Anthem Blue Cross Blue Shield Partnership Plan, Inc.

Aged, Blind, or Disabled Program

Member Handbook  |  Evidence of Coverage

Effective January 1, 2007

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Welcome!

If you have any problems in reading or understanding this or any other Anthem Blue Cross Blue Shield Partnership Plan, Inc. (Anthem) information, please contact our Customer Care Center at 1-866-896-6628 (TTY 1-800-750-0750) for help at no cost to you. We can help to explain the information or provide the information orally, in English or in your primary language. We may have the information printed in certain other languages or in other ways. If you are visually or hearing-impaired, special help can be provided.

Welcome to Anthem. You are now a member of a health care plan that provides services to Aged, Blind or Disabled Medicaid consumers.

Anthem may not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, national origin, veteran’s status, ancestry, health status, or need for health services in the receipt of health services.

It is important to remember that you must receive all medically-necessary Medicaid-covered health care services from Anthem facilities and/or providers. You should have received a Provider Directory that lists all of our panel providers as well as other providers you can see. The only time you can use providers not on Anthem’s panel is for emergency care, for services provided at federally qualified health centers/rural health clinics, family planning providers listed in your provider directory, community mental health centers, and Ohio Department of Alcohol and Drug Addiction Services facilities which are Medicaid providers, or if Anthem has approved you to see an out of panel provider.
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- **Important** This picture points out something important.
- **Remember** This picture points out things you must keep in mind to get the most from your health plan.
- **Tip** Look for this picture to save you time when getting some services.
- **Just for Women** This picture helps women find services just for them.
- **Phone** This symbol points out a phone number to call for information.
- **Prior OK** This symbol tells you when you need an OK from Anthem or your doctor before you get care.
How to Use Your Anthem Health Plan

Identification (ID) Cards
You should have received an Anthem membership ID card. This card replaces your monthly Medicaid card. This card is good for as long as you are a member of Anthem. You will not receive a new card each month as you did with the Medicaid card.

Always Keep Your ID Card with You
You will need your ID card each time you get medical services. This means that you need your Anthem ID card when you:

• see your primary care physician (PCP)
• see a specialist or other provider
• go to an emergency room
• go to an urgent care facility
• go to a hospital for any reason
• get medical supplies
• get a prescription
• have medical tests

Call your Anthem Customer Care Center as soon as possible at 1-866-896-6628 TTY 1-800-750-0750 if:

• you have not received your card yet
• any of the information on the card is wrong
• you lose your card

What Is a PCP?
Your Anthem ID card will have the name of the PCP assigned to you. A PCP is a doctor who will be your regular doctor.

A PCP can be any of these types of providers:

• pediatricians
• family and general practitioners
• internists

• obstetrician/gynecologist (OB/GYNs)

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

A woman can select an OB/GYN as her PCP. She can also go to an OB/GYN any time she needs to see a doctor without an OK from her PCP.
If you are pregnant, call us right away at (866) 896-6628. Members with hearing loss may call our TTY line at (800) 750-0750. We can help you get the care you need and help you choose a PCP for your baby. If you are in the last trimester of your pregnancy and you just enrolled in Anthem, you will be allowed to stay with your current doctor whether that doctor is with Anthem or not.

If your provider is not contracted with your MCP, and you call before the date of the service, your MCP must offer to pay your provider for the above services the same amount they would have received from Medicaid fee-for-service. If your provider agrees to this payment, you can receive the service from your current provider. If the provider will not agree to the payment, then your MCP will help you find a contracted provider to provide the service.

Choosing a Primary Care Physician (PCP)

Each member of Anthem must choose a primary care physician (PCP) from Anthem’s provider directory. Your PCP is your personal doctor. Your PCP is trained in family medicine (general practice), internal medicine.

Your PCP will work with you to direct your health care. Your PCP will treat you for most of your routine health care needs. If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital.

Sometimes there may be a reason that a specialist may need to be your PCP. If you and/or your specialist believe that they should be your PCP, you should call the Customer Care Center to discuss.

You can reach your PCP by calling the PCP’s office. Your PCP’s name and telephone number are printed on your Anthem ID card.

Changing Your PCP

If for any reason you want to change your PCP, you must first call the Customer Care Center to ask for the change. You can change your PCP at any time, your PCP will be effective the day you call to change it.

Anthem will send you a new ID card to let you know that your PCP has been changed and the date you can start seeing the new PCP.

For the names of the PCPs in Anthem, you may look in your provider directory, on our website at www.anthem.com, or you can call the Anthem Customer Care Center at 1-866-896-6628 or TTY 1-800-750-0750 for help.

Physician Incentive Plans

You have the right to know if your PCP is participating in a Physician Incentive Plan through Anthem. You may call us at 1-(866)-896-6628 to learn more about this. Members with hearing loss may call our TTY line at (800)-750-0750.
How to Use Your Anthem Health Plan

Making an Appointment with Your PCP

Call your PCP for an appointment and tell them you are an Anthem member. Have your Anthem ID card with you when you call. You may be asked for your member number from the card.

Make sure to bring your Anthem ID card with you to your doctor's appointment.

Be on time for your appointments. 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 schedule a new one.

You can reach your PCP 24 hours a day at the number on your Anthem ID card. After normal business hours, 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 go to the nearest emergency room. You can also call MedCall, the 24-hour nurse help line at (866) 374-9480.

Initial Health Exam

We ask all new members to see their PCP within 90 days after joining Anthem. The first meeting with your new PCP is important. The doctor 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 ways to stay healthy.

Call your PCP to make an appointment today.

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

If you need mental health and/or substance abuse services, you may self refer to a provider on our plan by calling Anthem's Customer Care Center at 1-866-896-6628 for assistance. To find out if your provider is covered please look in the Provider Directory and our website at www.anthem.com or you may also call our customer care center at 1-866-896-6628.
How to Use Your Anthem Health Plan

Or you may self-refer directly to a Community Mental Health Center or Ohio Department of Alcohol and Drug Addiction Services (ODADAS) facility which is a Medicaid provider. Please see your provider directory or call our Customer Care Center for the names and telephone numbers of the facilities near you.

Routine Care
Routine care is the regular care you get from your PCP to help keep you healthy, such as checkups. You can call your PCP to make an appointment for routine care. You should be able to see your PCP within six weeks from the date you call to make your 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 MedCall, the 24-hour nurse help line, at (866)-374-9480.

Pregnancy Care
Call us at (866) 896-6628 when you know you are pregnant. Our staff will make sure that your doctor, and the hospital where you will have your baby, are both with Anthem. If you are in the last trimester of your pregnancy and you just enrolled in Anthem, you will be allowed to stay with your current doctor whether that doctor is with Anthem or not (see page 5 for more information).

You need to 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 five business days from the date you call if you are in the last three months of pregnancy

Call your doctor if you think you have a high-risk condition that has to do with your pregnancy.
How to Use Your Anthem Health Plan

Family Planning

Family planning can teach you how to:
• be as healthy as you can before you become pregnant.
• keep you, or your partner, from getting pregnant.
• keep you from getting sexually transmitted diseases.

Any member may see any qualified family planning provider (QFPP) who are Medicaid Providers. This includes providers who are not part of Anthem, such as:
• QFPP’s
• FQHC’s
• RHC’s

Any member may see Anthem providers for qualified family planning services, such as:
• OB/GYNs
• PCPs
• certified nurse midwives

If you wish to see a PCP not on your ID card, you must call our Customer Care Center to change your PCP prior to seeing a new PCP.

Specialist Care

Your PCP may send you to a specialist for special care or treatment.
• Your PCP’s office can help you make the appointment.
• Tell your PCP and the specialist as much as you can about your health, so that all of you can decide what is best.
• Your PCP will choose a specialist to give you the care you need.
• Your PCP must send an OK to the specialist before services are given.
• A specialist may treat you for as long as he or she thinks you need it.
How to Use Your Anthem Health Plan

Prior Authorization (An OK from Anthem)

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

“Medically necessary” means services reasonably needed to:

• protect life.
• keep you from getting seriously ill or disabled.
• reduce severe pain through the diagnosis or treatment of disease, illness, or injury.

Getting an OK will take no more than 14 days, or if expedited, no more than three days. See Part 4, “What Is Covered by Anthem” to check service limits. Your PCP can tell you more about this.

The following services require prior authorization

• Inpatient hospital services
• Mental health and substance abuse services not provided by a community mental health center or an Ohio Department of Alcohol and Drug Addiction Services Medicaid provider.
• Selected durable medical equipment
• Selected MRI’s and CT scans
• Selected surgical problems (performed in a
an outpatient or ambulatory surgical center)
• Home health care
• All infusion therapies
• Cosmetic procedures
• Experimental and Investigational services
• Transplants
• Hospice
• Out-of-network specialist referrals
• Out-of-network services
• Vision (non-routine)
• Dental Services (non-routine)

We may ask your PCP why you need special care. Anthem may not OK the service you or your doctor request. We will send you and your doctor a letter explaining why we would not cover the service. The letter will also tell you how to appeal. If you have questions, you, or your provider, can call us at (866) 896-6628. Members with hearing loss may call our TTY line at (800) 750-0750. You may also write to us at:

Anthem Blue Cross Blue Shield Partnership Plan, Inc.
P.O. Box 6020
Worthington, OH 43085-6020

Several types of care do not need an OK from your PCP:

• family planning
• OB/GYN services (You must choose doctors in your health plan’s network.)
How to Use Your Anthem Health Plan

• emergency services
• outpatient behavioral health to all Community Mental Health Centers and the Ohio Department of Alcohol and Drug Addiction Services Medicaid providers.
• vision services (routine)
• dental (routine)

If you are in the last trimester of your pregnancy and you just enrolled in Anthem, you will be allowed to stay with your current doctor whether that doctor is with Anthem or not. (see page 5 for more information)

Making Medical Decisions

Doctors and other health care workers must make decisions about your health based on two things:

• Whether or not the care is right for your health issue
• What health care benefits you have

Your doctor may ask us for our okay of a certain health care service. We base our decision about that service on two things:

• Whether or not the care is right for your health issue
• What health care benefits you have

We do not pay doctors or other health care workers if they:

• Deny you care
• Say you do not have coverage
• Give you less care than you need

You can call us at (866) 896-6628 if you have any questions about how medical decisions are made. Members who have hearing loss may call the TTY line at (800) 750-0750.

Getting a Second Medical Opinion

You might have questions about care that your doctor says you need. You may want a second opinion for these reasons:

• diagnose an illness.
• make sure your treatment plan is right for you.
How to Use Your Anthem Health Plan

You should speak to your doctor if you want a second opinion. Your doctor will send you to a doctor who is in the Anthem network and works in the same field as the doctor you saw first.

If the right doctor is not in the Anthem network, we will set up your second opinion with a doctor outside of the Anthem network.

You may call us at (866) 896-6628 for help in getting a second opinion. Members with hearing loss may call our TTY line at (800) 750-0750. You may also call MedCall at (866) 374-9980 to learn more about second opinions.

What to Do If You Move

Call your local County Department of Job and Family Services right away. Also, call us at (866) 896-6628. You must call us before getting any services in your new area unless it is an emergency. If you have moved out of the service area, you may no longer be covered by Anthem.

If you move to a county that does not have Anthem, you may be placed on regular Medicaid or in another managed care plan.
What Is Covered by Anthem

New Member Information
It is important for any new members that have a health condition that requires on-going care to call our Customer Care Center as soon as possible. For example, if you need surgery, have asthma, diabetes, congestive heart failure, are receiving physical therapy, or treatment for behavioral health conditions, you need to call Customer Care Center. Also, new members that are currently taking any medication(s) need to check whether their medication(s) must be prior approved as soon as possible. If a medication needs prior approval, you cannot get the medication until your doctor submits a request and it is approved. You can check by contacting our Customer Care Center or you can also look on our website at www.anthem.com.

Covered Services
Anthem provides care to help you stay well. This includes needed medical care for adults.

Medically necessary health care services
It is important to remember that you must receive all medically-necessary Medicaid-covered health care services from Anthem facilities and/or providers. You should have received a Provider Directory that lists all of our panel providers as well as other providers you can see. The only time you can use providers not on Anthem’s panel is for emergency care, for services provided at federally qualified health centers/rural health clinics, family planning providers listed in your provider directory, community mental health centers, and Ohio Department of Alcohol and Drug Addiction Services facilities which are Medicaid providers, or if Anthem has approved you to see an out of panel provider.

Here are the kinds of care covered by Anthem. These services are given at no cost to you but must be approved by your PCP or Anthem first.

Call us at (866) 896-6628 if you have questions about what is covered. Members with hearing loss may call our TTY line at (800) 750-0750.

Anthem covers all medically-necessary Medicaid-covered services.

- Primary care physician services
- Yearly Well Adult Exams
- Specialist services
- Preventative mammogram (breast) and cervical cancer (pap smear) exams
- Family planning services and supplies
- Diagnostic services (x-ray, lab)
- Obstetrical (maternity care - prenatal and postpartum including at risk pregnancy services) and gynecological services
- Certified Nurse Midwife Services
- Speech and hearing services, including hearing aids
- Physical and Occupational therapy
- Emergency Services
- Outpatient hospital services
What Is Covered by Anthem

- Inpatient hospital services
- Mental health and substance abuse services (independent psychologist services are not covered)
- Prescription drugs, including certain prescribed over-the-counter drugs
- Medical supplies
- Durable Medical Equipment
- Ambulance and ambulette transportation
- Vision (optical) services, including eyeglasses
- Certified Nurse Practitioner Services
- Dental services
- Podiatry (foot) services
- Home health services
- Hospice care (care for terminally ill, e.g., cancer patients)
- Renal Dialysis (kidney disease)
- Nursing facility services for the first two calendar months following admission
- Services available at a Federally Qualified Health Center or Rural Health Clinic

If you must travel 30 miles or more from your home to receive covered health care services, Anthem will provide transportation to and from the provider’s office. Please contact Logisticare at 1-866-883-8659 for assistance.

Additional Anthem Benefits

Anthem also offers the following extra benefits to their members:

- Annual adult eye exams, frames, and lenses for members 21 to 59 years of age
- Case management
- Incentive for attending postpartum visit
- Healthy Returns 4 Healthy Choices (available to members in the Northeast region only)
- Local staff dedicated to serving you
- MedCall
- Unlimited transportation

Annual Adult Eye Exams, Frames, and Lenses for Members 21 to 59 Years of Age

We will cover one eye exam per year, as well as one set of frames and lenses per year for our members 21 to 59 years of age. All vision services are available through Vision Service Plan. Please call our Customer Care Center at (866) 896-6628 to learn more or for help in scheduling an appointment. The TTY line is (800) 750-0750.

Case Management

The Anthem Blue Cross and Blue Shield Partnership Plan (Anthem) program “Care Connect Program: Adults with Special Health Care Needs (ASHCN) and Persons with Disabilities” is a program designed to improve access and quality of care for those defined as Aged, Blind or Disabled (ABD) health plan...
What Is Covered by Anthem

members and members with special health care needs. To help minimize discontinuity of care, the Care Connect Program emphasizes individual care coordination, advocacy, assistance, advice and encouragement from a Nurse Case Manager. In addition to the Care Management component of the program, the following elements are also emphasized:

- Health education
- Local/community resource linkages
- Physician partnership
- Development of self-care management skills
- Exceptional needs coordination
- Linkage and coordination of care with other available state agencies
- Linkage and coordination with mental and behavioral health services

Conditions for which case management services are provided include, but are not limited to:

- Congestive heart failure (CHF)
- Coronary arterial disease (CAD)
- Non-mild hypertension
- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Asthma
- Severe mental illness
- High-risk or high cost substance abuse disorders
- Severe cognitive and/or developmental limitation

Anthem staff, including nurses, case managers, and outreach workers may contact the member if a doctor has requested a phone call, if the member requests the phone call, or if Anthem feels that case management services would be helpful to the member.

Members may self-refer to case management by calling the Care Management Department or Customer Service Center directly.

Care management Department: (866) 896-6580
Customer Service Center: (866) 896-6628
Hearing-impaired members may call us using the Ohio relay line at (800) 750-0750

Office hours are 8 a.m. to 5 p.m., Monday through Friday.

Physicians may refer members who they identify as potentially in need of care management services by calling the Care Management Department directly.

Anthem staff may ask the member questions to learn more information about his/her condition(s).

Anthem staff will provide information to help member understand how to care for his/her self and how to access services (including local resources).

Anthem staff will talk to the member’s PCP and other service providers to coordinate care.

Members should call if have any questions about the case management services or feel they would benefit from case management services.
What Is Covered by Anthem

Incentive for Attending Postpartum Visit
If you participate in our prenatal program, *Healthy Habits Count for You and Your Baby*, we hope the booklet you receive from us helps while you are pregnant and after your baby is born. The prenatal program also includes an incentive for members who complete their postpartum visit.

*Healthy Returns 4 Healthy Choices (Available to Members in Ashtabula, Cuyahoga, Erie, Geauga, Huron, Lake, Lorain, and Medina Counties Only)*

The *Healthy Returns 4 Healthy Choices* program provides incentives to members who follow certain steps in managing their health. Members with certain health conditions such as diabetes, heart conditions, and weight issues can participate in this program. If you have one of the health conditions described above, please ask your doctor to refer you to the program.

Local Staff Dedicated to Serving You
We have local staff in Ohio just waiting to serve you! These staff members work in offices that are centrally located in areas where our Anthem members live. To learn more about our local staff, call the Customer Care Center at *(866) 896-6628*. Members with hearing loss may call our TTY line at *(800) 750-0750*.

MedCall (24-Hour Nurse Help Line)
The 24-hour nurse help line lets you talk in private with a nurse about your health. Teens can talk to a nurse trained to handle teen issues. For more details please see “*Programs to Help Keep you Well,*” page 21 in this book.

Unlimited Transportation
To make sure you have access to all of the health-related appointments and services you need, we cover transportation on an unlimited basis to medical appointments, County Department of Job and Family Services (CDJFS) appointments, and trips to the pharmacy to order or pick up medicine. Please call Anthem’s reservation line at *(866) 883-8659* to request transportation. The TTY line is *(800) 750-0750*. 
How to Fill Your Prescription

Prescription Drugs

While Anthem covers all medically necessary Medicaid-covered medications, we use a preferred drug list (PDL). These are the drugs that we prefer that your doctor prescribe. We may also require that your doctor submit information to us (a prior authorization request) to explain why a specific medication and/or a certain amount of a medication is needed. We must approve the request before you can get the medication.

Reasons why we may prior authorize a drug include:

- There is a generic or pharmacy alternative drug available.
- The drug can be misused/abused.
- There are other drugs that must be tried first.

Some drugs may also have quantity (amount) limits and some drugs are never covered, such as drugs for weight loss.

If we do not approve a prior authorization request for a medication, we will send you information on how you can appeal our decision and your right to a state hearing.

You can call Customer Care Center to request information on our PDL. You can also look on our website at www.anthem.com.
What Is Not Covered by Anthem

Services Not Covered By Anthem

Anthem will not pay for services or supplies received without following the directions in this handbook. Anthem will not pay for the following services that are not covered by Medicaid:

- All services or supplies that are not medically necessary
- Experimental services and procedures, including drugs and equipment, not covered by Medicaid
- Organ transplants that are not covered by Medicaid
- Abortions except in the case of a reported rape, incest or when medically necessary to save the life of the mother
- Infertility services for males or females, including reversal of voluntary sterilizations
- Voluntary sterilization if legally incapable of consenting to the procedure
- Cosmetic surgery that is not medically necessary
- Inpatient treatment to stop using drugs and/or alcohol (in-patient detoxification services in a general hospital are covered)
- Services for the treatment of obesity unless determined medically necessary
- Inpatient hospital custodial care

- Acupuncture and biofeedback services
- Services to find cause of death (autopsy)
- Comfort items in the hospital (e.g., TV or phone)
- Paternity testing

This is not a complete list of the services that are not covered by Medicaid or Anthem. If you have a question about whether a service is covered, please call the Customer Care Center.
Emergency Services

Emergency Services
Emergency services are services for a medical problem that you think is so serious that it must be treated right away by a doctor. We cover care for emergencies both in and out of the county where you live.

Some examples of when emergency services are needed include: miscarriage/pregnancy with vaginal bleeding, trouble breathing, chest pains, loss of consciousness, uncontrolled bleeding, placing the health of the individual (or respect to a pregnant women, serious impairment to bodily functions the health of the woman or her unborn child) in serious jeopardy, serious dysfunction of any bodily organ or part and serious risk to a members mental or physical health. You do not have to contact Anthem for an okay before you get emergency services. If you have an emergency, call 911 or go to the NEAREST emergency room (ER) or other appropriate setting.

If you are not sure whether you need to go to the emergency room, call your primary care physician or the MedCall 24-hour hotline at 1-866-374-9480 or TTY at 1-800-368-4424. Your PCP or the MedCall 24-hour hotline can talk to you about your medical problem and give you advice on what you should do.

Remember, if you need emergency services:
• Go to the nearest hospital emergency room or other appropriate setting. Be sure to tell them that you are a member of Anthem and show them your ID card.
• If the provider that is treating you for an emergency takes care of your emergency but thinks that you need other medical care to treat the problem that caused your emergency, the provider must call Anthem.
• You should call your PCP after receiving emergency care. Your PCP will start to coordinate your care and arrange any follow up visits within your service area.
• If the hospital has you stay, please make sure that Anthem is called within 24 hours.

What to Do in an Emergency?
You will be seen as soon as possible. You will be covered for emergency services even if the provider is not a part of Anthem’s network.

You should call your PCP after the emergency so your doctor can plan your follow-up care. This should be done for any emergency at home or away.

Call 911 for emergency transportation. You don’t need an approval from Anthem for transportation for emergency care. If you get sick when out of town or out of the state you live in and it’s an emergency, go to the nearest emergency room or call 911.

If you get sick when out of town or if you are traveling and it’s not an emergency or an urgent condition, call your PCP to set up a time to see the doctor when you return home.
Emergency Services

You may also call:

MedCall®, the 24-hour nurse information line, at 1-866-374-9480.

Services given outside the U.S. are not covered by Medicaid.

Post-Stabilization

Care that you get following emergency medical care in order to keep your condition stable is covered by Medicaid and called post-stabilization.

What to Do When You Need Urgent Care?

An urgent medical condition is not an emergency but needs 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, call us at (866) 896-6628. Members with hearing loss may call our TTY line at (800) 750-0750. You may also call MedCall, the 24-hour nurse help line, at (866) 374-9480.

If you are away from home and need urgent care, call one of these right away:

- your PCP
- MedCall at (866) 374-9480
Each person has special needs at every stage of life. Whether you are a man or a woman, a child or an adult, we have programs to help you stay healthy and manage illness.

Members of our health plan do not have to pay to join these programs or find out more about them. They are all free. We hope you and your family use them because we want you to be well and to stay that way.

For Healthy Living

- We can give you information on how to live a healthy lifestyle with nutrition and exercise.
- Our heart-health brochures tell you how to control blood pressure, cholesterol, and weight.
- Our stop-smoking program can help you kick the habit.
- Brochures on drugs and alcohol dependence show you how to stop problems before they start.

Anthem offers all types of programs and health education classes that can help you:

- stay healthy when you are pregnant.
- keep your children safe and healthy.
- maintain good nutrition and exercise.
- manage and control your asthma.
- manage and control your diabetes.
- keep your heart healthy.
- control high blood pressure and cholesterol.
- quit smoking.
- prevent unplanned pregnancy.
- use new parenting skills.
- Avoid drugs and alcohol.

For Women

- Well-Woman care can help you stay healthy with regular exams, mammograms, and cervical cancer screenings.
- Family planning can teach you:
  - how to be as healthy as you can before you get pregnant.
  - how to prevent pregnancy.
  - how to prevent sexually transmitted diseases like HIV/AIDS.
- Pregnancy and childbirth classes give you the knowledge you need to help you have a healthy pregnancy.
- Prenatal services also provide educational materials to help you have a healthy pregnancy. Plus, you get a gift when you see your doctor after your baby is born.
- MedCall the 24 hour helpline is available to help moms-to-be and new mothers who have questions about how to breastfeed. A nurse will answer your questions and get you the support you need to breastfeed your baby. Call (866) 374-9480.
Programs to Help Keep You Well

For Managing Illnesses

- The Asthma Management Program can help you manage your drugs and take better care of your asthma.
- The Diabetes Management Program helps with nutritional counseling, screenings, and referrals to specialists to help you manage and control your diabetes.

For Your Peace of Mind

- MedCall, the 24-hour nurse help line lets you talk in private with a nurse about your health. Teens can talk to a nurse trained to handle teen issues. Just call (866) 374-9480 toll-free, 24 hours a day, 7 days a week. You can also call MedCall and listen to audiotapes on 200 health topics such as:
  - children’s health
  - high blood pressure
  - diabetes
  - sexually transmitted diseases like HIV/AIDS

You can also 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 will also give you free news about foods that are good for you. If you have questions about WIC services, call (866) 896-6628.
Help in Other Languages and Information for Those with Hearing Loss or Vision Loss

Help in Other Languages

Anthem offers services and programs that meet your language and cultural needs and give you access to quality care. Anthem uses a multilingual interpreter service that works with more than 140 languages. Anthem wants you to have the right care and offers:

- health education materials translated into different languages.
- Customer Care Center staff able to speak two languages.
- 24-hour telephone interpreter services.
- sign language and face-to-face interpreter services.
- providers who speak two languages.

If you need help in a language other than English during your medical visit, you can ask for a face-to-face or phone interpreter at no cost. Call us at (866) 896-6628 Monday through Friday, 7 a.m. to 7 p.m. EST and we will get someone who speaks your language. If you need someone to interpret for you while you are at your PCP’s office, ask your PCP to call us at least 72 hours in advance. We will be glad to help. You do not have to use a family member or a friend to translate for you unless that is your choice.

Help for Members Who Are Deaf, Hard of Hearing, or Visually Impaired

Members with a hearing loss can get the help you need by calling the Ohio Relay Service at (800) 750-0750 or dial 711 between 7 p.m. and 7 a.m. EST and on weekends.

This book and other news is available for visually impaired and hearing-impaired members. Call us at (866) 896-6628 for help in reading this book or other materials.

Americans with Disabilities Act

Anthem complies with the Americans with Disabilities Act (ADA) of 1990. This act protects you from discrimination by Anthem because of a disability. If you feel you have been treated differently because of a disability, call us at (866) 896-6628. Members with hearing loss may call our TTY line at (800) 750-0750.
How to Resolve a Problem with Anthem

How To Let Anthem Know If You Are Unhappy Or Do Not Agree With A Decision We Made

If you are unhappy with anything about Anthem or its providers you should contact us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you want to speak for you, can contact us. If you want someone to speak for you, you will need to let us know this. Anthem wants you to contact us so that we can help you. To contact us you can:

• Call the Customer Care Center at 1-866-896-6628 TTY 1-800-750-0750, or
• Fill out the form in your member handbook, or
• Call the Customer Care Center to request they mail you a form, or
• Visit our website at www.anthem.com, or
• Write a letter telling us what you are unhappy about. Be sure to put your first and last name, the number from the front of your Anthem member ID card, and your address and telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain your problem.

Mail the form or your letter to:

Anthem Blue Cross Blue Shield Partnership Plan, Inc.
P.O. Box 6020
Worthington, OH 43085-6020

Anthem will send you something in writing if we make a decision to:

• deny a request to cover a service for you;
• reduce, suspend or stop care you are already receiving; or
• deny payment for a service you received that is not covered by Anthem.

We will also send you something in writing if, by the date we should have, we did not:

• make a decision on whether to okay a request to cover a service for you, or
• give you an answer to something you told us you were unhappy about.

If you do not agree with the decision/action listed in the letter, and you contact us within 90 calendar days to ask that we change our decision/action, this is called an appeal. Unless we tell you a different date, we will give you an answer to your appeal in writing within 15 calendar days from the date you contacted us.

If you contact us because you are unhappy with something about Anthem or one of our providers, this is called a grievance. Anthem will give you an answer to your grievance by phone (or by mail if we can’t reach you by phone) within the following time frames:

• 2 working days for grievances about not being able to get medical care
• 30 calendar days for all other grievances except grievances that are about getting a bill for care you have received.
How to Resolve a Problem with Anthem

- 60 calendar days for grievances about getting a bill for care you have received.

You also have the right at anytime to file a complaint by contacting the:

Ohio Department of Job and Family Services
Bureau of Managed Health Care
30 East Broad Street, 31st Floor
Columbus, Ohio 43215-3414
1-800-605-3040 or 1-800-324-8680
TTY: 1-800-292-3572

Ohio Department of Insurance
2100 Stella Court
Columbus, Ohio 43215
1-800-686-1526

State Hearings

If Anthem has made a decision to deny, reduce, suspend, or stop care for you, or if a provider is billing you because our plan is denying payment to them, you have the right to ask for a state hearing. At the time Anthem makes the decision, or is aware that the provider is billing you for payment, we will mail you a form. If you want a state hearing, you must sign and return the form to the address listed on the form within 90 calendar days from the mailing date on the form.

A state hearing is a meeting with you, someone from the County Department of Job and Family Services, someone from Anthem and a hearing officer from ODJFS. Anthem will explain why we made our decision and you will tell why you think we made the wrong decision. The hearing officer will listen and then decide who is right based upon the information given and whether we followed the rules.
If We Could No Longer Serve You

Can Anthem End My Membership?

Anthem may ask the Ohio Department of Job and Family Services (ODJFS) to end your membership for certain reasons. The ODJFS must okay the request before your membership can be ended.

The reasons that Anthem can ask to end your membership are:

- For fraud or for misuse of your Anthem ID card
- For disruptive or uncooperative behavior to the extent that it affects the MCP’s ability to provide services to you or other members.

Anthem provides services to our members because of a contract that ANTHEM has with the Ohio Department of Job and Family Services (ODJFS). If you want to contact ODJFS you can call or write to:

Ohio Department of Job and Family Services
Bureau of Managed Health Care
30 East Broad Street, 31st Floor
Columbus, Ohio 43215-3414
1-800-605-3040 or 1-800-324-8680
TTY: 1-800-292-3572

You can contact Anthem to get any other information you want including the structure and operation of Anthem and how we pay our providers.

If you want to tell us about things you think we should change, please call the customer Care Center at 1-866-896-6628; (TTY 1-800-750-0750).

Loss Of Medicaid Eligibility

It is important that you keep your appointments with the County Department of Job and Family Services. If you miss a visit or don’t give them the information they ask for, you can lose your Medicaid eligibility. If this would happen, Anthem would be told to stop your membership as a Medicaid member and you would no longer be covered by Anthem.

Medicaid Requirements For Verifying United States Citizenship

The following is important information to keep in mind for the next notice you get from your caseworker that it is time for you to re-apply for Medicaid benefits for you and/or your family members.

United States citizens and nationals who want to get, or keep getting, Medicaid must provide documents to prove United States citizenship. This new requirement only applies to US citizens and nationals. If you or members of your family are US citizens or nationals, you will have to provide this information at your next redetermination for Medicaid benefits.
If We Could No Longer Serve You

Where to Get Help

There are different types of documents you can use. You may have already given information when you first applied for Medicaid or at your last redetermination that can be used by your eligibility worker. Your eligibility worker can tell you what kind(s) of information you can use; your eligibility worker can even help you get the required documents if you do not have some of the documents, or you are unable to get the documents without the CDJFS’ help.

Loss Of Insurance Notice (Certificate Of Creditable Coverage)

Anytime you lose health insurance, you should receive a notice, known as a certificate of creditable coverage, from your old insurance company that says you no longer have insurance. It is important that you keep a copy of this notice for your records because you might be asked to provide a copy.

Automatic Renewal Of MCP Membership

If you lose your Medicaid eligibility but it is started again within 60 days, you will automatically become a Anthem member again.

Membership Terminations - getting out of Anthem

As a member of a managed care plan, you have the right to choose to end (terminate) your membership at certain times during the year. You can choose to end your membership during the first three months of your membership or during the open selection month for your area. ODJFS will send you something in the mail to let you know when your open selection month will be. You will have to choose another managed care plan to receive your health care unless ODJFS tells you differently.
Other Things You May Need to Know

Special Discounts on Health and Wellness Items

As an Anthem member, you can receive discounts through our SpecialOffers@Anthem Web page including the Healthyroads Web store on commonly used items that you might buy to help manage your health. Some of these items include:

- Aspirin and cough medicine
- Vitamins and nutritional supplements
- Personal care items (such as soap or toothpaste)
- Exercise equipment and weight loss program memberships
- Books, audiotapes, videotapes, and DVDs on health-related topics

To visit the SpecialOffers@Anthem Web page and the Healthyroads Web store go online to www.anthem.com and follow these steps:

- Click on Members
- Select Ohio in the Welcome Box, click on Enter
- Click on Answers@Anthem
- Click on SpecialOffers@Anthem

If you prefer to place your Healthyroads order over the phone, you can also call the Healthyroads Web store at (877) 330-2746, Monday through Friday from 7 a.m. to 5 p.m. Please tell them you are an Anthem member when you call.

Changing To A New Plan

If you are thinking about ending your membership to change to another health plan, you should learn about your choices. Especially if you want to keep your current doctor(s).

Remember, each health plan has its own list of doctors and hospitals that they will allow you to use. Each health plan also has written information which explains the benefits it offers and the rules that it has. If you would like written information about a health plan you are thinking of joining or if you simply would like to ask questions about the health plan, you may either call the plan or call 1-800-605-3040; TTY 1-800-292-3572.

Ending Your MCP Membership

If you want to end your membership you can call 1-800-605-3040; TTY 1-800-292-3572. Most of the time, if you call before the last 10 days of the month, your membership will end the first day of the next month. If you call after this time, your membership will not end until the first day of the following month. ODJFS will send you something in the mail to let you know the day your membership ends.

Just Cause Membership Terminations

Sometimes there may be a special reason that you need to end your health plan membership. This is called a "Just Cause" membership termination. You can ask for a just cause termination at any time if you have one of the following reasons:
1. You move after the first day of the month, the MCP is not available where you now live and you must receive non-emergency medical care before the end of the month.

2. The MCP does not, for moral or religious objections, cover a medical service that you want.

3. Your doctor has said that some of the medical services you need must be received at the same time and all of the services aren’t available on your MCP’s panel.

4. You have concerns that you are not receiving quality care, can’t receive needed services, or your MCP does not have providers that are experienced with dealing with your special health care needs.

5. The primary care doctor that you picked is no longer in your health plan and he/she was the only doctor that spoke your language that you can get to in the plan. Another health plan has a doctor that speaks your language that you can get to that will accept you as a patient.

6. Other - If you think staying as a member in your current health plan is harmful to you and not in your best interest.

   You may ask to end your membership for Just Cause by calling 1-800-605-3040; TTY 1-800-292-3572. ODJFS will review your request to end your membership for just cause and decide if you meet a just cause reason. You will receive a letter in the mail to tell you if ODJFS will end your membership and the date it ends. You will have to choose another managed care plan to receive your health care unless ODJFS tells you differently. If your just cause request is denied, ODJFS will send you information that explains your state hearing right for appealing the decision.

   **Things to keep in mind if you end your membership**

   If you have followed any of the above steps to end your membership, remember:

   - Continue to use Anthem doctors and other providers until the day you are a member of your new health plan or back on regular Medicaid.

   - If you chose a new health plan and have not received a member ID card before the first day of the month when you are a member of the new plan, call the plan’s Customer Care Center. If they are unable to help you, call 1-800-605-3040; TTY 1-800 292-3572.
Other Things You May Need to Know

• If you chose to return to the regular Medicaid card and you have not received a new Medicaid card, call your county caseworker.

• If you have chosen a new health plan and have any medical visits scheduled, please call your new plan to be sure that these providers are on the new plan’s list of providers and any needed paperwork is done. Some examples of when you should call your new plan include: when you have an appointment to see a new doctor, a surgery, blood test or x-ray scheduled and especially if you are pregnant.

• If you are going back to regular Medicaid and have any medical visits scheduled, please call the providers to be sure that they will take the regular Medicaid card.

Exclusions – Individuals that are not permitted to join a MCP

Aged, Blind or Disabled (ABD) individuals are not permitted to join a MCP if they are:

• Children under twenty-one years of age;
• Dually eligible under both the Medicaid and Medicare programs;
• Institutionalized;
• Eligible for Medicaid by spending down their income or resources to a level that meets the Medicaid program’s financial eligibility requirements; or
• Receiving Medicaid Waiver services.

If you believe that you meet any of the above criteria and should not be a member of a managed care plan, you must call the Ohio Department of Job and Family Services (ODJFS) Selection Services Center at 1-800-605-3040 (TTY 1-800-292-3572). If you meet the above criteria, your MCP membership will be ended.

ACCIDENTAL INJURY OR ILLNESS (SUBROGATION)

If a Anthem member has to see a doctor for an injury or illness that was caused by another person or business, you must call the Customer Care Center to let us know. For example, if you are hurt in a car wreck, by a dog bite, or if you fall and are hurt in a store then another insurance company might have to pay the doctor’s and/or hospital’s bill. When you call we will need the name of the person at fault, their insurance company and the name(s) of any attorneys involved.

New Medical Treatments

Anthem reviews new medical treatments. A group of PCPs, specialists, and medical directors decide if the treatment meets these criteria:

• is approved by the government
• has shown how it affects patients in a reliable study
• will help patients as much as, or more than, treatments we use now
• will improve a patient’s health
Other Things You May Need to Know

The review group looks at all of the information. The group then decides if the treatment is needed for medical reasons.

If your doctor asks Anthem about a treatment that the review group has not looked at yet, our reviewers will learn about the treatment and make a decision. They will let your doctor know if the treatment is needed for medical reasons and approved by Anthem.

OTHER HEALTH INSURANCE
(Coordination of Benefits - COB)

If you or anyone in your family has health insurance with another company, you must let Customer Care Center know. You need to call the Customer Care Center to give us the information.

How to Get Help After Office Hours

The Anthem Customer Care Center is open Monday through Friday from 7 a.m. to 7 p.m. You can leave a message from 7 p.m. to 7 a.m., Monday through Friday, and on weekends. We will call you back the next business day. The Customer Care Center phone number is (866) 896-6628.

If you call your doctor after business 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 (866) 374-9480.

What to Do if You Get a Bill

If you get a bill, call us at 1-866-896-6628 (TTY 1-800-750-0750) with the following information:

- Date of service
- Amount you were charged
- 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.” Anthem will work with you and your provider to resolve any billing issues.

Out-of-Area Care

If you are outside of the Anthem service area and need care that is not an emergency, call one of the following right away:

- your PCP
- MedCall at (866) 374-9480

Anthem covers emergencies anywhere in the U.S. If you get care outside your service area that is not for an emergency, you may have to pay for those services.
Other Things You May Need to Know

Appealing a Medical Decision

Anthem may review some of the procedures your doctor recommends or ask your doctor why you need certain services.

If Anthem does not approve a service your doctor recommends, we will send your doctor a letter explaining the reason for our denial. You will also get a letter explaining the reason for our denial. It will tell you how to appeal.

You, your doctor, or someone you choose who has an OK by law to speak for you, may ask for an appeal. You can appeal a denial of medical service or payment for service. To learn more, call us at (866) 896-6628. Members with hearing loss may call our TTY line at (800) 750-0750.

Living Wills (Advance Directives)

Using Advance Directives to State Your Wishes About Your Medical Care

Your Future; Your Decision

Many people today worry about the medical care they would get if they became too sick to make their wishes known.

Some people may not want to spend months or years on life support. Others may want every step taken to lengthen life.

You Have a Choice

A growing number of people are acting to make their wishes known. You can state your medical care wishes in writing while you are healthy and able to choose.

Your health care facility must explain your right to state your wishes about medical care.

It also must ask you if you have put your wishes in writing.

The following information explains your rights under Ohio law to accept or refuse medical care. It will help you choose your own medical care. It also explains how you can state your wishes about the care you would want if you could not choose for yourself. It does not contain legal advice, but will help you understand your rights under the law.

For legal advice, you may want to talk to a lawyer. For information about free legal services, call Ohio State Legal Services toll-free at (800) 589-5888, Monday through Friday, 8:30 a.m. to 5 p.m.

Common Questions About Advance Directives

What are my rights to choose my medical care?

You have the right to choose your own medical care. If you don’t want a certain type of care, you have the right to tell your doctor you don’t want it.
Other Things You May Need to Know

What if I'm too sick to decide? What if I can't make my wishes known?

Most people can make their wishes about their medical care known to their doctors. Some people become too sick to tell their doctors about the type of care they want.

Under Ohio law, you have the right to fill out a form while you're able to act for yourself. The form tells your doctors what you want done if you can't make your wishes known.

What kinds of forms are there?

Under Ohio law, there are three different forms, or advance directives, you can use. You can use a Living Will, a Declaration for Mental Health Treatment, or a Durable Power of Attorney for medical care.

You fill out an advance directive while you're able to act for yourself. The advance directive lets your doctor and others know your wishes about medical care.

Do I have to fill out an advance directive before I get medical care?

No. No one can make you fill out an advance directive. You decide if you want to fill one out.

Who can fill out an advance directive?

Anyone 18 years old or older who is of sound mind and can make his or her own decisions can fill one out.

Do I need a lawyer?

No, you don't need a lawyer to fill out an advance directive. You may decide you want to talk with a lawyer.

Do the people giving me medical care have to follow my wishes?

Yes, if your wishes follow state law. However, Ohio law includes a conscience clause. A person giving you medical care may not be able to follow your wishes because they go against his or her conscience. If so, they will help you find someone else who will follow your wishes.

Living Will

This form allows you to put your wishes about your medical care in writing. You can choose what you would want if you were too sick to make your wishes known. You can state when you would or would not want food and water supplied artificially.

How does a Living Will work?

A Living Will states how much you want to use life-support methods to lengthen your life. It takes effect only when you are:

- in a coma that is not expected to end, OR
- beyond medical help with no hope of getting better and can't make your wishes known, OR
- expected to die and can't make your wishes known.
Other Things You May Need to Know

The people giving you medical care must do what you say in your Living Will. A Living Will gives them the right to follow your wishes. Only you can change or cancel your Living Will. You can do so at any time.

Do Not Resuscitate Order

State regulations offer a Do Not Resuscitate (DNR) Comfort Care and Comfort Care Arrest Protocol as developed by the Ohio Department of Health. A DNR Order means a directive issued by a physician or, under certain circumstances a certified nurse practitioner or clinical nurse specialist, that identifies a person and specifies that CPR should not be administered to the person so identified. CPR means cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, but it does not include clearing a person's airway for a purpose other than as a component of CPR.

The DNR Comfort Care and Comfort Care Arrest Protocol lists the specific circumstances and actions that paramedics, emergency medical technicians, physicians, or nurses will take when attending to a DNR Comfort Care or Comfort Care Arrest patient. The protocol also lists what specific actions will not be implemented.

You should talk to your doctor about the DNR Comfort Care and Comfort Care Arrest Protocol options.

Durable Power of Attorney

A Durable Power of Attorney for medical care is different from other types of powers of attorney. The following information talks only about a Durable Power of Attorney for medical care, not about other types of powers of attorney.

A Durable Power of Attorney allows you to choose someone to carry out your wishes for your medical care. The person acts for you if you can’t act for yourself. This could be for a short while or a long while.

Who should I choose?

You can choose any adult relative or friend you trust to act for you when you can’t act for yourself. Be sure you talk with the person about what you want. Then write down what you do or don’t want on your form. You should also talk to your doctor about what you want. The person you choose must follow your wishes.

When does my Durable Power of Attorney for medical care take effect?

The form takes effect only when you can’t choose your care for yourself, whether for a short while or long while. The form only allows your relative or friend to stop life support:

- if you are in a coma that is not expected to end, OR
- if you are expected to die.
Other Things You May Need to Know

Declaration For Mental Health Treatment
A Declaration for Mental Health Treatment gives more specific attention to mental health care. It allows a person, while capable, to appoint a proxy to make decisions on the person’s behalf when they are determined to lack the capacity. In addition, the declaration can set forth certain wishes regarding treatment if lacking capacity.

The person can indicate treatment of mental illness with medication and treatment preferences, and preferences concerning admission/retention in a facility.

The Declaration for Mental Health Treatment supersedes a Durable Power of Attorney for medical care as to mental health treatment, but does not supersede a Living Will.

Other Matters to Think About

What is the difference between a Durable Power of Attorney for medical care and a Living Will?

Your Living Will explains, in writing, the type of medical care you would want if you couldn’t make your wishes known.

Your Durable Power of Attorney lets you choose someone to carry out your wishes for medical care when you can’t act for yourself.

If I have a Durable Power of Attorney for medical care, do I need a Living Will, too?

You may want both. Each addresses different parts of your medical care. A Living Will makes your wishes known directly to your doctors, but only states your wishes about the use of life-support methods.

A Durable Power of Attorney for medical care allows a person you choose to carry out your wishes for all of your medical care when you can’t act for yourself. A Durable Power of Attorney for medical care does not overrule a Living Will.

Can I change my advance directive?

Yes, you can change your advance directive whenever you want.

If you already have an advance directive, make sure it follows Ohio’s law (effective Oct. 10, 1991). You may want to contact a lawyer for help. It is a good idea to look over your advance directive from time to time. Make sure they still say what you want and that they cover all areas.
If I don’t have an advance directive, who chooses my medical care when I can’t?

Ohio law allows your next-of-kin to choose your medical care if you are expected to die and can’t act for yourself.

If you are in a coma that is not expected to end, your next-of-kin could decide to stop or not use life support after 12 months. Your next-of-kin may be able to decide to stop or not use artificially supplied food and water also.

What about stopping or not using artificially supplied food and water?

Artificially supplied food and water means you are fed and get your water by way of tubes placed inside you. Whether you can decide to stop or not use these depends on your state of health.

- IF you are expected to die and can’t make your wishes known, AND your Living Will simply states you don’t want life-support methods used to lengthen your life, THEN artificially supplied food and water can be stopped or not used.
- IF you are expected to die and can’t make your wishes known, AND you don’t have a Living Will, THEN Ohio law allows your next-of-kin to stop or not use artificially supplied food and water.
- IF you are in a coma that is not expected to end, AND your Living Will states you don’t want artificially-supplied food and water, THEN artificially-supplied food and water may be stopped or not used.

By filling out an advance directive, am I taking part in euthanasia or assisted suicide?

No, Ohio law doesn’t allow euthanasia or assisted suicide.

Where do I get advance directive forms?

Many of the people and places that give you medical care have advance directive forms. Ask your health care provider for an advance directive form (a Living Will, a Durable Power of Attorney for medical care, or a DNR Order and Declaration for Mental Health Treatment). A lawyer could also help you.

What do I do with my forms after filling them out?

You should give copies to your doctor and health care facility to put into your medical record. Give one to a trusted family member or friend. If you have chosen someone in a Durable Power of Attorney for medical care, give that person a copy.

Put a copy with your personal papers. You may want to give one to your lawyer or clergy person.

Be sure to tell your family or friends – persons close to you – about what you have done. Don’t just put these forms away and forget about them.
Other Things You May Need to Know

Your Medical Records

Federal and state laws allow you to see your medical records any time. Ask your PCP for your records first. If you have a problem getting your medical records from your PCP, call us at (866) 896-6628. Members with hearing loss may call our TTY line at (800) 750-0750.

Confidentiality Policies

Anthem has 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 Anthem, except as the law allows. Refer to the Notice of Privacy Practices to read about your right to privacy.

Program Changes

If there is a change to your health care program, we will tell you 30 days before the change.

Anthem services can change without your agreement. If you have questions about program or PCP site changes, call us at (866) 896-6628. Members with hearing loss may call our TTY line at (800) 750-0750.
Your Membership Rights

As a member of Anthem you have the following rights:

- To receive all services that Anthem must provide.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information will be kept private.
- To be given information about your health. This information may also be available to someone who you have legally okayed to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To be able to take part in decisions about your health care unless it is not in your best interest.
- To get information on any medical care treatment, given in a way that you can follow.
- A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- To be sure that others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in Federal regulations.
- To ask, and get, a copy of your medical records, and to be able to ask that the record be changed/corrected if needed.
- To be able to say yes or no to having any information about you given out unless Anthem has to by law.
- To be able to say no to treatment or therapy. If you say no, the doctor or MCP must talk to you about what could happen and they must put a note in your medical record about it.
- To be able to file an appeal, a grievance (complaint) or state hearing. See PART 9, How to Resolve a Problem With Anthem of this handbook for information.
- To be able to get all MCP written member information from the MCP:
  - at no cost to you;
  - in the prevalent non-English languages of members in the MCP’s service area;
  - in other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To be able to get help free of charge from Anthem and its providers if you do not speak English or need help in understanding information.
- To be able to get help with sign language if you are hearing impaired.
- To be told if the health care provider is a student and to be able to refuse his/her care.
Your Health Care Rights and Responsibilities

- To be told of any experimental care and to be able to refuse to be part of the care.
- To make advance directives (a living will) see page 33 which explains about advance directives.
- To file any complaint about not following your advance directive with the Ohio Department of Health.
- To change your primary care physician (PCP) to another PCP on Anthem's panel at least monthly. Anthem must send you something in writing that says who the new PCP is and the date the change began.
- To be free to carry out your rights and know that the MCP, the MCP’s providers or ODJFS will not hold this against you.
- To know that the MCP must follow all federal and state laws, and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.
- If you are a female, to be able to go to a woman's health provider on Anthem panel for covered woman's health services.
- To be able to get a second opinion from a qualified provider on Anthem panel. If a qualified provider is not able to see you, Anthem must set up a visit with a provider not on our panel.
- To get information about Anthem from us.
- A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
- A right to make recommendations regarding the organization's member rights and responsibilities policies.
- To contact the United States Department of Health and Human Services Office of Civil Rights and/or the Ohio Department of Job and Family Services Bureau of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status or need for health services.

Office of Civil Rights
United States Department of Health and Human Services
105 W. Adams 16th Floor
Chicago, Illinois 60603
(312) 886-2359 (312) 353-5693 TTY

Bureau of Civil Rights
Ohio Department of Job and Family Services
150 E. Gay Street, 18th Floor
Columbus, Ohio 43215
(614) 644-2703
1-866-227-6353 1-866-221-6700 TTY
Your Health Care Rights and Responsibilities

Your Member Responsibilities

We hope you will work with your doctors as partners in your health care.

- To give your doctors the information they need to treat you.
- To learn as much as you can about your health.
- To follow the treatment plans agreed upon by you and your doctors.
- To do the things that keep you from getting sick.
- To follow your doctor’s advice about taking good care of yourself.
- To keep your scheduled appointments.
- To call your doctor to cancel appointments in advance when you can’t keep them.
- To always contact your PCP first for non-emergency medical needs.
- To get an approval from your PCP before going to a specialist.

We want you to understand your health plan.

- To know and follow the rules of your health plan.
- To know that laws govern your health plan and the services you get.
- To know that Anthem does not take the place of workers’ compensation insurance.
- To know that we can’t discriminate against you because of your age, sex, race, national origin, culture, language needs, sexual orientation, or health.

We want you to tell us about any changes that might change your insurance.

- To tell Anthem’s Customer Care Center and a Department social worker if you move, change telephone numbers, or if anything changes your insurance.
- To call to report a change in your family size.
- To tell us, or the person who signed you up with Anthem, if you make any changes or have any other insurance.
Important Information from ODJFS for New Members coming from Fee-For-Service

If you were on Medicaid fee-for-service the month before you became an MCP member, the following information is very important.

For most services you must see providers that are contracted with your MCP. Even if you have already been receiving services or have a visit scheduled, these providers may not be contracted with your MCP and you may not be able to see them. Therefore, you must call your MCP’s Customer Care Center immediately (today or as soon as possible) if you have any of the following services approved and/or scheduled. If you call before the date of the service, you may be able to continue care with the same providers, but only if you call your MCP’s Customer Care Center before the date of the service.

- Organ, bone marrow, or hematopoietic stem cell transplant
- Prenatal (pregnancy) care if you are in your third trimester and you have already been seeing a doctor and/or have your delivery hospital arranged
- Inpatient/outpatient surgery
- An appointment in the first three months of MCP membership with a primary or specialty provider
- Chemotherapy or radiation treatment
- You have been released from the hospital in the last 30 days and are following a treatment plan
- You were pre-certified to receive durable medical equipment that has not yet been received

If your provider is not contracted with your MCP, and you call before the date of the service, your MCP must offer to pay your provider for the above services the same amount they would have received from Medicaid fee-for-service. If your provider agrees to this payment, you can receive the service from your current provider. If the provider will not agree to the payment, then your MCP will help you find a contracted provider to provide the service.

If you are currently taking any medication(s) that your provider had to request prior approval from fee-for-service for you to receive, your provider must now contact your MCP to request prior approval if needed. After you have been a MCP member for three months, your MCP can also require prior approval for medications that did not require prior approval from fee-for-service. If your medication(s) requires prior approval, you cannot get the medication(s) until your doctor submits a request to your MCP and it is approved. Therefore, it is very important that you contact your MCP’s Customer Care Center and/or look on your MCP’s website to find out if your medication(s) requires prior approval and follow up with your provider to submit a request to your MCP.
Definitions

Here are some of the terms used in this book:

Approval by Anthem means you have gotten an OK ahead of time from Anthem as explained in the “How to Use Your Anthem Health Plan” part of this book under the heading “Prior Authorization.”

Benefits are the health services and medicines covered under this plan.

Cosmetic surgery is done to change or reshape normal body parts so they look better.

Disenroll means to stop using the health plan because you lose eligibility or change your health plan.

Emergency services are covered inpatient services, outpatient services or medical transportation that are provided by a qualified provider and are needed to evaluate, treat, or stabilize an emergency medical.

Health plan is an organization that offers managed care health insurance plans.

Home health agency and visiting nurse associations give skilled nursing care and other services at home.

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

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

Medically necessary means reasonable services to protect life, to keep the patient from getting seriously ill or disabled, or to reduce severe pain through the diagnosis or treatment of disease, illness, or injury. These services are within the standards of good medical practice within the organized medical community.

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

Primary care physician (PCP) is the doctor you have chosen for most of your health care. This person helps you get the care you need. Your PCP must approve any care ahead of time, unless it is an emergency, family planning services OB/GYN services for women, or services provided by a Federally Qualified Health Center or Rural Health Center.

Prior authorization is when both Anthem and your health care provider agree ahead of time that the service or care you asked for is needed.

Provider means any physician, hospital, agency, or other person that is licensed or authorized to give health care services.

Reconstructive surgery means when there is something wrong with a part of your body. This problem could be caused by a birth defect, disease or injury. It’s done for medical reasons to make that part look or work better.

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

An urgent medical condition is not an emergency, but needs medical care within 24 hours.
Definitions

Some health care providers include:

- Audiologist: A provider who tests your hearing.
- Certified Nurse-Midwife: A registered nurse certified to care for you during pregnancy and childbirth.
- Certified Registered Nurse Anesthesiologist (CNRA): A registered nurse certified to give you anesthesia.
- Chiropractor: A provider who treats conditions of the spine or other body structures.
- Dentist: A doctor who takes care of your teeth and mouth.
- Family Practitioner: A doctor who treats general medical conditions for people of all ages.
- General Practitioner: A doctor who treats general medical conditions.
- Licensed Vocational Nurse: A licensed nurse who works with your doctor.
- Licensed Professional Counselor: A person who is trained to treat mental and emotional conditions.
- Licensed Social Worker: A trained therapist who assesses, diagnoses, and treats mental and emotional conditions and addictions.
- Marriage, Family, and Child Counselor: A person who helps you with family problems.
- Nurse Practitioner: A clinician who works with the oversight of a medical doctor to take care of you, find out what is wrong with you, and treat you
- Obstetrician/Gynecologist (OB/GYN): A doctor who takes care of women's health. This includes care when you are pregnant or give birth.
- Occupational Therapist: A provider who helps you regain skills and activities of daily living after an illness or injury.
- Optometrist: A doctor who takes care of your eyes and vision.
- Pediatrician: A doctor who treats children from birth to adolescence.
- Physical Therapist: A provider who helps you build your physical strength after an illness or injury.
- Podiatrist or Chiropodist: A doctor who takes care of your feet.
- Psychiatrist: A doctor who treats mental health problems. This includes prescribing medicine.
- Psychologist: A doctor who treats mental health problems.
- Registered Nurse: A nurse with more extensive training than a Licensed Vocational Nurse. This nurse is licensed to perform certain complex 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 operates on patients.
Important Phone Numbers

Anthem Pharmacy Management  (866) 896-6628
Call this number to find out about your prescriptions.

Customer Care Center  (866) 896-6628
Call this number if you have any questions regarding your Anthem plan.
TTY  (800) 750-0750

Logisticare
Reservations (to set up an appointment)  (866) 883-8659
Ride Assistance (if your ride doesn't show up or you have an issue with the trip)  (866) 883-8662

MedCall®, 24-hour nurse health information line  (866) 374-9480
TTY  (800) 368-4424
Call this number to talk in private with a nurse about health-related topics.
The line is available 24 hours a day, 7 days a week.

National Poison Control Center  (800) 222-1222
(routes caller to closest local office)

ODJFS Consumer Hotline  (800) 324-8680
TTY  (800) 292-3572

ODJFS Selection Services Center  (800) 605-3040
TTY  (800) 292-3572

Ohio Relay Service or 711  (800) 750-0750
This number allows people who are deaf, hard of hearing, or speech impaired to talk with a trained person who can assist you in speaking to someone who uses a regular telephone.

WIC Program  (866) 896-6628
This number gives you information about programs that provide healthy food to pregnant women and mothers of young children.

TTY lines are for the hearing-impaired members only.