

## II. BENEFITS AND SERVICES

### A. HealthChoice Benefits

This table shows the healthcare services and benefits that all HealthChoice enrollees can get when they need them. We offer other services not listed here. (See Section II B ) For a few special benefits, you have to be of a certain age or have a certain kind of problem. We will never charge you for any of the healthcare services we provide. This table lists the basic benefits that you can get through MedStar Family Choice when you need them.

Currently, there are no copays for services provided by MedStar Family Choice. You may be charged a copay for services or drugs that

are provided by the Maryland Department of Health and Mental Hygiene and are not the responsibility of MedStar Family Choice. You will be notified of any changes related to copays before the change takes effect.

If you have a question or are confused about whether MedStar Family Choice offers a certain benefit, you can call MedStar Family Choice at 888-404-3549 or the HealthChoice Enrollee Help Line at 800-284-4510 for help.

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Primary Care Services	These are all of the basic services you need to take care of your general health needs, and are usually provided by your primary care provider, or PCP, a doctor or advanced nurse practitioner.	All enrollees	
EPSDT Services for Children	Regular well-child check-ups, immunizations (shots) and check-ups to look for illness. Whatever is needed to take care of sick children and to keep healthy children well.	Under age 21	
Pregnancy-Related Services	Medical care during and after pregnancy, including hospital stays and, when needed, home visits after delivery.	Women who are pregnant, and for two months after the birth	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Family Planning	Family planning office visits, lab tests, birth control pills and devices (includes latex condoms from the pharmacy without a doctor's order) and permanent sterilizations.	All enrollees	All enrollees
Primary Mental Health Services	Primary mental health services are basic mental health services provided by your PCP or another provider in MedStar Family Choice. If more than just basic mental health services are needed, your PCP will refer you to or you can call the Public Mental Health System at 800-888-1965 for specialty mental health services.	All enrollees	You do not get specialty mental health services from MedStar Family Choice. For example, for treatment of serious emotional problems like schizophrenia, your PCP or specialist will refer you or you can call the Public Mental Health System at 800-888-1965.
Pharmacy Services	Prescription drugs, insulin, needles and syringes, birth control pills and devices, coated aspirin for arthritis, iron pills (ferrous sulfate), and chewable vitamins for children younger than age 12. You can get latex condoms from the drug store without a doctor's order.	All enrollees	Nonprescription drugs except for coated aspirin, iron pills and chewable vitamins for children under age 12. MedStar Family Choice does pay for some over-the-counter medications.
Pharmacy Services	Healthcare services provided by specially-trained doctors or advanced practice nurses. You might have to get a referral from your PCP before you can see a specialist.	All enrollees	

<b>BENEFIT</b>	<b>WHAT IT IS</b>	<b>WHO CAN GET THIS BENEFIT</b>	<b>WHAT YOU DON'T GET WITH THIS BENEFIT</b>
Laboratory and Diagnostic Services	Lab tests and X-rays to help find out the cause of an illness.	All enrollees	
Case Management	A case manager may be assigned to help you plan for and receive healthcare services. The case manager also keeps track of what services are needed and what has been provided.	Special populations: (1) Children with special healthcare needs; (2) Pregnant and postpartum women; (3) Individuals with HIV/AIDS; (4) Individuals who are homeless; (5) Individuals with physical or developmental disabilities; (6) Individuals in need of substance abuse care; and (7) Children in State-supervised care	
Diabetes Care	Special services, medical equipment and supplies for enrollees with diabetes.	Enrollees who have been in the hospital because of diabetes	
Substance Abuse Treatment	Services include a comprehensive substance abuse assessment, individual and group counseling services, methadone maintenance treatment, detox treatment (inpatient or outpatient as needed), partial hospitalization and referral to substance abuse services that we do not offer. Intensive outpatient services are covered for those who are under 21, pregnant or postpartum.	Pregnant and postpartum women and persons with HIV/AIDS will be referred for treatment within 24 hours of request	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Podiatry	Foot care when medically needed. Includes special shoes, supports and routine foot care.	Available to enrollees under age 21 or individuals with diabetes and circulatory problems	
Vision Care	<p><b>Eye Exams</b> Under 21: One exam every year. 21 and older: One exam every two years</p> <p><b>Glasses</b> Under 21 only Contact lenses if there is a medical reason why glasses will not work</p>	Exams - all enrollees; Glasses and contact lenses - enrollees under age 21	More than one pair of glasses per year unless lost, stolen broken or a new prescription is needed.
Home Health Services	In-home healthcare services, including nursing and home health aide care.	Those who need skilled nursing care in their home, usually after being in a hospital	No personal care services (help with daily living)
Oxygen and Respiratory Equipment	Treatment to help breathing problems.	All enrollees	
Hospital Services	Inpatient and outpatient services are covered.	All enrollees with authorization or as an emergency	
Hospice Care	Support services for people who are terminally ill.	All enrollees	
Rehabilitation Outpatient	Rehabilitation services, including physical therapy, occupational therapy and speech therapy (without a hospital stay).	All enrollees (See Section II C for enrollees under age 21)	

<b>BENEFIT</b>	<b>WHAT IT IS</b>	<b>WHO CAN GET THIS BENEFIT</b>	<b>WHAT YOU DON'T GET WITH THIS BENEFIT</b>
Nursing Home	Full-time nursing care in a nursing home.	Available to all enrollees. After 30 days, State pays instead of MedStar Family Choice	
Chronic Hospital	Full-time hospital care for long-term illness.	Available to all enrollees. After 30 days, State pays instead of MedStar Family Choice	
Blood and Blood Products	Blood used during an operation, etc.	All enrollees	
Dialysis	Treatment for kidney disease.	All enrollees	
DME and DMS	Durable medical equipment (DME) and disposable medical supplies (DMS) are things like crutches, walkers, wheelchairs and finger stick supplies (for people who do blood testing at home).	All enrollees	
Transplants	Medically necessary transplants.	All enrollees	No experimental transplants
Clinical Trials	Enrollees costs for studies to test the effectiveness of new treatments or drugs.	Enrollees with life- threatening conditions, when authorized	Must be authorized by MedStar Family Choice

## **B. Optional Benefits and Applicable Terms And Conditions**

The healthcare services and benefits you have read about in Section A are given to you by all MCOs. MedStar Family Choice will give you some other services. The table on the next page shows the extra healthcare services and benefits that MedStar Family Choice members can get when they need them.

If you have a question or are confused about these extra benefits, you can call MedStar Family Choice Member Services toll-free at 888-404-3549 to ask for help.

<b>BENEFIT</b>	<b>WHAT IT IS</b>	<b>WHO CAN GET THIS BENEFIT</b>	<b>WHAT YOU DON'T GET WITH THIS BENEFIT</b>
Vision Care	Eye exam once a year. For adults, one pair of glasses, if needed, every year.	21 years and older	Contact lenses that are not medically necessary
Over-the-counter Medications	Some medications that are available over-the-counter will be paid for by MedStar Family Choice. Your doctor has a list of these medicines.	All enrollees	Not all over-the-counter medications are covered. Your doctor has a complete list.
Transportation	Transportation to receive care is provided as appropriate when medically necessary.	All enrollees	Transportation that is not medically necessary.
Adult Dental	Cleanings and examinations two times a year as well as fillings and x-rays	Enrollees 21 and over who are not pregnant women	Extractions

### **C. Benefits and Services Not Offered by MedStar Family Choice But Offered by the State**

These are benefits and services that we do not provide. People who need these services can get them through the State using their red and white Medical Assistance or dental card.

#### **Dental Services for Children Under 21 and Pregnant Women**

General dentistry, including regular and emergency treatment, is offered. Dental services are provided by the Maryland Healthy Smiles Dental Program administered by DentaQuest. If you are eligible for the Dental Services Program, you will receive information and a dental card from DentaQuest. If you have not received your dental ID card or have questions about your dental benefits, call the Maryland Healthy Smiles Dental Program at 888-696-9596.

#### **Specialty Mental Health Services**

We offer only the basic primary mental health services that your PCP can provide. If these services are not enough to take care of your problem, you, your PCP or your specialist doctor can request specialty mental health services through the Public Mental Health System by calling 800-888-1965.

#### **ICF-MR Services**

This is treatment in a care facility for people who are mentally retarded and need this level of care.

#### **Skilled Personal Care Services**

This is skilled help with daily living activities.

#### **Medical Day Care Services**

This is help to improve daily living skills in a center licensed by the state or local health department, which includes medical and social services.

## **Transportation Services**

We do not have to pay for your transportation to medical services, unless it sends you to a far-away county to get treatment that you could get in a closer county. We will help you arrange nonemergency transportation, if needed, for a medical visit or treatment through your city or county government (usually the county health department). Emergency transportation is provided by local fire companies ("911" emergency service), but this is only for real emergencies. In some cases, we may provide transportation. You can call MedStar Family Choice Member Services for more information.

## **Nursing Home and Long-term Care Services**

We do not have to pay for your care in a nursing home, rehabilitation hospital or chronic hospital after the first 30 days. After that, the services are considered "long-term care." After the first 30 days, you will not have to leave the nursing home or long-term hospital, you just will not be in MedStar Family Choice anymore. (This is something the State and MedStar Family Choice will take care of for you.) Once you are out of MedStar Family Choice, the State will pay for the medical treatment you need, including nursing home and other long-term care.

## **Abortion Services**

This medical procedure to end certain kinds of pregnancies is covered by the State only if:

1. The patient will probably have serious physical or mental health problems, or could die, if she has the baby;
2. She is pregnant because of rape or incest, and reported the crime; or,
3. The baby will have very serious health problems.

Women eligible for HealthChoice only because of their pregnancy are not eligible for abortion services.

## **Occupational, Physical and Speech Therapy, and Audiology for Children Under the Age of 21**

The state pays for these services if medically needed. For help in finding a provider, you can call the State's Help Line at 800-492-5231.

## **HIV/AIDS**

Certain diagnostic services for HIV/AIDS are paid for by the State (viral load testing, genotypic, phenotypic or other HIV/AIDS resistance testing), Most HIV/AIDS drugs are also paid for by the State.

## **Speech Augmenting Devices**

Equipment that helps people with speech impairments to communicate

## **D. Benefits and Services not Offered by MedStar Family Choice or the State**

These are benefits and services that we are not required to offer. We offer a few of them anyway (see Section II B). The state will not offer any of the benefits on this list.

- Anything that you do not have a medical need for
- Anything experimental unless part of an approved clinical trial
- Autopsies
- Shots for travel outside the continental United States or medical care outside the United States
- Diet and exercise programs to help you lose weight
- Fertility treatment services including services to reverse a voluntary sterilization
- Cosmetic surgery (Operations to make you look better, but you do not need for any medical reason)
- Private hospital room for people without a medical reason such as having a contagious disease.
- Private duty nursing for people over 21-years-old



- Orthodontist services. Braces to straighten teeth, for people 21-years-old and older or children who do not have a serious problem that makes it difficult for them to speak or eat
- Special (orthopedic) shoes and supports for people who do not have diabetes or circulation problems or are older than age 21
- Routine foot care for people who do not have diabetes or circulation problems or are older than age 21
- Nonprescription drugs except coated aspirin for arthritis, insulin, iron pills and chewable vitamins for children younger than age 12. While it is not a required benefit, MedStar Family Choice does pay some over-the-counter drugs. Please contact Member Services or visit our website for more information
- Hearing aids for people over age 21

## **E. Self-Referral Services**

### **What are self-referral services?**

You will go to your PCP for most of your healthcare, or your PCP will send you to a specialist who belongs to MedStar Family Choice. For some types of services, you can choose a healthcare provider who is not part of our network, and we will still pay for the service. These are called "self-referral services." We will also pay for any related lab work and medicine received at the same site that you receive the self-referral visit. The following are self-referred services.

### **Family Planning Services**

If you choose to do so, you can go to a provider who is not a part of MedStar Family Choice for any of these family planning services:

- Family planning office visit
- Pap smear
- Special contraceptive supplies
- Diaphragm fitting

- IUD insertion and removal
- Norplant removal
- FDA-approved contraceptives

### **Emergency Services**

If you have a real medical emergency, you do not need a referral from your PCP to go to the emergency room (ER). If you're not sure if you should go to the ER, call your PCP for advice. After you are treated for an emergency condition, you may need additional services to make sure the emergency condition does not return. These are called post-stabilization services.

We will work with the hospital staff to decide if you need these services. If you would like additional information about how this is decided, contact us at 888-404-3549.

### **School-Based Health Center Services**

For children enrolled in schools that have a health center, there are a number of services that they can receive from the school health center.

- Office visits and treatment for acute or urgent physical illness, including needed medicine
- One follow-up office visit, unless the case is complicated
- Self-referred family planning services (listed above)

### **Pregnancy Services**

If you were pregnant when you joined MedStar Family Choice, and had already seen a provider who is not in the MedStar Family Choice network for at least one complete prenatal check-up, then you can choose to keep seeing that provider all through your pregnancy, delivery and for two months after the baby is born for follow-up, as long as the provider agrees to continue to see you. It is important that you begin your pre-natal care as soon as you find out you are pregnant.



## **Baby's First Check-Up Before Leaving the Hospital**

It is best to select your baby's doctor before you deliver. If the MedStar Family Choice doctor you selected or another MedStar Family Choice doctor does not see your newborn baby for a check-up before the baby is ready to go home from the hospital, we will pay for the on-call doctor to do the check-up in the hospital.

## **Check-up for Children Entering State Custody**

Children entering foster care or kinship care are required to have a check-up within 30 days. The foster parent can choose a convenient provider to self-refer to for this visit.

## **Certain Providers for Children with Special Healthcare Needs**

Children with special healthcare needs may self-refer to providers outside of the MedStar Family Choice network under certain conditions. Self-referral for children with special needs is intended to ensure continuity of care, and assure that appropriate plans of care are in place. Self-referral for children with special healthcare needs will depend on whether or not the condition that is the basis for the child's special healthcare needs is diagnosed before or after the child's initial enrollment in an MCO. Medical services directly related to a special needs child's medical condition may be accessed out-of-network only if the following specific conditions are satisfied:

### **New Enrollee:**

A child who at the time of initial enrollment was receiving these services as part of a current plan of care may continue to receive these specialty services provided the pre-existing out-of-network provider submits the plan of care to us for review and approval within 30 days of the child's effective date of enrollment in MedStar Family Choice, and we approve the services as medically necessary.

### **Established Enrollee:**

A child who is already enrolled in MedStar Family Choice when diagnosed as having a special healthcare need requiring a plan of care that includes specific types of services may request a specific out-of-network provider. We must grant the request unless we have a local in-network specialty provider with the same professional training and expertise who is reasonably available and provides the same services.

If we deny, reduce or terminate the services, you can file an appeal. See Sections VII C and VII E for information about appeals.

## **Diagnostic Evaluation Service (DES)**

One annual diagnostic and evaluation service (DES) visit for any enrollee diagnosed with HIV/AIDS, which we are responsible for facilitating on your behalf.

## **Renal Dialysis**

Some people with kidney disease need to have their blood cleaned. This is called "renal dialysis." A person who needs renal dialysis does not have to go to a MedStar Family Choice provider for this treatment, but can choose any provider, either inside or outside of MedStar Family Choice. People needing this service may be eligible for the Rare and Expensive Case Management Program (REM). See the REM Program section.

## **Substance Abuse Treatment**

If you are in need of substance abuse treatment, you may self-refer to a certified substance abuse treatment provider for a Comprehensive Substance Abuse Assessment (CSAA). You may self-refer for the initial CSAA if the following conditions are met:

- You are not currently in substance abuse treatment;
- You have not received a self-referred CSAA during that calendar year; and,
- The assessment provider is a certified substance abuse provider.

- You can also self-refer for other treatments such as individual and group counseling, detoxification and inpatient care. You must meet certain criteria to receive these services.

Contact us at 800-496-5849 for more information.

## **F. Birth Centers**

Services performed at a birthing center, including an out-of-state center located in a contiguous (a state that borders Maryland) state.

## **G. Notice of Stopping or Changing Benefits, Services or Healthcare**

### **Locations**

MedStar Family Choice gives many benefits and services to keep you well. At times there may be changes in those services. If there are changes, you will get a letter from MedStar

Family Choice. The letter will tell you what has changed. If you have questions about the change you may call Member Services toll-free at 888-404-3549. You may also view our website at **MedStarFamilyChoice.com**.

There are many providers in the MedStar Family Choice network for you to go to for services. Sometimes those locations change. When there is a change to your PCP's address, we will send you a letter to let you know. Unfortunately, there may be times when MedStar Family Choice has to change your PCP without letting you know ahead of time and a new card is sent to you. Remember, you can change your PCP at any time by calling Member Services.

**If you have any questions or you are confused about services or where to go to get them, call Member Services at 888-404-3549 for help.**