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## *Welcome to the ADVANTAGE Care Select Program*

Disease management is going to be provided for you by ADVANTAGE Health Solutions. Indiana created the *Care Select* program to help Medicaid members with their health conditions. This program will help you improve your care and outcomes.

ADVANTAGE *Care Select* is a partner in your health and will work with you to keep you as healthy as possible. 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.

### **What Is ADVANTAGE Care Select?**

ADVANTAGE *Care Select* is an organization selected by Indiana Medicaid to do disease management. We will help you and your Primary Medical Provider (PMP) personalize and enhance the care provided for you. We have staff trained in the needs of members with chronic health conditions and health promotion. We have trained nurses, social workers and behavioral health workers to work with you and your family to 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 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 problem, this handbook is also available in a CD or large print. We have telephone interpreters that can read it to you if you don't speak English or Spanish. Please call Member Services at 1-800-784-3981 if you need help.

It is also available on the Web site at [www.advantageplan.com](http://www.advantageplan.com).

### **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 Provider Directory. The Provider Directory lists all the PMPs in ADVANTAGE *Care Select*. The directory is available on the Web site at [www.advantageplan.com](http://www.advantageplan.com). You can call Member Services for a paper copy.

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 health care needs with you and our health care team as needed
- Order preventive tests and services to help you stay healthy

## CONTACT INFORMATION

**1-800-784-3981**

Member Services Hours: 8:00 a.m. – 5:00 p.m. Eastern Time

Monday – Friday (except holidays)

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

## LANGUAGE AND INTERPRETATION SERVICES

We have staff members who speak English and Spanish. If you speak another language or have other needs, we will provide a free interpreter over the telephone for you or your doctor. You can access translation services by calling Member Services. For help with these needs, please call the Member Service line or talk with your disease manager.

## TIPS FOR USING ADVANTAGE Care Select

- As an ADVANTAGE member, 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 care and can send you to a specialist. Your PMP will work with your disease manager to make sure you receive the right care.
- Show your blue Hoosier Health card when you get health care or behavioral health services.
- 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.

### Member Privacy

You will find a copy of the Privacy Rights notice at the end of this manual. 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 information is private and will be given out only if allowed by law or you agree.

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

The Member Services Helpline answers questions about benefits, helps in finding a doctor, 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 emergency room. There is a trained medical person there to answer your questions and help you.

## *DISEASE MANAGEMENT*

We have a Disease Management program to give you information or answer questions about certain conditions. Our disease management team will help you manage your health care by working with your PMP, community agencies and service providers.

The disease management programs we offer are:

- Asthma
- Cardiovascular Disease
- Congestive Heart Failure
- Coronary Artery Disease
- Depression
- Diabetes
- Diabetes and Hypertension
- End Stage Renal (Kidney) Disease
- Serious emotional disturbance
- Severe mental illness

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

## *CONTINUITY OF CARE*

Providing continuity of care means we will work with you and your providers to assure care is provided when you change doctors or when your health changes. We make sure that your ongoing treatment is not stopped or delayed if your PMP stops his or her contract with us. We will respect services that have been approved for you for up to 30 days. We will help you change your care to a new doctor during this time. We also help your new provider get your medical records within 20 days.

If you are leaving a hospital, a rehabilitation facility or nursing home, we will be available to assist with your transition home if it is safe to do so. If you are no longer with *ADVANTAGE Care Select*, we can help get your discharge plans to your new provider or health plan.

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 every effort to help you get a follow-up visit with a provider within 7 days. Your follow-up care for behavioral health and medical conditions is important to help keep you well. We will help direct you to a transportation service.

## *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 at 1-800-784-3981.

### **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 mental health notes protected by law.
- A list of covered services
- 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 authorization of services
- How to have medical decisions made for you if you are not able to make them for yourself

Other rights include the right to:

- Know if changes are made to your services or if your doctor leaves our network
- Be treated with respect
- 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
- Get care that supports your personal beliefs and background in a language you understand
- 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.
- Say no to drugs or restraints, except for times when your doctor thinks it is needed to protect you or others from harm. This includes the right to be free from any form of restraint or seclusion when used as a means of force, discipline, convenience or retaliation.
- Be part of your treatment decisions and to be informed about your condition
- Choose a PMP in our network to plan your health care
- Change your doctor if you want to

- Be told about which procedures you will have and who will do them
- Decide who you want with you for treatments and exams
- Have a female in the room for breast and pelvic exams
- Say no to treatment and be told what may happen if you do not have it. Your right to care does not depend on your agreement to the treatment.
- Be told in writing if any of your health care services are reduced, stopped or denied
- Go to any emergency room for emergencies without a referral from your PMP
- See a specialist with a referral from your PMP
- Refuse care from a doctor you were referred to
- Ask for a second opinion
- Privacy of your health care information
- Talk to health care providers alone
- File an appeal or grievance, if you are unhappy with a decision or services you receive. A decision will be given to you in a reasonable amount of time.
- Give us suggestions on changes to make us better in serving you
- Learn about ADVANTAGE doctor payment programs

### **Your Responsibilities as a Member**

As a member, you have these responsibilities:

- Respect the doctors and people providing services to you.
- Protect your Hoosier Health 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 or are receiving care.
- 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 Hoosier Health card or identify yourself as an ADVANTAGE *Care Select* member to health care providers **before** getting services.
- Tell your doctor and disease manager about any other insurance you may have or if you have Medicare.
- Apply for other benefits for which you may be eligible.
- Ask your doctor to explain your treatment if you do not understand.
- Give your doctor and disease manager all the facts about your illness, hospital stays, medicine, and other health concerns. Let your doctor and disease manager know about changes in your health.
- Report changes in your address or phone number.
- Know the name of your PMP and your disease manager.

- Follow the care plan that you, your disease 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 emergency care.
- Keep visits and go on time. Call the office if you cannot go or will be late.

## *MEMBER IDENTIFICATION CARD*

You will not have a special identification card for the ADVANTAGE *Care Select* program. Just take your blue Hoosier Health card to the doctor's office.

**Protect your ID card! Do not give it to anyone except your health care providers.**

## *ABOUT YOUR DOCTOR*

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

Your PMP can be a doctor in:

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

If you believe a specialist or a doctor of a particular gender is a better PMP for you, call Member Services. We will help you make a PMP change.

Your PMP will manage your routine and preventive health care. Your PMP will make referrals for needed health care services, equipment, 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.

If your doctor will not give you a service based on moral or religious grounds, call your disease manager. Your disease manager will help you get those services from another provider.

### **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 disease manager can help you get this visit set up.

# THE DISEASE MANAGEMENT PROCESS

## Assessment

As a new member, you will get a letter or a call from the disease management team within the first 120 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. The questions we ask are about:

- Your health status and needs
- Your medicines
- Community services you receive
- Your preferred language
- The best way to stay in contact with you
- Behavioral health or addiction services and medicines you use or need

We will talk about reasons why you might not be getting the right services and new services that can help you. We will make sure you have access to crisis services close to your home.

## Your Care Plan

After your screening, we will develop a care plan or a disease management plan with you. We may also work with other people who help with your health care, including your family, your case manager (if you have one) and your PMP. YOU are the most important part of the team. This plan will help you reach the best level of wellness and self care possible.

Your independence and your right to make your own decisions are very important to us. We will work as partners to come up with a plan of care to keep you as independent as possible.

If you have questions or problems with your care, call your disease manager right away. Your disease manager will follow up with you on a routine basis just to make sure you have what you need.

## Getting the Right Care

The chart below talks about types of care and what to do. Always check with your PMP if you have questions about your care.

Kind of Care	What to do
<b>Routine and Preventive</b> – This is regular care to keep you healthy. Such as: <ul style="list-style-type: none"><li>• Checkups and screenings</li><li>• Yearly exams and tests</li><li>• Child and adult shots</li><li>• Lead testing</li></ul>	Set up a visit with your PMP
<b>Urgent/Sick Visit</b> – This is care you may need for a common illness or condition. Such as: <ul style="list-style-type: none"><li>• Earache</li><li>• Sore throat</li><li>• Flu</li><li>• Migraines or headaches</li></ul>	Call your doctor for a visit or advice. You can also call the Nurse Line 24 hours a day, 7 days a week at 1-800-244-1896. At night or on weekends, your PMP has a service that will tell you how to get the care you need. You should NOT go to the emergency room for urgent/sick care unless directed.

<p><b>Emergency</b> – This is when you have acute 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>Call 911 or go to the nearest emergency room. 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*

As a member, you will get the services you need 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.

### **Preventive Services**

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

- Checkups for adults
- Check-ups (EPSDT) and lead screening for children
- 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. 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 drug list to be used by your doctors. The list is updated often to make sure you can get 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 Medicine**

Your PMP may give you a prescription for medicine(s). Be sure to let your PMP know about any medicine you get from another doctor. 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 and mental illnesses that may affect you and your family. These problems may be depression, anxiety, bi-polar disorder, schizophrenia or harmful use of drugs and/or alcohol.

You do not need a referral from your PMP for these services. You may also go to any psychiatrist or Community Mental Health Center who is part of the IHCP without a referral. If needed, your PMP or disease manager can help you set up your visit.

### **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.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Chiropractor services from a licensed chiropractor</li> <li>• Community mental health services</li> <li>• Dental services</li> <li>• Diabetes self management training and services</li> <li>• Emergency services</li> <li>• Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT)</li> <li>• Family planning services</li> <li>• Home and community-based services under 1915(c) waiver</li> <li>• HIV/AIDS targeted case management services</li> <li>• Immunizations (shots)</li> </ul> | <ul style="list-style-type: none"> <li>• Methadone maintenance (refers to methadone drug, not treatment program)</li> <li>• Non-surgical ophthalmology services</li> <li>• Pharmacy services</li> <li>• Podiatry services</li> <li>• Psychiatric services</li> <li>• Mental health services under the Medicaid Rehabilitation Option</li> <li>• Transportation</li> <li>• Vision care services (optometry services and eyeglasses)</li> </ul> |
|--|---|

## *TRANSPORTATION (RIDES)*

The State allows 20 one-way rides of less than 50 miles per year. Trips over that limit need permission. You can call any Medicaid transportation provider to schedule a ride. You may also be eligible for assistance in scheduling a ride. Please call Member Services at 1-800-784-3981 to learn more.

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 SERVICES*

### **Changing Your PMP**

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

You can 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.

The website lists:

- All our doctors and their addresses, phone numbers, office hours, and the type of doctor they are
- Languages spoken by the doctor or staff
- Access to parking for people with disabilities and wheelchair ramps

### **Prior Authorizations**

Prior Authorization is a request for a service or product. It may take up to five (5) days to review the request and make an authorization decision. If all of the information needed to make a decision is not there, it may be suspended for 30 days. This gives the doctor time to send the other material. If you have questions about any authorization, contact 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 like a yearly checkup**

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

#### **First pregnancy appointment**

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

#### **Visit for problems 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 symptoms. This is when you would be in danger of lasting harm or the loss of your life without 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 Hoosier Health 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 one 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. Your PMP's office will direct you on how to get care. You can also 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 about a service or 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 any staff or a provider
- Provider office that is not safe or is dirty
- Disability 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 requested medical item or service. An action that can be appealed may be:

- Denying or limiting a service, including a type or level of care, your doctor has asked for.
- Reducing or stopping a service you have been getting.

You your legal guardian or your representative acting with your written permission may file an appeal within 30 days from the date of the notice of 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 E034  
Indianapolis, IN 46204-2773

### **Fraud**

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

Your Medicaid is given to you based on your eligibility for the program. You should not share your card 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 is misusing the program, please call Member Services right away.

### **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 disease manager right away. We will keep your report private. We want to help you 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 disease 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, 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



## **NOTICE OF PRIVACY PRACTICES**

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**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

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### **ADVANTAGE Care Select LEGAL DUTY**

ADVANTAGE Care Select (ADVANTAGE) is required by certain federal and state laws to keep private your protected health information (PHI). We are also required to give you this notice about our privacy practices, our legal duties, and your rights about your PHI. We must follow the privacy practices that are listed in this notice while it is in effect. This notice takes effect November 1, 2010, and will remain in effect until we replace it.

ADVANTAGE reserves the right to change our privacy practices and the terms of this notice at any time, provided that such changes are allowed by applicable law. ADVANTAGE reserves the right to make changes in our privacy practices and the new terms of our notice effective for all PHI that we keep, including PHI ADVANTAGE created or received before we made the changes. Before we make significant change in our privacy practices, ADVANTAGE will change this notice and provide you with the revised Notice by mail or posting on ADVANTAGE's website within 60 days of the effective date.

You may ask for a copy of our notice or get additional information at any time by using the contact information listed at the end of this notice.

## USES AND DISCLOSURES OF HEALTH INFORMATION

The sections below describe the ways ADVANTAGE uses and releases your PHI. Your PHI is not shared with anyone who does not have a “need to know” to perform one of the tasks listed below.

- **Treatment:** Your PHI may be used or disclosed to third parties to organize and oversee your medical care. For example, we may use your PHI to help you find a doctor or a hospital that can treat your specific health needs.
- **Payment:** Your PHI may be used or disclosed to third parties to pay for your medical care.
- **Health Care Operations:** Your PHI may be used and disclosed to third parties in order to assist in ADVANTAGE’s everyday work activities such as looking at the quality of your care, carrying out utilization review, and ADVANTAGE’s business planning. For example, your PHI may be released to members of ADVANTAGE staff to review the quality of care and outcomes.
- **Underwriting:** We are not allowed to use your genetic information for enrollment, continued eligibility, computation of premiums, or other activities related to underwriting under The Genetic Information Non-discrimination Act of 2009 (GINA). Genetic information about you is defined as (1) your genetic tests; (2) genetic tests of your family member; (3) family medical history, or (4) any request of or receipt by you or your family members of genetic services. A written authorization cannot be used to permit a use or disclosure of this kind.

## OTHER ALLOWED AND REQUIRED USES AND DISCLOSURES ALLOWED WITHOUT YOUR AUTHORIZATION

ADVANTAGE may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

- **Research: Death: Organ Donation:** for research purposes in limited circumstances to a coroner, health examiner, funeral director, or organ procurement organization for certain purposes.
- **Public Health and Safety:** to the extent necessary to avoid a serious and imminent threat to your health or safety or that of others. We may disclose your PHI to address public interest concerns as required or allowed by law. For example, we may disclose your PHI to proper authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.
- **Required by Law:** to the U.S. Department of Health and Human Services, state insurance department, and other government agencies that regulate us. We may disclose your PHI when authorized by workers’ compensation or similar laws.

- **Legal Process and Proceedings:** in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain conditions. Under limited conditions, such as a court order, warrant, or grand jury subpoena, we may disclose your PHI to law enforcement officials.
- **Law Enforcement:** limited information to federal, state, and local law enforcement officials as to the PHI of a suspect, fugitive, material witness, crime victim or missing person.
- **Military and National Security:** The PHI of Armed forces people to authorized Military people under certain circumstances for lawful intelligence, counterintelligence, and other national security activities.
- **Emergency:** when the situation, such as medical emergency or disaster relief, indicates that disclosure would be in your best interest, AVANTAGE may disclose your PHI to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care services.

#### **OTHER ALLOWED AND REQUIRED USES AND DISCLOSURES THAT REQUIRE PROVIDING YOU THE CHANCE TO AGREE OR OBJECT**

ADVANTAGE may use and disclose your PHI in the following instances. You have the chance to agree or object to the use or disclosure of all or part of your protected PHI. If you are not present or able to agree or object to the use or disclosure of the protected PHI, then ADVANTAGE, using qualified judgment, may decide whether the disclosure is in your best interest.

**Others Involved in Your Healthcare or Payment for Your Care:** We may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. For example, if a family member contacts us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. **If you do not want your PHI to be shared this way, please contact us using the contact information listed at the end of this notice.** If you are unable to agree or object to such a disclosure, ADVANTAGE may disclose such information as necessary if ADVANTAGE determines that it is in your best interest based on its professional judgment. ADVANTAGE may also use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, ADVANTAGE may use or disclose your protected PHI to an authorized public or private entity to assist in disaster relief and to coordinate uses and disclosures to family or other individuals involved in your health care. You have the right to stop or limit this kind of disclosure by contacting us using the information listed at the end of this notice.

**Marketing:** ADVANTAGE may use your PHI to contact you with information about health-related benefits and services, including but not limited to, ADVANTAGE's disease management programs and quality improvement activities that may be of

interest to you. We may disclose your PHI to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person, you may opt-out of receiving further such information by contacting us using the contact information listed at the end of this notice.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION**

In all situations other than those described above, we will ask for your written authorization before using or disclosing your PHI. An authorization is also needed for certain releases of PHI dealing with mental health issues, substance abuse issues, HIV/AIDS and grievances. You may revoke your authorization, in writing, at any time. Once revoked, we will no longer use or release PHI about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have acted on based on your authorization.

**Personal Representatives:** ADVANTAGE will disclose your PHI to an individual who has been chosen by you as your personal representative and who has qualified for such title in accordance with relevant law. You must provide us with written documentation that supports and established the basis for the personal representation. We may elect not to treat the person as your personal representative if we have a sound belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person or is not in your best interest. We can provide you with a Sample Authorization Form.

### **Confidentiality in All Settings**

ADVANTAGE has policies and procedures in place that protect the privacy of your information:

- Every employee signs a statement when they are hired that they understand they are required to keep member information private. They also learn about the actions the company will take if the privacy policies are not followed.
- ADVANTAGE has strict control of access to electronic, and paper information specific to members. Only those users authorized with a password have access to electronic information. Paper information is stored in secure locations. Access is only given to those who need it to manage care for members.

ADVANTAGE tells all third parties with whom we share information about our privacy policies. These third parties must follow our privacy policies unless they have policies of their own equal to ours. In addition, ADVANTAGE will not share any member information with an employer without specific authorization from the member.

ADVANTAGE's Privacy Committee reviews our confidentiality policies and procedures every year. This committee also reviews how we collect, use, dispose of and disclose your information. Members (or prospective members) and providers have the right to review ADVANTAGE's privacy policies and procedures. You may get copies by contacting Customer Service.

## INDIVIDUAL RIGHTS

- **Access:** You have the right to see or get copies of your PHI, with limited exceptions. You may ask that ADVANTAGE provide copies in a format other than photocopies (i.e. electronic). We will use the format you request unless we cannot reasonably do so.
- **Disclosure Accounting:** You have the right to receive a list of instances in which ADVANTAGE or our business associates disclosed your PHI obtained or created since April 14, 2003 for purposes other than treatment, payment or health care operations and certain other authorizations. We will provide you with the date(s) on which we made the disclosure, the name(s) of the person or organization(s) we disclosed your PHI, a description of the PHI disclosed, and certain other information. If you request this list more than once in 12-month period, we may charge you a reasonable fee.
- **Restriction Request:** You have the right to request I restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions. Any agreement ADVANTAGE may make to a request for additional restrictions must be in writing and signed by a person authorized to make such an agreement. ADVANTAGE will not be bound unless our agreement is so memorialized in writing.
- **Confidential Communication:** You have the right to request how and where ADVANTAGE communicates with you in confidence about your PHI. You must make your request in writing, and you must state that the information could cause danger to you if it is not communicated in confidence by the way you want. ADVANTAGE must accommodate your request if it is reasonable, specifies the other communication means or location, and continues to permit us to collect payment for services under your health plan.
- **Amendment:** You have the right to ask that ADVANTAGE amend your PHI. Your request must be in writing, and it must explain why the information should be changed. ADVANTAGE may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation and instructions on how you can disagree.
- **Electronic Notice:** If you receive this notice on our web site ([www.advantageplan.com](http://www.advantageplan.com)) or by electronic e-mail, you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

## QUESTIONS AND COMPLAINTS

If you are concerned that we may have:

- Violated your privacy rights;
- You disagree with a decision we made about access to your PHI;
- In response to a request you made to amend or restrict the use or disclosure of your PHI; and/or

- In response to a request you made to have us communicate with you in confidence by an alternative means or at an alternative location

You may complain to ADVANTAGE using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you upon request with that address to file your complaint. ADVANTAGE supports your right to protect the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint. If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice. Non-English speaking members can access member services, utilization management and care coordination, and other ADVANTAGE services for member treatment, payment or ADVANTAGE operations, ADVANTAGE contracts with Language Line Services to assist non-English speaking members in accessing ADVANTAGE resources and getting answers to questions. The interpreters may communicate directly with the member and ADVANTAGE representatives to resolve member questions. The communication may include information related to your health care. As concepts familiar to English speakers often require explanation or elaboration in other languages and cultures, the interpreters will then convey the communications meaning-for-meaning not necessarily word-for-word.

## **CONTACT INFORMATION**

<b>CONTACT OFFICE:</b>	<b>ADVANTAGE Care Select</b> 9045 River Road, Suite 200 Indianapolis, IN 46240	
<b>ATTENTION:</b>	Medicaid Services	
<b>TELEPHONE:</b>	Toll-Free:	1-800-784-3981
	TDD (hearing impaired):	1-800-743-3333
<b>HOURS OF OPERATION:</b>	8:00 a.m. – 5:00 p.m. e.s.t. (Monday-Friday)	

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