behavioral health services given in the ER. 	<p>We limit assessments to one per member every six months. We may OK more reviews when medically necessary.</p>
<p> Transplant services</p>	<p>Transplant services are covered by regular Medicaid except for the following:</p> <p>Kidney: BlueChoice HealthPlan Medicaid is responsible for all related services 72 hours prior to admission, post-transplant services upon discharge by medical University Hospital Authority (MUHA) and post-transplant pharmacy services. The kidney transplant is covered by regular Medicaid.</p> <p>Corneal: BlueChoice HealthPlan Medicaid is responsible for the transplant as well as:</p> <ul style="list-style-type: none"> • Pre-transplant services up to 72 hours before admission • Post-transplant services after discharge by Medical University Hospital Authority • Post-transplant pharmaceutical services 	<p>Bone marrow (autologous inpatient and outpatient, allogenic related and unrelated, cord and mismatched), pancreas, heart, liver, liver with small bowel, liver/pancreas, liver/kidney, kidney/pancreas, lung and heart/lung, multivisceral, small bowel.</p> <p>BlueChoice HealthPlan Medicaid is responsible for all related services 72 hours prior to admission, post-transplant services (upon discharge) and post-transplant pharmacy services.</p> <p>Bone marrow transplants are covered by regular Medicaid.</p>
<p>Vision services</p> <p>Vision services will have a \$3.30 copay for adults 19 years of age and older</p>	<p>For members under 21 years of age, we cover one eye exam every 12 months. (Standard frames and lenses covered by SCDHHS)</p>	<p>Only medically necessary services will be covered for adults 19 years of age and older.</p>

Part 3 Benefit quick reference guide

Copays

Members will now make low copays for some care. You will get health care even if you can't pay the copay when you get the care. But you may have to pay the copay later. It will be up to your doctor or other provider to collect the full copay.

The services below will have these copays:

- Doctor office visits (doctor, nurse practitioner)- \$3.30 copay for PCP and specialist visits.
- Chiropractor- \$1.15 copay.
- Medical equipment and supplies- \$3.40 copay.
- Home health visits- \$3.30 copay per visit.
- Drugs your doctor orders (per drug)- \$3.40 copay for generic or brand drugs.
- Care given during hospital stay (inpatient)- \$25 copay.
- Care given at a hospital (outpatient) - other than ER visits - \$3.40.
- Optometrist (eye doctor)- \$3.30.

These members will have no copays:

- Children under 19 years of age.
- Pregnant women.
- Members in institutions (nursing facilities or intermediate care facilities for the mentally retarded).
- Members getting emergency care in the ER.

- Members getting Medicaid hospice benefits.
- Members of a federally recognized American Indian tribe won't pay most copays. Tribal members won't pay for services from the Catawba Service Unit in Rock Hill, South Carolina or when referred to a specialist or other medical provider by the Catawba Service Unit.

There are no copays for these services:

- Medical equipment and supplies given by the Department of Health and Environmental Control (DHEC).
- Family planning care.
- End stage renal disease care.
- Infusion center care.

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TTY: **1-800-368-4424**

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www.BlueChoiceSCMedicaid.com

Part 4 How to use your health plan

Got questions? We've got answers.

As a member of BlueChoice HealthPlan Medicaid, you may call our Customer Care Center or TTY number listed at the bottom of each right-hand page or visit our website at www.BlueChoiceSCMedicaid.com for help with any question you might have. Call us to learn more about:

- Names, addresses and phone numbers for PCPs, specialists and hospitals in your area.
- Languages (other than English) spoken by our providers.
- Providers who are taking new patients.
- Any limits on your choice of providers.
- Your rights and responsibilities as a member of our health plan.
- Steps to take for grievances, appeals and state fair hearings.
- Your health plan benefits.
- How to understand your benefits.
- Any limits on your benefits.
- How to get an OK for certain care.
- How to get benefits for family planning care from doctors or clinics not in your network.
- Details on family planning care that you cannot get with this health plan.
- How to get specialty care, referrals and other benefits not given by your PCP.
- What to expect if you have an emergency and how to handle the medical care afterward.

- How to get this book in another format such as audio CD or large print at no charge to you.

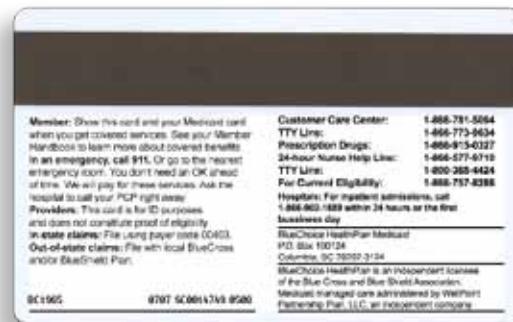
Your ID cards

Always carry your South Carolina Healthy Connections ID card and your BlueChoice HealthPlan Medicaid ID card with you. Show both of these cards to your PCP, hospital staff or other provider when you get health care. Only you may get health care with your BlueChoice HealthPlan Medicaid ID card. If you let someone else use your ID card, we may not be able to keep you on our plan.

Here is a sample of what your BlueChoice HealthPlan Medicaid ID card looks like:



(Front)



(Back)

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Part 4 How to use your health plan

Your ID card includes these items:

- Your name.
- Your member ID number.
- Your PCP's name.
- Our name, address and toll-free Customer Care Center phone number.
- The phone number for MedCall (24-hour nurse help line).
- What to do in an emergency.

You will get a new ID card if:

- You change your PCP.
- You lose your ID card.

If you did not get your BlueChoice HealthPlan Medicaid ID card yet or if you need a new one, call the Customer Care Center number at the bottom of this page.

Please let us know if your BlueChoice HealthPlan Medicaid ID card is stolen. We will tell SCDHHS and send you a new BlueChoice HealthPlan Medicaid ID card.

What is a PCP?

Your BlueChoice HealthPlan Medicaid ID card will have the name of the PCP you chose or the PCP assigned to you if you did not choose one. A PCP is your main health care provider. If you were under the care of a PCP who is not part of your network when you became a member of our health plan, you may be able to stay with that doctor for a short time. Please call us and let us know.

A PCP may be any of these types of providers:

- Pediatrician (a doctor who takes care of babies and children).
- Family and general practitioner (a doctor

who takes care of babies, children and adults).

- Internist (a doctor who takes care of adults by treating problems that have to do with the organs inside the body).
- Obstetrician/gynecologist, also called an OB/GYN (a doctor who only takes care of women).

Clinics, such as public health departments, federally qualified health centers (FQHCs) and rural health clinics (RHCs) also may be PCPs.

A woman may choose an OB/GYN as her PCP. She also may go to an OB/GYN without an OK from her PCP any time she needs to see a doctor.

PCPs for pregnant women and newborn babies

If you are pregnant, call us right away at the Customer Care Center number at the bottom of this page. If you are in the last three months of your pregnancy and you just became a member of this health plan, you will be able to stay with your current PCP whether that PCP is in our network or not.

When you call us, we will sign you up for our **Future Moms** program. This prenatal program will help you learn how to take care of yourself while you are pregnant. We also can help you choose a PCP for your baby.

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MedCall®: **1-866-577-9710**

TTY: **1-800-368-4424**

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Part 4 How to use your health plan

Enrolling a newborn baby

Call us as soon as you know you are pregnant. The Department of Health and Human Services (DHHS) will enroll a baby on the same plan as the mother's plan for the birth month. You may choose to enroll your newborn into another plan after you deliver by calling South Carolina Healthy Connections Choices at **1-877-552-4642**. Members with hearing or speech loss may call the Healthy Connections Choices TTY line at **1-877-552-4670**. If you have not yet called us to choose a PCP for your baby, you may call after your baby is born. Call us at the Customer Care Center number at the bottom of this page. You can change your newborn's health plan within 90 days of enrollment. If you do not choose a PCP for your baby, we will choose one for you.

Initial health exam

We ask all of our new members to see their PCPs within 90 days of joining our health plan. The first meeting with your new PCP is vital. The PCP will:

- Get to know you and talk about your health.

- Help you understand your medical needs.
- Teach you ways to make your health better or help you stay healthy.

Call your PCP today to set up this visit.

Making an appointment with your PCP

Call your PCP's office to set up a doctor visit and tell him or her that you are a BlueChoice HealthPlan Medicaid member. Have your BlueChoice HealthPlan Medicaid ID card with you when you call. You may be asked for your member ID number.

Make sure to bring your South Carolina Healthy Connections ID card and your BlueChoice HealthPlan Medicaid ID card with you to your doctor visit.

Be on time for your doctor visits. Call your PCP's office as soon as you can if:

- You will be late.
- You cannot keep your appointment.

This will help shorten everyone's time in the waiting room. Your PCP may not be able to see you if you are late. If you cancel your appointment, someone at your PCP's office can help you set up a new one.



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Part 4 How to use your health plan

Making an appointment when you are sick

Your PCP is there to see you if you are sick. If this is during office hours, call your PCP and tell the staff you are sick and want to see the doctor or speak to a nurse. The person who answers your call will need your name and a phone number where you may be reached. The office will call you.

What to do if your PCP's office is closed

If you need to call your PCP after office hours, you may leave your name and phone number with the answering service. Either your PCP or an on-call doctor will call you back. If you have an emergency, call 911 (or your local emergency number) or go to the nearest emergency room. You also may call MedCall (the 24-hour nurse help line) or the MedCall TTY line. The phone numbers are listed at the bottom of this page.

Changing your PCP

Most of the time, it is best to keep the same PCP. That way, your PCP gets to know your health needs and history. But you may change your PCP at any time for any reason. If you want to do so, call us. We want you to be happy with your PCP.

If you choose to change your PCP, please note that:

- When choosing a new PCP, you must choose a doctor who will see new patients. We can help you find one. A request to change your PCP may be denied if the PCP you want is not taking new patients.
- Your PCP change will go into effect on the first of the next month.
- You will get a new ID card from us with your new PCP's name on it.
- You should ask for your medical records to be sent to your new PCP.

Your PCP may ask you to change your PCP if:

- We no longer work with your PCP.
- You keep setting up doctor visits and not showing up for them.
- You are often late for your doctor visits.
- You are mean or rude to staff at your PCP's office.
- You disrupt your PCP's office.

If you choose to go to a provider who is not your PCP, call us first. We will try to make that provider your PCP. If you see a doctor who is not your PCP without an OK from us first, BlueChoice HealthPlan Medicaid may not pay for the service.

Provider Directory

If you need a Provider Directory or need help choosing a doctor that is right for you, call us. You also may find a PCP at www.BlueChoiceSCMedicaid.com. We add new providers and hospitals to the website

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directory as soon as they join your network. So you always will find the most current details. If you do not have access to the Internet, please call our Customer Care Center.

Visit our website at

www.BlueChoiceSCMedicaid.com.

- Click **Members**.
- Click **Provider Directory**.
- From the drop down menu, choose **Doctors**.
- You may then search by provider or facility name. Type in your city, state, and county and click on the box **Search for Primary Care Physicians only**. Choose a specialty such as Family Practice or Internal Medicine.
- Click **Submit**.

This will bring up a list of PCPs in your area. This list will show you if a doctor is taking new patients.

The Provider Directory lists providers in your network. It also lists the address, phone number and hours the provider's office is open.

Look in the Provider Directory to find a PCP who is right for you or your family member:

- PCPs for children are listed under "Family Medicine," "General Practice" or "Pediatrics."
- PCPs for pregnant women are listed under "Family Medicine" or "Obstetrics & Gynecology."
- PCPs for adults are listed under "Family Medicine," "General Practice" or "Internal Medicine."

You will need to choose a PCP who is taking new patients.

It is important to find the right PCP for you and your family. When choosing a PCP, you may have questions such as:

- Do I want a man or a woman for my PCP?
- What language does the PCP speak?
- Is the PCP's office open on weekends?

You can find these details in our Provider Directory as well.

To find out even more about a PCP or a specialist (such as the doctor's specialty, medical school, residency training or board certification) look at your Provider Directory or visit these websites:

- American Medical Association (AMA) at ama-assn.org
 - Click **Patients**
 - Click **DoctorFinder** (the button on the right side of the page)
- American Board of Medical Specialties (ABMS) at abms.org
 - Click **Consumers**

Physician incentive plans

You have the right to know if your PCP is part of a physician incentive plan through BlueChoice HealthPlan Medicaid. To learn more about this, call us at **1-866-781-5094**.

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Prior Authorization (an OK from BlueChoice HealthPlan Medicaid)

Your PCP will need to get an OK from us for some services to make sure they are covered. This means that both BlueChoice HealthPlan Medicaid and your PCP (or specialist) agree that the services are medically necessary.

“Medically necessary” means that the covered services or supplies you get are needed in order to find out what’s wrong with you and to best treat your illness, injury or disease. When a service is medically necessary and it is a covered benefit, BlueChoice HealthPlan Medicaid will pay for it.

Getting an OK will take no more than 14 calendar days, or if urgent, no more than three calendar days. See **Part 5, What BlueChoice HealthPlan Medicaid covers** to check service limits. Your PCP can tell you more about this.

We may ask your PCP why you need specialty care. We may not OK the service you or your PCP asks for. We will send you and your PCP a letter that tells you why we would not cover the service. The letter also will let you know how to appeal our decision. If you have questions, you or your PCP may call the Customer Care Center number at the bottom of this page.

You also may write to us at:

BlueChoice HealthPlan Medicaid
PO Box 100124
Columbia, SC 29202-3124

You do not need an OK from your PCP for these types of care:

- Family planning.

- In-network OB/GYN services.
- Emergency care.

If you see a specialist or get specialty services from a provider in or out of your network before you get an OK from us, we will not pay for the services. If we deny a request to pay for specialty care, we will send you a letter that tells you why we denied it. The letter also will let you know how you may appeal the decision if you do not agree with the denial.

At times, your network may not have the type of doctor you need. You do not have to pay the cost to see a doctor outside your network if:

- Your PCP says you need the care of such a doctor.
- Your PCP tells you to see such a doctor.

Routine care

Routine care is the normal care you get from your PCP to help keep you healthy, such as checkups. You may call your PCP to set up a visit for routine care. You should be able to see your PCP within four to six weeks from the date you call. You should not have to wait more than 45 minutes for your scheduled appointment.

Urgent care

An urgent medical condition is NOT an emergency BUT needs medical care within 24 hours.

Call your PCP if you have an urgent medical condition. If you cannot reach your PCP:

- Call us at **1-866-781-5094**. If you have hearing or speech loss, you may call the TTY line at **1-866-773-9634**.

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TTY: **1-866-773-9634**

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- Call MedCall, the 24-hour nurse help line at **1-866-577-9710**. If you have hearing or speech loss, the MedCall TTY line is **1-800-368-4424**.

Pregnancy care

As soon as you know you are pregnant, call our Customer Care Center number at the bottom of this page. Our staff will make sure that your doctor and the hospital where you will have your baby are both in your network. If you are in the last three months of your pregnancy and you just became a member of our health plan, you will be able to stay with your current doctor even if that doctor is not part of your network.

Our staff also will sign you up for our **Future Moms** program. As part of this prenatal program, we will send you news on self-care during pregnancy.

If you are pregnant, your doctor should set up your first prenatal care visit as follows:

- Within 14 calendar days from the date you call, if you are in your first three months of pregnancy.
- Within seven calendar days from the date you call, if you are in the second three months of pregnancy.
- Within three business days from the date you call, if you are in the last three months of pregnancy.

Call your doctor and ask to be seen right away if you think you have a high-risk condition that has to do with your pregnancy.

High risk means that due to your health issues

or history, you may have a greater chance of having:

- Something going wrong.
- A baby with a birth defect.

If you believe you are having an emergency, you do not need to call us or your PCP before going to the emergency room.

Family planning

Family planning can help teach you how to:

- Be as healthy as you can be before you become pregnant.
- Keep you or your partner from getting pregnant.
- Keep you from getting a sexually transmitted infection (STI).

Any member may see any family planning Medicaid provider without getting an OK from us first. This includes Medicaid providers who are not part of your network, such as:

- Clinics.
- OB/GYNs.
- PCPs.
- Certified nurse-midwives.

Specialist care

Your PCP may send you to a specialist for specialty care or treatment. You may need an OK to see a specialist.

- Your PCP's office staff can help you set up the visit.
- Tell your PCP and the specialist as much as you can about your health, so that all of

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you can decide what is best.

- Your PCP will work with you to choose a specialist to give you the care you need.
- Your PCP does not need to send an OK to the specialist before services are given if the specialist is in your network.
- If you need an urgent doctor visit, you will get one within three calendar days of your request.
- Specialists may treat you for as long as they think you need it.

If you see a specialist or get specialty care from a provider for nonemergency care (either inside or outside of your network of providers) that needs an OK from us; before you get the OK from us, you will have to pay for the treatment or service.

Special health care needs

If you have special health care needs, we allow you direct access to the right specialists for your condition and identified needs. This includes a standing referral to a specialist, or having a specialist as a PCP, if you need it. Call us to help you get access to the care you need. You may need an OK to see a specialist.

Making coverage decisions

BlueChoice HealthPlan Medicaid wants to make sure our members get all of the medical services they need to maintain good health. To do so, we have to decide which services we will cover. Through a process called Utilization Management (UM), we work with local doctors and other health providers to decide

which services are needed and proper in order for us to provide full coverage for our members.

You and your PCP always decide what's best for your health. If your doctor asks us to OK payment for certain health care services, we base our decision on two things:

- Whether or not the care is medically necessary. (See **Part 17, Definitions**, to learn more about “medically necessary.”)
- What health care benefits you have.

You also should know that BlueChoice HealthPlan Medicaid does not pay Medicaid doctors or other health care workers who make UM decisions to:

- Deny you care.
- Say you do not have coverage.
- Approve less care than you need.

Availability of UM staff

We make sure that our UM staff is ready to answer your or your doctor's calls at any time during normal business hours. If you or your doctor should call us after normal business hours, an answering service will take the message and a UM staff member will respond the next business day.

Copays

Members will now make low copays for some care. You will get health care even if you can't pay the copay when you get the care. But you may have to pay the copay later. It will be up to your doctor or other provider to collect the full copay.

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The services below will have these copays:

- Doctor office visits (doctor, nurse practitioner)- \$3.30 copay for PCP and specialist visits.
- Chiropractor- \$1.15 copay.
- Medical equipment and supplies- \$3.40 copay.
- Home health visits- \$3.30 copay per visit.
- Drugs your doctor orders (per drug)- \$3.40 copay for generic or brand drugs.
- Care given during a hospital stay (inpatient)- \$25 copay.
- Care given at a hospital (outpatient) — other than ER visits — \$3.40.
- Optometrist (eye doctor)- \$3.30.

These members will have no copays:

- Children under 19 years of age.
- Pregnant women.
- Members in institutions (nursing facilities or intermediate care facilities for the mentally retarded).
- Members getting emergency care in the ER.
- Members getting Medicaid hospice benefits.
- Members of a federally recognized American Indian tribe won't pay most

copays. Tribal members won't pay for services from the Catawba Service Unit in Rock Hill, South Carolina or when referred to a specialist or other medical provider by the Catawba Service Unit.

There are no copays for these services:

- Medical equipment and supplies given by the Department of Health and Environmental Control (DHEC).
- Family planning care.
- End stage renal disease care.
- Infusion center care.

What if you move?

Call Healthy Connections Choices at **1-877-552-4642** right away. Also, call us at our Customer Care Center. You must call us before getting any services in your new area unless it is an emergency. You still will get care through BlueChoice HealthPlan Medicaid until your address is changed, unless you have moved out of our service area.

If you move to a county that does not have BlueChoice HealthPlan Medicaid, you may choose another health plan that is offered or regular Medicaid.

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Part 5 What BlueChoice HealthPlan Medicaid Covers

Here are the kinds of benefits you can get through BlueChoice HealthPlan Medicaid when medically necessary. Keep in mind that some of these services must be OK'd by your PCP and/or us first. You also must use a provider who is in your network. If you get services from a provider for nonemergency care — either inside or outside your network of providers — that needs an OK from us before you get the care, you will have to pay for the treatment or service.

Please see **Part 3, Benefit quick reference guide**, for an easy-to-use chart of your benefits.

If you want to know more about what is covered, call our Customer Care Center number at the bottom of the next page.



Audiology

These services involve checks and tests of the ears of children under 21 years of age.

We cover:

- Hearing aids and supplies to use with them.
- Hearing exams.
- Ear molds.

Chiropractic services

\$1.15 copay

Chiropractic services are offered to all members. Chiropractic services are limited to using the hands to put the bones of the spine back in line.

Limits

- Six visits per year.

Chronic renal disease

These services are for members with kidney problems that may never get better. These members also need routine dialysis to stay alive.

We cover:

- Hemodialysis.
- Peritoneal dialysis.
- Other dialysis procedures.

Communicable disease services

These services help to control and prevent diseases that are spread from one person to another such as tuberculosis (TB), sexually transmitted infections (STIs) such as gonorrhea and syphilis, and HIV or AIDS. You may get care for TB, STIs and HIV at any state public health agency.

We cover:

- Exams and reviews.
- Taking steps to find out what's wrong with you and treat you.
- Teaching you about health topics.
- Counseling.
- Contact tracing that follows the rules of the Centers for Disease Control and Prevention.
- Certain outreach care for direct observation therapy for TB.

We suggest you seek TB, STI, HIV or AIDS care through your PCP. If you can't, you may get this care from any Medicaid provider. Also, you may seek TB, STI, HIV or AIDS tests and counseling care from any public health agency.

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Durable Medical Equipment (DME) and disposable supplies

\$3.40 copay

These are covered when medically necessary and used by a person who is sick or injured. DME is medical equipment that may be used again and again. Once used, supplies that cannot be used again are thrown away.

We cover:

- Medical products.
- Surgical supplies.
- Wheelchairs (Power wheelchairs may be replaced every seven years.)
- Traction equipment.
- Walkers.
- Canes.
- Crutches.
- Ventilators.
- Prosthetic devices.
- Orthotic devices.
- Oxygen.
- Hearing aids and accessories (parts that are used with them).
- Diabetes supplies (These items are listed under your medical benefits, not your pharmacy benefits.)
 - Blood glucose monitors.
 - Test strips.
 - Lancets.
 - Urine glucose test strips.
 - One pair of diabetic shoes.
 - Three diabetic shoe inserts.

Limits

- Some equipment needs an OK from BlueChoice HealthPlan Medicaid.
- Hearing aids and parts that are used with them only are for members under 21 years of age.
- We do not cover insulin pumps for Type II diabetes.
- We do not cover wheelchair accessories that are not medically necessary. These include, but are not limited to:
 - Crutch or cane holders.
 - Umbrellas.
 - Pillows.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services

These services also are called well-child visits. These visits include health screens as well as diagnosis, treatment and shots for children through the month of their 21st birthday.

We cover:

- Health and development background
- Physical exam
- Vaccines.
- Lab tests including blood lead level
- Teaching about health topics.
- Hearing tests.

If you need help to set up one of these visits, call our Customer Care Center number at the bottom of the next page.

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Part 5 What BlueChoice HealthPlan Medicaid Covers

Emergency services

Call 911 (or your local emergency number) or go to the nearest emergency room (ER) for emergency medical care.

All emergency services are covered. You do not need an OK from us for any of these services. To learn more, see **Part 9, Emergency and urgent care services**. This section will tell you what to do if you have an emergency or need urgent care.

After you get emergency care, call your PCP within two days, or as soon as you can, for follow-up care.

Emergency transportation

This includes the use of a ground or an air ambulance to transport you if you have a medical emergency. You do not need an OK from us if you have an emergency.

Family planning

These services may help you if:

- You want help to know how to be as healthy as you can be before you get pregnant.
- You want to know how to not get pregnant.
- You want to know how to guard yourself from sexually transmitted infections (STIs).

We cover:

- Medical visits for birth control.
- Teaching you about family planning.

- Counseling.
- Birth control.
- Pregnancy tests.
- Tests for sexually transmitted infections (STIs).
- Sterilization (surgery done to keep a woman from getting pregnant).

You do not need an OK from your PCP for family planning care. You may use any certified nurse-midwife or family planning clinic that is a Medicaid provider. The Medicaid provider does not have to be a part of your network.

Limits

We do not cover:

- Surgery to reverse sterilization.
- Hysterectomy for sterilization.
- Fertility treatments such as artificial insemination and in vitro fertilization.

Look in your Provider Directory to find a family planning provider near you.

Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) services

\$3.30 copay for clinic visits

Services include:

- Preventive care.
- Primary care.
- Communicable disease services to help control and prevent disease.

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Part 5 What BlueChoice HealthPlan Medicaid Covers



Home health care

\$3.30 copay per visit

These services are skilled nursing visits you get in your home.

We cover:

- Visits that take place from time to time.
- Home health aide.
- Medical supplies and equipment fit for use in the home.
- Physical, occupational and speech therapy.

Limits

- We do not cover personal care services.
- We cover only 50 home health visits per calendar year.



Hospital services

Your PCP can send you to any hospital in your network. Look in your Provider Directory or on our website at www.BlueChoiceSCMedicaid.com for a list of hospitals that are in your network.

Go to the nearest hospital in an emergency.

Hospital – inpatient

\$25 copay

These services include an overnight stay in the hospital.

We cover:

- A semi-private room.
- Maternity services.
- Care in special units.

- Delivery rooms.
- Hysterectomy.
- Specialty care rooms.
- Operating rooms.
- Supplies.
- Medical tests.
- Taking X-rays.
- Drugs the hospital staff give you during your stay.
- Giving you someone else's blood.
- Radiation therapy.
- Chemotherapy.
- Dialysis treatment.
- Meals and special diets.
- General nursing care.
- Anesthesia.
- Anesthesia services for dental procedures when it is an emergency.
- The plan setup when you leave the hospital (this includes future care if you need it).
- Rehab in the hospital.
- Surgery.
- Surgery to repair the breast after a full or partial removal for any medical reason.

Limits

- Inpatient hospital services are limited to general acute care hospital services.
- Private rooms are not covered unless medically necessary.

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Part 5 What BlueChoice HealthPlan Medicaid Covers



Hospital – outpatient

\$3.40 copay. No copay for ER visits.

We cover services you get in an outpatient or ambulatory care setting such as:

- Care to prevent illness.
- Care to find out what’s wrong with you.
- Care to treat your health issue.
- Rehab.
- Outpatient surgical care.
- Emergency care.
- Psychiatric assessment.
- Substance abuse assessment.
- Treatment of renal disease.
- Neurodevelopmental or mental developmental assessment and testing.
- Physical, occupational or speech therapy.
- Family planning.
- Dialysis.
- Emergency room use.
- Drugs ordered by a doctor.
- Giving you someone else’s blood.
- Services to prevent problems or find out what’s wrong with you.
- Surgery that does not end in a hospital stay.
- Sterilization (surgery done to keep a woman from getting pregnant).

Limits

- Neurodevelopmental or mental developmental assessment and testing only are for eligible children under 21 years of age.

Institutional long-term care facilities and nursing homes

We cover nursing home and rehab services at the skilled intermediate or subacute intermediate level of care. BlueChoice HealthPlan Medicaid covers care when you are approved for and admitted to a long-term care facility.

If you stay in the facility for the rest of the month in which you were admitted and the rest of the next month, you will be disenrolled from BlueChoice HealthPlan Medicaid as soon as SCDHHS may disenroll you and you may re-enroll in regular Medicaid.

Lab and X-ray services that need an OK



All high-cost radiology such as CT, MRI, MRA, PET and SPECT need an OK from BlueChoice HealthPlan Medicaid.

You must use a lab or facility in your network. We cover:

- X-rays and lab tests ordered by your doctor and done by a licensed provider.
- X-rays of the breast (mammogram).

Limits

- Services must be medically necessary and ordered by a licensed provider.
- Some X-ray services may need an OK from your PCP.

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Outpatient Pediatric AIDS Clinic services (OPAC)

OPAC gives specialty care, consults and counseling services and clinical and lab tests for HIV-infected and exposed Medicaid kids and their families, such as:

- Kids born to HIV-positive mothers but who do not test positive are seen every three months in a clinic until they are two years old.
- Kids who test positive are seen in a clinic twice a week for eight weeks and then once a month until they are two years old.
- Kids who do not improve will stay in the OPAC program.

Pharmacy and over-the-counter products

\$3.40 copay for generic or name-brand drugs for members 19 years of age and older. No copay for members under 19 years of age.

Certain drugs need an OK ahead of time or have limits based on medical necessity.

We cover:

- All prescribed drugs approved by the Food and Drug Administration (FDA) and us, and ordered by your doctor for a health issue.
- FDA-approved, over-the-counter drugs that are given because they cost less than other types of the drugs. These include:
 - Pain relievers.
 - Over-the-counter birth control products such as:
 - o Condoms.

- o Foams.
- o Gels.
- Drugs that reduce acid in the stomach.
- Drugs that prevent or treat diarrhea.
- Drugs that prevent or treat an ulcer.
- Iron pills.
- Laxatives and drugs that soften stool.
- Lice treatment.
- Drugs that prevent or treat fungus.
- Drugs that reduce cold signs.
- Drugs that reduce allergy signs.
- Drugs that reduce swelling.
- Hydrocortisone.
- Drugs that reduce or prevent infection in the vagina.
- Vitamins.
- FDA-approved drugs. These include:
 - Oral birth control.
 - Diaphragms.
- Drugs ordered to treat cancer if the drugs are believed to be safe and effective for the member's type of cancer.

Limits

- We limit substances that are not controlled to a 31-day supply.
- We do not cover diet aids and cosmetic or hair-growth drugs.
- We limit over-the-counter drugs to those on the BlueChoice HealthPlan Medicaid preferred drug list (PDL).
- Syringes or needles are listed under your medical benefit not your pharmacy benefit.
- Injections that must be given by your

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doctor (office-based injections) are covered under your medical benefit, not your pharmacy benefit.

- We do not cover drugs for erectile dysfunction.
- Members who are 21 years of age and older have a limit of four prescriptions per month. If your PCP feels it is medically necessary, prescriptions may be added with an OK from BlueChoice HealthPlan Medicaid. Here is a list of some items that are not part of the limit:
 - Insulin and syringes.
 - Injections that are given in the home.
 - Pentamidine.
 - Clozapine therapy.
 - Family planning drugs and devices.

Physician (Doctor) services

\$3.30 copay for PCP and specialist visits

We cover:

- Visits to PCPs, specialists (with an OK ahead of time from your PCP, when needed) or other providers. (Refer to **Part 3, Benefit quick reference guide**, for correct copay amount based on specialist type.)
- Routine physicals for children until the end of the month of their 21st birthdays (sometimes called well-child visits or EPSDT checkups).
- Adult well visits for members 21 years of age and older.

Limits

We do not cover:

- routine physicals for a job, school, camp or sports program.

Podiatry

We cover:

- Medical problems of the feet.
- Medical or surgical treatment of disease, injury or defects of the foot.
- Routine foot care, such as when you need corns and calluses cut or removed as well as nails trimmed in certain conditions.

Limits

We do not cover:

- podiatry services for adults over 21 years of age.

Pregnancy and maternity

When you know you are pregnant, call us at the Customer Care Center number at the bottom of this page. Our staff will make sure that your doctor and the hospital where you will have your child are both in your network. If you joined our health plan in the last three months of your pregnancy, then you may stay with the doctor you have now even if he or she is not in your network.

We cover:

- Doctor visits and all expert care for pregnancy, problems that have to do with the pregnancy and after-delivery care when medically necessary.
- Services you get from a certified nurse-midwife.
- Tests that you need such as sonograms.
- HIV tests, treatment and counseling. A

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TTY lines are only for members with hearing or speech loss.

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Part 5 What BlueChoice HealthPlan Medicaid Covers

pregnant member may choose not to take an HIV test.

- Birthing center services.
- Vaginal childbirth and Cesarean section (C-section). You may stay in the hospital 48 hours after a vaginal delivery. You may stay in the hospital 96 hours after a C-section.
- Newborn exams such as hearing screenings.
- Routine newborn circumcision done while the baby is still in the hospital after birth. (After that, we will cover circumcision when it is medically necessary. You will need an OK from BlueChoice HealthPlan Medicaid before the circumcision.)
- A follow-up visit for the mother and the child within two days of an early discharge (a hospital stay of less than two days for vaginal childbirth and less than four days for a C-section) when the treating doctor orders it.

When you call to tell us you are pregnant, we will sign you up for our **Future Moms** program. This prenatal program will help you learn how to take care of yourself while you are pregnant. We will send you mailings that have:

- Perinatal and breastfeeding news.
- A form to fill out, so you can choose a PCP for your child.
- Classes you may take to learn how to take care of you and your new child.

Call us as soon as you know you are pregnant. We will send you tips on care while

you are pregnant. We also can give you the details of how nursing mothers may get a free manual breast pump. And you should set up a visit to your doctor 21 to 56 days after the child is born.

Preventive and rehabilitative services to improve primary care

Members who may have medical risk factors get their:

- Health status assessed.
- Risk factors pointed out.
- Goal-oriented plan of care done or changed.

Limits

We cover a combined total of 75 visits per year for private rehabilitative services (physical, occupational, speech and language therapy).

Psychiatric assessment services

We cover psychiatric assessments that you may get in your PCP's office.

We also cover the following services that may be given by these providers:

- Psychiatric diagnostic interview exam by a doctor and private psychiatrist.
- Psychiatric interview by a private psychiatrist only.
- Behavioral health services given in the ER.

Limits

We limit assessments to one per member every six months. We may OK more reviews if medically necessary.

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Part 5 What BlueChoice HealthPlan Medicaid Covers

Transplant services

Transplant services are covered by regular Medicaid except for the following:

- **Kidney:** BlueChoice HealthPlan Medicaid is responsible for all related services 72 hours prior to admission, post-transplant services upon discharge by Medical University Hospital Authority (MUHA) and post-transplant pharmacy services. The kidney transplant is covered by regular Medicaid.
- **Corneal:** BlueChoice HealthPlan Medicaid is responsible for the transplant as well as:
 - Pre-transplant services up to 72 hours before admission.
 - Post-transplant services after discharge

by Medical University Hospital Authority.

- Post-transplant pharmacy services.

Bone marrow (autologous inpatient and outpatient, allogenic related and unrelated, cord and mismatched), pancreas, heart, liver, liver with small bowel, liver/pancreas, liver/kidney, kidney/pancreas, lung and heart/lung, multivisceral and small bowel: BlueChoice HealthPlan Medicaid is responsible for all related services 72 hours prior to admission, post-transplant services (upon discharge) and post-transplant pharmacy services. The bone marrow transplant is covered by regular Medicaid.

Other transplants may be covered by regular Medicaid. You or your doctor may call us to learn more.

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Part 6 Added services covered by BlueChoice HealthPlan Medicaid

Vision services

\$3.30 copay when you see an optometrist (eye doctor) for medical reasons

Vision Service Plan (VSP) offers routine vision benefits. VSP providers may be found on our website at

www.BlueChoiceSCMedicaid.com.

For members under 21 years of age, we will cover:

- One eye exam every 12 months.

If you have questions about your vision benefits, call the Vision Service Plan (VSP) at **1-800-877-7195**. Members with hearing or speech loss may call the VSP TTY line at **1-800-428-4833**.

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TTY: **1-866-773-9634**

TTY: **1-800-368-4424**

Part 7 What regular Medicaid covers

Regular Medicaid may cover some services that BlueChoice HealthPlan Medicaid does not cover. If you have questions or want to know more about what regular Medicaid covers, call Healthy Connections Choices at **1-877-552-4642**.

Here are some services that have to do with your health that regular Medicaid covers:

- Dental care for children under 21 years of age.
- Emergency services for adults 21 years of age and older. (A \$3.40 copay applies.)
- Developmental Evaluation Clinic (DEC). These services are used to find and help members who may have a delay in their development, a behavioral or learning issue, or other health issue that disables them.
- Long-term care
 - Care in a nursing home for more than 30 days. If you stay in the nursing home for 30 days in a row, you will be disenrolled from BlueChoice HealthPlan Medicaid and be re-enrolled in regular Medicaid.
 - Home-based care.
 - Care from groups in the area where you live.
 - Head injury rehab care.
 - Intermediate care settings for mental retardation.
- Organ transplants (except corneal transplants, which BlueChoice HealthPlan Medicaid covers).
- Transport that is not for an emergency.
- Home and community-based waiver services.
- Services to keep you from getting pregnant given by Medicaid Adolescent Pregnancy Prevention Services.
- State institution services.
- Alcohol and drug abuse treatment.
- Psychiatric care.
- Alcohol and drug screening by a medical doctor or a nurse practitioner to decide treatment needs (Department of Alcohol and Other Drug Abuse Services only).
- Psychiatric assessment by the Department of Mental Health.
- Services given by Community Developmental Disability Organizations.
- School-based services.
- Targeted case management (This includes services to help you get medical, social, educational and other needed services.)
- One pair of eye glasses or contact lenses and the fees that have to do with fitting or dispensing (giving) are covered by the state of South Carolina under regular Medicaid. To learn what vision care is covered by us, see **Part 6, Added services covered by BlueChoice HealthPlan Medicaid**.
- Hospice care.

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Part 7 What regular Medicaid covers

Other state agencies may help with these:

- People with alcohol or drug abuse problems.
- Children in foster care.
- Emotionally disturbed children.
- Children in the juvenile justice system.
- Adults with sickle cell disease.
- County and state-linked services.
- Vital public health services.
- Direct observation therapy (DOT) for TB.
- Diseases you need to report.
- WIC referrals.

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Part 8 What BlueChoice HealthPlan Medicaid and regular Medicaid do not cover

Here are some services that BlueChoice HealthPlan Medicaid and regular Medicaid do not cover:

- Services for your personal care, such as help in:
 - Dressing.
 - Feeding.
 - Making food.
- Medical equipment and supplies that are:
 - Used only for your comfort or hygiene.
 - Used for exercise.
 - Still being tested or studied.
 - More than one piece of equipment that does the same thing.
 - Used only to add to the comfort in a room or home, such as:
 - o Air conditioning.
 - o Air filters.
 - o A machine that helps make the air cleaner.
 - o Exercise equipment.
 - o Spas.
 - o Swimming pools.
 - o Elevators.
 - o Supplies for hygiene or looks.
- Care you got for health problems that had to do with work, if they may be paid for by:
 - Workers' compensation.
 - Your employer.
- Any service or care you got before you joined BlueChoice HealthPlan Medicaid.
- Any services or supplies that are not medically necessary.
- Personal or comfort items given to make things easy for:
 - You.
 - Your family.
 - Your PCP.
 - Other providers.
- A treatment that is still being tested or studied.
- Christian Science nurses and Christian Science sanitarium.
- Private duty nurse services.
- Standard assisted-living services for those who live in an adult care home.
- Surgery done to reverse a sterilization.
- Fertility treatment, such as artificial insemination or in vitro fertilization.
- Drugs that are not approved by the U.S. Food and Drug Administration (FDA).
- Weight loss drugs or diet aids.
- Cosmetic and hair-growth drugs.
- Abortion services unless they are needed to save a mother's life or to end a pregnancy caused by rape or incest.
- Syringes or needles that your doctor did not order.
- Syvek patch.
- Acupuncture.
- Cosmetic surgery done to change or reshape normal body parts so they look better.
 - This does not apply to surgery done to give you back the use of a body part or to correct a defect caused by an injury.

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Part 8 **What BlueChoice HealthPlan Medicaid and regular Medicaid do not cover**

- Physical exams asked for by a job, school, camp or sports program.
- Any service not listed as covered.
- Services from a provider inside or outside your network for which you did not get an OK when it was needed.
- Services that you get outside the U.S.
- Podiatry services for adults 21 years of age and older.

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Part 9 Emergency and urgent care services

What is an emergency?

An emergency is a medical condition with such severe symptoms (including severe pain or active labor) that a person with average knowledge of health and medicine would reasonably believe not getting medical care right away may:

- Place your health or the health of an unborn child at risk.
- Impair a body function.
- Cause dysfunction of a body part or organ.

You should go, or have someone take you, to the ER when you:

- May die.
- Have chest pains.
- Cannot breathe.
- Are choking.
- Have passed out.
- Are having a seizure.
- Are sick from taking poison.
- Are sick from taking too many drugs.
- Have a broken bone.
- Are bleeding a lot.
- Have been attacked.
- Are about to have a baby.
- Have a serious injury.
- Have a severe burn.
- Have a severe allergic reaction.
- Have an animal bite.
- Have trouble controlling behavior and without treatment, may be a danger to yourself or others.

What to do in an emergency

Call 911 (or your local emergency number) or go to the nearest emergency room (ER) for emergency medical care.

Go to the nearest hospital if you think you have any of the problems we list above. You will be seen as soon as possible. For emergency transport, call **911** (or your local emergency number). You do not need an OK from us when it is an emergency.

There may be other times you should go to the ER that are not on the list. If you are not sure, call **911** (or your local emergency number) or call MedCall at **1-866-577-9710**. You may use the MedCall TTY line if you have hearing or speech loss. If you believe you have an emergency, you do not need to call us or your doctor for an OK before you go to the ER.

As a member of BlueChoice HealthPlan Medicaid, you may use any hospital or other setting for emergency care. If you get sick while out of town or out of the state you live in and **you have a medical emergency**, go to the nearest ER or call **911** (or your local emergency number).

If you get sick while you are out of town or out of the state you live in and **you do NOT have an emergency** or an urgent condition, call your PCP to set up a time to see him or her when you get back home. You also may call your PCP's office to ask for medical advice. Or, you may call MedCall, the 24-hour nurse help line.

You will be covered for emergency care within the U.S. even if the provider is not part of your network.

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Part 9 Emergency and urgent care services

Services that you get outside the U.S. are not covered by BlueChoice HealthPlan Medicaid.

You should call your PCP after the emergency so he or she can plan your follow-up care. You should do this for any emergency at home or away.

Poststabilization care

Poststabilization care refers to the services that you get after emergency medical care to keep your condition under control. BlueChoice HealthPlan Medicaid covers this type of care.

What to do when you need urgent care

An urgent medical condition is not an emergency but means you need medical care within 24 hours. This is not the same as a true emergency. Call your PCP if your condition is urgent and you need medical help within 24 hours.

If you cannot reach your PCP, you can call the Customer Care Center or MedCall. If you have hearing or speech loss, you can call the Customer Care Center or MedCall TTY lines.

Customer Care Center: **1-866-781-5094**

MedCall®: **1-866-577-9710**

TTY: **1-866-773-9634**

TTY: **1-800-368-4424**

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Part 10 How to get your prescriptions filled

What may my doctor prescribe?

BlueChoice HealthPlan Medicaid uses a chosen list of drugs called a “preferred drug list” to help your doctor choose which drugs to give you. Certain drugs on this list need an OK ahead of time or have limits based on medical necessity. A group of doctors and pharmacists checks this list of drugs every three months. These checks help to ensure that the drugs on the list are safe and useful. Even though a drug is on the list, your doctor will choose which drug is best for you.

We must OK payment for drugs that are not on the list. If your doctor thinks you need to take a drug that is not on this list, your doctor will send us a request that tells us why you need the drug. We will let your doctor know if we say “yes” to your request. If we say “no” to your request, you will get a letter that tells you the medical reasons why.

If you would like to know if a drug is on our list, please call the Customer Care Center or CCC TTY number at the bottom of the next page or visit our website at www.BlueChoiceSCMedicaid.com

Some drugs need an OK from us for benefits. Some drugs may have limits based on medical necessity. Your doctor must send us a request for these drugs with the medical records we need. We will let your doctor know if we say “yes” to the request.

If you have a problem with the service we give you, please call us at one of the numbers at the bottom of the next page.

Some drugs may hurt you if you take them at the same time. To protect your health and keep you safe, we will let your doctor and pharmacist know if we have a concern about the drugs you take.

Most of the time, most generic prescriptions and over-the-counter drugs are covered. But, when generic drugs are offered, most of the time, most brand-name drugs are not covered. Some drugs (including most brand-name drugs) need an OK from BlueChoice HealthPlan Medicaid. In these cases, your doctor must ask for an OK before you get the drug.

Limits

- Substances that are not controlled are limited to a 31-day supply.
- We do not cover diet aids or cosmetic or hair-growth drugs.
- The only over-the-counter drugs we allow are those on our drug list.
- Syringes or needles are covered by your medical benefits, not your pharmacy benefits.
- Injections that must be given by your PCP (office-based injections) are covered by your medical benefits, not your pharmacy benefits.

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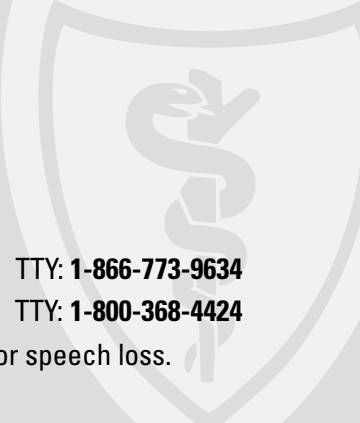
Part 10 How to get your prescriptions filled

- Diabetic supplies are covered by your medical benefits, not your pharmacy benefits. This includes supplies such as:
 - Blood glucose monitors.
 - Test strips.
 - Lancets.
 - Urine glucose testing strips.
- Drugs for erectile dysfunction are not covered.
- Members 21 years of age and older are limited to four prescriptions per month. If your PCP feels it is medically necessary, prescriptions may be added with an OK from BlueChoice HealthPlan Medicaid.



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MedCall®: **1-866-577-9710**



TTY: **1-866-773-9634**

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Part 11 Programs to help keep you well

Each person has special needs at each stage of life. Whether you are a man or a woman, a child or an adult, we offer programs to help you stay healthy and manage illness.

Members of our health plan do not have to pay to find out about these programs or to join them. They are all at no cost to you. We hope you use them. We want you to be well and to stay that way.

For women

- **Well-woman care** can help you stay healthy with routine exams, mammograms, PAP tests and pelvic exams.
- **Family planning** can help teach you:
 - How to be as healthy as you can before you get pregnant.
 - How to avoid getting pregnant.
 - How to prevent STIs and HIV or AIDS.
- **Pregnancy and childbirth classes** give you knowledge to help you stay healthy while you are pregnant.
- Our program, **Future Moms**, also gives you ideas on how to stay as healthy as you can while you are pregnant.
- **Call our Customer Care Center number to let us know you are pregnant. We will send you details about care during pregnancy. Your care after the baby is born is important. You should set up a doctor visit 21 to 56 days after the baby is born.**
- MedCall, the 24-hour nurse help line, gives breastfeeding support for moms to-be and new moms who have questions

about how to breastfeed. A nurse will answer your questions and get you the support you need to breastfeed your baby.

For you and your child

- **Well-baby, well-child and well-teen** visits are for children up through the month of their 21st birthdays. During these visits, the doctor checks the child's total health, hearing, vision and teeth. If needed, vaccines also are given during these visits. Ask your doctor how your child can make healthy eating choices and be more active. Ask the doctor when you should bring your child in for the next visit. These services follow the American Academy of Pediatrics guidelines.

Discounts for your health

- Supplements, recipes and more
 - Learn more about buying a wide range of health care products at a discount on the Choose Healthy™ website at **choosehealthy.com/ChooseHealthy/?hp=CAMAFinnitySC**.
 - Learn more about the latest alternative medicine and wellness research as well as other treatments and care.
 - Find healthy recipes that are good for your health.
- You pay less for **allergy products** through Allergy Control Products, Inc. To learn more, please visit its website at **allergycontrol.com** or call **1-877-362-6283**. When you order, enter or mention the discount code **ACPBC20**.

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Part 11 Programs to help keep you well

- Members pay up to 20% less than routine costs for products that are made to reduce your signs from indoor allergens.
- You pay less for **fitness centers**.
 - Members pay less to join Children’s Fitness, Doctors Wellness Center and other fitness centers that take part in this program. To learn more about this benefit, please call **1-866-781-5094**.
- You pay less for **Weight Watchers**.
 - Members pay \$100 for 12 weeks of the Weight Watchers program.
 - To learn more, please call our Customer Care Center at the number listed at the bottom of this page.
- You pay less for **Jenny Craig**.
 - Members get a free 30-day trial program.
 - Members pay 25% less for the Premium Program.
 - 24/7 customer care phone support.
 - To learn more, call **1-800-96JENNY (1-800-965-3669)** or go to <http://www.bluechoicesc.com/members/discountsaddedvalues/jennycraig.aspx>. You pay less for an **alternative health specialist**.
 - Members may choose from a network of acupuncturists, chiropractors and massage therapists.
 - Members pay up to 30% less.
 - To learn more, visit **choosehealthy.com/ChooseHealthy/?hp=CAMAffinitySC**.
- Our **Get Up and Get Moving!** program helps guide families in making good food

choices and trying fun activities the whole family may do together.

These are added-value discount programs. As a BlueChoice HealthPlan Medicaid member, you get these services and discounts as well as the benefits covered under your BlueChoice HealthPlan Medicaid policy.

For managing illness ConditionCare (Care management program)

If you or a family member is living with a health issue such as asthma, diabetes, coronary artery disease, chronic obstructive pulmonary disease or congestive heart failure, you know the impact that it has on your life. The ConditionCare program will give you the tools and support you need to:

- Reduce the signs of your health issue.
- Improve your health.
- Help you feel better.

You will have access to these helpful tools:

- 24/7 toll-free access to a registered nurse who can answer your questions and give you the latest facts about your health issue.
- Access to learning tools to teach you how you can prevent and manage your health issue as well as make lifestyle choices. These tools can help you feel better and get more out of life.

ConditionCare is a program offered to you at no cost and is part of your benefits. But it is your choice to take part in it. Any details shared with us will be kept private. To sign up for the program or learn more, call

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TTY: **1-800-368-4424**

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Part 11 Programs to help keep you well

ConditionCare toll free at **1-877-351-3452**. If you have hearing or speech loss, you may call the TTY line at **1-800-368-4424**. When you call, a nurse will be ready to answer your questions or give you tips, resources and support to help you manage your health issue.

For your peace of mind

- **MedCall, the 24-hour nurse help line**, lets you talk in private with a registered nurse about your health. Teens may talk to a nurse trained to handle teen issues. Just call MedCall toll free at **1-866-577-9710**, 24 hours a day, seven days a week. By calling MedCall, you also may access more than 300 audio health topics such as:
 - Guidelines to help you and your family see the doctor at the right times.
 - High blood pressure.
 - Diabetes.
 - Sexually transmitted infections.
 - HIV or AIDS.
 - Alcohol (drinking) and drug problems.
 - How to stop smoking.
 - Pregnancy.
- **DailyMed** helps certain BlueChoice HealthPlan Medicaid members who take a number of drugs (pharmacy management program). DailyMed sorts all your drugs, over-the-counter drugs and vitamins into packets marked with the date and time you should take them. DailyMed is a program that you may choose to take part in. It is offered to eligible members at no charge. DailyMed will help make taking your

drugs simple and easy:

- You no longer will have a lot of drug bottles or boxes to hold your drugs (pill dispensers). You don't even have to remember when to take your drugs (reminders).
- All drugs ordered by your doctor, over-the-counter drugs and vitamins are placed in packets that are sorted for you.
- Each packet is marked with the date and time it should be taken.
- DailyMed brings your drugs right to your home free each month. No more trips to the pharmacy or waiting in line.

To learn more about the DailyMed program or find out if you are eligible to enroll, please call **1-866-720-9855**. You also may visit the DailyMed website at **DailyMedRX.com**.

How to get other services

You also may get help from a special program called Women, Infants, and Children (WIC). The WIC program gives healthy food to pregnant women and mothers of young children. WIC also will give you free news about foods that are good for you. If you want to know more about WIC, call your local health department.

You may want programs that BlueChoice HealthPlan Medicaid does not cover. Call our Customer Care Center number at the bottom of the page if you think that these programs may help you.

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Part 12 Help with special services

Help in other languages

BlueChoice HealthPlan Medicaid offers you services to help meet your language and cultural needs and give you access to good care. We use an interpreter service that works with more than 150 languages (including American Sign Language). We want you to have the right care, so we offer you:

- Health education items in Spanish.
- Customer Care Center staff able to speak your language.
- Someone who speaks your language on the phone 24 hours a day.
- Sign language and face-to-face interpreters.
- Doctors who speak more than one language.

If you do not speak English, we can provide an interpreter for you during your doctor visit. Call us (or have your doctor call us) at our toll-free Customer Care Center or CCC TTY number (for those with hearing or speech loss). Please let us know **at least three days (72 hours) before your visit**. We are open Monday through Friday from 8 a.m. to 6 p.m. We will set up a face-to-face or phone interpreter at no cost to you.

Help for members with hearing or vision loss

BlueChoice HealthPlan Medicaid has a toll-free TTY line for members with hearing loss. The phone number is **1-866-773-9634**. This phone line is open Monday through Friday from 8 a.m. to 6 p.m.

To get the help you need after our office hours and on weekends, call Relay South Carolina at **1-800-735-8583** or dial **711**.

We offer this book and other items we print in other formats for members with vision loss.

Call us if you need this book or any of our other items in other formats.

The Americans with Disabilities Act of 1990

We follow the rules in the Americans with Disabilities Act (ADA) of 1990. This act protects you from discrimination by us because of a disability. If you believe we have treated you differently because of a disability, call our Customer Care Center or CCC TTY number at the bottom of this page.

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Part 13 How to resolve a problem with BlueChoice HealthPlan Medicaid

We care about the level of service you get from our health care providers and us. If you have a problem with the level of service, we would like to talk with you. Here are some of the issues we can help you with:

- Access to health care.
- Care and treatment by a doctor.
- Issues that have to do with how we do our business.
- Any aspect of your care.

Helping you feel better is why we are here. But if you are not happy with BlueChoice HealthPlan Medicaid, you or a person you choose to act for you, such as a relative or provider, may:

- File a grievance with us if you are not happy with the quality of service or care you received.
- File an appeal with us for a benefit that:
 - Has been denied.
 - Had a partial OK (this includes the type or level of the service).
 - Has been changed.
 - Has been stopped.
 - Has been approved then stopped.
- Ask for a State Fair Hearing after using our appeal process.

Who may file a grievance or appeal

You do not have to be the one to file a grievance or appeal. You may choose someone to act on your behalf.

Grievances

A grievance is a request to look into an issue that has to do with quality of care or service. You or the person you choose to act for you may file a grievance with us if:

- You are not happy with us.
- You are not happy with the providers who work with us.

To file a grievance, you or the person you choose to act for you may:

- Call us at **1-866-781-5094**.
- Fill out a grievance form and send it to us. You can find grievance forms at the places where you get care, such as your doctor's office.
- Write a letter and send it to us.

The grievance must be filed within 180 days from the date you first knew that you had an issue. Clearly state:

- Who is involved in the grievance.
- What happened.
- When it happened.
- Where it happened.
- Why you are not happy with your health care services.

Attach any papers that will help us look into your issue. You can find grievance forms at the places where you get care, such as your doctor's office. After you are done filling out the form or letter, mail it to:

Customer Care Center: **1-866-781-5094**

TTY: **1-866-773-9634**

MedCall®: **1-866-577-9710**

TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.

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Grievance Department
BlueChoice HealthPlan Medicaid
PO Box 100124
Columbia, SC 29202-3124

We will research your issue and decide within 90 days from the time we get the grievance. We will send you a letter that states what we decide.

If you cannot mail the form or letter, you or the person you choose to represent you may call our Customer Care Center number at the bottom of the next page.

After we get your grievance by phone or in the mail, we will send you an Acknowledgment Letter within five calendar days. You will get a Grievance Resolution Letter within 90 calendar days of the date we got your grievance. This letter will:

- Describe your grievance.
- Tell you what has been done to solve your problem.
- Tell you how to file a grievance with the state of South Carolina.

We may take an extra 14 calendar days if:

- You ask for an extension to resolve your grievance.
- BlueChoice HealthPlan Medicaid shows — if asked by the state — there is a need for more details and how the delay benefits you.

If you do not ask for extra time, we will send you a written notice. It will let you know why we want the delay.

You also may file a grievance with the state.

Please call us for the phone number. You may do this once you have gone through all the steps in the BlueChoice HealthPlan Medicaid grievance process.

Appeals

You or the person you choose to act for you may ask for an appeal if you got a Notice of Action letter from us telling you that coverage for a medical service:

- Had been denied.
- Had been changed.
- Had been approved then stopped.
- Had not been given in a timely manner.

You must ask for an appeal within 30 calendar days from the date on the Notice of Action letter. To ask for an appeal:

- Call us at **1-866-902-1689**.
- Fill out an appeal form and send it to us. You can find appeal forms at the places where you get care, such as your doctor's office.
- Write a letter and send it to us.

Appeals Coordinator
BlueChoice HealthPlan Medicaid
PO Box 100124
Columbia, SC 29202-3124

If someone acting on your behalf sends an appeal for you, you are required to sign an Appeal Representative Form. You may get an Appeal Representative Form by calling the Customer Care Center or CCC TTY line (for members with hearing or speech loss).

If you call us and give your OK over the

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phone, we will call you or the person acting on your behalf and send an Appeal Representative Form, which you need to sign. You also need to sign a release form for your medical records.

A parent, legal guardian or conservator may file a grievance or appeal for a member who is:

- A minor.
- Incompetent (not able to act for mental reasons).
- Incapacitated (not able to act for physical reasons).

One of our Customer Care Center staff can help you file an appeal. If you do your appeal over the phone, then you also must send a written appeal signed by you or the person you choose to act for you.

We will send you an Acknowledgment Letter within five calendar days. It will tell you that we got your appeal request. We will resolve your appeal within 30 calendar days. Within 30 calendar days of your request, we will send you a letter called an “Appeal Notice of Action” that tells you if we say “yes” or “no” to your appeal.

Expedited (Rush) appeals

We may be able to give you an answer within three working days if you think that waiting 30 calendar days may harm your health. This is called an expedited (rush) appeal. Be sure to tell us if you think that waiting 30 calendar days would harm your health and why.

You also need to show proof of what you say or claim. This needs to be done within a certain time frame. A medical director reviews

requests for rush appeals. If the medical director thinks that waiting 30 calendar days will not harm your health, we will send you a letter within two working days. The letter will let you know that we will complete your appeal as quickly as we can within 30 calendar days. We will also try to call you to tell you what we decide.

For all appeals

You or the person you choose to act for you may ask in writing to extend the appeal for 14 calendar days. We also may extend the appeal for 14 calendar days if we need to find out more and if the delay is best for you.

- If we extend the time frame, we will send you a letter that tells you why.
- You may give us proof, or any claims of fact or law that support your appeal, in person or in writing. We will let you know when to do so.

You or the person you choose to act for you may:

- Look at your case file. (This includes medical records or other papers that are taken into account during our appeal process).
- Ask to see these papers before or during the appeal process.
- Show proof of what you say or claim.
- Show this proof in person.

You may ask us for a copy of what we used to make our decision. You may ask for:

- The benefit terms.
- Guidelines.

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- Rules.
- Other reasons.

Your doctor may wish to speak with the reviewing doctor. Ask your doctor to call our Utilization Management (UM) department at **1-866-902-1689, ext. 7979**.

You may keep your benefits for the appealed service while the appeal is pending if all of these happen:

- You ask for the appeal within 10 calendar days from the date we mailed the Notice of Action letter.
- The appeal has to do with coverage for a service that has been:
 - Delayed.
 - Reduced.
 - Stopped after it was approved.
- An approved provider ordered the service.
- You still are covered after we gave you our first OK.
- You asked to extend your benefits.

We may let you keep your benefits for the appealed service while the appeal is pending.

If we do, they will be in effect until one of these happens:

- You stop your appeal request.
- 10 days have passed after we sent you a Notice of Action letter with our decision to uphold the first denial (unless you asked for a State Fair Hearing within that 10-day period).
- A State Fair Hearing officer upholds our denial.

- The time frame of an approved service has been met.

If the final outcome of your appeal agrees that the denial decision should stand, we may get back from you the costs of the services that were given while the appeal was pending.

Appealing a coverage decision

We may review some of the care your doctor says you need. We also may ask your doctor why you need a certain service.

If we say “no” to paying for a service your doctor asks for, we will send your doctor a letter that says why. You also will get a letter that tells you why we said “no.” This letter will tell you how to appeal.

You or your doctor may appeal if we say “no” to a medical service or if we do not pay for a medical service. To learn more, please give us a call.

State Fair Hearing

If you are not happy with our response to your appeal, you, or the person you choose to act for you, such as a relative or provider, has the right to ask for a State Fair Hearing with the Division of Appeals and Hearings, the Department of Health and Human Services (DHHS).

You must ask for a State Fair Hearing within 30 calendar days from the date on the Notice of Action letter. You, or the person you choose to act for you, may send your written request for a State Fair Hearing to:

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MedCall®: **1-866-577-9710**

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www.BlueChoiceSCMedicaid.com

TTY: **1-866-773-9634**

TTY: **1-800-368-4424**

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South Carolina
Department of Health and
Human Services
Division of Health and Hearings
PO Box 8206
Columbia, SC 29202

To learn more about a State Fair Hearing, please call **1-800-763-9087**.

You may keep your benefits for the appealed service while the hearing is pending if all of these happen:

- You ask for the hearing within 10 calendar days from the date we mailed the appeal Notice of Action letter.
- The hearing has to do with coverage for a service that has been:
 - Delayed.
 - Reduced.
 - Stopped after it was approved.
- An approved provider ordered the service.
- You are still covered after we gave you our first OK.

- You asked to extend your benefits.

We may agree to let you keep your benefits for the appealed service while the hearing is pending. If we do, they will be in effect until one of these happens:

- You stop your hearing request.
- A state fair hearing officer upholds our denial.
- The time frame of an approved service has been met.

If the final outcome of your appeal agrees that the denial decision should stand, we may get back from you the costs of the services that were given while the hearing was pending.

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Part 14 If we no longer can serve you

There are times when BlueChoice HealthPlan Medicaid or your doctor no longer may serve you.

You will not be covered by BlueChoice HealthPlan Medicaid if you no longer have Medicaid.

The state of South Carolina decides:

- If a member is eligible for and stays enrolled in a health plan.
- If a member is kept out of or removed from a health plan.

Your BlueChoice HealthPlan Medicaid coverage goes into effect as of the date shown on the front of your BlueChoice HealthPlan Medicaid ID card. It ends on the date given to us by the state. Except as stated in this EOC, your coverage could end for any of these reasons:

- You no longer are eligible.
- You move out of the service area.
- You misuse your BlueChoice HealthPlan Medicaid ID card.
- You behave in such a way (disrupt, threaten, do not cooperate, or are unruly) that to have you on our plan keeps your doctor from being able to give services.
- You commit fraud.
- You misrepresent yourself.

If you are unhappy about being removed from our health plan, see **Part 13, How to resolve a problem with BlueChoice HealthPlan Medicaid**. This part tells you how to file a grievance or ask for a State Fair Hearing.

You may choose to disenroll from your plan within 90 days of joining or re-joining your plan. If you choose to leave BlueChoice HealthPlan Medicaid, call Healthy Connections Choices, the Medicaid enrollment vendor, at **1-877-552-4642** or **1-877-552-4670** (TTY). It is open Monday through Friday from 8 a.m. to 6 p.m. If you do not speak English, someone can interpret for you.

Disenrollment

- You may ask to leave the plan for cause at any time.
- You may ask to leave the plan, without any reason, once during the first 90 days of your current 12-month enrollment period with BlueChoice HealthPlan Medicaid.
- If you do not ask to leave the plan during the first 90 days of your current enrollment period, you will stay enrolled for the full 12 months. You may not ask to leave the plan until the first 90 days of your next enrollment period.

If you have any questions about this policy, call our Customer Care Center number at the bottom of this page.

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TTY: **1-800-368-4424**

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Part 15 Other things you may need to know

You may have questions that have not been answered yet in this book. Look through this section for the answers.

Calling our Customer Care Center

Call us toll free at **1-866-781-5094**. If you have hearing or speech loss, you may call our CCC TTY line at **1-866-773-9634**. We are open Monday through Friday from 8 a.m. to 6 p.m. Our staff is trained to help you learn more about your health plan. They can tell you about the following:

- Eligibility.
- Benefits.
- How to get services.
- How to choose or change your doctor.
- How to file a grievance or appeal.

New medical treatments

Health care is changing quickly right now. There are new treatments all the time. We want you to benefit from them, so we review them on a routine basis. A group of doctors, specialists and medical directors decides if the treatment:

- Is approved by the government.
- Has shown, in a reliable study, how it affects patients.
- Will help patients as much as, or more than, treatments we use now.
- Will improve a patient's health.
- Is still being tested.

The review group looks at all of the data. The group then decides if the treatment is medically necessary.

If your doctor asks us about a treatment that the review group has not looked

at yet, they will look at it and let your doctor know if the treatment is medically necessary and if we approve it.

Quality Improvement

At BlueChoice HealthPlan Medicaid, we want to make your health plan better. To do this, we have a Quality Improvement (QI) program. Through this program, we:

- Assess the health plan in order to improve it.
- Track how happy you are with your doctor.
- Track how happy you are with us.
- Use the data we learn to make a plan to improve our services.
- Put our plan into action to make your health care services better.

You may ask us to send you details about our QI program by calling our Customer Care Center number at the bottom of this page. This will include a description of the program and a report on the progress in meeting our improvement goals.

If you have other insurance

Please report all other insurance details to the program if:

- Your private health insurance ends.
- You get new insurance.
- You have questions about third-party insurance.

Please call Healthy Connections Choices at **1-877-552-4642** (the TTY number is **1-877-552-4670**) or call your local county social worker.

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Part 15 Other things you may need to know

Having other insurance does not change whether or not you can have Medicaid. You need to report your other insurance so that Medicaid stays the payer of last resort.

Medicaid providers cannot refuse to see you because you also have private health insurance. If providers say they will see you as a Medicaid patient, they must tell your private health insurance company as well.

How to get help after normal office hours

The BlueChoice HealthPlan Medicaid Customer Care Center is open Monday through Friday from 8 a.m. to 6 p.m. You may leave a message if you call after normal office hours and on weekends. We will call you back the next working day.

If you call your doctor after normal office hours, you have three options:

- Find out how to reach an on-call doctor.
- Get connected to an on-call doctor.
- Get a call back within 30 minutes.

For help any time day or night, call MedCall, the 24-hour nurse help line, at **1-866-577-9710**. The MedCall TTY line is **1-800-368-4424**.

What to do if you get a bill

In most cases, you should not get a bill from our providers. You may have to pay for charges if:

- You agreed ahead of time to pay for services that are not covered or OK'd by us.
- You agreed ahead of time to pay for services from a provider who does not work with us and you did not

get our OK ahead of time but asked for the service anyway.

If you get a bill and you do not think you should have to pay for the charges, call the Customer Care Center number at the bottom of this page. Please tell us the date of service, the amount charged, and why you were billed.

Have the bill with you when you call us. Sometimes a provider may send you a "statement" that is not a "bill." We will tell you if you have to pay it.

Out-of-area care

If you are outside of the BlueChoice HealthPlan Medicaid service area and need care that is not an emergency, call one of these right away:

- Your doctor.
- MedCall.
- The Customer Care Center.

We cover emergencies anywhere in the U.S. If you get care outside of our service area that is not for an emergency, you may have to pay for those services.

Do not use an emergency room for routine care.

Reporting provider or client waste, abuse and fraud

If you believe a client (a person who gets benefits) or a provider (a doctor, dentist, counselor, etc.) has committed waste, abuse or fraud, you have a responsibility and a right to report it. To report waste, abuse or fraud, gather as many details as you can. You may report

Customer Care Center: **1-866-781-5094**

TTY: **1-866-773-9634**

MedCall®: **1-866-577-9710**

TTY: **1-800-368-4424**

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Part 15 Other things you may need to know

providers or clients to your health plan by:

- Calling our Customer Care Center at **1-866-781-5094**.
- Faxing a Fraud Referral Form to **1-866-454-3990**. The Fraud Referral Form may be found in the Resources section on the BlueChoice HealthPlan Medicaid website at **www.BlueChoiceSCMedicaid.com**.

Writing to:

BlueChoice HealthPlan Medicaid
PO Box 964
Woodland Hills, CA 91365
Mail Stop CANQ02-H000

When you report a provider (a doctor, dentist, counselor, etc.), give these details:

- Name, address and phone number of the provider.
- Name and address of the place (hospital, nursing home, home health agency, etc.)
- Medicaid number of the provider and place, if you know it.
- Type of provider (doctor, physical therapist, pharmacist, etc.)
- Names and phone numbers of other people who may be able to give us some of these details.
- Dates of events.
- A brief statement of what happened.

When you report a client (a person who gets benefits), give these details:

- The person's name.
- The person's date of birth and Social Security Number, if you know it.

- The city where the person lives.
- Exact details about the waste, abuse or fraud.

Advance directives (Living Wills)

You have the right to make health care decisions that affect you.

You have the right to choose what kind of health care you get. You have the right to tell your doctor what types of health care you do not want. You may tell your doctor what you want:

- In person.
- Over the phone.
- In writing.

If you do not want treatment, but do not have someone to name to act on your behalf, you may sign a living will.

Most patients can tell their doctors what they want. But those who are badly injured, are not conscious or are very ill cannot say what they want. People need to know what you wish about health care in case you are not able to talk. You may state what you wish in a health care power of attorney and a living will.

In a living will, you can let your doctor know what types of treatments you do and do not want. In a health care power of attorney, you name someone to act on your behalf who can tell the doctor what types of care you want.

Choosing to sign a health care power of attorney or living will is private and important. Here are some important facts about health care powers of attorney and living wills.

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Part 15 Other things you may need to know

Living wills must be followed only if you cannot decide what to do for yourself due to an illness or injury. But if you are pregnant, these papers will not put an end to your life support.

If you do not have a living will or health care power of attorney that tells what you want done, you will not know what choices will be made or who will make them for you. Choices for you may be made by:

- Relatives chosen by South Carolina law.
- A person chosen by the court.
- The court.

The best way to make sure that what you want is done is to state your wishes in a health care power of attorney and a living will.

If you have questions about signing a health care power of attorney or living will, you should talk to your:

- Doctor.
- Minister.
- Priest.
- Rabbi.
- Other clergy who give advice.
- Lawyer.

Last of all, it is important that you let your family know how you feel about life support. You should talk to those you plan to name to act on your behalf in your health care power of attorney. You need to make sure they want to help you. It's just as important to make sure that your agents know what you want.

There are form living wills and health care powers of attorney available in South Carolina.

The living will form is called a Declaration of a Desire for a Natural Death. You may get these forms from the Lieutenant Governor's Office on Aging by calling toll free at **1-800-868-9095** or **1-888-5WISHES (1-888-594-7437)**. You also may call **1-803-734-9900** or go online to **aging.sc.gov/legal/Pages/LivingWillAndPowerOfAttorney.aspx**.

Access to your medical records

Federal and state laws allow you to see your medical records at any time. Ask your doctor for your records first. If you have a problem getting your medical records from your doctor, call us.

Keeping your information private

We have the right to get information from anyone giving you care. This information is used to pay for, and manage, your health care. It is kept private between you, your health care provider, and us, except as the law allows. Refer to the Notice of Privacy Practices that you can find at the back of this book to read about your right to privacy.

Program changes

If there are any changes to your health care program, we will tell you 30 calendar days before the change.

BlueChoice HealthPlan Medicaid benefits may change without your say. If you have questions about program changes, call our Customer Care Center number at the bottom of this page.

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Part 16 Your health care rights and responsibilities

Member Rights

As a member of this health plan, you have the right to:

- Always be treated with respect and due regard for your dignity and privacy.
- Get the help you need to understand this book.
- Get a person to interpret for you, if you need it, at no cost to you.
- Get health plan documents in formats such as Braille or large-size print at no cost to you.
- Get all information and notices in a format that is easy to understand.
- Get news about our benefits, doctors and other health care providers with whom we have contracts.
- Take part in decisions about your health care (this includes the right to refuse treatment).
- Be told about your member rights and responsibilities.
- Talk honestly with your doctors about the right treatment for your health issue no matter how much it costs or if you are covered for it.
- Be told about other treatment choices or plans for care in a way that fits your health issue.
- Get help from DHHS and BlueChoice HealthPlan Medicaid in knowing what is required and covered.
- Know that we only cover health care services that are part of your plan.
- Know that we may make changes to your health plan benefits as long as we tell you about those changes in writing 30 days before they take effect.
- Refuse care from your PCP or other health care providers.
- Find out how we decide if new technology or treatment should be part of a benefit.
- Get 24-hour-a-day, seven-day-a-week access to medical advice from your PCP, either in person or by phone.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or action to get back at you as stated in the federal regulations on the use of restraints and seclusion.
- Get care that is medically necessary.
- Get news about and make an advanced directive. This includes a description of state laws that apply to living wills (Chapter 66, Section 44). This also includes changes in the state law as soon as they can be given to you but not later than 90 days after the change goes into effect.
- Choose a provider who is part of your network. (If you get services from a provider who is not in your network, or not OK'd by us, those services will not be covered.)
- Get family planning services from a provider not in your network.

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Part 16 Your health care rights and responsibilities

- Know that BlueChoice HealthPlan Medicaid, your doctors, and your other health care providers cannot treat you differently because of your:
 - Age.
 - Sex.
 - Race.
 - National origin.
 - Gender.
 - Sexual preference.
 - Language needs.
 - Degree of illness or health issue.
- Have problems taken care of fast. (This includes things you think are wrong, as well as issues about getting an OK from us, your coverage or payment of services.)
- Know that the date you join BlueChoice HealthPlan Medicaid is used as the date when your benefits begin. (We won't cover services you got before this date.)
- Question a decision we make about coverage for care you got from your doctor. (You will not be treated differently if you make a complaint.)
- Tell us what you do not like about our rights and responsibilities policy.
- Tell us what you would like to change about our health plan.
- Have access to your medical records and ask that they be changed or corrected as federal and state laws allow.
- Have news about your health insurance and medical records kept private by us, your doctors and all of your other health care providers.
- Receive health care services that you can access.
- Receive health care services that are similar to those given under Medicaid Healthy Connections in:
 - Length of time given.
 - Scope.
- Get health care services that are enough in amount, length of time given and scope to do what they should be able to do for your health issue.
- Make an informed health plan choice (before you join a plan) by getting information about the basic features of managed care including:
 - Which groups of people may or may not enroll in the program.
 - The health plan's duties for coordinating care in a timely manner.
- Get information from your health plan about services. This includes, but is not limited to:
 - Benefits covered.
 - How to get benefits as well as an OK from BlueChoice HealthPlan Medicaid or your doctor.
 - Cost sharing rules.
 - Service area.
 - Names, locations and phone numbers of current network providers (PCPs, specialists and hospital staff) who speak a language other than English.

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Part 16 Your health care rights and responsibilities

- Any limits on your freedom of choice among network providers.
- Providers who are not taking new patients.
- Benefits not offered by your health plan. Plus, how you may get them and get a ride to and from these services.
- Get a complete outline of your disenrollment rights at least once per year.
- Get written documents about this plan that includes information about how the plan is set up and how it operates.
- Get information on the grievance, appeal and state fair hearing procedures.
- Get details on emergency and after-hours coverage including, but not limited to:
 - What is an emergency medical condition, emergency services and poststabilization services.
 - The fact that emergency services do not need an OK from BlueChoice HealthPlan Medicaid.
 - The process and procedures for getting emergency services.
 - The fact that you have the right to use any hospital or other setting for emergency care.
 - Poststabilization care services rules as noted in 42 CFR 422.113(c).
- Get our rules on referrals for specialty care and other benefits not given by your PCP.
- Have your privacy guarded as noted in 45

CFR parts 160 and 164, subparts A and E (as this rule applies).

- Use your rights without being treated differently by us, the providers who contract with us, or staff from the South Carolina Department of Health and Human Services.
- Know you will not be held liable if your health plan becomes insolvent.

Member Responsibilities

As a member of this health plan, you have these responsibilities:

- Tell us and your social worker if:
 - You move.
 - You change your phone number.
 - The number of people in your household changes.
 - You have other insurance.
 - You become pregnant.
 - Your ID card is lost or stolen.
- Understand your health problems and help your doctor set treatment goals.
- Show your ID cards each time you get medical care.
- Know the plan's procedures.
- Call us if you have questions or want to learn more.
- Make it to your PCP visits and follow-up visits on time. If you cannot make it, change the visit as far in advance as you can.

Customer Care Center: **1-866-781-5094**

TTY: **1-866-773-9634**

MedCall®: **1-866-577-9710**

TTY: **1-800-368-4424**

TTY lines are only for members with hearing or speech loss.

www.BlueChoiceSCMedicaid.com

Part 16 Your health care rights and responsibilities

- Use the emergency room only for emergency services. Do not use the emergency room for routine services. (To learn more about this, see **Part 9, Emergency and urgent care services.**)
- Pay for services that are not covered by us.
- Treat your PCP and other health care providers with respect.
- Tell us, your doctors and your other health care providers what they need to know to treat you.
- Follow the treatment plans you, your doctors and your other health care providers agree on. If you could not follow them, tell us why.

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Part 17 Definitions

Here are some of the terms used in this book.

Action means:

- When we deny or limit the approval of a service you ask for (this includes the type or level of service).
- When we reduce, delay or end a service that was OK'd before.
- When we deny a payment for service in whole or in part.
- When we fail to act within the time frames for an extension request.
- When we deny a request to get services outside your network, under 42 CFR Section 438.52(b)(2)(ii), for a Medicaid member who lives in a rural area with only one MCO.

Appeal means a request for review of an action.

Approval by BlueChoice HealthPlan

Medicaid means you have gotten an OK ahead of time from us. You may learn more about this in **Part 4, How to use your health plan** under the heading **Prior Authorization (An OK from BlueChoice HealthPlan Medicaid)**.

Benefits are the health care services and drugs covered under this plan.

Copays are fees that members pay for some covered services.

DHHS means the South Carolina Department of Health and Human Services

Disenroll means to stop using the health plan because:

- You are not eligible.

- You change your health plan.

Emergency Medical Condition means a medical condition with such severe signs (including severe pain or active labor) that a person with average knowledge of health and medicine would reasonably believe not getting medical care right away may:

- Place your health or the health of an unborn child at risk.
- Impair a body function.
- Cause dysfunction of a body part or organ.

Grievance means you state that you are not happy about any matter other than an action.

Health plan is a company that offers managed care health insurance plans.

Home health care providers give you skilled nursing care and other services at home.

Hospice gives in-home care for a member who is not expected to live for more than six months.

Hospital is a place you get inpatient and outpatient care from doctors and nurses.

Inpatient care is when you have to stay the night in a hospital or other place for the medical care you need.

Medically necessary means that the covered services or supplies you get are needed in order to find out what's wrong with you and to best treat your illness, injury or disease.

Member is a person approved by the state of South Carolina to be enrolled in our health plan.

Network means the doctors, hospitals, pharmacies and other health care professionals

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Part 17 Definitions

or places that have entered into a professional services agreement with BlueChoice HealthPlan Medicaid to give services to BlueChoice HealthPlan Medicaid members.

Outpatient care is when you do not have to stay the night in a hospital or other place for the medical care you need.

Primary care provider (PCP) is the provider you have for most of your health care. This person helps you get the care you need. Your PCP must OK most care ahead of time, unless it is an emergency.

Prior authorization means both BlueChoice HealthPlan Medicaid and your health care provider agree ahead of time that the service or care you asked for is medically necessary.

Provider means any doctor, hospital, agency or other person who has a license or is approved to give health care services.

Here are some types of health care providers:

- **Audiologist** – a provider who tests your hearing.
- **Certified nurse-midwife** – a nurse who cares for you during pregnancy and childbirth.
- **Certified registered nurse anesthiologist** – a nurse trained to give you anesthesia.
- **Chiropractor** – a provider who treats issues of the spine or other body parts.
- **Dentist** – a doctor who takes care of your teeth and mouth.
- **Family practitioner** – a doctor who treats common medical issues for people of all ages.
- **General practitioner** – a doctor who treats common medical issues.
- **Internist** – a doctor who takes care of adults by treating problems that have to do with the organs inside the body.
- **Licensed vocational nurse** – a licensed nurse who works with your doctor.
- **Licensed professional counselor** – a person who is trained to treat mental and emotional problems.
- **Marriage, family and child counselor** – a person who helps you with family problems.
- **Nurse practitioner or physician’s assistant** – a person who works in a clinic or doctor’s office and does these things:
 - Finds out what’s wrong with you.
 - Takes care of you.
 - Treats you, within limits.
- **Obstetrician/gynecologist (OB/GYN)** – a doctor who takes care of a woman’s health (this includes when she is pregnant or giving birth).
- **Occupational therapist** – a provider who helps you regain daily skills and activities after an illness or injury.
- **Optometrist** – a provider who takes care of your eyes and vision.
- **Pediatrician** – a doctor who treats children from birth through their teen years.
- **Physical therapist** – a provider who helps you build your body’s strength after an illness or injury.

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Part 17 Definitions

- **Podiatrist or chiropodist** – a doctor who takes care of your feet.
- **Psychiatrist** – a doctor who treats mental health issues and prescribes drugs.
- **Psychologist** – a person who treats mental health issues but does not prescribe drugs.
- **Registered nurse** – a nurse with more training than a licensed vocational nurse (LVN) and has a license to perform certain duties with your doctor.
- **Respiratory therapist** – a provider who helps you with your breathing.
- **Speech pathologist** – a provider who helps you with your speech.
- **Surgeon** – a doctor who can operate on you.

Reconstructive surgery is done when there is a problem with a part of your body and it is

medically necessary to make that part look or work better. This problem could be caused by:

- A birth defect.
- Disease.
- Injury.

Second opinion is your right to see one more doctor to get his or her opinion about how to treat your health issue.

Skilled nursing facility is a place that gives you 24-hour-a-day nursing care that only trained health professionals may give.

Urgent medical condition is **not** an emergency, but **needs medical care** within 24 hours.

Vaccines (also called immunizations) are shots or other forms of medicine that prevent illness or disease.

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Other Things to Know About Your Health Plan

- **Preventive Health Care Guidelines** – To help you and your family see your primary care provider (PCP) at the right times
- **Notice of Privacy Practices** – A guide to what we do with your health information
- **PCP Selection Form** – To change your PCP, just call us or complete and mail this form

Preventive Health Care Guidelines

BlueChoice HealthPlan Medicaid wants to help you and your family stay healthy. Routine visits to the doctor are important. These guidelines tell you about exams, screenings and vaccines that are helpful for infants, children, young adults and adults. **Please note that your plan may not cover everything listed in these guidelines.**

For information about these guidelines, please call:

Customer Care Center **1-866-781-5094**

TTY **1-866-773-9634**

TTY lines are for members with hearing or speech loss only.

Guidelines for Healthy Adults – Women*

Adults should have routine visits with their doctors. Women need to have special tests at certain times in their lives. The charts below show which exams, screenings and vaccines should be done at which ages. Take these charts with you to your doctor. Ask if you are up-to-date and if you need any other exams, tests, vaccines or advice.

VACCINES	Age When Vaccine Is Needed												
	19	25	30	35	40	45	50	55	60	65	70	75 and older	
Tetanus-Diphtheria (Td)							●						One dose every 10 years (all ages)
Varicella (Chickenpox)							●						Women who have not had chickenpox or have not had the shot before: Two doses
Measles, Mumps, Rubella (MMR)				●						●			One or two doses (ask your doctor) Women at high risk: One dose
Pneumococcal (PCV)						●						●	Women at high risk: One or two doses 1 dose
Influenza (Flu)				●						●			Women at high risk: One dose yearly One dose yearly
Herpes Zoster												●	One dose

*These charts were taken from the Agency for Healthcare Research and Quality Guide to Clinical Preventive Services (September 2008)¹, and from the most recent Centers for Disease Control and Prevention Recommended Adult Immunization Schedule (United States, January 2009)².

¹ <http://www.ahrq.gov/clinic/pocketgd.htm>

² <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5753a6.htm>

Guidelines for Healthy Adults – Women (continued)

	Age When Counseling or Screening Is Needed												
	19	25	30	35	40	45	50	55	60	65	70	75 and older	
COUNSELING													
Aspirin (to prevent heart disease)										●			
	When doctor recommends												
Tobacco Use, Drug and Alcohol Use, Sexually Transmitted Infections and HIV, Nutrition, Calcium Intake, Physical Activity, Sun Exposure, Oral Health, Injury Prevention and Using Too Many Medicines							●						
	When doctor recommends												
Folic Acid			●										
	Women of childbearing age												
SCREENINGS													
Office Visit Visit should include medical history, physical exam, height, weight, obesity and body mass index.			●				●					●	
	Every 1 to 3 years			Every 2 years				Every year					
Blood Pressure									●				
	Every 2 years if 130/85 or lower – more often if higher (all ages)												
Total Serum Cholesterol and HDL			●									●	
	Every 5 years starting at 20 years						When doctor recommends						
Pelvic Exam and Pap Smear (Cervical Cancer Screening)													●
	Every year until 3 tests are normal, then every 1 to 3 years											Women with a new sexual partner	
Clinical Breast Exam			●										●
	If at high risk, when doctor recommends						Every year						
Mammogram			●										●
	If at high risk, when doctor recommends						Every 1 to 2 years						
Chlamydia	●												●
	Yearly if sexually active	When doctor recommends											
Colorectal Cancer							●						●
	When doctor recommends								One of these tests as doctor recommends: 1) Fecal occult blood test every year 2) Flexible sigmoidoscopy every 5 years 3) Double contrast barium enema every 5 years 4) Colonoscopy every 10 years				
Osteoporosis													●
	When doctor recommends for women at risk of osteoporotic fractures												
Tuberculosis (TB)													●
	Mantoux skin test for women at high risk when doctor recommends												
	19	25	30	35	40	45	50	55	60	65	70	75 and older	

Age When Counseling or Screening Is Needed

Guidelines for Pregnant Women*

These charts show which vaccines, tests, exams, advice and education may happen at each well visit before, during and after pregnancy. These guidelines are for low-risk pregnancies. Talk to your doctor if you have concerns about your pregnancy. Your doctor will decide what tests and exams you need.

Before Pregnancy

Screening and Tests

Medical History
Complete Physical
Blood Pressure
Height and Weight
Body Mass Index (BMI)
Domestic Abuse
Varicella (Chickenpox)
Risk Factors
Cholesterol and HDL
Cervical Cancer Screening
Rubella and Rubeola

Counseling and Education

Preterm Labor and Prevention
Smoking
Drug and Alcohol Use
Nutrition and Weight
Domestic Abuse
Medications, Herbal Supplements and Vitamins
Health Hazards at Work and in the Community
Accurate Recording of Menstrual Dates
Folic Acid - 400 Micrograms Daily (start taking at least one month before getting pregnant)

Lab Tests and Shots

Rubella Shot (at least 3 months before getting pregnant)
Measles, Mumps, Rubella (MMR)
Tetanus Booster
Hepatitis B Vaccine
Varicella Vaccine (at least 3 months before getting pregnant, if needed)
Screening for Sexually Transmitted Infections (STIs)
Screening for HIV (with consent)
Flu Shot

Visit 1 (6 to 8 Weeks)

Screening and Tests

Medical History
Complete Physical
Height and Weight
BMI
Estimated Date of Delivery
Domestic Abuse
Risk Factors
Cervical Cancer Screening

Counseling and Education

Smoking
Drug and Alcohol Use
Physical Activity
Sauna and Hot Tub Exposure
Nutrition, Vitamins and Folic Acid
Toxoplasmosis
Warning Signs
Signs of Labor
Type of Birth
Course of Care
Childbirth Classes
Fetal Activity
Changes in Pregnancy
Environment or Work Hazards
Lab Tests for Fetal Problems
Preterm Labor and Prevention

Lab Tests and Shots

Pregnancy Test
Complete Blood Count Hemoglobin
Blood Type and D Type
Antibody Screen
Urine Culture/Screen
HIV Screening (with consent)
Blood Lead Screening
Hepatitis
Tetanus Booster
ABO/RH/Ab
Rubella Test
Syphilis
Flu Shot
Varicella Test (if needed)

If Doctor Recommends:

Screening for Genetic Disorders
Screening for STIs
Blood Disorders
Tuberculosis

At Each Visit That Follows

Screening and Tests

Blood Pressure
Weight
Baby's Heartbeat (after 8 weeks)
Fundal Height (after 15 weeks)

Counseling and Education

Preterm Labor and Prevention
Prenatal and Lifestyle Education
Follow-up on Risk Factors
Changes in Pregnancy

Lab Tests and Shots

Visit 2 (10 to 12 Weeks)

Screening and Tests

Fetal Problems
Urine Test

Counseling and Education

Fetal Growth
Review Labs from Visit 1
Breastfeeding

Lab Tests and Shots

If Doctor Recommends:

Amnio/Chorionic Villus Sampling (8 to 18 weeks)
Karyotype
Amniotic Fluid

*These guidelines come from the Institute for Clinical Systems Improvement (ICSI)¹ and the American Congress of Obstetricians and Gynecologists (ACOG)².

¹ www.icsi.org

² www.acog.org

Guidelines for Pregnant Women (continued)

Visit 3 (15 to 18 Weeks)

Screening and Tests Cervix Exam Urine Test Fetal Problems Ultrasound (if doctor recommends)	Counseling and Education Second Trimester Growth Quickening (first fetal movements) Umbilical Cord Blood Banking	Lab Tests and Shots Flu Shot (if needed) If Doctor Recommends: Maternal Serum Alpha Fetoprotein/Multiple Markers
--	--	---

Visit 4 (22 Weeks)

Screening and Tests Cervix Exam	Counseling and Education Length of Stay in Hospital RH Factor Gestational Diabetes Mellitus (GDM)	Lab Tests and Shots
---	---	----------------------------

Visit 5 (24 to 28 Weeks)

Screening and Tests Preterm Labor Risk Cervix Exam Domestic Abuse	Counseling and Education Work Registering at the Hospital Anesthesia Fetal Movement Newborn Sleeping Position Choosing the Baby's Doctor Newborn Car Seat Tubal Sterilization Circumcision Breast or Bottle Feeding	Lab Tests and Shots Gestational Diabetes Mellitus (GDM) Diabetes Screen Glucose Tolerance Test (if diabetes screen is abnormal) ABO/RH Antibody Status and Shots (if needed) Hepatitis Screening for STIs If Doctor Recommends: Complete Blood Count Hemoglobin
---	--	---

Visit 6 (32 Weeks)

Screening and Tests Ultrasound (if doctor recommends)	Counseling and Education What You Can and Can't Do When Pregnant Choosing the Baby's Doctor Labor and Delivery Issues Warning Signs of Complications Preparation for Discharge from Hospital Sexual Activity Travel	Lab Tests and Shots
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Visit 7 (36 Weeks)

Screening and Tests Cervix Exam Check Fetal Position	Counseling and Education Labor Precautions Management of Late Pregnancy Symptoms Birth Control When to Call the Doctor Postpartum Depression (depression after baby is born) Care After Baby Is Born	Lab Tests and Shots Culture for Group B Streptococcus
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Visits 8 through 11 (37 Weeks to Delivery)

Screening and Tests Cervix Exam	Counseling and Education Labor and Delivery Update Vaccines After Birth Infant CPR Late Delivery	Lab Tests and Shots
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After the Birth

Screening and Tests Office Visit for Mother 3 to 6 Weeks after Delivery	Counseling and Education Breastfeeding Birth Control	Lab Tests and Shots
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We have a **Future Moms** prenatal program for all of our pregnant members. To find out more, call us. This program offers a free prenatal book with details on pregnancy and child care. Call and get your copy today.

Guidelines for Healthy Adults – Men*

Adults should have routine visits with their doctors. Men need to have special tests at certain times in their lives. The charts below show which exams, screenings and vaccines should be done at which ages. Take these charts with you to your doctor. Ask if you are up-to-date and if you need any other exams, tests, vaccines or advice.

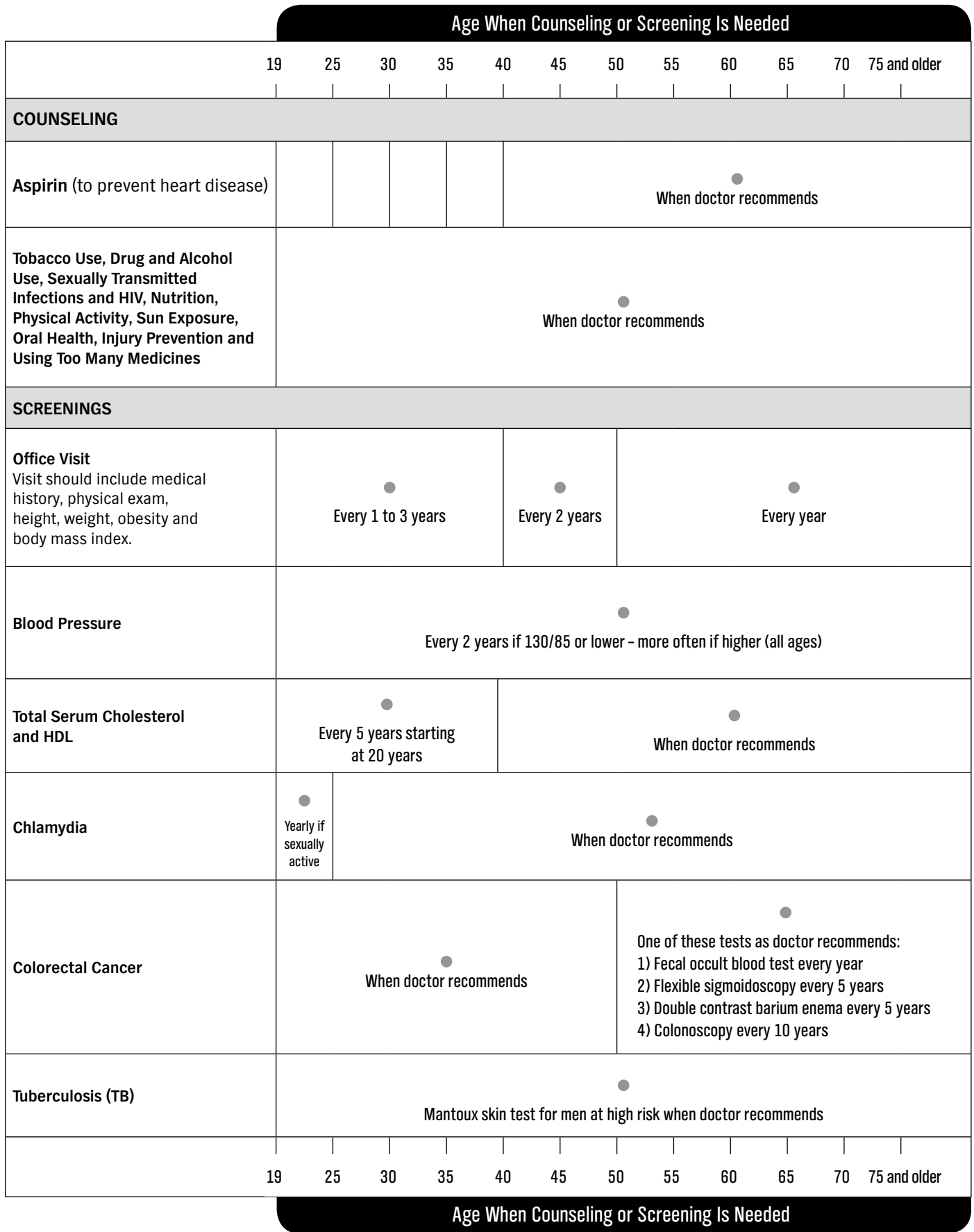
VACCINES	Age When Vaccine Is Needed													
	19	25	30	35	40	45	50	55	60	65	70	75 and older		
Tetanus-Diphtheria (Td)							●							One dose every 10 years (all ages)
Varicella (Chickenpox)							●							Men who have not had chickenpox or have not had the shot before: Two doses
Measles, Mumps, Rubella (MMR)				●							●			One or two doses (ask your doctor) Men at high risk: One dose
Pneumococcal (PCV)						●						●		Men at high risk: One or two doses 1 dose
Influenza (Flu)				●							●			Men at high risk: One dose yearly One dose yearly
Herpes Zoster												●		One dose

*These charts were taken from the Agency for Healthcare Research and Quality Guide to Clinical Preventive Services (September 2008)¹, and from the most recent Centers for Disease Control and Prevention Recommended Adult Immunization Schedule (United States, January 2009)².

¹ <http://www.ahrq.gov/clinic/pocketgd.htm>

² <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5753a6.htm>

Guidelines for Healthy Adults – Men (continued)



Age When Counseling or Screening Is Needed

Guidelines for Healthy Children and Young Adults*

Children should visit their doctors on a routine basis for well-child exams. The chart below shows what ages these exams and other tests should take place. Your children may need other exams or tests due to their medical history. Talk to the doctor. During office visits, ask the doctor how to prevent injuries and violence. You should also ask how to manage behavior, eat right and what to expect as your child grows.

Checkups and Tests	Age When Checkup or Test Is Needed																	
	Birth	3-5 days**	By 1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	2 years	2 1/2 years	3 years	4-5 years	6-8 years	9-12 years	13-16 years	17-21 years
Well-Child Visit Every visit should include medical history, physical exam, height, weight, growth, vision and hearing tests, developmental tests and behavioral tests.	•	•	•	•	•	•	•	•	•	•	•	•	•			•		
Head Circumference	•	•	•	•	•	•	•	•	•	•	•							
Autism Screening										•	•							
Body Mass Index											•		•			•		
Blood Pressure													•			•		
Sickle Cell Test and Hereditary/Metabolic Screening (thyroid, PKU, galactosemia, hemoglobinopathies)	• State law requires by 1 month																	
Cholesterol Screening																•		
Dental Exam	• Visual exam by doctor at well visits							• First visit to dentist at 1 year; follow-up when dentist recommends										
Lead Test***								•				•						
Blood Test (anemia)								•								•		
Tuberculosis (TB) Test																		• When doctor recommends
Pelvic Exam and Pap Smear (Cervical Cancer Screening)																		• Every year for sexually active females (start 3 years after sexually active), or starting at 21 years
Sexually Transmitted Infection (STI) Screening																		• When doctor recommends
	Birth	3-5 days**	By 1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	2 years	2 1/2 years	3 years	4-5 years	6-8 years	9-12 years	13-16 years	17-21 years

* These guidelines are taken from the Recommendations for Preventive Pediatric Health Care; Bright Futures (2008) and the American Academy of Pediatrics (AAP). For more information, visit <http://pediatrics.aappublications.org/cgi/content/full/pediatrics;120/6/1376/DC1>.

** This is also recommended by the AAP. State laws require testing of newborn babies for certain medical conditions before they leave the hospital or birthing center.

*** The Centers for Medicare and Medicaid Services (CMS) requires a blood lead test at 12 and 24 months. For more information, visit www.cms.hhs.gov/MedicareEarlyPeriodicScrtn.

Vaccines for Healthy Children and Young Adults*

All children should get needed vaccines when they see the doctor for health care or a well-child visit. These vaccines protect children from disease. The chart below has the vaccines children should have for 2009 as they grow.

VACCINES	Age When Vaccine Is Needed											
	Birth	1-2 months	2 months	4 months	6 months	6-18 months	12-15 months	15-18 months	1-2 years	4-6 years	11-12 years	13-19 years
Hepatitis A Series (HepA)									● (2 doses 6 months apart)			
Hepatitis B (HepB)	●	●				●						
Diphtheria, Tetanus, Pertussis			●	●	●			●		●	●	
Haemophilus Influenzae Type b (Hib)			●	●	●		●					Catch-up vaccines may be given during these years. Talk to your doctor.
Inactivated Poliovirus (IPV)			●	●		●				●		
Measles, Mumps, Rubella (MMR)							●			●		
Varicella (Chickenpox)							●			●		
Meningococcal Conjugate (MCV)											●	
Pneumococcal (PCV)			●	●	●		●					
Human Papillomavirus (HPV) <i>Females only - 9 years is youngest age to start</i>											●	
											3 doses	
Rotavirus (RV)			●	●	●							
			(2 or 3 dose series based on vaccine used – talk to your doctor) Start series before 15 weeks of age.									
Influenza (Flu)	Given every year to children between 6 months and 18 years of age. Some children may need 2 doses. Talk to your doctor.											

If your child misses ANY of these vaccines, talk to your doctor about a catch-up plan.

* The information in the chart is taken from the most recent Centers for Disease Control and Prevention Recommended Immunization Schedules for persons aged 0 to 18 years (United States, January 2009) and recommendations from the American Academy of Pediatrics. The immunization schedules are approved by the American Academy of Family Physicians. The schedules are available at www.cdc.gov/MMWR/preview/mmwrhtml/mm5751a5.htm.

These guidelines may have changed since they were printed. This guide is not meant to take the place of medical care or advice. Always ask your doctor about the right test, treatment or care for you.

Notice of Privacy Practices

Effective July 1, 2007

Podemos traducir esto gratuitamente. Llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación (ID card).

Please read this paper carefully.

THIS NOTICE TELLS YOU WHO CAN SEE YOUR HEALTH INFORMATION WITH YOUR OK AND WHO CAN SEE IT WITHOUT YOUR OK. IT ALSO TELLS WHAT RIGHTS YOU HAVE TO SEE AND MANAGE YOUR INFORMATION.

Your health and financial information are personal and private. The law says that we must protect this information of our current and former members. We get information about you from the South Carolina Department of Health and Human Services after you become eligible and enroll in our health plan. We also get medical information from your doctors, clinics, labs, and hospitals so we can approve and pay for your health care. Federal law says that we must give you this notice to help you understand what our legal duties are and how we will protect your verbal, written, and electronic health information using these methods:

- Physical (files)
- Technical (passwords)
- Procedural (policies to make sure your records stay safe)

When is it OK for us to use and share your health information?

We can use and share your information without your OK in some cases. Here are some examples:

For Your Medical Treatment

- To help doctors, hospitals and others get you the care you need

For Payment

- To share information with the doctors, clinics and others who bill us for your care
- When we agree to pay for medical care or services before you get them

For Health Care Operations

- To help with audits, fraud, and abuse programs, planning and day-to-day work
- To review our programs and try to make them better



Notice of Privacy Practices

For Public Health Reasons

- To help public health officials stop the spread of disease or prevent an injury

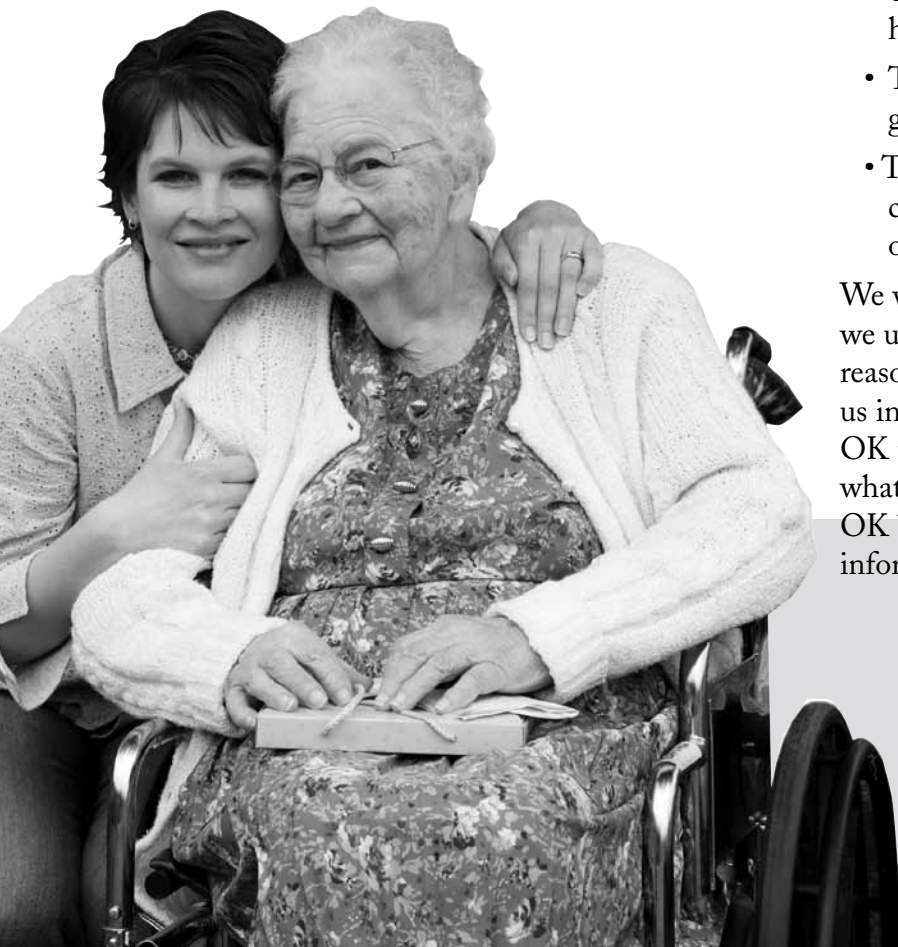
To Others Acting For You

- If you tell us it is OK we can share health information with your family or a person chosen by you who helps with or pays for your health care.
- If you cannot speak for yourself and it is best for you, we can share your medical information with someone who helps with or pays for your health care.

Other uses allowed or required by law

- To help the police and other people who enforce the law
- To obey laws about reporting abuse and neglect
- To help the court when asked to do so
- To respond to legal documents
- To give information to health oversight agencies for actions such as audits or exams
- To help coroners, medical examiners or funeral directors to find out your name and cause of death
- To help when you have asked to give your body parts to science
- To use for research
- To prevent or lessen a serious threat to health and safety
- To help government officials for special government functions
- To give information to workers compensation for a work-related illness or injury

We will get an OK from you in writing before we use or share your health information for reasons not listed in this notice. You may tell us in writing that you want to take back your OK to share information. We can't take back what we used or shared when we had your OK but we will stop using or sharing your information in the future.



Notice of Privacy Practices

What are your rights?

- You can ask to look at your health information and get a copy of it. Keep in mind that we do not have a complete medical record about you. **If you want a copy of your complete medical record, you should ask your doctor or health clinic.**
- If you think that something is missing from or wrong in your health record that we have, you can ask us to make changes.
- You can ask us not to share your information in some instances. However, we do not have to agree to your request.
- You can ask us to mail health information to an address that is different from your usual address or to send the information to you in another way. We can do this for you if sending to your usual address may put you in danger.
- You can ask us to give you a list of the times (after April 14, 2003) that we have shared your health information with someone else. This will not include the times we have shared your information for the purposes of treatment, payment, health care operations or certain other purposes.
- You can ask for a paper copy of this notice at any time even if you asked for a notice by e-mail.

What are our responsibilities?

- By law we must keep your health information private except as listed in this notice.
- We must give you this notice that explains our legal duties about privacy.
- We must follow what we have told you in this notice.
- We must agree, when you make reasonable requests and you are in danger, to send your health information to a different address or to send it in a way other than regular mail.
- We must tell you if we cannot agree when you ask us to limit how your information is shared.
- If state laws are more strict than the rules in this notice, we will follow those laws.

What if you have a complaint?

If you think that we have not kept our promise to protect your health information, you may complain to us or to the U.S. Department of Health and Human Services. Nothing bad will happen to you if you complain.



Notice of Privacy Practices

Contact Information

If you have questions, complaints about our privacy rules or want to apply your rights, please call us at **1-866-781-5094**. If you have hearing or speech loss, you may call the TTY line at **1-866-773-9634**.

We are here to help. If you still feel that we have not protected your privacy, you also may file a complaint with the Office for Civil Rights in the U.S. Department of Health and Human Services.

We reserve the right to change this notice and the way we protect your health information. If that happens, we will tell you about the changes in a newsletter. We also will post them on our website at **www.BlueChoiceSCMedicaid.com**.

As we told you in our Health Insurance Portability and Accountability Act (HIPAA) notice, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

Your Personal Information

We may collect, use, and share nonpublic personal information (PI) as described in this notice. Your PI tells us who you are and is often gathered in an insurance matter. We may use your PI to make judgments about your:

- Health
- Hobbies
- Habits
- We may collect PI about you from other persons or groups such as:
 - Doctors
 - Hospitals
 - Other carriers
- We may share PI with persons or groups outside of our company without your OK in some cases.
- We will contact you if we take part in an action that would require us to give you a chance to opt out.
- We will tell you how you can let us know that you do not want us to use or share your PI for a given action.
- You have the right to access and correct your PI.
- We take safety measures to protect the PI we have about you.
- You can ask for a state notice that is more detailed. Please call the phone number printed on your ID card.

Medicaid Primary Care Provider (PCP) Selection Form

If your BlueChoice HealthPlan Medicaid ID card does not show the PCP of your choice, or if you wish to change your PCP for any reason, please follow these directions:

- Call our Customer Care Center at **1-866-781-5094** to speak with a staff member who can help you. If you have hearing or speech loss, you may call the TTY line at **1-866-773-9634**.

OR

- Complete the form below and return it to us within 30 days.

You may choose one PCP for your whole family, or each family member may choose a PCP. You must list each family member on the form even if you select the same PCP.

We will send your new ID cards to you within five days after we receive your form. Always carry your ID card with you.

Please check this box if you are pregnant.

PCP Selection Form

Please print. See the Provider Directory for the names and numbers of your first and second choices.

Member Name (First and Last)	Certificate Number/ CIN Number	1st Choice PCP Name (First and Last)	Provider Number	2nd Choice PCP Name (First and Last)	Provider Number

Your Address

Your Daytime Telephone Number

Your City

Your State

Your ZIP Code

Your Name (please print)

Your Signature

If you have moved, please remember to call us at **1-866-781-5094**. The TTY line is **1-866-773-9634**.

When you are done filling out this form, fold it at the dotted lines on the back. Make sure that the BlueChoice HealthPlan Medicaid address is facing out. Tape the top edge closed, and drop the form in a mailbox. No stamp is needed.

Choose the PCP who's right for you. Send this form back today!

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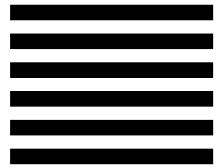




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COLUMBIA SC 29202-9856



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It is your choice to join this health plan. Call us to learn more at **1-866-781-5094**.
If you have hearing or speech loss, you may call our TTY line at **1-866-773-9634**.
You also may call the statewide Medicaid Resource Center at **1-888-549-0820**.

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