

**SOUTH CAROLINA SOLUTIONS
MEDICAL HOMES NETWORK
MEDICAID MANAGED CARE
MEMBER HANDBOOK**



Building Healthy Families

June 2008

MEDICAL HOMES NETWORK Handbook Guide

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You are a member of the South Carolina Solutions Medical Homes Network.

Phone Number:

Your Primary Care Physician is _____.

Phone Number:

To Reach The Medicaid Resource Center, call 1-888-549-0820.

MEDICAL HOMES

Medicaid Managed Care

Members' Handbook

Welcome to the MEDICAL HOMES NETWORK Program

- **MEDICAL HOMES** is one of South Carolina Medicaid's managed care programs that links you with a personal doctor. This doctor is referred to as your Primary Care Provider or PCP.
- **MEDICAL HOMES** pays your doctor to provide care for you 24 hours a day, seven days a week. Your doctor will refer you to any specialists that you may need to see as well.
- **MEDICAL HOMES** requires you to see your doctor for your health care needs. If your doctor feels you need some extra help, he/she will refer you to someone else.

What Are the Advantages of MEDICAL HOMES NETWORK?

- **A personal doctor to see when you or your child gets sick or needs a check-up.** Unlike regular Medicaid, **MEDICAL HOMES** provides you with access to a representative for medical advice 24 hours a day, seven days a week. You will never be directed to an answering machine.
- **A "Medical Home."** You no longer need to go to the emergency room for common illnesses. Simply call your doctor for help.
- **Access to a Care Manager.** A Care Manager is someone specially trained to help people with "out of the ordinary" health concerns. If you have special health care needs, the Care Manager can help you in keeping up with your care.
- **No co-payments.** Unlike regular Medicaid, there are no co-payments for adults. Children never have co-payments.

Your Healthy Connections Choices (Medicaid) Card

- You have received your plastic Healthy Connections Choices (Medicaid) Card. This is your insurance card. Everyone in your family received a separate card. Take especially good care of this card.
- Take your card to **every** visit and show it to the receptionist or office staff.

Getting Medical Care With Your PCP

- Your PCP is responsible for providing you with medical care and referring you to specialists if you need them.
- It is important that your PCP knows your medical history, allergies, diseases or other problems you might have.
- You can call your doctor at any time day or night if you are sick and worried about what you need to do. **MEDICAL HOMES** PCPs will have someone available to talk with you at all times if you are sick or need care.

- Your PCP can provide you with routine care like yearly physicals; prescriptions for medicines when you are sick; and can arrange for you to see a specialist if necessary.

How Do I Enroll in the MEDICAL HOMES NETWORK Program?

- You may receive an enrollment packet from South Carolina Healthy Connections Choices, the Medicaid enrollment counselor.
- The enrollment packet is mailed at least 30 days before your Medicaid anniversary date.
- Complete the form in the enrollment packet, choosing the Medical Homes Network program with South Carolina Solutions, and mail the form back.
- Or, call the enrollment counselor at 1-877-552-4642, and ask to be placed in the Medical Homes Network with South Carolina Solutions.
- If you now have regular Medicaid, you can call the enrollment counselor at anytime to ask to be placed in the Medical Homes Network with South Carolina Solutions.
- After choosing the Medical Homes Network program, you have 90 days to make a change by calling the enrollment counselor.
- After 90 days, you will be in the Medical Homes Network program for a period of 12 months.






































Are There Things I Do Not Need To Get Approved By My Doctor?

- There are some services that **MEDICAL HOMES** does not require your doctor to approve before you can use them. However, some things still need to be okayed by Medicaid first. Ask your doctor first if you have questions about Medicaid approval.
- Some services **may** be sponsored by a state agency and will require a referral from that agency's case manager. Ask your doctor or call the Medicaid Resource Center at 1-888-549-0820 if you have questions about referrals.

Special Services for Children

- To keep children healthy, they need to see a doctor from time to time even if they are not sick. This is called a "Well Child Visit."
- "Well Child Visits" include physicals, shots, laboratory tests, tests for lead poisoning, referrals to specialists when needed, vision and hearing tests, treatment for special conditions and health education for children under 21 years of age.
- You do not have to pay a co-pay for these services.
- Immunizations prevent dangerous diseases that can cause brain and liver damage, heart problems, crippling deafness, blindness, and death. Protect your child's health, start immunizations at birth and stay on the recommended immunizations schedule.

RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULE

These Immunizations are needed at this age	Hep B <small>Hepatitis B</small>	DtaP/DTP <small>Diphtheria Tetanus Whooping Cough</small>	Hib <small>Haemophilus Influenza Type b</small>	OPV/PV <small>Polio</small>	MMR <small>Measles Mumps Rubella</small>	Var <small>Varicella (Chicken Pox)</small>	PCV <small>Pneumococcal</small>	Flu <small>Influenza</small>	Hep A <small>Hepatitis A</small>	Rota <small>Rotavirus</small>
Birth										
2 Months										
4 Months										
6 Months										
12-18 Months									 ₅	
4-6 Years										
11-12 Years	 ₁	 ₂			 ₃	 ₁		 ₄		

This table shows the earliest recommended ages for shots. Your doctor's may be slightly different. Ask your doctor about schedule options.

1. Hep B and Var can be given at 11-12 years if not previously vaccinated.
2. Tetanus and Diphtheria booster is recommended at 11-12 years.
3. MMR is given at 4-6 years or 11-12 years depending on state school laws.
4. The flu shot can be given each year.
5. Two doses of Hepatitis A between 12-24 months.

How Do I Disenroll from the MEDICAL HOMES NETWORK Program?

- During the first 90 days after you first enroll, you can change your mind and leave the **MEDICAL HOMES** program for any reason at all.
- At the beginning of each year (the anniversary date of your enrollment), you will receive a letter asking you if you want to change your health plan. For the next 90 days, you can change your mind and leave the **MEDICAL HOMES** program for any reason at all.
 - After the 90 day period is over, you will be in the Medical Homes program for the remainder of the 12-month period unless there is a good reason to let you leave the program.
- To disenroll
 - You can call the enrollment counselor at 1-877-552-4642 and they will disenroll you.

How To Handle A Medical Problem

Be Prepared

Before a medical problem happens, know how to contact your doctor and emergency medical services. Always keep the patient and doctor's information near the phone or in your wallet.

Stay Calm

Describe the problem to the doctor. The doctor can tell you the best thing to do. You may be asked to come to the office or go to the emergency room.

Follow Directions Carefully

If you are asked to go to the emergency room at the hospital, go quickly and tell the receptionist you have already called the doctor.

Medical Warning Signs

If you or your child has:

- Trouble breathing,
- Been hit in the head and does not act normal or is unconscious,
- Chest pain or pressure
- Severe stomach pain,
- Bleeding that will not stop,
- Stomach pain, vaginal bleeding or leaking fluid while pregnant,
- Persistent vomiting and/or diarrhea,
- Broken bones, or
- Strong feelings that you want to hurt yourself or someone else,
Something may be seriously wrong.

- If your child is weak, limp, or pale or,
- If your baby is less than two months of age and has a fever over 100.4° rectal,
Your baby may be seriously ill.

You may need to go to the emergency room if any of these things are happening to you or your children. You can always call your doctor for advice. Your doctor can tell you the best thing to do.

Remember, if you feel you have a serious medical problem or that your health is in danger --- Call 911.

MEDICAL HOMES NETWORK Respects Your Right To:

- Expect privacy and confidentiality about your medical care.
- Be told about your medical condition, treatment and recovery.
- Take part in decisions about your health care.
- Call or visit your Primary Care Provider—PCP—when you feel sick.
- Change your PCP.
- File complaints and/or grievances and suggest changes.
- Be treated with respect and dignity at all times.
- You can find the Members' Bill of Rights on page 8 of this Handbook.

It Is Your Responsibility To:

- Get to know your PCP so he/she can provide you the best possible health care.
- Call your PCP before going to any other doctor.
- Use the Emergency Room when you feel your life or health is in immediate danger. Go to the nearest hospital emergency room or call 911 if you feel you need immediate attention.
- Go to your PCP for common illnesses and preventive care, such as Well Child Visits, checkups and immunizations.

Complaints

If you think you have to wait too long to get care, receive bad care or can't get in touch with your doctor during the day or after hours and you want to tell somebody about the problem, here is how to do that.

- You can file a complaint in three ways:
 - By calling your **Medical Homes Network** office and telling them your complaint. **OR**
 - By contacting the Medicaid Resource Center at 1-888-549-0820. The Resource Center will connect you with the **Medical Homes** Program Manager who will take your complaint. You may be asked to fill out a Complaint Form so that we can get the best picture of your problem. **OR**

- You can fill out the Complaint Form in the back of this Handbook (pages 9-10) and mail it in to the address listed on the form.
- You may choose for your name to remain confidential or have your complaint shared with the provider. The Managed Care Department will investigate your complaint and follow procedures to resolve it with your doctor.
- If you have questions regarding complaint procedures, call the Medicaid Resource Center at 1-888-549-0820.

Grievances

If your Medicaid covered medical services

- Have been reduced,
- Have been denied,
- Have been terminated,
- Have been suspended, or
- You have a problem that has not been taken care of properly,

Then you have the right to file a grievance and request a hearing with the Division of Appeals. The grievance may be filed verbally or in writing. The request for hearing must be put in writing and sent to:

Division of Appeals
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

The request for hearing should explain what your problem is and why you want the hearing. If you need help to do this, call the Medicaid Resource Center at 1-888-549-0820.

We want you and your family to be happy and satisfied with your MEDICAL HOME. Please let us know what we can do to serve you better.



Building Healthy Families

MEMBERS' BILL OF RIGHTS

You have the right to receive information about the basic features of the **MEDICAL HOMES NETWORK** program before you join.

These are your rights as a member of the **MEDICAL HOMES NETWORK**:

- ◆ To be treated with respect and dignity at all times
- ◆ To have your privacy protected.
- ◆ To take part in decisions about your health care.
- ◆ To refuse treatment.
- ◆ Restraint or seclusion will not be used as a way to force or punish you or for the convenience of any provider.
- ◆ To ask for and get a copy of your medical records.
- ◆ To ask that they be changed or corrected if you find a mistake.
- ◆ To receive health care services that are easy to get and do what they are supposed to do.
- ◆ To receive services that are right for you.
- ◆ To not be denied services just because of diagnosis, type of illness, or medical condition.
- ◆ To get information in a way that you can easily understand.
- ◆ To get help from both SCDHHS and your doctor in understanding your health plan.
- ◆ To get oral interpretation services free of charge if you don't speak English.
- ◆ To be told that oral interpretation is available and how to get those services.
- ◆ To get information on the program's services, to include, but not limited to:
 - ✓ Benefits and how to get them.
 - ✓ Authorization requirements.
 - ✓ Any co-pays.
 - ✓ Service area.
 - ✓ Information on doctors that speak a language other than English.
 - ✓ Any limits on your freedom to choose a doctor.
 - ✓ Doctors not taking new patients.
 - ✓ Benefits not offered and how to get them.
- ◆ To get a copy of your disenrollment rights at least once a year.
- ◆ To be told about any big changes in your Benefits.
- ◆ To get information on the Grievance, Appeal and Fair Hearing procedures.
- ◆ To get information on emergency and after-hours coverage, to include, but not limited to:
 - ✓ What emergency medical condition, emergency services, and post-stabilization services are.
 - ✓ That Emergency Services do not need prior authorization.
 - ✓ How to get Emergency services.
 - ✓ Where to go for emergency services.
 - ✓ Your right to use any hospital or other setting for emergency care.
 - ✓ Post-stabilization care services rules.
- ◆ To get the **MEDICAL HOMES** policy on referrals for services not provided by your doctor.
- ◆ To exercise these rights without fear of being treated differently.

SC MHN COMPLAINT FORM

SC MHN Managed Care staff reviews all complaints that come to our office. We take each complaint seriously and have a process in place for addressing each one. It is not necessary for us to use your name when investigating a complaint. However, it is more effective to have your name when describing the concern to the provider. Therefore, we have included a place to sign your name on this form that will let us use your name when investigating your complaint. **Please do not sign both statements.**

1. **If you agree to let us use your name in investigating this complaint, please sign the following:**

I give the SC MHN Managed Care staff permission to use my name when sharing my complaint with the Primary Care Provider (PCP) named in my complaint. The PCP has my permission to respond to the SCMHN staff concerning my complaint and release medical records regarding the patient when necessary.

Signature of Complainant

Date

Signature of Patient/Parent/Legal Guardian

Date of Birth

OR

2. **If you would like your name to remain confidential and you do not want us to use your name in the investigation of this complaint, please sign below:**

Signature of Complainant

Date

Signature of Patient/Parent/Legal Guardian

Date of Birth

If you have any questions regarding the use of this form or the MHN Complaint Process, please contact the Medicaid Managed Care office in Columbia at 803-898-2565. *Thank you for giving us this opportunity to serve you better.*

Please Do Not Write Below This Line

MHN PCP Name: _____ MHN PCP#: _____

MHN Practice Name: _____ Location: _____

Comments: _____

Notes and Reminders