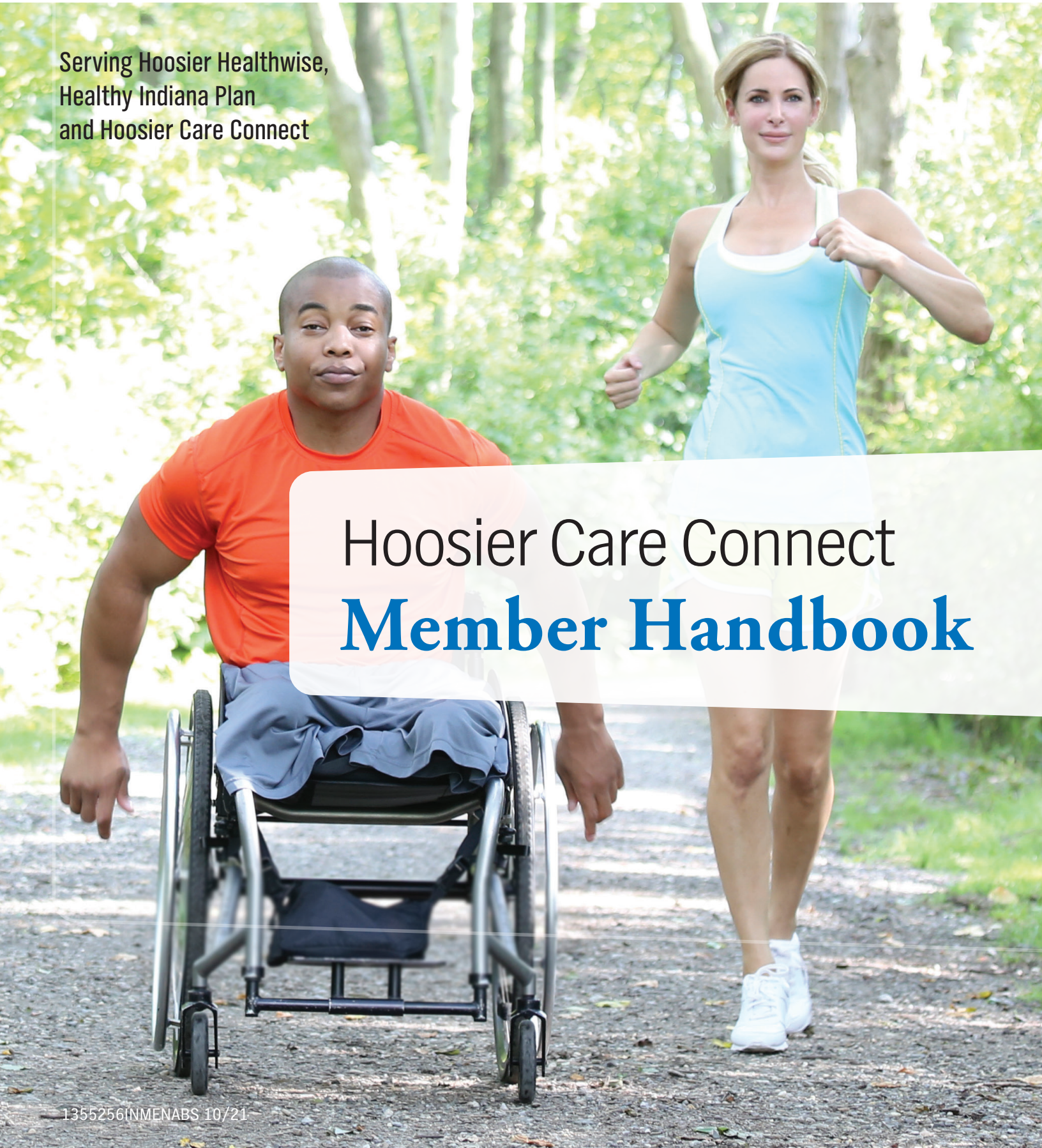
Hoosier CARE CONNECT

Anthem



Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

Hoosier Care Connect
Member Handbook

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Welcome and thank you for joining Anthem!

I'm Dr. Kimberly Roop, plan president at Anthem. I'm a physician and part of a team of dedicated doctors, nurses, and other Anthem staff who are here to improve your health and the health of our communities.

Anthem works with the state of Indiana to bring you the **Hoosier Care Connect (HCC)** healthcare program. We've been honored to serve Hoosier Medicaid members since 2007. Now that you're a part of the Anthem family, we want to make sure you make the most of your benefits. This member handbook will tell you how to use your new health plan.

Inside, you will find:

- How your health plan works.
- Services that are part of your plan benefits and ones that are not.
- How to receive help if you don't understand part of your plan or if you have a problem.
- Your member rights and responsibilities.
- How we keep your information private.
- Programs to help keep you well.
- Helpful phone numbers.

We're committed to helping you receive the care you need. Now that you're an Anthem member, **here are a couple of things we encourage you to do right away**:

Select a doctor and make an appointment for a checkup right away.

Fill out your Health Needs Screening. See page 15 for details.

Also, remember to keep your member ID card with you at all times. Show it every time you need healthcare services. Thank you again for choosing us as your family's healthcare plan.

Sincerely,

Kimberly Roop, MD
Plan President

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Hoosier Care Connect Quick Guide

Welcome to your Anthem Hoosier Care Connect (HCC) member handbook!

Read this quick guide to find out about:

- Important phone numbers
- Your benefits
- Pharmacy services
- Ways to good health
- Primary medical providers (PMPs)

Service	Phone number	Information
Member Services	844-284-1797 (TTY 711)	Hours: Monday through Friday, 8 a.m. to 8 p.m. Eastern time. Call for questions about: • Your Anthem health plan. • Behavioral health. • Substance abuse services. • Pharmacy benefits.
24/7 NurseLine — toll-free, 24-hour nurse help line	844-284-1797 (TTY 711)	Talk in private with a nurse 24 hours a day, seven days a week. You also may call this line for an interpreter.
Behavioral Health Crisis Hotline	833-874-0016 (TTY 711)	To help members understand the early warning signs and triggers associated with their conditions and any difficulties they may be experiencing. Available 24/7.

TTY lines are only for members with hearing or speech loss.

Important phone numbers

Service	Phone number	Information
Anthem Transportation Services	844-772-6632 (TTY 888-238-9816)	Set up nonemergency rides to the doctor. Calls for routine reservations are accepted Monday through Friday from 8 a.m. to 8 p.m. Eastern time. Calls for urgent and same day reservations are accepted 24/7. Calls for cancellations, status updates, and hospital discharges are accepted 24/7.
Utilization Management (UM)	844-284-1797 (TTY 711)	Hours: Monday through Friday, 8 a.m. to 5 p.m. Eastern time. Call for UM questions or a preapproval request. You may ask for an interpreter. If after hours, you can leave a private message. Staff will return your call the next business day or at a different time upon request. Staff will provide their name, title, and organization when initiating or returning calls.
National Poison Control Center	800-222-1222 Calls are routed to the closest local office.	Talk with a nurse or doctor for free poison prevention advice and treatment 24 hours a day, seven days a week.
Relay Indiana (TTY)	800-743-3333 (TTY 711)	For members with hearing or speech loss, a trained person will help them speak to someone using a standard phone.
Superior Vision	877-478-7561 (TTY 800-428-4833)	Find an eye doctor in your plan or learn more about your vision benefits.
Indiana Family and Social Services Administration (FSSA)	800-403-0864	Call this number to report any information changes like phone, address, and income, or call with any questions about your plan eligibility and enrollment.
FSSA Enrollment broker	800-889-9949	Can help answer questions in changing or updating member status
Women, Infants, and Children (WIC) program	800-522-0874	Learn more about this program, which gives healthy food to pregnant women and mothers of young children.
Indiana Tobacco Quitline	800-784-8669	Call this free phone-based counseling service to help you quit.
DentaQuest	888-291-3762 (TTY 800-466-7566)	Find a dentist or learn more about HCC dental services.
Translation or format services	844-284-1797	Receive information in a language you understand. We can translate this handbook in other forms such as Braille, large print, or audio CD. We can translate information free of charge.

Do you need help in a different language or a different format?

We can translate our health education materials into many different languages. You can receive them in other formats, such as Braille, large print, or audio CD. You can also receive help with an oral interpreter over the phone or face-to-face while you are at your PMP's office. Call Member Services at 844-284-1797 (TTY 711).

Technology at your service

Anthem offers online tools to make it easier for you to access care and services. With our secure member website, you can manage your healthcare with a few clicks. Just go to our website at anthem.com/inmedicaid to set up your secure account. Once you're registered, you can:

- Choose or change doctors.
- Order a new ID card.
- Look at the status of claims.
- Contact Member Services.
- Have messages/communications sent to your account.

You'll be able to get things done without the wait. Also, check out these Anthem web pages for special programs and information:

Program	Web address	Details
Anthem Rewards	anthem.com/AnthemRewards	Offers many rewards for staying healthy
Blue Ticket to Health	anthem.com/blueticket	Partnership with the Indianapolis Colts to win prizes for getting your wellness checkup
Anthem Medicaid Blog	blog.anthem.com	Information on health-related topics, preventive care, and navigating the healthcare system

Yes, we have an app for that, too

The Sydney mobile app puts your healthcare at your fingertips. Downloading is free on the App Store® and Google Play™. You can use the app to:

- Find a doctor, hospital, or pharmacy in your plan.
- View your claims.
- Manage your pharmacy benefits.
- Receive an electronic ID on your phone.
- Check your symptoms.
- Talk with a nurse 24/7 about your health.

Anthem Concierge Unit

Managing healthcare can be hard. That's why we created the Anthem Concierge Unit. This service can help you:

- Complete your Health Needs Screening (HNS).
- Schedule appointments with your primary medical provider (PMP).
- Connect to community services like Women, Infants, and Children (WIC).

Call 844-284-1797 (TTY 711) for the Concierge Unit today. You can also write the Anthem Concierge Unit at:

Anthem Blue Cross and Blue Shield
Mailstop IN0205 C442
220 Virginia Ave.
Indianapolis, IN 46209-6227

Has your phone number or address changed?

Let Indiana Family and Social Services Administration know right away. They'll update their records and send the changes to us. To update your phone or address, you can:

- Call 800-403-0864.
- Visit your local Division of Family Resources (DFR) office.
- Go to in.gov/fssa. Under *Online Services* at the top left-hand corner, click the **Apply for Services** button and then **Apply for Benefits** online. Follow the steps for submitting changes in your information tab.

Your voice comes first

Our people are here to listen — we want to understand what's important to you so we can guide you to helpful benefits. Here are ways you can give us feedback, so we can give you the best care.

- Fill out your member satisfaction survey each year.
- Attend Community Advisory meetings.
- Reach out to your Member Advocate. Call Member Services at 844-284-1797 (TTY 711) to get connected today.

A quick look at your HCC benefits

With Anthem, you have access to:

- Doctor care
- Specialty care
- Chiropractic services
- Hospital care
- Emergency room
- Lab tests and X-rays
- Medical supplies
- Pharmacy benefits
- Pregnancy services
- Therapy services
- Behavioral healthcare
- Smoking cessation
- Skilled nursing facilities
- Renal dialysis
- Podiatry services
- Home healthcare
- Psychiatric care
- Nonemergency transportation

Extra benefits

Anthem is not just about great healthcare. **We invest in you!** To keep you healthy, connected, and achieving your best, we offer you these no-cost benefits:

Supporting your health and well-being	
$75 in healthy lifestyle aids	Choose from a variety of assistive devices to help with mobility and/or personal comfort, such as digital scales, lumbar pillows, and diabetic supplies.
$75 in enhanced vision benefits	Eligible members can receive up to $75 for prescription eyeglasses or contact lenses.
$50 in exercise equipment	Offers a catalogue of fitness and exercise-related products like mouth guards, bike helmets, and resistance bands.
Gym membership or home fitness kit offered by Active & Fit	Online exercise courses, and gym memberships, or home fitness kits for eligible members.
WW® (formerly Weight Watchers®)	You will receive help making healthy food and activity choices. • Covers up to four months of membership • One-time lifetime benefit • **Requires a referral from your doctor**
Youth and adult hygiene kits	Members can receive a voucher to purchase personal hygiene kit items to help with dental and body care.
Medical alert jewelry	Eligible members can receive a personalized medical alert bracelet or necklace for conditions like diabetes or high blood pressure.
Asthma and Chronic Obstructive Pulmonary Disease (COPD) catalogue	Up to $200 of asthma and allergy relief products from a catalogue of options.
Keeping you connected	
$100 in gas cards	For eligible members in rural locations without access to transportation services.
Free nonemergency transportation	Rides at no cost to: • Your doctor's office. • The pharmacy on the return from the doctor. • WIC and benefit renewal appointments. To set up rides: • Call Anthem Transportation Services at 844-772-6632 (TTY 888-238-9816). • Rides must be scheduled at least two business days in advance.

Keeping you connected	
Extra minutes for SafeLink smartphone	On top of unlimited texting and 4.5 GB of data, eligible members receive a one-time bonus of 200 minutes plus 100 minutes each year in their birthday month. To apply: • Visit checklifeline.org. • Once approved, apply for SafeLink Wireless® at safelinkwireless.com or call 877-631-2550.
Boys & Girls Club membership	Memberships for youth ages 5 to 18 for positive development to keep your children socially and emotionally connected.
Community Resource Link	Resources in your area for food, health housing, and other support programs. Visit **anthem.com/inmedicaid**, go to the *Support* tab, then **Community Support**.
Helping you succeed	
Job and skills training	Anthem's Jump Start program offers an online learning platform to help you complete skills assessments, and identify and expand your current skills. The program also offers: • Exam preparation for various certifications. • A personalized job search tool to find job openings right in your area.
High-school equivalency assistance	Covers the costs of the high-school equivalency test to help you succeed
Tutoring assistance*	Tutoring to help with your children's education in English, math, and language arts
INvestABLE Account	You receive a gift card to start an ABLE bank account to let you save money while maintaining your benefits.
Caregiver toolkit	Includes various items to help support caregivers such as organizational notebooks, forms and tools, and comfort and/or health promoting items.

* For current and former foster care members, wards of the state, and members receiving adoption assistance.

Access your extra benefits

Most extra benefits can be ordered through the Anthem Benefit Reward Hub. Log in or register online at anthem.com/inmedicaid and select **Benefit Reward Hub** to find out more about these extras:

- Hygiene kits
- Asthma and COPD relief items
- Exercise equipment
- Caregiver toolkit
- Gas cards
- Healthy lifestyle aids
- Medical alert jewelry

Call Member Services at 844-284-1797 (TTY 711) for more about these extras:

- Boys and Girls Club membership
- WW® (formerly Weight Watchers®)
- Enhanced vision
- Gym memberships
- Tutoring
- High school equivalency test assistance
- The Jump Start program
- INvestABLE account

Access these extras directly at the contact information on the previous pages:

- Nonemergency transportation
- Extra minutes for SafeLink smartphone
- Community Resource Link

Some benefits are limited to certain members only and may change or end at any time. To find out which benefits you may qualify for, call Member Services at 844-284-1797 (TTY 711).

Other enhanced services for HCC members:	
LiveHealth Online	See a doctor 24/7 at no cost to you. With LiveHealth Online, members can visit with a doctor or psychologist day or night through live video from a smartphone, tablet, or computer with a webcam. • Download the free LiveHealth Online mobile app or go to livehealthonline.com. • Choose **Sign Up** to create your LiveHealth Online account.
Remote Patient Monitoring	• To help members manage their chronic diseases like diabetes, heart disease, etc. • Call 866-902-1690 and ask your Anthem nurse if you qualify.
Bosma services	Community-based services for the blind and visually impaired. Benefits include: • Special equipment to help members in their home. • Personalized training for safety with cooking. • Tips on how to stay safe. • Call 866-902-1690 to see if you qualify.
Home visits	Community support for members who: • Have special needs or complex conditions. • Need help with benefits and services in their area or getting needed care. • Need support after leaving the hospital. • Call 866-902-1690 and ask your Anthem nurse if you qualify.
Medication Therapy Management	To help you improve the way you take your medicine. Coaching will help you: • Identify medicine-related problems. • Discuss disease management. • Discuss uses of your medicine. • Call Member Services to see if you qualify.
Suicide Prevention Outreach Team (SPOT)	Initiative targeting adolescents and young adults ages 12 to 26, who are at high risk for suicide or have made a suicide attempt.

Programs for special populations

We know everyone's health is different, so our benefits and services are designed to fit you and your family. These are a few of our individualized case management services:

- **Autism Society** — A resource for people who live with autism and their loved ones
- **About Special Kids** — A support system for families of children with special needs
- **Bosma Enterprises** — Community-based vision rehabilitation training for Anthem members who are blind or visually impaired.
- **Anthem Autism Family Supports** — A partnership with Easterseals to provide services and care coordination for members with autism.
- **Advocacy programs** — To get the tools and resources you need, we offer membership to one of these advocacy groups.
  a. **National Center for Independent Living**
  b. **TASH advocacy group**
  c. **Autistic Self Advocacy Network**

To find out which benefits you may qualify for and how to get connected, call Member Services at 844-284-1797 (TTY 711).

Ways to good health

Follow these steps to begin and maintain good health.

- **Choose a doctor** — Your primary medical provider (PMP) is the first person you call for your healthcare needs.
- **Take the Health Needs Screening** — It helps us get the right care for you. You can earn $30 if you are a new member! See the *Anthem Rewards program* section in this *Quick Guide* for details.
- **Schedule a health checkup** — Call your PMP's office to make an appointment. Get annual checkups even if you do not feel sick. This will help you maintain good health.
- **Prepare for your doctor visit** — Decide what you want to discuss and write it down. Be ready to talk about your health history.
- **Keep your member ID card close** — Show it every time you need healthcare services.

Pharmacy services

When you need medicine or certain prescribed over-the-counter (OTC) items, your doctor writes you a prescription. Anthem uses a company called IngenioRx to manage your pharmacy benefits. IngenioRx works with pharmacies that are contracted with Anthem Indiana Medicaid. As an HCC member, you must use a pharmacy in your plan. For more information, visit anthem.com/in/benefits/pharmacy-benefits.html. To learn more about pharmacy services, see Part 3.

Earn money with the Anthem Rewards program

This is Anthem's way of rewarding members who take steps toward good health. As our member, you'll earn money for completing healthy activities. You can use these rewards to make purchases at certain stores.

The first reward is for completing the Health Needs Screening (HNS) within 90 days of joining Anthem. You can complete the HNS and earn your rewards:

- Online at anthem.com/HNS
- Or by calling 844-284-1797 (TTY 711)

New Anthem members will receive more details about completing the HNS and other healthy activities. Go to anthem.com/AnthemRewards to find out what other rewards you may be able to earn.

Blue Ticket to Health — Join the game

There's a great game in town — it's called **Blue Ticket to Health**! Anthem has teamed up with the Indianapolis Colts to help members ages 3 and up be healthy. To take part, call your doctor to set up a wellness checkup. After you complete your checkup, you'll be entered for a chance to win one of hundreds of prizes. It's important to see your doctor each year for wellness checkups, even when you're not sick. It helps your doctor find any health problems early. For more information about the program, go to anthem.com/blueticket. If you need help setting up a wellness checkup, call Member Services.

Community Resource Link

We provide you access to online resource tools, like the Community Resource Link, to help you find and apply for community and social services in Indiana. Find these services in your area by visiting anthem.com/inmedicaid. Select the *Support* tab then go to **Community Support**.

What does "redetermination" mean?

The term "redetermination" means you must reapply for your benefits. You will receive a letter when your redetermination is due.

Urgent care or emergency room (ER)

When you're sick or hurt, check the list of symptoms to see where you should go for care. If you need help choosing one, call 24/7 NurseLine at 844-284-1797 (TTY 711).

Urgent care symptoms:

- Cold, flu, sore throat
- Earaches
- Vomiting or diarrhea
- Common sprain
- Minor broken bone
- Minor cuts
- Mild asthma/allergic reactions
- Rash without fever

ER symptoms:

- Chest pain, difficulty breathing
- Head and eye injuries
- Uncontrolled bleeding, severe cuts
- Bad broken bone, such as a bone that has broken through skin
- Coughing or vomiting blood
- Bleeding during pregnancy
- Baby under eight weeks with fever
- Rash with fever

If you go to the ER and it's not an emergency, you may be charged a $3 copay. But if you call 24/7 NurseLine first, and they tell you to go to the ER, that $3 copay will be waived. Call 24/7 NurseLine at 844-284-1797 (TTY 711) for assistance.

Your primary medical provider

Your primary medical provider (PMP) is the first person you should call for your healthcare needs. Your PMP coordinates things like:

- Checkups and vaccines.
- Referrals to specialists.
- Referrals for tests and services.
- Admission to a hospital.

Keep your healthcare

If you want to keep your benefits you must renew your Medicaid. For some Hoosier Care Connect members an annual redetermination is required. Prior to expiration, the Family and Social Services Administration (FSSA) will mail you a "Notice of Renewal" reminder, which may ask you for information. Read carefully the directions that come with your renewal form. You may be required to sign the form and return it with some information; or you may only need to review the form and report if any of the information has changed. You must remain Medicaid eligible to stay in the Hoosier Care Connect program.

Here are some exceptions. These groups have automatic renewal of Hoosier Care Connect.

- Supplement Security Income (SSI) recipients enrolled in Hoosier Care Connect
- Foster care youth and wards of the state

Part 1– All about Hoosier Care Connect

Hoosier Care Connect (HCC) is Indiana's Medicaid plan for the aged, blind, or disabled population, including foster children and wards of state. Here are the HCC benefits to help keep you healthy in your day-to-day.

Service	Details
Doctor care	Includes: • Preventive care • Physical exams • Prenatal care • Well-child checkups • Immunizations • Specialty care
Chiropractic services	Up to five visits per year and up to 50 therapeutic physical medicine treatments per year
Hospital care	Includes: • Emergency room • Inpatient services • Outpatient services and surgeries • Lab tests and X-rays • Post-stabilization services • Ambulance transportation for emergencies
Medical supplies	Includes: • Diabetes supplies • Medical equipment • Hearing aids • Orthopedic shoes and leg braces • Orthotics and prosthetic devices
Pharmacy services	See Part 3
Therapy services	Physical, speech, occupational, and respiratory
Behavioral health	Services for mental health and substance abuse, including residential treatment and Opioid Treatment Program (OTP) services.
Psychiatric care	Inpatient stays for mental health and substance abuse
Smoking cessation	One 12-week course of treatment per year
Skilled nursing facility	Short-term basis (fewer than 30 calendar days), if medically necessary
Hospice care	Covered for two consecutive periods of 90 calendar days followed by an unlimited number or periods of 60 calendar days
Renal dialysis	Preapproval needed
Dental care	See dental and vision benefits summary below
Vision services	
Podiatry services	Up to six visits per year for foot care
Home healthcare	Nurse services provided, if medically necessary
Nonemergency transportation	No-cost unlimited trips to: • Doctor visits • WIC visits • Division of Family Resources renewal appointments • Health education programs • Pharmacy after leaving the doctor's office

Need a ride to your appointment?

Trouble getting to the doctor should never stand between you and your health. We offer rides to help you get to your doctor's office, the pharmacy when you're returning from a doctor visit, WIC, and renewal appointments. Follow these steps to use this benefit:

1. **Make the call.** Call Anthem Transportation Services at 844-772-6632 (TTY 888-238-9816) Monday-Friday, 8 a.m.-8 p.m., at least two full business days in advance.
2. **Set up your ride.** When you call, tell them your State RID number on your ID card or Social Security number, the date and time of your appointment, and if you need extra help, like a wheelchair.
3. **Book your return trip.** When your appointment is over, call Anthem Transportation Services.

Call Member Services at 844-284-1797 (TTY 711) to find out about:

- Mileage reimbursement for approved trips.
- Bus tickets.
- Long distance trips.

*If your plans change, call Anthem Transportation Services as soon as possible, so the transportation provider can be informed. Rides are only provided to members who do not have other transportation. If you have reliable transportation, access to public transportation, or family and friends who can drive you, you must use these options first.

Dental and vision benefits

Dental care

Good dental health makes a big difference in your overall health. That's why it's important for you to keep your dental appointments and use your recommended dental benefits.

Do you need help understanding your benefits, finding a dentist, or making an appointment? Please call DentaQuest at 888-291-3762 (TTY 711).

- Two exams and cleanings per year
- Bitewing X-ray once every 12 months and one complete set of X-rays every three years
- Minor restorations such as fillings
- Major restorations such as crowns and root canals (one of each per 12 months)
- Periodontal care, which includes deep cleanings and surgical treatment for gum disease
- Partial, full dentures, and repairs to partials and dentures
- Sedation and nitrous oxide, if medically necessary

Your dentist will help you get your benefits approved. It's based on treatment code and/or if the treatment is medically needed.

Vision services

- Exams — one per year for members ages 20 and younger; one every two years for members ages 21 and older, unless more frequent care is medically necessary
- Glasses (including frames and lenses) — one pair per year for members ages 20 and younger and one pair every five years for members ages 21 and older
- Enhanced vision services — eligible members can get up to $75 for prescription eyeglasses or contact lenses

Self-referral services

You can receive self-referral services from any IHCP provider, even if they aren't contracted with Anthem with the exception of certain behavioral health services.

Self-referral services include:

- Behavioral health/psychiatric services*
- Chiropractic care
- Diabetes self-care training
- Emergency services
- Urgent care services
- Eye and vision care (except surgical services)
- Family planning
- HIV/AIDS care management
- Podiatry services
- Immunizations
- Routine dental services

* Behavioral health providers who aren't psychiatrists must be contracted with Anthem.

Other services

Indiana Health Coverage Programs (IHCP) offers some types of care for HCC members. These are called carve-outs. You may get these services from any IHCP-enrolled doctor.

Carve-out services include:

- Medicaid Rehabilitation Option (MRO)
- Individualized Education Plan services
- Individualized Family Services Plan (First Steps)
- 1915i Waiver wrap around services

To find out more about these services, speak with your case manager or call Member Services at 844-284-1797 (TTY 711).

Services not covered by Anthem include:

- Services that are not medically necessary
- Nursing home or long-term care facility services
- Intermediate care facility for individuals with intellectual disability (ICF/IID)
- 590 program services
- Services under the Home- and Community-based Services (HCBS) waiver
- Psychiatric residential treatment facility
- Services/care you receive in another country
- Acupuncture
- Experimental or investigational treatments
- Alternative medicine
- Surgery or drugs to help you get pregnant
- Cosmetic surgery (this does not apply to reconstructive surgery)
- Vitamins, supplements, and over-the-counter medicines not covered through the pharmacy benefit
- Personal attendant care services
- For any condition, disease, defect, ailment, or injury that takes place while working if you have workers' compensation

Copays

HCC requires a copay or small fee for certain services. Check the chart below to see what applies.

Service	Amount
Emergency room*	$3 for each nonemergent date of service
Pharmacy	$3 for each prescription
Transportation	$1 for each one-way trip

HCC members don't have copays if they are:

- Under 18 years old.
- Pregnant.
- American Indian or Alaskan Native.
- Receiving services related to pregnancy or family planning.

*If you go to the ER and it's not an emergency, but call 24/7 NurseLine first, and they tell you to go to the ER, the $3 copay will be waived.

Cost-sharing

Copays will be waived if your healthcare costs are more than 5% of your household income for the benefit quarter (three months). Anthem will track your payments and let you know if you have met your 5% limit. If you feel you've paid more than 5% of your income for the quarter on healthcare, call Member Services at 844-284-1797 (TTY 711). You'll need to show written proof of the amount you paid.

Important notes about your benefits

- For some services, you need an OK ahead of time from your PMP. See the *Preapproval* section to learn more.
- Anthem will only pay for approved services that are medically necessary.
- Use a provider in your Anthem plan.
- If you're out of town and need help with medical care, call Member Services at 844-284-1797 (TTY 711).

If you still have questions about your benefits or how decisions are made, call Member Services. If you call after business hours, you may leave a message with the answering service.

Part 2 – Ways to good health

Choose your primary medical provider (PMP)

To select your PMP:

- Visit anthem.com/inmedicaid and click on **Find a Doctor**. You can search online or look inside one of our posted Anthem provider directories.
- Or call Member Services at 844-284-1797 (TTY 711).

How do I find out more about these PMPs?

Our provider directory tells you all about the doctors in your plan including:

- Names, addresses, phone numbers, and office hours.
- Gender.
- Specialties.
- Languages they speak.
- Hospitals they work in.
- If they take new patients.
- Where they are (using an online map).
- Medical school and residency completion.
- Professional achievements.
- Board certification status.

Your PMP is the <u>first</u> person you call for all your healthcare needs.
He or she will help you at any time, even after hours, and will respect your cultural and religious beliefs. Your PMP will take care of all your healthcare needs by coordinating:

- Checkups and vaccines.
- Requests to get an OK to give you services if needed.
- Referrals to specialists.
- Referrals for tests and services.
- Admission to a hospital.

Your PMP can be a/an:

- Family or general practitioner, a doctor who takes care of babies, children, and adults.
- Internist, a doctor who takes care of adults.
- Obstetrician/gynecologist (OB-GYN), a doctor who takes care of women only.
- Doctors at clinics such as health departments, federally qualified health centers, and rural health clinics.
- Nurse practitioner.
- Pediatrician, a doctor who takes care of members under age 21.

If you need a provider directory or help choosing a doctor, call Member Services.

Schedule a health checkup

Call your PMP's office to make an appointment for a checkup. Tell them you are an Anthem member and have your ID card with you when you call. When you make an appointment with your PMP to get a checkup, your PMP will:

- Get to know you and discuss your health.
- Get your medical history from you.
- Help you understand your medical needs.
- Teach you ways to help make your health better or help you stay healthy.
- Schedule any needed tests and preventive services.

Call your PMP office as soon as possible if you cannot keep your appointment!

Are there other times I should visit my PMP?

You should visit your doctor once a year for a checkup — even if you don't feel sick. To help you remember, schedule your checkup in the same month as your birthday each year.

Prepare for your doctor visit

- Decide what you want to talk about and write down your questions or concerns.
- Be prepared to talk about your past health history and your family's health history.
- Bring a list of any medications you're taking or bring them with you.

Changing your PMP

It's best to keep the same PMP. He or she knows your health needs. If you choose to see a doctor who is not your PMP without an OK from us first, you may have to pay for the services.

If you want to change your PMP, you can quickly do it online at anthem.com/inmedicaid. Log in to access your secure account and change your PMP. If you don't have a secure account, you can create one at any time by clicking *Register now*. You'll need your State RID number located on your ID card. If you need help changing your PMP, you can also call Member Services at 844-284-1797 (TTY 711), Monday through Friday, from 8 a.m. to 8 p.m. Eastern time.

Changing from pediatric care to adult care

Did you know you can switch doctors when you get older? If you were a minor and now have reached adulthood, you can switch from your current pediatrician to a provider who cares for adults. We'll be happy to help you choose a provider for adults. We can also help you transfer your medical records. Call Member Services at 844-284-1797 (TTY 711), Monday through Friday, from 8 a.m. to 8 p.m. Eastern time.

Think three for your member ID

We give all of our members an identification (ID) card. Your ID card is very important. Remember these three things:

1. **Keep your member ID card with you at all times.** Your ID card shows you are an Anthem member and have the right to get healthcare.
2. **Show this ID card every time you need healthcare services.** Only you can get healthcare services with your ID card. It has your State RID number, which is your own personal member identification number. Don't let anyone else use your card.
3. **If you lose your card, ask for a replacement card.** Log in at anthem.com/inmedicaid. Or you can call 844-284-1797 (TTY 711).

Preapproval (an OK from Anthem)

Your PMP will need to get an OK from us for some services to make sure they are offered. This means that both Anthem and your PMP (or specialist) agree that the services are medically necessary. We may ask your doctor why you need special care.

Obtaining an OK will take no more than seven calendar days or, if urgent, no more than three days.

We may not OK payment for a service you or your doctor asks for. If so, we will send you and your doctor a letter that explains why. The letter will let you know how to appeal our decision if you disagree with it. See the *Appeals* section in Part 6.

If you have questions, you or your doctor may call Member Services: See the *Important phone numbers* section. Or write us at:
Anthem Blue Cross and Blue Shield
P.O. Box 62509
Virginia Beach, VA 23466

Specialist care

- Your PMP may send you to a specialist for special care or treatment.
- Your PMP will help choose a specialist to give you the care you need. You may not need an OK from us. Your PMP knows when to ask for an OK.
- Your PMP's office staff can help you. They can set the day and time for the office visit with a specialist.
- Tell your PMP and the specialist as much as you can about your health so all of you can decide what is best.
- Any specialist or other provider not in the Anthem network must get an OK from us before they can give you care. You may also need the referral from your PMP.

Standing referral
Anthem sometimes lets members get what's called a standing referral. This means if you need special care or ongoing treatment, you can keep seeing the same specialist without getting a referral from your doctor each time. The treatment given by the specialist must be right for your health issue and needs. To learn more about this, call Member Services.

Services from providers who are not in the Anthem plan

For most of your medical care, you will see providers in the Anthem plan. There are times when you may be allowed to see providers not part of Anthem. This may happen if you have certain medical needs or the necessary care you need is too far away. Call your PMP or Member Services to find out if you need an OK from a doctor who isn't in your plan

If you get a service from a doctor that is not in our plan and you did not get an OK from us, the service is not approved. It will be considered not covered under your plan. This doesn't apply to some self-referral services. You may be able to see a doctor who is not in our plan for self-referral.

Continuity of care

We are here to help new members get continuing care and coordination of medically necessary healthcare when they join Anthem. If you want to know if continuity of care is for you, call Member Services.

Getting a second opinion
If you have questions about care your doctor says you need, you may want a second opinion to make sure the treatment plan is right for you. To get a second opinion, talk to your PMP or call Member Services at 844-284-1797 (TTY 711), Monday through Friday, from 8 a.m. to 8 p.m. Eastern time.

Indiana Right Choices Program
If you're enrolled in this program, we'll send you a letter to let you know. A team of experts will help you get the right healthcare at the right time in the right place. Your team will be made up of a PMP, a pharmacy and a care manager. If you have questions about the Right Choices Program, call case management at 866-902-1690.

Voluntary enrollment

Children in these aid categories may voluntarily enroll in HCC:

- Children receiving adoption assistance
- Foster children
- Former foster care children, ages 18 to 21
- Former foster children enrolled as of their 18th birthday, ages 18 to 26

To learn more, contact the Hoosier Care Connect Helpline at 866-963-7383 (TTY 711).

Foster care program

If you're a foster child, the guardian of a foster child, a young adult aging out of foster care, or if you have a child who receives adoption assistance, we can help with finding the doctors and other healthcare services you need. We also offer some special extra benefits for our foster care members such as tutoring assistance to help with education needs. To learn more, call Member Services at 844-284-1797 (TTY 711), Monday through Friday, from 8 a.m. to 8 p.m. Eastern time.

We have a dedicated case management team to help arrange your or your child's needs. Seeing your PMP or other healthcare providers on a regular basis is important. Our team can help you set up these visits. We will also work closely with the Department of Child Services to help you with concerns about your or your child's healthcare, too.

Change in foster home placement
If a child has a change in foster home placement, Anthem will work with the Department of Child Services to assure the child receives the health and trauma screenings he or she may need.

Behavioral health services

Anthem offers services for mental health, behavioral problems, and addiction. You don't need a referral from your PMP to see someone for these services. Anthem Member Services can help you find a doctor in your area. We offer:

- Inpatient services in a hospital
- Partial hospitalization
- Intensive outpatient program
- Individual, family, and group therapy
- Suicide Prevention Outreach Team for high-risk adolescents and young adults ages 12 to 26
- Residential treatment for substance use disorders
- Applied behavior analysis
- Medication services
- Psychological testing

Substance use disorder and opioid treatment services

Anthem covers substance use treatment to include residential treatment. Some services require prior authorization. We also provide full coverage for Opioid Treatment Program (OTP) services including all levels of care and methadone use and disease testing. Prior authorization is not required for OTP services. We contract with all Division of Mental Health and Addiction (DMHA)-certified OTP providers across Indiana.

Behavioral Health Crisis Hotline

Anthem offers our Behavioral Health Crisis Hotline, available at 833-874-0016 to help members understand the early warning signs and triggers associated with their conditions and any difficulties they may be experiencing.

Hoosier HealthWatch — Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

For children up to 21 years of age, we offer EPSDT services. You can help keep your child healthy if:

- You take them to the primary medical provider (PMP) for routine checkups and vaccines (shots).
- You take them to the dentist for routine visits.

Members can call Member Services at 844-284-1797 (TTY 711) for more information about HealthWatch.

Anthem follows the guidelines from the American Academy of Pediatrics for well-child visits. These steps will help keep your children healthy and strong. This chart shows when children should visit the doctor for a well-child visit.

Important child wellness visits

Track your child's growth and development. Don't forget important vision and hearing tests and shots. Check off each child wellness visit when completed.

Baby	
1 week	
1 month	
2 months	
4 months	
6 months	
9 months	

Early childhood	
12 months	
15 months	
18 months	
2 years	
30 months	
3 years	
4 years	

Middle childhood	
5 years	
6 years	
7 years	
8 years	
9 years	
10 years	

Teen (Adolescent)	
11 years	
12 years	
13 years	
14 years	
15 years	
16 years	
17 years	
18 years	
19 years	
20 years	
21 years	

Lead screening	
12 months	
24 months	

Dental visits
By baby's first tooth appearance and no later than 12 months

Protecting your family from lead poisoning

All children enrolled in Medicaid must have a blood lead level (BLL) test at both 1 and 2 years of age. They must take a BLL test at least once by age 6 or if they are at risk. If you check one or more of the boxes below, your child must take a BLL test right away. Does your child:

- ☐ Visit or live in a house built before 1978 (such as the home of a relative or babysitter, a day care center, or a preschool)?
- ☐ Visit or live in a house built before 1978 that is being or will be remodeled?
- ☐ Have a brother, sister, or friend who has had lead poisoning?
- ☐ Visit or live in a house that has chipping, peeling, dusting, or chalking paint?
- ☐ Often visit an adult who works with lead (such as pottery, painting, construction, or welding)?

See the *Preventive Health Guidelines* on anthem.com/inmedicaid to learn more about your child's well-visits and shots.

Stay well

Each person has special needs at every stage of life. We have programs to help you stay healthy and manage illness. These programs are at no cost to you.

For all adults

- Annual checkups and screenings such as Body Mass Index (BMI), blood pressure, and diabetes
- Immunizations such as tetanus and the flu can keep you well
- Testing for sexually transmitted infections (STIs) such as HIV/AIDS

For women

- Services for women such as mammograms and cervical cancer screenings
- Pregnancy and childbirth classes to help you stay healthy while you're pregnant
- Family services to help with healthy pregnancy, preventing pregnancy, or preventing sexually transmitted infections (STIs) such as HIV/AIDS

For men

- Screenings in certain men for prostate cancer and abdominal aortic aneurysm

For you and your child

- Well-child care includes programs to help you keep your child well. You can learn about healthy habits for your child, the need for regular doctor visits, and which vaccines your child needs. You can also earn rewards by taking your child to wellness checkups.
- We offer parenting tips to teach you how to care for your child.

A 24/7 line for your peace of mind

- 24/7 NurseLine lets you talk in private with a nurse about your health. Teens can talk to a nurse in private about teen issues. Moms-to-be and new mothers can discuss issues like breastfeeding.
- Just call 24/7 NurseLine at 844-284-1797 (TTY 711).

If you have one of these health issues or another complex or special health issue and want to learn more about case management, call Member Services at 844-284-1797 (TTY 711).

Smoking cessation

Anthem can help you stop smoking. We cover one 12-week course of care per 12 months, which includes:

- Prescription or over-the-counter products to help you stop smoking, such as nicotine patches or gum.
- Counseling services (limited to 10 units every 12 months).

You can also receive help through the **Indiana Tobacco Quitline** at 800-QUIT-NOW. Go to anthem.com/AnthemRewards to find out how to earn money for quitting.

To find more tools and resources, go to our *Health and Wellness* page at anthem.com/inmedicaid. Or call Member Services at 844-284-1797 (TTY 711).

Educational materials

You can find **Health Tips**, an information sheet with helpful ways to stay healthy, on our website at anthem.com/inmedicaid. We also offer the Anthem Medicaid Blog online at blog.anthem.com with information on specific health-related topics, the importance of preventive care, and how to navigate the healthcare system.

Care coordination services

You may have conditions that require special care and providers. Our case coordinator services will help you manage all the moving pieces to meet your physical, behavioral, medical, and social needs. You'll have a case manager who'll help you:

- Figure out your care plan.
- Answer your questions.
- Help you secure a ride to the services you need.
- Coordinate with your doctors and support system.

Care coordination services include:

- Disease management
- Care management
- Complex case management

Disease Management program

Our Disease Management program helps guide care for our members with chronic health conditions. The program is voluntary, private, and available at no cost to you from the Disease Management team. Our team of licensed nurses, called case managers, will help you understand your condition and help you meet healthcare goals through education, resources, and referrals to providers for care.

You can join the program if you have one of these conditions:

- Asthma
- Pregnancy
- ADHD
- Autism/Pervasive developmental disorders (PDD)
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Chronic kidney disease
- Congestive heart failure (CHF)
- Hypertension
- Diabetes
- HIV/AIDS
- Major depressive disorder
- Schizophrenia
- Bipolar disorder
- Substance use disorder
- Sickle cell disease

Our case managers assist with weight management and smoking cessation services.

As a member in the Disease Management program, you'll benefit from having a case manager who:

- Listens to you and takes the time to understand your specific needs.
- Helps you make a care plan to reach your healthcare goals.
- Gives you the tools, support, and community resources that can help you improve your quality of life.
- Provides health information that can help you make better choices.
- Helps you coordinate care with your providers.

As an Anthem member enrolled in the Disease Management program, you have certain rights and responsibilities.

You have the right to:

- Have information about Anthem; this includes all Anthem programs and services as well as our staff's education and work experience; it also includes contracts we have with other businesses or agencies.
- Refuse to take part in or leave programs and services we offer.
- Know who your case manager is and how to ask for a different case manager.
- Have Anthem help you to make choices with your doctors about your healthcare.
- Learn about all disease management related treatments; these include anything stated in the clinical guidelines, whether covered by Anthem or not; you have the right to talk about all options with your doctors.
- Have personal data and medical information kept private.
- Know who has access to your information and know our procedures used to ensure security, privacy, and confidentiality.

- Be treated with courtesy and respect by Anthem staff.
- File complaints to Anthem and receive guidance on how to use the complaint process, including how long it will take us to respond and resolve issues of quality and complaints.
- Have information that is clear and easy to understand.

You are encouraged to:

- Follow healthcare advice offered by Anthem.
- Give Anthem information needed to carry out our services.
- Tell Anthem and your doctors if you decide to disenroll from the Disease Management program.

If you have one of these health issues or would like to know more, please call **888-830-4300** Monday through Friday from 8:30 a.m. to 5:30 p.m. local time. Ask to speak with a case manager. Or you can leave a private message for your case manager 24 hours a day. You can also visit our website at anthem.com/inmedicaid and select **Manage Your Condition** under the **Care** tab. Or call if you would like a copy of the information you find online. Calling can be your first step on the road to better health.

Healthy Family Lifestyles Program

Healthy Family Lifestyles is a six-month program for ages 7 to 17 designed to assist families in obtaining a healthier lifestyle. This program provides families with fitness and healthy behavior coaching, written nutrition information, and online and community resources. For additional information or to enroll in the Healthy Families program, call us at 844-421-5661.

Access to complex case management

Anthem's complex case management program is for members with complex needs, who need help managing their healthcare. We can work with you and your provider, or just with your provider, to make sure you are receiving the right care, at the right time, in the right place. We use data to find out which members qualify for our complex case management program. You can be referred to complex case management through:

- Discharge planner referral.
- Member or caregiver referral.
- Practitioner referral (your doctor or other provider).
- Medical management program referral.

Access to case management

You can take part in some or all of our care coordination programs. We have case managers to help you understand these programs and care for your health conditions. While your doctor helps you with your care, it's important you learn to care for yourself. Case managers can help with:

- Setting up healthcare services.
- Referrals and preapprovals.
- Reviewing your plan of care as needed.

Autism spectrum disorders program

Families touched by autism can speak with counselors from our autism spectrum disorders (ASD) program. We offer a support system to help families understand about the care that's available. Our goal is to help children with ASD live a healthier life with their families.

During our welcome call, we'll find out if you or your child needs case management services. These services are for those with physical problems and mental health conditions who need more help. If you qualify, we'll call to tell you about our programs and ask if you'd like to take part. We'll refer you to a case manager, if needed. Our case managers may also call if:

- Your PMP thinks you would benefit from the program.
- You're let out of the hospital and need some follow-up coordination of care.
- You're going to the emergency room (ER) often for non-urgent care that can be managed by your PMP.
- You call 24/7 NurseLine and need follow-up care.

If you think you need case management services, please call Case Management at 866-902-1690.

Anthem Autism Family Supports

Anthem and the Indiana Easterseals are proud to offer the Anthem Autism Family Supports program for members with moderate-to-severe autism spectrum disorder (ASD). We coordinate care with the member's PMP, physical and behavioral specialists, as well as schools and social services to fully support the member.

The Autism Family Supports program helps members with:

- Care planning.
- Developmental skills.
- Health promotion activities.
- Disease management programs.
- Transition support.

Substance use disorder program

Anthem's substance use disorder (SUD) program helps members with major substance use disorder improve their overall health. Our care managers work with you to identify long-term goals, helping you attain a healthier lifestyle.

Human immunodeficiency virus (HIV) rewards program

For those with HIV, it's important to continue taking your medication to help lower levels of the virus in the body. It also allows you to live longer and reduces the spread of the virus. To support our members in this population, we're offering rewards to those who continue taking their medications and having regular lab tests. You can earn $20 per quarter for up to two quarters per year — a $40 maximum yearly reward.

Depending on your condition, you may be enrolled in our HIV management program. If you have HIV and a substance use disorder, you'll be referred to our substance treatment services. For those with a greater need, we'll help coordinate care for you.

Urgent or emergency care? Which one do I choose?

See the section *Urgent care or emergency room (ER)?* for a list of symptoms. It's in the *Quick Guide* in the beginning of this handbook.

Sick or hurt? Where do you go?

After-hours care

An urgent medical condition is not an emergency but needs medical care within 24 hours. It's not the same as a true emergency. Call your PMP if your condition is urgent, and you need medical help within 24 hours. If you can't reach your PMP, call 24/7 NurseLine, even on holidays, at 844-284-1797 (TTY 711).

Urgent care

If you have an injury that could turn into an emergency if not treated within 24 hours, you need urgent care. Call your PMP or 24/7 NurseLine at 844-284-1797 (TTY 711) if you have questions.

Emergency care

An emergency is a medical condition with such severe symptoms that you reasonably believe not receiving medical attention right away may be life threatening or cause serious damage to you or your unborn child. *If you have an emergency, call 911 or go to the nearest ER.*

Call your PMP within 24 hours after you go to the ER or if you've checked into the hospital. Your PMP will set up a visit with you for follow-up care.

Obtaining emergency care outside our service area

If you need emergency care while you're traveling outside of our service area, follow these steps to help make sure you receive the help you need:

- Call your PMP or have the hospital call your PMP if you need surgery or admission to the hospital, or any other services after you're stable.
- Show your ID card to the hospital or doctor.
- HCC does not cover services provided outside the U.S.

If you have an emergency, call 911 or go to the nearest hospital emergency room (ER).

What is post-stabilization?

This is the care you receive in the ER or hospital after your condition is stable. Your doctor will examine you to make sure you're well enough to leave.

ER copays are $3

if it's not an emergency. But if you call 24/7 NurseLine first and they tell you to go to the ER, you won't have to pay the $3 copay.

Part 3 – Pharmacy services

Filling your prescriptions

- Your doctor will write you a prescription for medicine you may need.
- Your doctor will then contact your pharmacy, or you can go there with your prescription.
- You must use a pharmacy that's in the Anthem HCC plan. Anthem works with IngenioRx to manage your pharmacy benefits.
- You can find Anthem pharmacies in your plan in our provider directory.
- Your pharmacy benefits have a Preferred Drug List (PDL). The PDL shows some of the drugs covered under the pharmacy benefit.

Find the complete PDL list at anthem.com/inmedicaid.

Copays

Some members may have pharmacy copays, which are $3 per prescription. Check the *Quick Guide* to see if they apply to you.

What is listed on the PDL?

Names of preferred and nonpreferred drugs, as well as the number of drugs you may receive. Preferred drugs usually do not need a preapproval; nonpreferred drugs do.

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Pharmacy benefits include:

- Prescription drugs.
- Over-the-counter (OTC) items approved by the Food and Drug Administration (FDA) and listed on the OTC medication list.
- Self-injectable drugs (includes insulin).
- Needles, syringes, blood sugar monitors, test strips, lancets, and glucose urine testing strips.
- Drugs to help you quit smoking.

These prescription drugs are not offered:

- Over-the-counter (OTC) medicines (unless specified on the formulary or PDL list)
- Drugs used to become pregnant
- Experimental or investigational drugs
- Drugs for cosmetic reasons
- Drugs for weight loss
- Drugs for hair growth
- Drugs to treat erectile dysfunction

Generic drugs

Generic drugs are as good as brand-name drugs. Your pharmacist will give you generic drugs when your doctor has approved them. Here are a few things you need to know:

- By law, generic drugs must be given when there is one available.
- Brand-name drugs may be given if there is not a generic drug for it.
- The PDL will tell you the exceptions to these rules.
- Generic and preferred drugs must be used for your condition unless your doctor gives a medical reason to use a different drug.

Preapproval for drugs

Some drugs need a preapproval, or an OK, ahead of time. Your doctor must ask for an OK if:

- A drug is listed as nonpreferred on the PDL.
- Certain conditions need to be met before you have the drug.
- You're receiving more drugs than what is normally expected.
- There are other drugs that should be tried first.

If an OK is needed, your doctor will need to give us details about your health. We will then decide whether Anthem can pay for the drug. This is important because:

- You may need tests or help with a drug.
- You may be able to take a different drug.

Your doctor can find the phone number for preapproval requests on your ID card. Anthem will decide if your drug request can be approved within 24 hours after receiving your request (not including Sundays or some holidays). Your doctor will be notified of our decision.

Other things you need to know about your medication

Days' supply of drugs

Drugs you take for a long time or maintenance drugs have a 90-day supply limit. They are taken for illnesses such as asthma, diabetes, and high blood pressure. You can have them sent by mail order. Drugs you take for a shorter time or non-maintenance drugs have a 30-day supply limit, with certain exceptions. Usually, these drugs are taken for short-term illnesses such as colds, the flu, and body aches and pains.

Early refills

Your pharmacist will have to ask for an OK ahead of time if you want to have your prescription refilled early. Do not wait until you're out of a drug to ask for a refill. Please call your doctor or pharmacy a few days before you run out of your drug.

Emergency safety programs
Through Emergency Safety Communications, we alert you and your doctors about significant safety-related drug recalls or market withdrawals.

Medication therapy management
We offer a Medication Therapy Management program through our Personal Medication Coach program to HCC members who qualify. It helps make sure you benefit from your drugs. To learn more, call Member Services at 844-284-1797 (TTY 711), Monday through Friday, from 8 a.m. to 8 p.m. Eastern time.

Member medication support
To support members who've recently visited the emergency room, we send surveys to gather information about your experience and reasons for the visit. If your visit was related to a medication issue, we'll send a letter about the medications and how to appropriately take them.

Your appeal rights
If your drug request is denied by Anthem, you or your provider can appeal this decision. You may also ask for a Medicaid hearing and appeal review if IHCP or Anthem:

- Denied a service.
- Reduced a service.
- Ended a service that was approved before.
- Failed to give you timely service.

To ask for a review, you must send a letter to the Medicaid agency within 120 days of getting our decision about your appeal. Send your letter to:

Office of Administrative Law Proceedings
402 W. Washington St., Room W392
Indianapolis, IN 46204

A judge will hear your case and send you a letter with the decision within 90 business days after the date that you first asked for the hearing.

To learn more about appeals, see **Part 6 – How to resolve a problem with Anthem.**

Part 4 – Help with special services

Help in other languages

Anthem offers no-cost services and programs that meet many language and cultural needs and help give you access to quality care. We use an interpreter service that works with more than 140 languages. We offer:

- Health education materials translated into different languages and other formats, such as Braille, large print, or audio CD.
- Member Services staff able to speak other languages to help members obtain information about benefits and access to care they need.
- 24-hour access to telephone interpreters.
- Sign language and face-to-face interpreters.
- Providers who speak other languages.
- Translation or oral interpreter (over the phone or face-to-face) for you while you are at your PMP's office.

Call or have your provider call Member Services at least 72 hours in advance if you need an interpreter or translator at your PMP's office.

Help for members with hearing or vision loss

Call Member Services at 844-284-1797 (TTY 711). We are open Monday through Friday from 8 a.m. to 8 p.m. Eastern time. If you need help between 8 p.m. and 8 a.m. and on weekends, call Relay Indiana at 800-743-3333 (TTY 711).

Americans with Disabilities Act

We meet the terms of the Americans with Disabilities Act (ADA) of 1990. This act protects you from discrimination by us because of a disability. If you believe you have been treated differently because of a disability, please call Member Services toll free at 844-284-1797 (TTY 711).

Special note to our Native American members

Thank you for choosing Hoosier Care Connect (HCC). You have a choice to receive traditional Medicaid benefits instead of HCC. You can call the Hoosier Care Connect Hotline at 866-963-7383 or complete a Change Form. It won't cost anything to change, and you may receive more benefits from traditional Medicaid than from HCC.

Native American Anthem members can receive services from an Indian healthcare provider if eligible. American Indian healthcare providers include providers operated by:

- Indian Health Service (IHS)
- Tribal Organization
- Urban Indian Organization
- An Indian Tribe

Also, if an Indian healthcare provider is in the Anthem plan, you can choose that provider as your PMP.

Part 5 – Know your rights and other helpful information

Member rights

You and your provider can receive a copy of your Member Rights and Responsibilities by mail, fax, or email, or on our website at anthem.com/inmedicaid. As a member of this health plan, you have the right to:

- Receive information about Anthem, the services we provide, doctors and facilities in your plan and your rights and responsibilities. You can find information about Anthem on our website at anthem.com/inmedicaid. You can also call toll-free Member Services at 844-284-1797 (TTY 711).
- Be treated with respect and with due consideration for your dignity and privacy.

- Receive information on available treatment options and alternatives, presented in a way that is right for your condition and that you can understand.
- Know if your doctor takes part in a physician incentive plan through Anthem. Call us to learn more about this.
- Take part in all decisions about your healthcare. This includes the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in federal laws on the use of restraints and seclusions.
- Request and receive a copy of your medical records. And you may request they be amended or corrected, as stated in state and federal healthcare privacy laws.
- Have timely access to covered services and medically necessary care.
- Have honest talks with your doctors about the right treatment for your condition, in spite of the cost or your benefit coverage.
- Have your health plan, doctors and all of your care providers keep your medical records and health insurance information private.
- Have your problems taken care of fast. This includes things you think are wrong, as well as issues that have to do with your coverage, payment of services or receiving an OK from us.
- Have access to medical advice from your doctor, either in person or by phone, 24 hours a day, seven days a week. This includes emergency or urgent care.
- Obtain interpreter services at no charge if you speak a language other than English or if you have hearing, vision, or speech loss.
- Voice complaints or appeals about Anthem, the Plan, or the care that we provide to you.
- Ask for information and other Anthem materials (letters, newsletters) in other formats. These include Braille, large-size print, or audio CD, at no charge to you. Call Member Services at 844-284-1797 (TTY 711).
- Tell us what you would like to change about your Member Rights and Responsibilities policy.
- Question a decision we make about the care you got from your doctor. You will not be treated differently if you file a complaint.
- Ask about our quality program and tell us if you would like to see changes made.
- Ask us how we do utilization review and give us ideas on how to change it.
- Know you will not be held liable if your health plan becomes insolvent (bankrupt and cannot pay its bills).
- Know that Anthem, your doctors or your other healthcare providers cannot treat you differently for these reasons:
  - Your age
  - Your sex or gender identity
  - Your race
  - Your national origin
  - Your language needs
  - The degree of your illness or health condition

Member responsibilities

As a member of this health plan, you have the responsibility to:

- Tell us, your doctor, and your other healthcare providers what they need to know to treat you.
- Understand your health problems and participate in developing mutually agreed upon treatment goals, to the degree possible.
- Follow the treatment plans you, your doctors, and your other healthcare providers agree to.
- Do the things that keep you from being sick.
- Treat your doctor and other healthcare providers with respect.
- Make appointments with your doctor when needed.
- Keep all scheduled appointments and be on time.
- Call your doctor if you cannot make it to your appointment.
- Call your doctor if you cannot make it to your appointment.
- Always call your PMP first for all of your medical care (unless you have an emergency).
- Show your ID card each time you receive medical care.
- Use the emergency room only for true emergencies.
- Pay any required copays.
- Tell Anthem and the Division of Family Resources (800-403-0864) if:
  - You move.
  - You change your phone number.
  - You have any changes to your insurance.
  - Your income changes.
  - The number of people in your household changes.
  - You become pregnant.

Making benefit decisions

At Anthem, we care about you and want to help you obtain the healthcare you need. We don't give incentives for service denials and we only make decisions based on appropriateness of care and available benefits. Your doctors and other health providers work with you to decide what's best for you and your health. Your doctor may ask us for our OK to pay for a certain healthcare service. We base our decision on two things:

- Whether or not the care is medically necessary.*
- What healthcare benefits you have.

We don't pay or reward doctors or other healthcare workers to:

- Deny you care.
- Say you do not have benefits.
- Approve less care than you need.

*Medically necessary means Anthem will pay for services needed to:

- Protect your life.
- Keep you from becoming seriously ill or disabled.
- Reduce severe pain through the diagnosis or treatment of disease, illness, or injury.

These services meet the standards of good medical practice within the organized medical community. To learn more about how medical benefit decisions are made, call Member Services toll free at **844-284-1797 (TTY 711)**.

Fairness is a priority

Know that Anthem, your doctors or your other healthcare providers cannot treat you differently for these reasons:

- Your age
- Your sex or gender identity
- Your race
- Your national origin
- Your language needs
- The degree of your illness or health condition

Important note

Some hospitals and providers may choose not to perform a service because of their beliefs. They can choose this even if the healthcare service is an approved service. Some examples are:

- Family planning
- Contraceptive services (includes emergency contraception) to prevent pregnancy
- Sterilization (includes tubal ligation at the time of labor and delivery) to prevent pregnancy
- Infertility treatments (to help a family have children)
- Abortion (choosing to end a pregnancy)

You can find out more before you select a provider. You can call us or the doctor or clinic you plan to use.

New medical treatments

We want you to benefit from new treatments, so we review them on a routine basis. A group of PMPs, specialists, and medical directors decide if a treatment:

- Is approved by the government.
- Has shown in a reliable study how it affects patients.
- Will help patients as much as, or more than, treatments we use now.
- Will improve the patient's health.

The review group looks at all of the details. The group decides if the treatment is medically necessary. If your doctor asks us about a treatment the review group has not looked at yet, the reviewers will learn about the treatment. They'll let your doctor know if the treatment is medically necessary and if we approve it.

Choosing a new health plan

You can change to a different health plan for any reason during the first 90 days of your eligibility. After 90 days, you can only disenroll for "just cause." You can disenroll for just cause if:

- You don't have access to medically necessary services offered by Anthem.
- A service is not covered by us for moral or religious reasons.
- You need a group of related services at the same time and not all related services are available in our network, and your provider says receiving the services separately will be a risk to you.
- There is a lack of access to providers experienced in dealing with your healthcare needs.
- You receive poor quality of care, or if there are other instances that are determined to be poor quality of care.
- Your PMP disenrolls from Anthem and enrolls with another HCC company.
- We cannot provide approved services.
- We fail to comply with certain medical standards and practices.
- There are big language or cultural barriers.
- Anthem is going through a corrective action (we are being punished for something we did).
- You have limited access to a primary care clinic or other health services near you.
- Another HCC company has a formulary (list of drugs) that's better for your healthcare needs.

If you would like to disenroll and it has been more than 90 days since you joined, you must follow these steps:

- Ask to change plans after the first 90 days of enrollment only when there is just cause.
- Use up our grievance and appeals process first before asking to change.
- Call the Hoosier Care Connect Helpline at **866-963-7383**. They will answer your questions and review your request and/or send you a form to ask for a health plan change.

If you have a question about changing your health plan, please call Member Services toll free at **844-284-1797 (TTY 711)**.

If you have other insurance

Call us at 844-284-1797 (TTY 711) if you or your children have other health benefits. This helps us work with your other insurance company to correctly pay claims. Also call us if you:

- Have a workers' compensation claim.
- Are waiting for a decision on a personal injury or medical malpractice lawsuit.
- Have a car accident.
- Become eligible for Medicare.

In some cases, Anthem may have the right to receive back payments they made for you if another insurance company made payments for your healthcare. Let us know right away if you were hurt in an accident or if another company made payments for your healthcare. You'll need to let us know information about what happened. **Call the Subrogation department at 866-891-7397 (TTY 711).**

What to do if you receive a bill from a provider

In most cases, you should not have a bill from a provider. But you may have to pay charges if:

- You agreed in writing ahead of time to pay for care that is not offered by Anthem after you asked for an OK from us.
- You agreed ahead of time in writing to pay for care from a provider who does not work with us, and you did not have our OK ahead of time.

If you receive a bill and you do not think you should have to pay for the charges, call Member Services at 844-284-1797 (TTY 711). Have the bill with you when you call and tell us:

- The date of service.
- The amount being charged.
- Why you're being billed.

Sometimes, you may be sent a statement from a provider that is not a bill. Call us if you have any questions and we will help you know if you have to pay the bill.

How we pay providers

Providers can include doctors, specialists, or consultants. Different providers in our plan have agreed to be paid in different ways by us. Your provider may:

- Be paid each time he or she treats you (fee-for-service).
- Be paid a set fee each month for each member whether or not the member actually receives services.
- Participate in a Physician Incentive Plan.

These kinds of pay may include ways to earn more money. This kind of pay is based on different things like how happy a member is with the quality of care. It's also based on how easy it is to find and receive care. We don't:

- Offer rewards, money, or other incentives to providers to deny care or services.
- Reward providers for supporting decisions that result in the use of fewer services.
- Make decisions about hiring, promoting, or firing providers based on the idea that they will deny benefits.

If you want more details about how the providers in our plan are paid, please call Member Services.

Privacy policies

Anthem has the right to have information from those who give you care. We use this information so we can pay for and manage your healthcare. We keep this information private between you, your healthcare provider and Anthem, except as the law allows. Refer to the *Notice of Privacy Practices* to read about your right to privacy. This notice was included at the end of this member handbook.

Your medical records

Federal and state laws allow you to see your medical records. Ask your PMP for your records first. If you have a problem obtaining your medical records from your doctor, call Member Services at 844-284-1797 (TTY 711).

Review of member records

By using the benefits described in this handbook, you agree to allow us, or someone we choose, to look at your medical records for these reasons:

- Utilization review
- Quality assurance
- Peer review

Living wills (advance directive)

A living will or advance directive is a legal document that describes how you want to be treated if you cannot talk or make decisions for yourself. You can name someone else as the person who will make decisions about your healthcare if you're unable.

You may also want to list the types of care you do or do not want to receive. For example, some people do not want to be put on life-support machines if they go into a coma. Your PMP will make sure your living will is in your medical records.

You may change or revoke your living will at any time by telling your PMP or other healthcare provider. You may file a complaint with the state survey and certification agency if you believe your doctor is not meeting the terms of your living will.

According to Indiana law (Indiana Code 16-36-4), living wills must be:

- Voluntary.
- In writing.
- Signed and dated.
- Witnessed by at least two people who are 18 years of age or older.

Ask your family, PMP, or someone you trust to help you. The forms you need are at office supply stores or a lawyer's office.

Quality improvement

You deserve high quality medical and behavioral healthcare. Anthem's Quality Improvement (QI) program reviews the services that you receive from Anthem doctors, hospitals, and other healthcare services. This ensures that you receive care that is good quality, helpful, and right for you.

Your health is important to us, and we believe quality work yields quality results. We make information about our Quality Improvement program available every year on our website and in writing to members upon request. We work hard to make sure you have access to great care. We do this by:

- Having programs and services to help improve your quality of healthcare.
- Providing learning tools on pregnancy and newborn care for all pregnant members and new moms.
- Finding local programs in your community that help you receive these services if you need them.
- Hosting learning events to answer your questions and concerns and help you make the most of your healthcare.
- Following state and federal guidelines.
- Looking at our quality results to find new ways to provide better care.

Want to know more about our how our Quality Management program works? Call us at 844-284-1797. Ask us to mail you a copy of our program flier. We can also tell you more about the ways Anthem makes sure you have quality healthcare services.

You can review the quality and cost of care, as well. This can help you make the best decisions about your care. Visit these sites online to help you find out more:

- The Leapfrog Group — leapfroggroup.org
- Hospital Compare — medicare.gov/hospitalcompare/search.html?
- Physician Compare — medicare.gov/physiciancompare/
- Hospital Inpatient Quality Reporting Program — cms.gov/medicare/quality-initiatives-patient-assessment-instruments/hospitalqualityinits/hospitalrhqdapu.html

Your opinion is important to us. You will receive a member satisfaction survey each year to tell us how we're doing. Your answers are anonymous. This information is used to improve our services and your care. If we helped you, please tell us in the survey.

You can also be part of our Community Advisory meetings. As part of this group, you can tell us your views and ideas to help us understand what our members need. It will also help us to find out how we can improve the quality and cost of healthcare.

What is a Member Advocate?

A Member Advocate works with members to answer any questions they may have. They also serve as a mediator between members, their doctors, and Anthem. Member Advocates can also find doctors, as well as resources like transportation, food, and housing. Call Member Services at 844-284-1797 (TTY 711), Monday through Friday, from 8 a.m. to 8 p.m. Eastern time to find a Member Advocate in your area.

Reporting member or provider fraud and abuse

If you know someone who is misusing any Anthem program through fraud, waste, abuse, and/or overpayment, you can report him or her.

To report doctors, clinics, hospitals, nursing homes, or Anthem enrollees, write or call us at:
Anthem Medicaid Special Investigations Unit
4425 Corporation Lane, Virginia Beach, VA 23462
877-283-1524 (TTY 866-494-8279)

Suspicions of fraud, waste, and abuse can also be emailed directly to the Anthem Medicaid Special Investigations Unit at corpinvest@anthem.com.

If we no longer can serve you

We cannot keep you as a member of the health plan if you:

- Lose your eligibility.
- Are disenrolled from (no longer a member of) the HCC program.
- Move out of Indiana.
- Were signed up in error.
- Become eligible for Medicare.
- Are on HCC and become covered under other health insurance.

Part 6 – How to resolve a problem with Anthem

We care about the quality of care you receive from us and your doctors. If you have a concern, call us at Member Services at 844-284-1797 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

Here are some things we can help you with:

- Finding a doctor
- Finding care and treatment
- Issues about how we run the health plan
- Any aspect of your care

You won't be treated differently because you call us with a problem or complaint.

If you have a question

If you're not happy with the care you receive from one of your doctors in the plan, please let us know. You, or someone you choose to act for you, can let us know your problem:

- Use the Chat feature on Sydney, our mobile app.
- Log in to your online account through our secure portal at anthem.com/inmedicaid.
- **Call us** at 844-284-1797 (TTY 711).
- **Send us a letter** at:
  Anthem Blue Cross and Blue Shield, P.O. Box 62429, Virginia Beach, VA 23466

Our Member Services staff will try to take care of your problem right away. They may have to send the information to the right staff person for a final answer. You may choose not to be named when you tell us, or send us information about, your problem.

Grievances

A grievance can be filed with us over the phone or in writing. You need to file your grievance within 60 calendar days from the date the problem took place.

If you have questions or concerns about your care, try to talk to your doctor first. Then if you still have questions or concerns, call us.

If you need help filing your grievance, one of our associates can help you. If you do not speak English, we can provide an interpreter for you.

What if my problem has to do with a denial of my benefits?

You need to file an appeal instead of a grievance. Learn how to file an appeal. The information is located in this section.

You have three ways to file a grievance with us

1. **Call Member Services** at 844-284-1797 (TTY 711).
2. **Complete a grievance form** found on anthem.com/inmedicaid.
3. **Write us a letter** to tell us about the problem.

These are the things you need to tell us as clearly as you can:

- Who is involved in the grievance
- What happened
- When did it happen
- Where did it happen
- Why you're not happy

Send your completed form or letter, along with any documents, to:
Grievance Coordinator
Anthem Blue Cross and Blue Shield
P.O. Box 62429
Virginia Beach, VA 23466

If we can't make a decision about your grievance within 30 calendar days, we can ask the state agency to give us extra time (up to 14 calendar days). If we do this, we'll send a letter to tell you why we need more time.

Expedited (rush) grievance

Members must request an expedited grievance by fax or calling Member Services. Please contact us in one of these ways:

Member Services: 844-284-1797 (TTY 711)
Fax: 855-516-1083

If you think waiting 30 calendar days may harm your health, we may be able to give you an answer within 48 hours. This is called an expedited (faster) grievance. In your request, tell us why you think waiting 30 calendar days would harm your health. We'll make a decision and try to call you within 48 hours from the time we receive your grievance. We'll also send you a letter within five business days after making our decision.

You also need to show facts proving your claim. This needs to be done within a certain time period. A medical director reviews requests for faster grievances. If the medical director thinks waiting 30 calendar days won't harm your health, we'll send you a letter within two calendar days to let you know we'll complete your grievance as quickly as we can but within 30 calendar days. We'll also try to call you to tell you our decision.

Appeals

If you want to file an appeal about how we solved your problem, an appeal can be requested within 60 calendar days from the day of our decision on the grievance resolution letter.

Send your appeal to:
Appeals Department
Anthem Blue Cross and Blue Shield
P.O. Box 62429
Virginia Beach, VA 23466

We'll send you an acknowledgement letter within three business days after we receive your appeal. The letter will tell you we got your appeal request.

You can also ask for an appeal by calling Member Services at 844-284-1797 (TTY 711).

We'll make a decision about your appeal within 30 calendar days after we receive it. If we cannot decide within 30 calendar days, we can ask the state agency to give us more time (up to 14 calendar days). If we do this, we'll send you a letter to tell you why we need more time.

Once your appeal is resolved, we'll send you a letter to tell you about the decision explaining:

- How to file an external independent review request and/or request a Medicaid hearing.
- Ways to have a faster review.
- Your right to keep your benefits during the review.
- That you may have to pay for care you receive while you wait for the decision.

Expedited (rush) appeal

Members must request an expedited appeal by fax only. Please fax to **855-516-1083.**

You may ask us to rush your appeal if you think waiting 30 calendar days may harm your health. We'll let you know we got your appeal within 24 hours from the time we received it. We send you a letter with our decision within 48 hours. If we say no to your request for a rush appeal, we'll call and send you a letter with the reason for the delay within two calendar days.

You may keep your benefits while you're waiting for your appeal if:

- You asked for the appeal within 10 days of receiving the adverse notice from Anthem;
- Your request involves the termination, suspension, or reduction of a previously authorized course of treatment;
- The services were ordered by an authorized provider;
- The original period covered by the original authorization has not expired;
- And you request extension of benefits.

You may have to pay for the care you get while you wait for an answer about the appeal if the final decision is not what you wanted.

External independent review

If you do not agree with Anthem's appeal decision, you have the right to request an external independent review (EIR) and/or Medicaid hearing. An EIR does not replace your right to appeal a decision to a Medicaid hearing.

The EIR is used to resolve appeals if we said no to paying for a service:

- You or your doctor asked for.
- That has to do with your medical needs.
- You asked for that has not been proven to work.

A written request must be filed for this process. This must be filed within 120 calendar days from the date we told you that your appeal had been denied. Within three business days after we have your request, we'll send you a letter to say we got it.

EIRs are resolved within 15 business days from the date of request. We'll send you a letter with the answer within 72 hours of Anthem receiving the EIR's decision. The letter will explain:

- Your right to ask for a Medicaid hearing.
- How to ask for a hearing.
- Your right to keep your benefits until the hearing is over.
- That you may have to pay the costs for services that you're waiting for if the decision is not what you asked for at the start.

Expedited (rush) external independent review

You may ask us to rush your external independent review (EIR) if your health needs it. Members must request an expedited external independent review by fax only. Please fax to **855-516-1083.** We'll take care of your request as fast as we can, but no more than 72 hours from the time we receive your appeal. We'll send you a letter within 24 hours after we make a decision.

Medicaid hearing and appeal process

If you do not agree with what we decide after completing our appeal process, you can ask for a Medicaid hearing and appeal review. You may ask for this review if we:

- Said no to paying for a service you wanted.
- Said OK to a service, but then we put limits on it.
- Ended payment for a service that we said OK to before.
- Did not give you access to a service fast enough.

To ask for a review, you must send a letter to the state Medicaid agency within 120 calendar days of receiving our decision about your appeal. Send your request to:

The Indiana Office of Administrative Law Proceedings
402 W. Washington St., Room E034
Indianapolis, IN 46204-2273

Steps to take if you're unhappy:

A judge will hear your case and send you a letter with the decision within 90 business days of the date that you first asked for a hearing.

If you do not agree with the judge's decision, you can ask for an agency review. You must file for this review within 10 business days after you receive your notice of the judge's decision.

You'll receive a written notice of action from the agency review. If the hearing decision was reversed or changed, a letter will give the reasons.

If you're not happy with what the agency decides, you may file for a judicial review.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION WITH REGARD TO YOUR HEALTH BENEFITS. PLEASE REVIEW IT CAREFULLY.

Anthem®

HIPAA notice of privacy practices

The original effective date of this notice was April 14, 2003. The most recent revision date is shown at the end of this notice.

Please read this notice carefully. This tells you:

- **Who can see your protected health information (PHI).**
- **When we have to ask for your OK before we share your PHI.**
- **When we can share your PHI without your OK.**
- **What rights you have to see and change your PHI.**

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you are a member right now or if you used to be, your information is safe.

We get information about you from state agencies for Medicaid and the Children's Health Insurance Program after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs, and hospitals so we can OK and pay for your healthcare.

Federal law says we must tell you what the law says we have to do to protect PHI that is told to us, in writing, or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- On paper (called physical), we:
  - Lock our offices and files.
  - Destroy paper with health information so others cannot get it.
- Saved on a computer (called technical), we:
  - Use passwords so only the right people can get in.
  - Use special programs to watch our systems.
- Used or shared by people who work for us, doctors, or the state, we:
  - Make rules for keeping information safe (called policies and procedures).
  - Teach people who work for us to follow the rules.

When it is OK for us to use and share your PHI

We can share your PHI with your family or a person you choose who helps with or pays for your healthcare if you tell us it is OK. Sometimes, we can use and share it **without** your OK:

- **For your medical care**
  - To help doctors, hospitals, and others get you the care you need
- **For payment, healthcare operations, and treatment**
  - To share information with the doctors, clinics, and others who bill us for your care
  - When we say we will pay for healthcare or services before you get them (called prior authorization or preapproval)
  - To find ways to make our programs better, as well as support you and help you get available benefits and services. We may get your PHI from public sources, and we may give your PHI to health information exchanges for payment, healthcare operations, and treatment. If you do not want this, please visit **anthem.com/inmedicaid** for more information.
- **For healthcare business reasons**
  - To help with audits, fraud and abuse prevention programs, planning, and everyday work
  - To find ways to make our programs better
- **For public health reasons**
  - To help public health officials keep people from getting sick or hurt
- **With others who help with or pay for your care**
  - With your family or a person you choose who helps with or pays for your healthcare, if you tell us it is OK
  - With someone who helps with or pays for your healthcare, if you cannot speak for yourself and it is best for you

We must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research, or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you.

You may tell us in writing that you want to take back your written OK. We cannot take back what we used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

Other ways we can — or the law says we have to — use your PHI:

- To help the police and other people who make sure others follow laws
- To report abuse and neglect
- To help the court when we are asked
- To answer legal documents
- To give information to health oversight agencies for things such as audits or exams
- To help coroners, medical examiners, or funeral directors find out your name and cause of death
- To help when you asked to give your body parts to science
- For research
- To keep you or others from getting sick or badly hurt
- To help people who work for the government with certain jobs
- To give information to workers' compensation if you get sick or hurt at work

Your rights

- You can ask to look at your PHI and get a copy of it. We will have 30 days to send it to you. If we need more time, we have to let you know. We do not have your whole medical record, though. **If you want a copy of your whole medical record, ask your doctor or health clinic**.
- You can ask us to change the medical record we have for you if you think something is wrong or missing. We will have 60 days to send it to you. If we need more time, we have to let you know.
- Sometimes, you can ask us not to share your PHI. But we do not have to agree to your request.
- You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.
- You can ask us to tell you all the times over the past six years we shared your PHI with someone else. This will not list the times we shared it because of healthcare, payment, everyday healthcare business, or some other reasons we did not list here. We will have 60 days to send it to you. If we need more time, we have to let you know.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

What we have to do

- The law says we must keep your PHI private except as we said in this notice.
- We must tell you what the law says we have to do about privacy.
- We must do what we say we will do in this notice.
- We must send your PHI to some other address or in a way other than regular mail if you ask for reasons that make sense, such as if you are in danger.
- We must tell you if we have to share your PHI after you asked us not to.
- If state laws say we have to do more than what we said here, we will follow those laws.
- We have to let you know if we think your PHI has been breached.

Contacting you

We, along with our affiliates and vendors, may call or text you using an automatic telephone dialing system or an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we will not contact you in this way anymore. Or you may call 844-203-3796 to add your phone number to our Do Not Call list.

What to do if you have a complaint

We are here to help. If you feel your PHI has not been kept safe, you may call Member Services or contact the Department of Health and Human Services. Nothing bad will happen to you if you complain.

You may write to or call the Department of Health and Human Services:

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Ste. 240
Chicago, IL 60601
Phone: 800-368-1019 | TDD: 800-537-7697 | Fax: 312-886-1807

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we will tell you about the changes in a newsletter. We will also post them online at **anthem.com/inmedicaid**.

Race, ethnicity, and language

We receive race, ethnicity, and language information about you from the state agencies for Medicaid and the Children's Health Insurance Program. We protect this information as described in this notice.

We use this information to::

- Make sure you get the care you need.
- Create programs to improve health outcomes.
- Develop and send health education information.
- Let doctors know about your language needs.
- Provide translator services.

We do **not** use this information to:

- Issue health insurance
- Decide how much to charge for services
- Determine benefits
- Disclose to unapproved users

Your personal information

We may ask for, use, and share personal information (PI) as we talked about in this notice. Your PI is not public and tells us who you are. It is often taken for insurance reasons.

- We may use your PI to make decisions about your:
  - Health.
  - Habits.
  - Hobbies.
- We may get PI about you from other people or groups such as:
  - Doctors.
  - Hospitals.
  - Other insurance companies.
- We may share PI with people or groups outside of our company without your OK in some cases.
- We will let you know before we do anything where we have to give you a chance to say no.
- We will tell you how to let us know if you do not want us to use or share your PI.
- You have the right to see and change your PI.
- We make sure your PI is kept safe.

anthem.com/inmedicaid

Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

1004982INMENABS BV 03/21

Do you need help with your health care, talking with us or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 1-844-284-1797 (Hoosier Care Connect); TTY 711.

Spanish

¿Necesita ayuda para con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted. Llámenos a la línea gratuita al 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 1-844-284-1797 (Hoosier Care Connect); TTY 711.

Arabic

هل تحتاج إلى مساعدة فيما يتعلق برعايتك الصحية أو في التحدث معنا أو قراءة ما نرسله لك؟ نوفر المواد الخاصة بنا بلغات وتنسيقات أخرى مجانًا. اتصل بنا على الرقم المجاني 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan)؛ 1-844-284-1797 (Hoosier Care Connect)؛ الهاتف النصي TTY 711.

Burmese

သင့်ကျန်းမာရေး စောင့်ရှောက်မှု၊ ကျွန်ုပ်တို့နှင့် ပြောဆိုမှု သို့မဟုတ် ကျွန်ုပ်တို့ သင့်ထံ ပေးပို့သည်ကို ဖတ်ရှုမှုအတွက် အကူအညီ လိုအပ်ပါသလား။ ကျွန်ုပ်တို့၏ စာရွက်စာတမ်းများ အခြားဘာသာစကားများနှင့် ပုံစံများဖြင့် အခမဲ့ ရရှိနိုင်ပါသည်။ ဖုန်းခေါ်ခ အခမဲ့ဖြစ်သော 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan)၊ 1-844-284-1797 (Hoosier Care Connect)၊ TTY 711 သို့ ဖုန်းခေါ်ဆိုပါ။

Chinese

您在醫療保健方面、與我們交流或閱讀我們寄送的材料時是否需要幫助？我們免費為您提供用其他語言和格式製作的資料。致電我們的免費電話 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan)；1-844-284-1797 (Hoosier Care Connect)；聽力障礙電傳 TTY 711。

Dutch

Hebt u hulp nodig bij uw gezondheidszorg, wil u met ons praten of lezen wat we naar u sturen? We bieden onze literatuur gratis aan u aan in andere talen en formaten. Bel ons gratis op 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 1-844-284-1797 (Hoosier Care Connect); TTY 711.

French

Avez-vous besoin d'aide pour vos soins de santé, pour parler avec nous ou pour lire ce que nous vous envoyons? Nous vous offrons notre matériel dans d'autres langues et formats, sans frais pour vous. Appelez-nous sans frais à 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 1-844-284-1797 (Hoosier Care Connect); TTY 711.

German

Brauchen Sie etwas Hilfestellung mit Ihrer Gesundheitsfürsorge, wenn Sie mit uns reden oder lesen, was wir Ihnen senden? Wir stellen unsere Materialien kostenfrei in anderen Sprachen und Formaten bereit. Rufen Sie uns gebührenfrei unter den folgenden Rufnummern an: 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 1-844-284-1797 (Hoosier Care Connect); TTY 711.

Hindi

क्या आपको अपनी स्वास्थ्य देखभाल, हमारे साथ बात करने या हम जो आपको भेजते हैं उसे पढ़ने में सहायता की जरूरत है? हम अन्य भाषाओं एवं प्रारूपों में आपके लिए बिल्कुल मुफ्त अपनी सामग्रियों को प्रदान करते हैं।हमें टोल फ्री नंबर 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 1-844-284-1797 (Hoosier Care Connect); TTY 711 पर फोन करें.

Japanese

お客様のヘルスケアについて、お問い合わせの際やお手元に届く資料に関し、サポートが必要ですか？資料は他言語にて、また読みやすい文字の書式を無料にて提供しております。詳しくはフリー ダイヤル 、1-866-408-6131 (Hoosier Healthwise、Healthy Indiana Plan); 1-844-284-1797 (Hoosier Care Connect); TTY 711までお問い合わせください。

Korean

건강 관리에 도움이 필요하십니까? 아니면 저희와 연락하시거나, 보내드린 자료를 읽는 데 도움이 필요하십니까? 자료를 다른 언어 및 형식으로 무료로 제공해드립니다. 저희에게 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 1-844-284-1797 (Hoosier Care Connect); TTY 711 번으로 연락해 주십시오.

Pennsylvania Dutch

Brauchscht du Helfe mit dei Health Care, schwetze mit uns odder lese was mir dir schicke? Mir kenne unsere Materials in annere Schprooche un Formats mitaus Koscht gewwe. Ruf uns mitaus Koscht uff: 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 1-844-284-1797 (Hoosier Care Connect); TTY 711.

Punjabi

تہانوں اپنی نگہداشتِ صحت، ساڈے نال گل بات کرن یا جو اسی بھیجنے آں
اُونہوں پڑھن وچ مدد دی لوڑ اے؟ اسی تہانوں اپنے امواد ہور زباناں تے فارمیٹس
وچ مُفت فراہم کردے آں-سانوں ایناں ٹال فری نمبراں تے مُفت کال کرو
1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan);
1-844-284-1797 (Hoosier Care Connect); TTY 711.

Russian

Вы нуждаетесь в помощи при получении медицинского обслуживания, во время общения с нами или с прочтением того, что мы вам посылаем? Мы предоставляем бесплатно наши материалы на других языках и в иных форматах. Позвоните нам бесплатно по телефону 1-866-408-6131 (программа Hoosier Healthwise, программа Healthy Indiana Plan); 1-844-284-1797 (программа Hoosier Care Connect); TTY 711.

Tagalog

Kailangan mo ba ng tulong sa iyong pangangalagang pangkalusugan, pakikipag-usap sa amin o pagbasa sa ipinapadala namin sa iyo? Ibinibigay ang aming mga materyal sa ibang mga wika at format nang wala kang babayaran. Tawagan kami nang libre sa 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 1-844-284-1797 (Hoosier Care Connect); TTY 711.

Vietnamese

Quý vị có cần giúp đỡ về dịch vụ chăm sóc sức khỏe của quý vị thông qua việc trao đổi với chúng tôi hoặc đọc những tài liệu mà chúng tôi gửi cho quý vị hay không? Chúng tôi cung cấp cho quý vị các tài liệu bằng các ngôn ngữ và định dạng khác miễn phí. Hãy gọi chúng tôi theo số điện thoại miễn cước 1-866-408-6131 (Hoosier Healthwise, Healthy Indiana Plan); 1-844-284-1797 (Hoosier Care Connect); TTY 711.

To get this handbook in other formats, such as Braille, large print, or audio CD, call Member Services at **844-284-1797 (TTY 711)** Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

You can learn more about Anthem on our website at anthem.com/inmedicaid.

Anthem Blue Cross and Blue Shield follows federal civil rights laws. We don't discriminate against people because of their:

- Race
- Color
- National origin
- Age
- Disability
- Sex or gender identity

That means we won't exclude you or treat you differently because of these things.

Communicating with you is important

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic, and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call the Member Services number on your ID card. Or you can call our Grievance Coordinator at 844-284-1797 (TTY 711).

Your rights

Do you feel you didn't get these services or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail, email, fax, or phone:

Grievance Coordinator
Anthem Blue Cross and Blue Shield
P.O. Box 62429
Virginia Beach, VA 23466
Phone: 844-284-1797 (TTY 711)

Need help filing? Call our Grievance Coordinator at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

On the web:
ocrportal.hhs.gov/ocr/portal/lobby.jsf

By mail:
U.S. Department of Health and Human Services
200 Independence Ave. SW
Room 509F, HHH Building
Washington, DC 20201

By phone:
800-368-1019 (TTY/TDD 800-537-7697)

For a complaint form, visit
hhs.gov/ocr/office/file/index.html.


Anthem