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## *Welcome to the ADVANTAGE Care Select Program...*

Care management is going to be provided for you by ADVANTAGE Health Solutions. Indiana created the *Care Select* program to help manage care for people who are aged, blind, or disabled. This program will help you manage and improve your care and outcomes.

ADVANTAGE *Care Select* is a partner in your health and will work with you to keep it at the best level your needs allow. Together we will see to it that you worry less about your health and enjoy life more. We want you to know what to expect from us and what we need from you.

- You are the center of our attention. We will focus on your health and the goal of better outcomes.
- We will find out what services will help your condition. We will keep your family and community providers involved.
- We will make sure that you get help when you need it. We ask our health providers to be there for you when you need them most.
- What we do together has the goal of making you feel better.

### **What Is Advantage Care Select?**

ADVANTAGE *Care Select* is a **Care Management Organization (CMO)** selected by the Office of Medicaid Policy and Planning. We will help you and your Primary Medical Provider (PMP) personalize and enhance the care given to you. This means that we have staff trained in the needs of members who are elderly, blind, disabled, have a chronic illness or developmental disabilities. We have trained Registered Nurses, social workers and behavioral health workers to work with you and your family so you get the services right for you.

### **Your Member Handbook**

Please read this handbook. It tells you what you need to know about the *Care Select* program and other important information such as:

- Your rights and responsibilities as a member.
- How we will help you get the best health care services for you.
- How your doctor will help you.
- Self referral services.

If you have a vision or hearing problem, the handbook is also available in a CD or large print. We have hearing impaired phone lines and telephone interpreters that can read the handbook to you if you don't speak English or Spanish. It is also available on the Web site at [www.advantageplan.com](http://www.advantageplan.com)

You can also call Member Services if you need help in reading this handbook or ask for a large print copy.

## **Your Primary Medical Provider (PMP)**

ADVANTAGE *Care Select* wants you to have a bond with your own doctor. This doctor is called your **Primary Medical Provider (PMP)** and will be your medical home. You can choose your own PMP from the list of doctors in your Provider Directory. The Provider Directory lists all the PMPs in ADVANTAGE *Care Select*.

Your PMP will:

- Provide routine care for you
- Arrange care and visits with other doctors when needed
- Include you in your care decisions
- Review your personal Care Plan with you and our health care team at least every 6 months
- Order preventive tests to help you stay healthy

## **Your Provider Directory**

Your Welcome packet includes a Provider Directory. You may also go to our website ([www.advantageplan.com](http://www.advantageplan.com)) for a provider search. This is a list of ADVANTAGE *Care Select* health care providers to choose from. Now that you are with ADVANTAGE *Care Select*, please use your PMP and ADVANTAGE *Care Select* providers.

The Directory lists:

- All our doctors and their addresses, phone numbers, office hours, the type of doctor they are, and if they accept new patients.
- Languages spoken by the doctor or staff.
- Access to handicap parking and wheelchair ramps.

## *HELPFUL INFORMATION*

### **ADVANTAGE CARE SELECT**

**OFFICE HOURS: 8:00 am – 6:00 pm Eastern Time**

**Monday – Friday (except holidays)**

**PHONE NUMBER: 1-800-784-3981**

**Web Site: [www.advantageplan.com](http://www.advantageplan.com)**

My PMP's Name: \_\_\_\_\_ PMP Phone #: \_\_\_\_\_  
My Care Manager: \_\_\_\_\_ Phone # \_\_\_\_\_  
Member Services Helpline: 1-800-784-3981 Hearing Impaired (TTY): 1-866-859-7812  
Nurse Line (24/7): 1-800-244-1896  
Disease Management Call Center: 1-800-784-3981  
Care Management Helpline: 1-800-784-3981

## *LANGUAGE AND INTERPRETATION SERVICES*

ADVANTAGE *Care Select* has staff who speak English and Spanish. If you speak another language or have other needs, we will provide a free interpreter for you or your doctor. We offer a 24 hour, 7 day a week phone service to translate for you. We also have sign language persons who can go with you to your doctor's office if needed. For help with these needs, please call the Member Service line or talk with your Care Manager.

## *TIPS FOR USING ADVANTAGE Care Select*

- As a member of ADVANTAGE *Care Select*, we ask you to use our doctors, nurses, hospitals and clinics. You may choose your own doctor or we will help you find one near your home.
- Your PMP helps you manage your health care. Your PMP will see you for routine and preventive care and can send you to a specialist if needed. Your PMP will also work with your Care Manager to make sure you receive the right care for you.
- You will have your own Care Manager who will help you and your doctor plan, approve and arrange your services to keep you as independent as possible. If you need help, your Care Manager is there for you.
- You will be sent a member ID card. Show this card when you get health care or behavioral health services. If you do not have it, you will still be able to get care. Just be sure to tell the provider that you are an ADVANTAGE *Care Select* member and show him or her your blue Hoosier Health card.
- If you need a ride to get services, call us for help.
- If, for any reason, you are not happy with a service, a provider, or decision by ADVANTAGE *Care Select*, you may file a complaint or grievance by calling 1-866-591-6737 from 8:00 a.m. to 5:00 p.m Eastern Time.

## **As A Member**

As a member, you will get the covered services you need just as you have before regardless of your personal beliefs, background or special needs. We work with your community based service providers and case managers to avoid any gap in care.

## **Member Confidentiality and Our Privacy Practices**

You will find a copy of the Privacy Rights notice in your welcome packet. The notice tells how we use your records and protect your personal information. It also tells you how you can look at your records, get a copy or change them. Your health care information is kept private and will be given out only if allowed by law or you agree.

## **Member Services Line – 1-800-784-3981**

Member Service Helpline answers questions about benefits, helps in finding a doctor, arranges rides to medical appointments, and helps you solve problems.

## **Nurse Line 24 Hours/7 Days A Week – 1-800-244-1896**

At any time you can call our Nurse Line for medical advice. Unless you have an emergency, call our Nurse Line first before going to the ER. There will always be a trained medical person there to answer your questions and HELP YOU.

# *DISEASE MANAGEMENT*

We have a Disease Management (DM) Call Center for you to call for information or questions about certain conditions. Our Care Coordinators will help you manage your health care by working with your PMP, community agencies and service providers.

The disease management programs we offer are:

- Childhood Asthma
- Congestive Heart Failure (CHF)
- Cardiovascular Disease (CVD)
- Diabetes
- Diabetes and Hypertension

One of these programs might be right for you. Call our **DM Call Center at 1-800-784-3981** for more information.

# *CONTINUITY OF CARE*

We are committed to ensure that your ongoing treatment is not stopped or delayed if your provider stops its contract with us. We will respect services that have been approved for you for up to 30 days. We will help you transfer your care to a new provider during this time. We will also make sure your medical records are transferred to your new provider within 20 days.

If you are leaving a hospital or nursing home, we will make sure you have a care plan that allows you to return to your home if it is safe for you. We will work with *IndianaOPTIONS* to make sure the right services are ready for you.

If you are no longer with *ADVANTAGE Care Select* while you are in a hospital or nursing home, we will make sure your discharge plans are given to your new provider or Care Management Organization.

If your PMP no longer contracts with us, we will help you find the right PMP to take care of you.

If you are getting behavioral health care, we will work with your providers to make sure your medical records, care plan and other information gets to your new providers. We will tell the new provider of any approved services and your treatment plan. Before you are discharged from an inpatient facility, we will make sure you have a follow-up provider visit within 7 days. We will help you get a ride to that visit if needed.

## *MEMBER RIGHTS AND RESPONSIBILITIES*

We want you to know you have rights and responsibilities. It is important that you read and understand each one. If you have questions, please call our Member Service Helpline.

### **Your Rights as a Member**

You, your family or your guardian(s) have the right to certain kinds of information. This includes:

- A free copy of your medical records. You may not be able to get a copy of medical records that include psychotherapy notes protected by law.
- A description of covered services, including self-referral.
- Any services that our providers do not cover because of moral or religious reasons and how to get these services.
- How to get after hours and emergency care.
- A summary of grievances filed by members and providers.
- A summary of member survey results.

- Your cost if you choose to pay for a service not covered by *Indiana Care Select*.
- Treatment choices or other types of care available to you and the benefits or drawbacks of each choice.
- How to get services, including prior authorization of services.
- How to have medical decisions made for you if you are not able to make them for yourself (Advance Directives).
- You have the right to know if changes are made to your services or if your doctor leaves our network.
- You have the right to be treated with respect and dignity.
- You will get covered services without concern about health status or need for health care services, race, ethnic or national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
- You have the right to get care that supports your personal beliefs, medical condition and background in a language you understand.
- You have the right to an interpreter if you do not speak English. If you have a hearing or vision problem, you may ask for information to be read to you.
- You can say no to drugs or restraints, except for times when your doctor thinks it is needed to protect you or others from harm.
- You have the right to be part of your treatment decisions and to be informed about your condition.
- You have the right to choose a PMP in our network to plan your health care.
- You can change your doctor if you want to.
- You have the right to be told about which procedures you will have and who will do them.
- You can decide who you want with you for treatments and exams.
- You can have a female in the room for breast and pelvic exams.
- You can say no to treatment or services and be told what may happen if you do not have the treatment. Your right to care does not depend on your agreement to follow a treatment plan.
- You will be told in writing if any of your health care services are reduced, stopped or denied.
- You have the right to go to any Emergency Room for medical emergencies without a referral from your PMP.
- You can see a specialist with a referral from your PMP.
- You can refuse care from a doctor you were referred to and ask for a second opinion.
- You have the right to privacy and confidentiality of your health care information.

- You have the right to talk to health care providers alone.
- If you are unhappy with a decision or services you receive, you may file an appeal or grievance. A decision will be given to you in a reasonable amount of time.
- You have the right to give us suggestions on changes to make us better in serving you.

## **Your Responsibilities as a Member**

As a member, you, your family or representative have these responsibilities:

- Respect the doctors, staff and people providing services to you.
- Protect your ID card. Do not lose it or share it with anyone.
- Take care of equipment loaned to you and the things that belong to the place where you live.
- Respect the property and rights of the other people if you are sharing a living arrangement.
- Share information about you with your PMP or other providers.
- Show your member ID card or identify yourself as a *ADVANTAGE Care Select* member to health care providers **before** getting services.
- Tell your doctor and Care Manager about any other insurance you may have, and apply for other benefits for which you may be eligible.
- If you do not understand your health condition or treatment plan, ask your doctor to explain.
- Give your doctor and Care Manager all the facts about your illness, hospital stays, medicine, shots and other health concerns. Let your doctor and Care Manager know about any changes in your health.
- Report changes in your address or phone number.
- Know the name of your PMP and your Care Manager.
- Follow the care plan that you, your Care Manager and your PMP have agreed to. Ask what can happen if you do not do so.
- Schedule visits during office hours instead of using urgent or emergency care.
- Keep visits and go on time. Call the office ahead of time when you can not keep your visit time.

## ***MEMBER IDENTIFICATION CARD***

As a member of *ADVANTAGE Care Select* we give you a Member ID card. Your card will have your name and a space to record your PMP's contact numbers. If you do not

get your ID card, call Member Services at 1-800-784-3981. **Protect your ID card! Do not give it to anyone except your health care providers.**

## *ABOUT YOUR DOCTOR*

Your health is very important to us. Because of that, we work closely with our doctors and providers to make sure they are available and meet certain standards of practice. If you have questions about your PMP or our providers, call Member Services at 1-800-784-3981.

Your welcome packet has the name, address and phone number of your Primary Medical Provider (PMP). Your PMP can be a doctor in:

- Family Practice
- General Practice
- Internal Medicine
- Obstetric and Gynecology (OB/GYN)
- Pediatrician

If you believe a specialist is a better PMP for you, call Member Services. We will help you make a change if needed.

Your PMP will manage your routine and preventive health care. Your PMP will make referrals for needed health care services, equipment and supplies, and medicines. When you need to see a specialist, your PMP will refer you. Your PMP will be part of a team that helps us develop the Care Plan best for YOUR needs.

### **Your Medical Home**

Your PMP is your medical “home.” The health care team in that office cares about you and will help you with your health care needs.

If you are new with your PMP, call to make an appointment, even if you are not sick. We want you to **see your doctor within the first 60 days**. This is a good way for you and your PMP to get to know each other. If needed, your Care Manager can help you get this visit set up.

## *CARE MANAGEMENT*

As a new member, you will get a letter, call or visit by a Care Manager or Coordinator within the first 30 days. This is called a “screening”. We do this so we can get to know you. We want to make sure you have a PMP who is right for you. If you need to change PMPs, we will help you.

We want to learn more about your health, your medicines and community services you receive. We will ask you about your preferred language and reasons why you might not be getting the right services.



<p>symptoms, including severe pain, that you think may pose a danger of lasting harm to your life if you do not get help right away. Such as:</p> <ul style="list-style-type: none"> <li>• Trouble breathing</li> <li>• Sudden severe chest pains</li> <li>• Convulsions</li> <li>• Very bad bleeding, especially if you are pregnant</li> <li>• Broken bones or serious burns</li> </ul>	<p><b>room.</b> You do not have to call your PMP.</p> <p>If you can, show them your ID card and ask them to call your PMP.</p>
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## *COVERED SERVICES*

### **Preventive Services**

We want you to stay well. Getting regular checkups is key to better health. Preventive care can also find problems before they become worse. That's why we encourage preventive care such as:

- Checkups for adults
- Check-ups, and lead screening for children (EPSDT)
- Shots for adults and children
- Mammograms, Pap tests and prostate exams

### **Primary Medical Services**

Your PMP will provide these services in the office. You may be referred to a specialist for some concerns or tests. Your PMP will get a prior authorization for referrals, tests or if you need to go to a hospital. All services covered by the Indiana Health Care Program (IHCP) are covered by *ADVANTAGE Care Select*. If you have questions about coverage, call Member Services at 1-800-784-3981.

### **Prescriptions**

The State has a preferred drug list to be used by your doctors. The list is reviewed and updated regularly to make sure you receive safe and effective medicines. You may call Member Services or go to our Web site at [www.advantageplan.com](http://www.advantageplan.com) for a copy of this list.

### **What You Need to Know About Your Prescription**

Your PMP may give you a prescription for medicine(s). Be sure and let your PMP know about any medicine you get from another doctor or provider. Be sure to also tell all providers if you are taking over the counter medicine or herbals.

Before you leave the office, ask these questions:

- Is this medicine on the approved list? If not, is there one like it that is right for my care? (*This will keep you from finding out at the pharmacy that your medicine is not covered*).

- How should the medicine be taken? When? For how many days?
- What are the side effects and what should I do if I have a side effect?

Be sure to tell your PMP right away if you have a reaction to any medicine.

### **Behavioral Health and Addiction Services**

Behavioral health services can help you with personal problems that may affect you and your family. These problems may be depression, anxiety or using drugs or alcohol.

You do not need a referral from your PMP for these services. You may also go to any psychiatrist who is part of the IHCP without a referral. If needed, your PMP or Care Manager can help you set up your visit. If you need a ride to the visit, call Member Services at 1-800-784-3981.

### **Behavioral Health Emergencies – Call 911 or our Nurse Line at 1-800-244-1896**

Call 911 if you are in a crisis and think you might hurt yourself or others. You can also call our Nurse Line for advice or intervention. We will find the closest hospital or mental health center to go to.

## *SELF REFERRAL SERVICES*

You do not need to ask your PMP to refer you for these services. Some services may have per year limits. Call Member Services for more information on limit of visits.

- Chiropractor services from a licensed chiropractor
- Community Mental Health Services
- Dental Services
- Diabetes self management training and services
- Emergency Services
- Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT)
- Family planning services
- Home and community-based services under 1915(c) waiver
- HIV/AIDS targeted case management services
- Immunizations (shots)
- Methadone maintenance (refers to methadone drug, not treatment program)
- Non-surgical ophthalmology services
- Pharmacy Services
- Podiatry Services

- Psychiatric Services
- Services under the Mental Health Rehabilitation Option
- Transportation
- Vision care services (optometry services and eyeglasses)

## *TRANSPORTATION (RIDES)*

We can help you get to your health care visits. The State allows 20 one way rides of less than 50 miles per year. Trips over that limit will need to be prior authorized by the service provider.

We encourage you to first use a relative, friend or neighbor if you need a ride. Save your covered trips for when you can't find a ride.

### **How to Get a Ride**

- Call Member Services as soon as you know the time of your visit. **For routine visits call at least 3 days in advance.** If you have an urgent visit, try to call Member Services at least 3 hours before your visit time.
- Let us know if you need a wheelchair or stretcher. This will help us get the right ride for you.
- If you have many visits scheduled, or if you have regular visit times, like physical therapy or dialysis, we can set up the rides all at once.
- After your visit, call the provider for pick up.

**If you call the same day, we may not be able to get a ride for you in time unless it is urgent. You may have to change your visit date.**

## *HOW TO GET SERVICES*

### **What You Need to Know About Your PMP Office**

You or your representative should ask your PMP these questions on your first visit. The answers will better prepare you if you have a health problem.

- What are your office hours?
- Can you see me on weekends or at night?
- Will you talk about problems with me over the phone?
- Do you have a Nurse Practitioner I can see?
- If you are not English speaking, is there an interpreter to help me?

## **Changing Your PMP**

You may change your PMP at any time for any reason. However, it is best for you to stay with one PMP than to change often. Try talking to your PMP first. If the problem can't be fixed, you can call Member Services to help choose another PMP.

## **Referrals**

A referral is when your PMP sends you to a specialist for a problem. A referral can also be to a lab, therapy or hospital. We may need to review and approve some referrals. Referrals are not needed for behavioral health services. Your PMP will know when to get a referral approved.

You may also get a second opinion from another doctor. Ask your PMP or your Care Manager to help you. You can also call Member Services for help.

## **Authorizations**

An authorization is an approval from us for your referral. We may take up to 5 days to approve an authorization. If we do not get all the necessary information to approve, we will advise you that we need up to 30 more days. If you have questions about an authorization, call Member Services.

**You do not need approval from us or your PMP to get emergency or self referral services.**

## **Time Frames for Visits**

You may have the following wait times for visits. These are the time frames our providers use to help you get care when you need it. If you can not get a visit in these time frames, call Member Services for help.

### **First PMP Visit upon enrollment.**

- Within sixty (60) days of enrollment.

### **Routine preventive care-an example would be a yearly checkup.**

- Within five (5) weeks of calling to make the visit.

### **First prenatal appointment.**

- Within five (5) days of calling to make the visit.

### **Visit for problems or concerns that are not serious.**

- Within three (3) weeks of calling to make the visit.

**Urgent care that is not an emergency** (such as sore throat, high fever, earache, nausea and vomiting, the flu).

- Same day or within 24 hours of calling to make visit.

**Emergency** - This is when you have a serious medical condition or acute symptoms and feel you are in danger of lasting harm or the loss of your life if you do not get help right away. For example: poisoning, sudden chest pains - heart attack, convulsions, etc.

- **Call 911 or go to the nearest emergency room.**

### **How to Schedule a Visit**

Call the provider office. When you call:

- Let them know you are an ADVANTAGE *Care Select* member.
- Tell them why you need the visit. This will help them decide how soon you need to be seen.

**If you cannot make it to your visit, let the office know before the time of your visit. Be sure to schedule a new visit time!**

### **Your First Visit**

If you are going to the office for the first time, please get there at least 15 minutes early. You will be asked questions the office needs for your health record.

Show your member ID card to the office staff before you are seen. If you do not have your ID card with you, you will still be seen. Let them know you are an ADVANTAGE *Care Select* member.

If you wait more than 1 hour to see your PMP, we want to know. Please call Member Services so that we may improve our services to you.

### **After Hours**

Unless it is an emergency, if you get sick when the PMP office is closed, call the office anyway. Your PMP's after hours service will direct you on how to get the care you need.

Or, you can call our Nurse Line for advice at **1-800-244-1896**. There will always be a trained person to answer your questions and tell you what to do.

## ***IMPORTANT INFORMATION***

### **Member Complaints And Grievances**

If you have a question about a provider or service, please call our Member Services. We will do our best to answer your question or help you solve your problem.

If you have a complaint or dispute about a service or if you are unhappy with the way we have handled a problem, you can file a grievance. A grievance could be about:

- Wait times that are too long
- Access to a certain kind of provider

- Rude behavior to you from our staff or a provider
- Provider office that is not safe or is dirty
- Handicap access not good

A grievance can be filed by phone or in writing at the number and address below:

**Care Select Grievances**

**PO Box 40999**

**Indianapolis, IN 46240**

**Phone: 1-866-591-6737**

**Or Fax to: 1-317-536-3323**

Filing a grievance will not affect your health care services. We want to know your concerns so we can improve our services to you.

**Request for an Appeal**

An appeal is a request to review a decision or action about a claim payment or service. An action that can be appealed means:

- Denying or limiting a service, including a type or level of care, you or your doctor has asked for.
- Reducing, suspending or stopping a service you have been getting.
- Failing to provide services in a timely manner.
- Failing to act within certain timeframes for grievances and appeals.

You, your representative or a provider acting with your written permission may file an appeal within 30 days from the date of the action. An appeal must be sent in writing to:

**Hearings and Appeals Section, MS-04**

Indiana Family and Social Services Administration

402 W. Washington St., Rm W392

Indianapolis, IN 46204-2773

**Fraud**

Your health care coverage is given to you based on your eligibility for the program. You should not share your coverage with anyone. Providers must report any misuse of coverage or ID card to us. We will report this information. If you misuse your coverage, you could lose it. Legal action may be taken against you. If you think a person, member or provider is misusing the program, please call Member Services right away.

Fraud also means things like loaning, selling or giving your member ID card to someone else to use, or wrong billing by a provider.

## **Abuse**

Abuse means physical, sexual or emotional harm or injury. It also means neglect or exploitation by others. Your safety and well being are very important to us. If you or your family has any concerns, please call your Care Manager right away. We will keep your report private. We will help you get the right action to avoid harm.

## **Change of Address or Phone Number**

We need to be able to get a hold of you. We need your correct address. **If you are moving, call Member Services with your new address before you move.** If you plan to move to a new county call us as soon as you know about the move. Your Care Manager will arrange for your care and services in your new area. **If you do not let us know, you may not get the services you need at the time you need them.**

## **Member Privacy**

ADVANTAGE Care Select must speak directly with the member to discuss health care. Our staff can only talk to another person with the member's consent. The member can say this on the phone. He or she can also mail or fax consent. Acceptable types of written consent are Power of Attorney (POA), Legal Guardianship, or a signed consent letter from the member. This letter must be notarized.

Consent Mailing Address:

ADVANTAGE Care Select

Attn: Quality Manager

P.O. Box 90263

Indianapolis, IN 46290

Fax Number: 1-866-368-2644

# *DECISIONS ABOUT YOUR HEALTH CARE*

## **Living Wills and Other Health Care Directives for Adult Members**

There may be a time when you are so ill that you cannot make decisions about your health care. If this happens, advance directives are papers that protect your right to refuse health care you do not want, or to request care you do want.

There are four kinds of Advance Directives. We strongly encourage you to have one or more of these papers filled out.

- **Living Will** - a paper that tells doctors what kinds of services you do or do not want if you become ill and may die. In your Living Will, you can tell doctors if you want to be kept alive with machines or fed through tubes if you are not able to eat or drink on your own.
- **Durable Medical Power of Attorney** - a paper that lets you choose a person you trust to make decisions about your health care when you cannot.
- **Mental Health Care Power of Attorney** - names a person to make mental health care decisions if you are found unable to do so.
- **Pre-Hospital Medical Care Directive** - states your wishes about refusing certain life-saving emergency care given at home or in a hospital ER.

We have written policies to make sure advance directive wishes are followed by our providers.

You should get help writing your Living Will and Medical Power of Attorney. Ask us or your PMP for help if you are not sure where to call.

Your local Area Agency on Aging or Senior Center may also have forms and can help you.

The following national organization also provides health care directive forms and information.

**AARP**

601 "E" Street, N.W.  
Washington, D.C. 20049  
(202) 434-2277 (AARP)  
(888) 687-2277