Empowering Your Health Care

2020 Commonwealth Coordinated Care Plus Program (CCC Plus) Member Handbook

VirginiaPremier.com
Commonwealth Coordinated Care Plus Program (CCC Plus)

Member Handbook

Effective January 1, 2020
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Help in Other Languages or Alternate Formats

This handbook is available for free in other languages and formats including on-line, in large print, Braille or Audio CD. To request the handbook in an alternate format and or language call Member Services at 1-877-719-7358.

If you have any problems reading or understanding this information, please contact our Member Services staff at 1-877-719-7358 (TTY: 711) for help at no cost to you.

We provide reasonable accommodations and communications access to persons with disabilities. Individuals who are deaf or hard of hearing or who are speech-impaired, who want to speak to a Member Services representative, and who have a TTY or other assistive device can dial 711 to reach a relay operator. They will help you reach our Member Services staff. You may also contact Member Services through the “Contact Me” portion of our website or by emailing VPHPmemberconnections@virginiapremier.com.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-719-7358 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-719-7358 (TTY: 711).


CHÚ Y: Nếu bạn nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Xin gọi số 1-877-719-7358 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-719-7358 (TTY: 711)。

PAUNAWA: Kung nagsasalita ka ng Tagalog, may mga magagamit kang libreng serbisyo ng tulong sa wika. Tumawag sa 1-877-719-7358 (TTY: 711).


توجه: دین اگر آپ اردو بولتے ہیں تو، زبان سے متعلق اعلانت کی خدمات، آپ کے لئے مفید دستیاب ہیں۔ 1-877-719-7358 (TTY: 711)


ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-719-7358 (линия TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1 877 719 7358 (TTY: 711) पर कॉल करें।
You can ask for this information in other formats, such as large print. Call 1-877-719-7358 (TTY: 711).
Welcome to Virginia Premier Elite Plus

Thank you for being a Member of Virginia Premier Elite Plus (Virginia Premier), a Commonwealth Coordinated Care Plus (CCC Plus) plan. If you are a new Member, we will get in touch with you in the next few weeks to go over some very important information with you. You can ask us any questions you have, or get help making appointments. If you need to speak with us right away or before we contact you, call us at the number listed below.

Let’s start by telling you a little about ourselves. We’re a non-profit health insurance organization, which means we don’t focus on shareholders or investors. We focus on your health. And a big part of our focus is helping you to take charge of your health care, which includes reading through your Member Handbook. We don’t mean cover to cover. But if you have a question, take a look in here. There’s a good chance you’ll find your answer.

And if you’re joining us through Medicaid Expansion, be sure to check out Section 20 (starting on page 74) of this handbook.

If you have a question about your handbook, or you can’t find what you’re looking for, give us a call. Our number is 1-877-719-7358.

We look forward to working with you.

How to Use This Handbook

This handbook will help you understand your Commonwealth Coordinated Care Plus (CCC Plus) benefits and how you can get help from Virginia Premier. This handbook is your guide to health services. It explains your health care, behavioral health, prescription drug, and long-term services and supports coverage under the CCC Plus program. It tells you the steps you can take to make your health plan work for you.

Feel free to share this handbook with a family member or someone who knows your health care needs. When you have a question, check this handbook, call our Member Services unit, visit our website at VirginiaPremier.com or call your Care Coordinator.

Other Information We Will Send to You

You should have already received your Virginia Premier Member ID Card, and information on how to access a Provider and Pharmacy Directory, and a List of Covered Drugs. You can access our Provider and Pharmacy Directory, a List of Covered Drugs, as well as information related to your covered benefits on our website at VirginiaPremier.com. For more information on how to obtain a copy of the List of Covered Drugs, see Section 9 of this handbook.

Virginia Premier Member ID Card

Show your Virginia Premier ID card when you receive Medicaid services, including when you get long term services and supports, at doctor visits, and when you pick up prescriptions. You must show this card when you get any services or prescriptions. If you have Medicare and Medicaid, show your Medicare and Virginia Premier ID card when you receive services. Below is a sample card to show you what yours will look like:
**Member Identification Card**

![Image of a Member Identification Card]

For urgent or emergency care, dial 911 or go to the nearest urgent/emergency facility. If you are not sure if you need emergency care, call your PCP or the 24-hour Nurse Advice line.

**Member Services:** 1-877-719-7358, TTY: 711

**Transportation:** 1-888-880-3480

**Behavioral Health Crisis:** 1-866-513-4949

**Smiles for Children:** 1-888-912-3456

**Adult Dental:** 1-844-824-2015

**Vision:** 1-800-877-7195

**Pharmacy Help Desk: Envision:** 1-844-838-9711

**Website:** VirginiaPremier.com

**Send Claims To:**
Virginia Premier Claims
PO Box 4250
Richmond, VA 23220

**Member Identification Card (Expansion)**

![Image of a Member Identification Card (Expansion)]

For urgent or emergency care, dial 911 or go to the nearest urgent/emergency facility. If you are not sure if you need emergency care, call your PCP or the 24-hour Nurse Advice line.

**Member Services:** 1-877-719-7358, TTY: 711

**Transportation:** 1-888-880-3480

**Behavioral Health Crisis:** 1-866-513-4949

**24-hour Nurse Advice Line:**

**Smiles for Children:** 1-888-912-3456

**Addit Dental:** 1-844-824-2015

**Vision:** 1-800-877-7195

**Pharmacy Help Desk: Envision:** 1-844-838-9711

**Website:** VirginiaPremier.com

**Send Claims To:**
Virginia Premier Claims
PO Box 4250
Richmond, VA 23220

If you haven’t received your card, or if your card is damaged, lost, or stolen, call Member Services at the number at the bottom of the page right away, and we will send you a new card.

In addition to your Virginia Premier card, keep your Commonwealth of Virginia Medicaid ID card to access services that are covered by the State, under the Medicaid fee-for-service program. These services are described in Services Covered through Medicaid Fee-For-Service, in Section 11 of this handbook.

**Provider and Pharmacy Directory**

You can ask for a Provider and Pharmacy Directory by calling Member Services at the number at the bottom of this page. You can also view our Provider and Pharmacy Directory at [VirginiaPremier.com](http://VirginiaPremier.com).

The Provider and Pharmacy Directory provides information on health care professionals (such as doctors, nurse practitioners, psychologists, etc.), facilities (hospitals, clinics, nursing facilities, etc.), support providers (such as adult day health, home health providers, etc.), and pharmacies in the Virginia Premier network. While you are a Member of our plan, you generally must use one of our network providers and pharmacies to get covered services. There are some exceptions, however, including:

- When you first join our plan (see Continuity of Care Period in Section 3 of this handbook),
- If you have Medicare (see How to Get Care From Your Primary Care Physician in Section 6 of this handbook, and
- In several other circumstances (see How to Get Care From Out-of-Network Providers in Section 6 of this handbook.)
You can ask for a paper copy of the Provider and Pharmacy Directory or List of Covered Drugs by calling Member Services at the number at the bottom of the page. You can also see the Provider and Pharmacy Directory and List of Covered Drugs at VirginiaPremier.com or download it from this website. Refer to List of Covered Drugs in Section 9 of this handbook.

The Provider and Pharmacy Directory lists health care professionals (such as doctors, nurse practitioners, and psychologists), facilities (such as hospitals or clinics), and support providers (such as adult day health and home health providers) that you may see as a Virginia Premier member. We also list the pharmacies that you may use to get your prescription drugs. In addition, this directory will list (when available) specialty type, provider address, distance in miles between zip code entered and provider or pharmacy location, phone number, additional languages spoken, and whether or not the practice is accepting new patients.

**Important Phone Numbers**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Care Coordinator</td>
<td>1-877-719-7358</td>
<td>Follow options to reach your Care Coordinator</td>
</tr>
<tr>
<td>Virginia Premier Member Services</td>
<td>1-877-719-7358 (TTY: 711)</td>
<td>Reach us Monday through Friday, 8:00 am to 8:00 pm. The call is free.</td>
</tr>
<tr>
<td>Virginia Premier 24/7 Medical/Behavioral Health Advice Line</td>
<td>1-800-256-1982</td>
<td>Our nurse line is open 24 hours a day, even on weekends and holidays. Call this line if you need medical or behavioral health advice.</td>
</tr>
<tr>
<td>Virginia Premier 24/7 Behavioral Health Crisis Line</td>
<td>1-844-513-4949</td>
<td>Our behavioral health crisis line is open 24 hours a day, even on weekends and holidays. Call this line if you or someone else is experiencing a behavioral health crisis.</td>
</tr>
<tr>
<td>Adult Dental through DentaQuest.</td>
<td>Call DentaQuest at 1-800-516-2940</td>
<td>For questions or to find a dentist in your area.</td>
</tr>
<tr>
<td>Smiles for Children through DentaQuest, DMAS Dental Benefits Administrator</td>
<td>For questions or to find a dentist in your area, call Smiles For Children at 1-888-912-3456. Information is also available on the DMAS website at: <a href="http://www.dmas.virginia.gov/#!/denta">http://www.dmas.virginia.gov/#!/denta</a>...</td>
<td>or the DentaQuest website at: <a href="http://www.dentaquestgov.com/">http://www.dentaquestgov.com/</a></td>
</tr>
<tr>
<td>Virginia Premier Transportation</td>
<td>Call Virginia Premier Transportation at 1-855-880-3480 at least five working days in advance.</td>
<td></td>
</tr>
<tr>
<td>DMAS Transportation Contractor for transportation to and from DD Waiver Services</td>
<td>1-866-386-8331</td>
<td>TTY: 1-866-288-3133 Or dial 711 to reach a relay operator</td>
</tr>
<tr>
<td>CCC Plus Helpline</td>
<td>1-844-374-9159</td>
<td>TDD: 1-800-817-6608 or visit the website at cccplusva.com.</td>
</tr>
</tbody>
</table>
2. What is Commonwealth Coordinated Care Plus

The Commonwealth Coordinated Care Plus (CCC Plus) program is a Medicaid managed care program through the Department of Medical Assistance Services (DMAS). Virginia Premier was approved by DMAS to provide care coordination and health care services. Our goal is to help you improve your quality of care and quality of life.

What Makes You Eligible to be a CCC Plus Member

You are eligible for CCC Plus when you have full Medicaid benefits, and meet one of the following categories:

- You are age 65 and older,
- You are an adult or child with a disability,
- You reside in a nursing facility (NF),
- You receive services through the CCC Plus home and community based services waiver (formerly referred to as the Technology Assisted and Elderly or Disabled with Consumer Direction (EDCD) Waivers),
- You receive services through any of the three waivers serving people with developmental disabilities (Building Independence, Family & Individual Supports, and Community Living Waivers), also known as the DD Waivers.

CCC Plus Enrollment

Eligible individuals must enroll in the CCC Plus program. DMAS and the CCC Plus Helpline manage the enrollment for the CCC Plus program. To participate in CCC Plus, you must be eligible for Medicaid.

Reasons You Would Not be Eligible to Participate in CCC Plus

You would not be able to participate in CCC Plus if any of the following apply to you:

- You lose/lost Medicaid eligibility.
- You do not meet one of the eligible categories listed above.
- You are enrolled in hospice under the regular fee-for-service Medicaid program prior to any CCC Plus benefit assignment.
- You enroll in the Medicaid Health Insurance Premium Payment (HIPP) program.
- You enroll in PACE (Program of All-Inclusive Care for the Elderly). For more information about PACE, talk to your Care Coordinator or visit: http://www.pace4you.org/
- You reside in an Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IID).
- You are receiving care in a Psychiatric Residential Treatment Facility (children under age 21).
- You reside in a Veteran’s Nursing Facility.
- You reside in one of these State long term care facilities: Piedmont, Catawba, Hiram Davis, or Hancock.
- You live on Tangier Island.
What if I Am Pregnant

If you are within your first ninety (90) days of initial enrollment, and in your 3rd trimester of pregnancy, and your provider is not participating with Virginia Premier, you may request to move to another MCO where your provider participates. If your provider does not participate with any of the CCC Plus health plans, you may request to receive coverage through fee-for-service Medicaid until after delivery of your baby. Contact the CCC Plus Helpline at 1-844-374-9159 or TDD: 1-800-817-6608 to make this request.

Healthy Heartbeats Prenatal Program

Healthy Heartbeats is our program for you if you’re going to have a baby. We want to help you have a healthy pregnancy and baby. Healthy Heartbeats takes you month-by-month through your pregnancy, and up to two months postpartum (after your give birth). After you deliver, we will remind you of important well-child visits and shots your baby needs. You will have your own Virginia Premier Medical Outreach Representative supporting you throughout your pregnancy and into postpartum. For high-risk pregnancies, we’ll provide a high-risk obstetrician (OB) case manager to work with you.

Your OB/GYN or Midwife and our care team will work with you. Together, we’ll come up with a plan to meet your needs throughout your pregnancy.

We’ll help you out by:

- Connecting you with prenatal education classes
- Talking with you each month to make sure you and your baby are getting what you need
- Staying in touch with your OB/GYN or Midwife to help you stay healthy
- Helping you to sign up for the Women, Infants, and Children (WIC) Program to get free formula and food vouchers or breastfeeding support
- Talking with you about your nutritional, medical, social and emotional needs making a plan that shows you how and where to meet your needs
- Setting up a postpartum visit
- Introducing you to Text4Baby, with text messages that guide you through your pregnancy and baby’s first year

You’ll also get a pregnancy package. It will have:

- A letter welcoming you to the Healthy Heartbeats program
- Information to help your baby stay well through the first year
- Information about gift cards you can earn by taking care of yourself and preparing for a healthy baby
- Gifts for your baby

Coverage for Newborns Born to Moms Covered Under CCC Plus

If you have a baby, you will need to report the birth of your child as quickly as possible to enroll your baby in Medicaid. You can do this by:

- Calling the Cover Virginia Call Center at 1-855-242-8282 to report the birth of your child over the phone, or
- Contacting your local Department of Social Services to report the birth of your child.
You will be asked to provide your information and your baby’s:

- Name
- Date of Birth
- Race
- Gender
- The baby’s mother’s name and Medicaid ID number

When first enrolled in Medicaid, your baby will be able to access health care through the Medicaid fee-for-service program. This means that you can take your baby to any provider in the Medicaid fee-for-service network for covered services. Look for additional information in the mail about how your baby will receive Medicaid coverage from DMAS.

**Medicaid Eligibility**

Medicaid eligibility is determined by your local Department of Social Services (DSS) or the Cover Virginia Central Processing Unit. Contact your local DSS eligibility worker or call Cover Virginia at 1-855-242-8282 or TDD: 1-888-221-1590 about any Medicaid eligibility questions. The call is free. For more information you can visit Cover Virginia at [www.coverva.org](http://www.coverva.org).

**Choosing or Changing Your Health Plan**

**Health Plan Assignment**

You received a notice from DMAS that included your initial health plan assignment. With that notice DMAS included a comparison chart of health plans in your area. The assignment notice provided you with instructions on how to make your health plan selection.

You may have chosen us to be your health plan. If not, DMAS may have assigned you to our health plan based upon your history with us as your managed care plan. For example, you may have been enrolled with us before either through Medicare or Medicaid. You may also have been assigned to us if certain providers you see are in our network. These include nursing facilities, adult day health care, and private duty nursing providers.

**You Can Change Your Health Plan Through the CCC Plus Helpline**

The CCC Plus Helpline can help you choose the health plan that is best for you. For assistance, call the CCC Plus Helpline at 1-844-374-9159 or TDD 1-800-817-6608, or visit the website at [cccplusva.com](http://cccplusva.com). The CCC Plus Helpline is available Monday through Friday (except on State Holidays) from 8:30 am to 6:00 pm. The CCC Plus Helpline can help you understand your health plan choices and answer your questions about which doctors and other providers participate with each health plan. The CCC Plus Helpline services are free and are not connected to any CCC Plus health plan.

You can change your health plan during the first 90 days of your CCC Plus program enrollment for any reason. You can also change your health plan once a year during open enrollment for any reason. Open enrollment occurs each year between October and December with a January 1st coverage begin date. You will get a letter from DMAS during open enrollment with more information. You may also ask to change your health plan at any time for “good cause,” which can include:

- You move out of the health plan’s service area,
- You need multiple services provided at the same time but cannot access them within the health plan’s network,
- Your residency or employment would be disrupted as a result of your residential, institutional, or employment supports provider changing from an in-network to an out-of-network provider, and
• Other reasons determined by DMAS, including poor quality of care and lack of access to appropriate providers, services, and supports, including specialty care.

The CCC Plus Helpline handles “good cause” requests and can answer any questions you may have. Contact the CCC Plus Helpline at 1-844-374-9159 or TDD 1-800-817-6608, or visit the website at cccplusva.com.

**Automatic Re-Enrollment**

If your enrollment ends with us and you regain eligibility for the CCC Plus program within 60 days or less, you will automatically be re-enrolled with Virginia Premier. You will also be sent a re-enrollment letter from DMAS.
What is Virginia Premier's Service Area

Our Service Area includes:

<table>
<thead>
<tr>
<th>Accomack</th>
<th>Danville</th>
<th>King William</th>
<th>Prince George</th>
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<tr>
<td>Albemarle</td>
<td>Dickenson</td>
<td>Lancaster</td>
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<td>Alexandria</td>
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<td>Amelia</td>
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<td>Amherst</td>
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<td>Appomattox</td>
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<td>Bedford</td>
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<td>Bland</td>
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<td>Mathews</td>
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<td>Botetourt</td>
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<td>Martinsville</td>
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<td>Bristol</td>
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<tr>
<td>Bristol</td>
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<td>Buckingham</td>
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<td>Buena Vista</td>
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<td>New Kent</td>
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<td>Campbell</td>
<td>Grayson</td>
<td>Newport News</td>
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<td>Charles City</td>
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<td>Charlotte</td>
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<td>Christiansburg</td>
<td>Henry</td>
<td>Patrick</td>
<td>Westmoreland</td>
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<td>Clarke</td>
<td>Highland</td>
<td>Petersburg</td>
<td>Williamsburg</td>
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<td>Colonial Heights</td>
<td>Hopewell</td>
<td>Pittsylvania</td>
<td>Winchester</td>
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<td>Covington</td>
<td>Isle of Wright</td>
<td>Poquoson</td>
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<td>Craig</td>
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<td>Culpeper</td>
<td>King and Queen</td>
<td>Portsmouth</td>
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<td>Cumberland</td>
<td>King George</td>
<td>Prince Edward</td>
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Only people who live in our service area can enroll with Virginia Premier. If you move outside of our service area, you cannot stay in this plan. If this happens, you will receive a letter from DMAS asking you to choose a new plan. You can also call the CCC Plus Helpline if you have any questions about your health plan enrollment. Contact the CCC Plus Helpline at 1-844-374-9159 or TDD 1-800-817-6608 or visit the website at cccplusva.com.
If You Have Medicare and Medicaid

If you have Medicare and Medicaid, some of your services will be covered by your Medicare plan and some will be covered by Virginia Premier. We are your CCC Plus Medicaid Plan.

<table>
<thead>
<tr>
<th>Types of Services Under Medicare</th>
<th>Types of Services Under CCC Plus (Medicaid)</th>
</tr>
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<tbody>
<tr>
<td>• Inpatient Hospital Care (Medical and Psychiatric)</td>
<td>• Medicare Co-payments</td>
</tr>
<tr>
<td>• Outpatient Care (Medical and Psychiatric)</td>
<td>• Hospital and Skilled Nursing when Medicare Benefits are Exhausted</td>
</tr>
<tr>
<td>• Physician and Specialists Services</td>
<td>• Long term nursing facility care (custodial)</td>
</tr>
<tr>
<td>• X-Ray, Lab Work and Diagnostic Tests</td>
<td>• Home and Community Based Waiver Services like personal care and respite care, environmental modifications, and assistive technology services</td>
</tr>
<tr>
<td>• Skilled Nursing Facility Care</td>
<td>• Community Behavioral Health Services</td>
</tr>
<tr>
<td>• Home Health Care</td>
<td>• Medicare non-covered services, like some over the counter medicines, medical equipment and supplies, and incontinence products.</td>
</tr>
<tr>
<td>• Hospice Care</td>
<td></td>
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<tr>
<td>• Prescription Drugs</td>
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<tr>
<td>• Durable Medical Equipment</td>
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For more information, contact your Medicare Plan, visit Medicare.gov, or call Medicare at 1-800-633-4227.

You Can Choose the Same Health Plan for Medicare and Medicaid

You have the option to choose the same health plan for your Medicare and CCC Plus Medicaid coverage. The Medicare plan is referred to as a Dual Special Needs Plan (D-SNP). Having the same health plan for Medicare and Medicaid will enhance and simplify the coordination of your Medicare and Medicaid benefits. There are benefits to you if you are covered by the same health plan for Medicare and Medicaid. Some of these benefits include:

• You receive better coordination of care through the same health plan.
• You have one health plan and one number to call for questions about all of your benefits.
• You work with the same Care Coordinator for Medicare and Medicaid. This person will work with you and your providers to make sure you get the care you need.

If you choose Medicare fee-for-service or a Medicare plan other than our Medicare D-SNP plan, we will work with your Medicare plan to coordinate your benefits.

If you receive both Medicare and Medicaid through Virginia Premier you will have access to enhanced benefits under Medicaid as well as Medicare. For a complete listing of Medicare benefits visit VirginiaPremier.com and go to “Coverage Overview.” You can also refer to the Medicaid enhanced benefits grid in Section 10 of this handbook: How to Access Your CCC Plus Benefits.

How to Contact the Medicare State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) gives free health insurance counseling to people with Medicare. In Virginia, the SHIP is called the Virginia Insurance Counseling and Assistance Program (VICAP). You can contact the Virginia Insurance Counseling Assistance Program if you need assistance with your Medicare health insurance options. VICAP can help you understand your Medicare plan choices and answer your questions about changing to a new Medicare plan. VICAP is an independent program that is free and not connected to any CCC Plus health plans.
3. How CCC Plus Works

Virginia Premier contracts with doctors, specialists, hospitals, pharmacies, providers of long term services and supports, and other providers. These providers make up our provider network. You will also have a Care Coordinator. Your Care Coordinator will work closely with you and your providers to understand and meet your needs. Your Care Coordinator will also provide you with information about your covered services and the choices that are available to you. Refer to Your Care Coordinator in Section 4 of this handbook.

What Are the Advantages of CCC Plus

CCC Plus provides person-centered supports and coordination to meet your individual needs. Some of the advantages of CCC Plus include:

- You will have a care team that you help put together. Your care team may include doctors, nurses, counselors, or other health professionals who are there to help you get the care you need.
- You will have a Care Coordinator. Your Care Coordinator will work with you and with your providers to make sure you get the care you need.
- You will be able to direct your own care with help from your care team and Care Coordinator.
- Your care team and Care Coordinator will work with you to come up with a care plan specifically designed to meet your health and/or long term support needs. Your care team will be in charge of coordinating the services you need. This means, for example:
  - Your care team will make sure your doctors know about all medicines you take so they can reduce any side effects.
  - Your care team will make sure your test results are shared with all your doctors and other providers so they can be kept informed of your health status and needs.
- Treatment choices that include preventive, rehabilitative, and community-based care.
- An on-call nurse or other licensed staff is available 24 hours per day, 7 days per week to answer your questions. We are here to help you. You can reach us by calling the number at the bottom of this page. Also refer to Medical Advice Line Available 24 Hours a Day, 7 Days a Week in Section 5 of this handbook.

What Are the Advantages of Choosing Virginia Premier

We're here to help you take charge of your own health care, which includes giving you access to benefits that work for you. Take a look below to see some of the benefits available to you.

- Wellness Programs such as our Smoking Cessation, Exercise and Nutrition programs.
- Extra benefits such as: Adult Dental, Vision, Incentive Awards for Preventive Care, Food Assistance Services and cell phone services. (See Extra Benefits We Provide That are not Covered by Medicaid in Section 10 of this handbook for more information about extra benefits we cover)
Transition of Care Policy: Continuity of Care Period

The continuity of care period is 30 days. If Virginia Premier is new for you, you can keep seeing the doctors you go to now for the first 30 days. You can also keep getting your authorized services for the duration of the authorization or for 30 days after you first enroll, whichever is sooner. After 30 days in our plan, you will need to see doctors and other providers in the Virginia Premier network. A network provider is a provider who contracts and works with our health plan. You can call your Care Coordinator or Member Services for help finding a network provider. Your new provider can get a copy of your medical records from your previous provider, if needed.

If you are in a nursing facility at the start of the CCC Plus Program, you may choose to

- Remain in the facility as long as you continue to meet the Virginia DMAS’ criteria for nursing facility care,
- Move to a different nursing facility, or
- Receive services in your home or other community based setting.

The continuity of care period may be longer than 30 days. Virginia Premier may extend this time frame until the health risk assessment is completed. Virginia Premier will also extend this time frame for you to have a safe and effective transition to a qualified provider within our network. Talk to your Care Coordinator if you want to learn more about these options.

If You Have Other Coverage

Medicaid is the payer of last resort. This means that if you have another insurance, are in a car accident, or if you are injured at work, your other insurance or Workers Compensation has to pay first.

We have the right and responsibility to collect payment for covered Medicaid services when Medicaid is not the first payer. We will not attempt to collect any payment directly from you. Contact Member Services if you have other insurance so that we can best coordinate your benefits. Your Care Coordinator will also work with you and your other health plan to coordinate your services.

4. Your Care Coordinator

You have a dedicated Care Coordinator who can help you to understand your covered services and how to access these services when needed. Your Care Coordinator will also help you to work with your doctor and other health care professionals (such as nurses and physical therapists), to provide a health risk assessment, and develop a care plan that considers your needs and preferences. We provide more information about the health risk assessment and the care plan below.

How Your Care Coordinator Can Help

Your Care Coordinator can:

- Answer questions about your health care
- Provide assistance with appointment scheduling
- Answer questions about getting any of the services you need. For example: behavioral health services, transportation, and long-term services and supports (LTSS)
  - Long-term services and supports (LTSS) are a variety of services and supports that help older individuals and individuals with disabilities meet their daily needs for assistance, improve the quality of their lives, and facilitate maximum independence. Examples include personal assistance services (assistance with bathing, dressing, and other basic activities of daily life and self-care), as well as support for everyday tasks such as meal preparation, laundry, and shopping. LTSS are provided over a long period of time, usually in homes and communities, but also in nursing facilities.
• Help with arranging transportation to your appointments when necessary. If you need a ride to receive a Medicaid covered service and cannot get there, non-emergency transportation is covered. Just call 1-855-880-3480 (toll-free) or call your Care Coordinator for assistance.

• Answer questions you may have about your daily health care and living needs including these services:
  • Skilled nursing care
  • Physical therapy
  • Occupational therapy
  • Speech therapy
  • Home health care
  • Personal care services
  • Behavioral health services
  • Services to treat addiction
  • Other services that you need

For more information on covered benefits, please visit Section 10 of this handbook, How to Access Your CCC Plus Benefits.

**What is a Health Screening**

Within three months after you enroll with Virginia Premier, a Virginia Premier representative will contact you or your authorized representative via telephone, mail or in person to ask you some questions about your health and social needs. These questions will make up what is called the “Health Screening.” The representative will ask about any medical conditions you currently have or have had in the past, your ability to do everyday things, and your living conditions.

Your answers will help Virginia Premier understand your needs, identify whether or not you have medically complex needs, and to determine when your Health Risk Assessment is required. Virginia Premier will use your answers to develop your Care Plan (for more information on your Care Plan, see below).

Please contact Virginia Premier if you need accommodations to participate in the health screening.

If you have questions about the health screening, please contact 877-719-7358, (TTY/TDD: 711). This call is free.

**What is a Health Risk Assessment**

After you enroll with Virginia Premier, your Care Coordinator will meet with you to ask you some questions about your health, needs and choices. Your Care Coordinator will talk with you about any medical, behavioral, physical, and social service needs that you may have. This meeting may be in-person or by phone and is known as a health risk assessment (HRA). An HRA is a complete, detailed assessment of your medical, behavioral, social, emotional, and functional status. The HRA is typically completed by your Care Coordinator. This health risk assessment will enable your Care Coordinator to understand your needs and help you get the care that you need.

**What is a Care Plan**

A care plan includes the types of health services that are needed and how you will get them. It is based on your health risk assessment. After you and your Care Coordinator complete your health risk assessment, your care team will meet with you to talk about what health and/or long term services and supports you need and want as well as your goals and preferences. Together, you and your care team will make a personalized care
plan, specific to your needs. (This is also referred to as a person-centered care plan.) Your care team will work with you to update your care plan when the health services you need or choose change, and at least once per year.

**How to Contact Your Care Coordinator**

A Care Coordinator is a licensed professional, such as a nurse or social worker, who gives collaborative, person-centered support to you based on your specific preferences and health care needs. You will be assigned a care coordinator upon enrollment with Virginia Premier.

Our care coordinators are experienced and eager to be your partner in coordinating your health care. But, if you feel that your care manager is not able to meet your health care needs, you may ask to be assigned to another care manager. Please call and ask to speak to a care management supervisor who will listen to your needs and assign you to another care coordinator.

Please use the toll-free number below to call our care coordinator or care coordinator supervisor.

<table>
<thead>
<tr>
<th>Call</th>
<th>1-877-719-7358. This call is free.</th>
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<tbody>
<tr>
<td></td>
<td>Monday through Friday from 8:00 am to 8:00 pm. An automated system will be used to answer calls received outside of normal business hours and on Saturdays, Sundays, and State of Virginia holidays.</td>
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<tr>
<td></td>
<td>Messages left in a secured mailbox using alternative technologies will be returned on the next business day.</td>
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<td></td>
<td>We have free interpreter services for people who do not speak English.</td>
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<tr>
<td>TTY</td>
<td>711. This call is free.</td>
</tr>
<tr>
<td></td>
<td>Monday through Friday from 8:00 am to 8:00 pm.</td>
</tr>
<tr>
<td>Fax</td>
<td>1-877-794-7954</td>
</tr>
<tr>
<td>Write</td>
<td>Virginia Premier</td>
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<tr>
<td></td>
<td>Attn: Medical Management</td>
</tr>
<tr>
<td></td>
<td>PO Box 4280</td>
</tr>
<tr>
<td></td>
<td>Richmond, VA 23220</td>
</tr>
<tr>
<td>Website</td>
<td>VirginiaPremier.com</td>
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</table>

**Chronic Care Management**

As a member of a Virginia Premier, you have access to expert guidance to help manage your chronic conditions and prevent health problems. Our experienced nurses are here to understand how your condition affects your lifestyle, develop a plan with you, and help you partner with your doctor to feel well and live well.

If you have any of these conditions, extra help from a nurse is just a phone call away:

- Hypertension
- Heart Disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Asthma
- Chronic Kidney Disease
- Childhood weight management
• Schizophrenia
• Bipolar disorder

Contact your Chronic Care Management nurse at 1-866-243-0937 (TTY: 711).

5. Help From Member Services

Our Member Services Staff are available to help you if you have any questions about your benefits, services or procedures or have a concern about Virginia Premier. Member services is available from 8:00 am to 8:00 pm, Monday through Friday.

How to Contact Member Services

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<thead>
<tr>
<th>Call</th>
<th>1-877-719-7358. This call is free.</th>
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</thead>
<tbody>
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<td>Monday through Friday from 8:00 am to 8:00 pm</td>
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<tr>
<td>Fax</td>
<td>1-877-794-7952</td>
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<tr>
<td>Write</td>
<td>Virginia Premier Elite Plus</td>
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<td></td>
<td>Attn: Member Services</td>
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<td></td>
<td>P.O. Box 4337</td>
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<td></td>
<td>Richmond, VA 23220</td>
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<tr>
<td>Email</td>
<td><a href="mailto:mltssmemberservices@virginiapremier.com">mltssmemberservices@virginiapremier.com</a></td>
</tr>
<tr>
<td>Website</td>
<td>VirginiaPremier.com</td>
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How Member Services Can Help

Member Services can:

• Answer questions you have about Virginia Premier
• Answer questions you have about claims, billing or your Member ID Card
• Help you find a doctor or see if a doctor is in Virginia Premier’s network
• Help you change your Primary Care Physician (PCP)
• Provide information on coverage decisions about your health care services (including medications)
  • A coverage decision about your health care is a decision about:
    • your benefits and covered services, or
    • the amount we will pay for your health services.
• Provide information on how you can submit an appeal about a coverage decision on your health care services (including medications). An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake. (See Your Right to Appeal in Section 15 of this handbook).
• Grievances about your health care services (including medications). You can file a grievance about us or any provider (including a non-network or network provider). A network provider is a provider who contracts and works with the health plan. You can also file a grievance about the quality of the care you received to us or to the CCC Plus Helpline at 1-844-374-9159 or TDD 1-800-817-6608. (See Your Right to File a Grievance in Section 15 of this handbook).

**Medical Advice Line Available 24 Hours a Day, 7 Days a Week**

If you are unable to reach your Care Coordinator, you can reach a nurse or behavioral health professional 24 hours a day, 7 days a week to answer your questions toll-free at: 1-800-256-1982 (TTY:711).

When you need medical advice right away, your call will always be answered by a registered nurse.

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<tr>
<th>Call</th>
<th>1-800-256-1982 This call is free.</th>
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<tr>
<td></td>
<td>Available 24 hours a day, 7 days a week</td>
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<td>We have free interpreter services for people who do not speak English.</td>
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<tr>
<td>TTY</td>
<td>711 This call is free.</td>
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**Behavioral Health Crisis Line Available 24 Hours a Day, 7 Days a Week**

If you are having an emotional crisis, family crisis, or are having suicidal thoughts, talking to someone may help.

Contact Virginia Premier if you do not know how to get services during a crisis. We will help find a crisis provider for you. Call 1-844-513-4949. If you have thoughts about harming yourself or someone else, you should:

• Get help right away by calling 911.
• Go to the closest hospital for emergency care.

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<tr>
<th>Call</th>
<th>1-844-513-4949 This call is free.</th>
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<tr>
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<td>Available 24 hours a day, 7 days a week</td>
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<td>We have free interpreter services for people who do not speak English.</td>
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<tr>
<td>TTY</td>
<td>711. This call is free.</td>
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<td></td>
<td>This number is for people who have hearing or speaking problems.</td>
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**Addiction and Recovery Treatment Services (ARTS) Advice Line Available 24 Hours a Day, 7 Days a Week**

If you are unable to reach your Care Coordinator, you can reach an ARTS health professional 24 hours a day, 7 days a week to answer your questions at: 1-877-719-7358. The call is free.

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<thead>
<tr>
<th>Call</th>
<th>1-877-719-7358 This call is free.</th>
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<tr>
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<tr>
<td>TTY</td>
<td>711. This call is free.</td>
</tr>
<tr>
<td></td>
<td>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</td>
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</table>
If You Do Not Speak English

We can provide you with translation services. Virginia Premier Member Services has employees who speak your language and we are able to access interpreter services. We also have written information in many languages for our Members. Currently written materials are available in English and Spanish. If you need interpretation, please call Member Services (at no charge) at 1-877-719-7358 and request to speak to an interpreter or request written materials in your language.

If You Have a Disability and Need Assistance in Understanding Information or Working with Your Care Coordinator

We provide reasonable accommodations to people with disabilities in compliance with the Americans with Disabilities Act. This includes but is not limited to accessible communications (such as a qualified sign language interpreter), braille or large print materials, etc. If you need a reasonable accommodation please call Member Services (at no charge) at 1-877-719-7358 to ask for the help you need.

If You Have Questions About Your Medicaid Eligibility

If you have questions about your Medicaid eligibility, contact your Medicaid eligibility worker at the Department of Social Services in the city or county where you live. If you have questions about the services you get under Virginia Premier, call Member Services at the phone number below.

6. How to Get Care and Services

How to Get Care from Your Primary Care Physician

Your Primary Care Physician

A Primary Care Physician (PCP) is a doctor selected by you who meets state requirements and is trained to give you basic medical care. You will usually see your PCP for most of your routine health care needs. Your PCP will work with you and your Care Coordinator to coordinate most of the services you get as a Member of our plan. Coordinating your services or supplies includes checking or consulting with other plan providers about your care. If you need to see a doctor other than your PCP, you may need a referral (authorization) from your PCP. You may also need to get approval in advance from your PCP before receiving certain types of covered services or supplies. In some cases, your PCP will need to get authorization (prior approval) from us. Since your PCP will provide and coordinate your medical care, you should have all of your past medical records sent to your PCP’s office. Contact Member Services or your Care Coordinator with any questions you have about getting your medical records transferred to your PCP or about your care and services.

Choosing Your PCP

New Members have the right to choose a PCP in our network soon after joining Virginia Premier by contacting our Member Services unit at the number below. If you do not already have a PCP you must request one prior to the 25th day of the month before your effective enrollment date, or else Virginia Premier may assign you a PCP. You have the right to change your PCP at any time by calling Member Services at the number listed at the bottom of this page.

If you do not have a PCP in our network, we can help you find a highly-qualified PCP in your community. For help locating a provider you can use our online provider directory at: VirginiaPremier.com. The provider directory includes a list of all of the doctors, clinics, hospitals, labs, specialists, long term services and supports providers, and other providers who work with Virginia Premier. The directory also includes information on the accommodations each provider has for individuals who have disabilities or who do not speak English. We can also provide you with a paper copy of the provider directory. You can also call Member Services at the number on the bottom of this page or call your Care Coordinator for assistance.
You may want to find a doctor:

- Who knows you and understands your health condition,
- Who is taking new patients,
- Who can speak your language, or
- Who has appropriate accommodations for people with physical or other disabilities.

If you have a disability or a chronic illness you can ask us if your specialist can be your PCP. We also contract with Federally Qualified Health Centers (FQHC) that provide primary and specialty care. Another clinic can also act as your PCP if the clinic is a network provider.

Women can also choose an OB/GYN for women’s health issues. These include routine check-ups, follow-up care if there is a problem, and regular care during a pregnancy. Women do not need a PCP referral to see an OB/GYN provider in our network.

If You Have Medicare, Tell Us About Your PCP

If you have Medicare, you do not have to choose a PCP in Virginia Premier’s network. Simply call Member Services or your Care Coordinator to let us know the name and contact information for your PCP. We will coordinate your care with your Medicare assigned PCP.

If Your Current PCP Is Not in Our Network

If you do not have Medicare, you need to choose a PCP that is in Virginia Premier’s network. You can continue to see your current PCP during the continuity of care period even if they are not in the Virginia Premier network. The continuity of care period is 30 days. Your Care Coordinator can help you find a PCP in our network. At the end of the continuity of care period, if you do not choose a PCP in the Virginia Premier network, we will assign a PCP to you.

Changing Your PCP

You may call Member Services to change your PCP at any time to another PCP in our network. Also, it is possible that your PCP might leave our network. We will tell you within 15 days from when we know about this. We can help you find a new PCP. We will also change your PCP if the change is ordered as part of the resolution to a formal grievance proceeding. We can help you find a new PCP.

Changes requested are made immediately upon receipt of the request.

Getting an Appointment With Your PCP

Your PCP will take care of most of your health care needs. Call your PCP to make an appointment. If you need care before your first appointment, call your PCP’s office to ask for an earlier appointment. If you need help making an appointment, call Member Services at the number below.

Appointment Standards

You should be able to get an appointment with your PCP within the same amount of time as any other patient seen by the PCP. Expect the following times to see a provider:

- For an emergency - immediately.
- For urgent care and office visits with symptoms – within 24 hours of request.
- For routine primary care visit – within 30 calendar days.
If you need behavioral health or substance abuse services, you should be able to make an appointment to see a specialist as follows:

- Care for non-life-threatening emergency within 6 hours
- Urgent care within 48 hours
- Routine visits within 10 business days

If you are pregnant, you should be able to make an appointment to see an OB/GYN as follows:

- First trimester (first 3 months) - Within fourteen (14) calendar days of request.
- Second trimester (3 to 6 months) - Within seven (7) calendar days of request.
- Third trimester (6 to 9 months) - Within five (5) business days of request.
- High Risk Pregnancy - Within three (3) business days or immediately if an emergency exists.

If you are unable to receive an appointment within the times listed above, call Member Services at the number below and they will help you get the appointment.

**How to Get Care From Network Providers**

Our provider network includes access to care 24 hours a day 7 days per week and includes hospitals, doctors, specialists, urgent care facilities, nursing facilities, home and community based service providers, early intervention providers, rehabilitative therapy providers, addiction and recovery treatment services providers, home health and hospice providers, durable medical equipment providers, and other types of providers. Virginia Premier provides you with a choice of providers and they are located so that you do not have to travel very far to see them. There may be special circumstances where longer travel time is required; however, that should be only on rare occasions.

**Travel Time and Distance Standards**

Virginia Premier will provide you with the services you need within the travel time and distance standards described in the table below. These standards apply for services that you travel to in order to receive care from network providers. These standards do not apply to providers who provide services to you at home. If you live in an urban area, you should not have to travel more than 30 miles or 45 minutes to receive services. If you live in a rural area, in the Roanoke/Alleghany Region, or the Southwest Region, you should not have to travel more than 60 miles or 75 minutes to receive services.

**Member Travel Time and Distance Standards**

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Roanoke/Alleghany and Southwest Regions

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Accessibility

Virginia Premier wants to make sure that all providers and services are as accessible (including physical and geographic access) to individuals with disabilities as they are to individuals without disabilities. If you have difficulty getting an appointment with a provider, or accessing services because of a disability, contact Member Services at the telephone numbers below for assistance.

What Are “Network Providers”

Virginia Premier’s network providers include:

- Doctors, nurses, and other health care professionals that you can go to as a Member of our plan;
- Clinics, hospitals, nursing facilities, and other places that provide health services in our plan;
- Early intervention providers, home health agencies and durable medical equipment suppliers;
- Long term services and supports (LTSS) providers including nursing facilities, hospice, adult day health care, personal care, respite care, and other LTSS providers.

Network providers have agreed to accept payment from our plan for covered services as payment in full.

What Are “Network Pharmacies”

Network pharmacies are pharmacies (drug stores) that have agreed to fill prescriptions for our Members. Use the Provider and Pharmacy Directory to find the network pharmacy you want to use.

Except during an emergency, you must fill your prescriptions at one of our network pharmacies if you want our plan to help you pay for them. Call Member Services at the number at the bottom of the page for more information. Both Member Services and Virginia Premier’s website can give you the most up-to-date information about changes in our network pharmacies and providers. You can reach Member Services Monday through Friday from 8:00 am to 8:00 pm at 1-877-719-7358 or visit our website at VirginiaPremier.com.

What Are Specialists

If you need care that your PCP cannot provide, your PCP may refer you to a specialist. Most of the specialists are in Virginia Premier’s network. A specialist is a doctor who provides health care for a specific disease or part of the body. There are many kinds of specialists. Here are a few examples:

- Oncologists care for patients with cancer.
- Cardiologists care for patients with heart problems.
- Orthopedists care for patients with bone, joint, or muscle problems.

If you need to see a specialist for ongoing care, your PCP may be able to refer you for a specified number of visits or length of time (known as a standing referral). If you have a standing referral, you will not need a new referral each time you need care. If you have a disabling condition or chronic illnesses you can ask us if your specialist can be your PCP.
Your PCP will request prior authorization for referrals to participating specialists and facilities as necessary. If you need a referral, you and your PCP can select a specialist from the list of participating specialist and facilities located in our provider directory.

If an in-network specialist is not available, an out-of-network provider will be considered.

**If Your Provider Leaves Our Plan**

A network provider you are using might leave our plan. If one of your providers does leave our plan, you have certain rights and protections that are summarized below:

- Even though our network of providers may change during the year, we must give you uninterrupted access to qualified providers.
- When possible, we will give you at least 15 days notice so that you have time to select a new provider.
- We will help you select a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment, you have the right to ask, and we will work with you to ensure, that the medically necessary treatment you are getting is not interrupted.
- If you believe we have not replaced your previous provider with a qualified provider or that your care is not being appropriately managed, you have the right to file a grievance or request a new provider.
- If you find out one of your providers is leaving our plan, please contact your Care Coordinator so we can assist you in finding a new provider and managing your care.
- You may also notify Member Services if you find out one of your providers is leaving our plan, so we can assist you in finding a new provider.

**How to Get Care From Out-of-Network Providers**

If we do not have a specialist in the Virginia Premier network to provide the care you need, we will get you the care you need from a specialist outside of the Virginia Premier network. We will also get you care outside of the Virginia Premier network in any of the following circumstances:

- When Virginia Premier has approved a doctor out of its established network;
- When emergency and family planning services are rendered to you by an out of network provider or facility;
- When you receive emergency treatment by providers not in the network;
- When the needed medical services are not available in Virginia Premier’s network;
- When Virginia Premier cannot provide the needed specialist within the distance standard of more than 30 miles in urban areas or more than 60 miles in rural areas;
- When the type of provider needed and available in Virginia Premier’s network does not, because of moral or religious objections, furnish the service you need;
- Within the first 30 days of your enrollment, when your provider is not part of Virginia Premier’s network but has treated you in the past; and,
- If you are in a nursing facility when you enroll with Virginia Premier, and the nursing facility is not in Virginia Premier’s network.

Your PCP or in-network authorizing provider will be responsible for contacting us to get the authorization for your out-of-network visit. Our team of health care clinicians, including a Medical Director, will review the information to help make the best decision regarding the specialist visit.
If your PCP or Virginia Premier refer you to a provider outside of our network, you are not responsible for any of the costs, except for your patient pay towards long term services and supports. See Section 13 of this handbook for information about what a patient pay is and how to know if you have one.

**Care From Out-of-State Providers**

Virginia Premier is not responsible for services you obtain outside Virginia except under the following circumstances:

- Necessary emergency or post-stabilization services;
- Where it is a general practice for those living in your locality to use medical resources in another State; and,
- The required services are medically necessary and not available in-network and within the Commonwealth of Virginia.

**Network Providers Cannot Bill You Directly**

Network providers must always bill Virginia Premier. Doctors, hospitals, and other providers in our network cannot make you pay for covered services. They also cannot charge you if we pay for less than the provider charged us; this is known as “balanced billing.” This is true even if we pay the provider less than the provider charged for a service. If we decide not to pay for some charges, you still do not have to pay them.

**If You Receive a Bill for Covered Services**

If you are billed for any of the services covered by our plan, you should not pay the bill. If you do pay the bill, Virginia Premier may not be able to pay you back.

Whenever you get a bill from a network provider or for services that are covered outside of the network (example emergency or family planning services) send us the bill. We will contact the provider directly and take care of the bill for covered services.

**If You Receive Care from Providers Outside of the United States**

Our plan does not cover any care that you get outside the United States.

**7. How to Get Care for Emergencies**

**What is an Emergency**

You are always covered for emergencies. An emergency is a sudden or unexpected illness, severe pain, accident or injury that could cause serious injury or death if it is not treated immediately.

**What to do in an Emergency**

Call 911 at once! You do not need to call Virginia Premier first. You do not need an authorization or a referral for emergency services.

Go to the closest hospital. Calling 911 will help you get to a hospital. You can use any hospital for emergency care, even if you are in another city or state. If you are helping someone else, try to stay calm.

Tell the hospital that you are a Virginia Premier Member. Ask them to call Virginia Premier at the number on the back of your CCC Plus ID Card.
What is a Medical Emergency

This is when a person thinks he or she must act quickly to prevent serious health problems. It includes symptoms such as severe pain or serious injury. The condition is so serious that, if it doesn’t get immediate medical attention, you believe that it could cause:

- serious risk to your health; or
- serious harm to bodily functions; or
- serious dysfunction of any bodily organ or part; or
- in the case of a pregnant woman in active labor, meaning labor at a time when either of the following would occur:
  - There is not enough time to safely transfer you to another hospital before delivery, or
  - The transfer may pose a threat to your health or safety or to that of your unborn child.

What is a Behavioral Health Emergency

A behavioral health emergency is when a person thinks about or fears they might hurt themselves or hurt someone else.

Examples of Non-Emergencies

Examples of non-emergencies are: colds, sore throat, upset stomach, minor cuts and bruises, or sprained muscles. If you are not sure, call your PCP or the Virginia Premier’s 24/7 medical advice line at: 1-800-256-1982.

If You Have an Emergency When Away from Home

You or a family Member may have a medical or a behavioral health emergency away from home. You may be visiting someone outside Virginia. While traveling, your symptoms may suddenly get worse. If this happens, go to the closest hospital emergency room. You can use any hospital for emergency care. Show them your Virginia Premier card. Tell them you are in Virginia Premier’s program.

What is Covered if You Have an Emergency

You may receive covered emergency care whenever you need it, anywhere in the United States. If you need an ambulance to get to the emergency room, our plan covers the ambulance transportation. If you have an emergency, we will talk with the doctors who give you emergency care. Those doctors will tell us when your medical emergency is complete.

Notifying Virginia Premier About Your Emergency

Notify your doctor and Virginia Premier as soon as possible about the emergency within 48 hours if you can. However, you will not have to pay for emergency services because of a delay in telling us. We need to follow up on your emergency care. Your Care Coordinator will assist you in getting the correct services in place before you are discharged to ensure that you get the best care possible. Please call Member Services at 1-877-719-7358, Monday through Friday from 8:00 am to 8:00 pm. This number is also listed on the back of Virginia Premier’s Member card.

After an Emergency

Virginia Premier will provide necessary follow-up care, including through out-of-network providers if necessary, until your physician says that your condition is stable enough for you to transfer to an in-network provider, or
for you to be discharged. If you get your emergency care from out-of-network providers, we will try to get network providers to take over your care as soon as possible after your physician says you are stable. You may also need follow-up care to be sure you get better. Your follow-up care will be covered by our plan.

**If You Are Hospitalized**

If you are hospitalized, a family Member or a friend should contact Virginia Premier as soon as possible. By keeping Virginia Premier informed, your Care Coordinator can work with the hospital team to organize the right care and services for you before you are discharged. Your Care Coordinator will also keep your medical team including your home care services providers informed of your hospital and discharge plans.

**If it Wasn’t a Medical Emergency**

Sometimes it can be hard to know if you have a medical emergency. You might go in for emergency care, and the doctor may say it wasn’t really a medical emergency. As long as you reasonably thought your health was in serious danger, we will cover your care. However, after the doctor says it was not an emergency, we will cover your additional care only if you follow the General Coverage Rules described in Section 10 of this handbook.

**8. How to Get Urgently Needed Care**

**What is Urgently Needed Care**

Urgently needed care is care you get for a non-life threatening, sudden illness, injury, or condition that isn’t an emergency but needs care right away. For example, you might have an existing condition that worsens and you need to have it treated right away. Other examples of urgently needed care include sprains, strains, skin rashes, infection, fever, flu, etc. In most situations, we will cover urgently needed care only if you get this care from a network provider. However, if you can’t get to a network provider, we will cover urgently needed care you receive from an out-of-network provider.

You can find a list of urgent care centers we work with in our Provider and Pharmacy Directory, available on our website at VirginiaPremier.com.

**9. How to Get Your Prescription Drugs**

This Section explains rules for getting your outpatient prescription drugs. These are drugs that your provider orders for you that you get from a pharmacy or drug store.

**Rules for Virginia Premier’s Outpatient Drug Coverage**

Virginia Premier will usually cover your drugs as long as you follow the rules in this Section.

1. You must have a doctor or other authorized provider write your prescription. This person often is your primary care physician (PCP). It could also be another provider if your primary care physician has referred you for care.
2. You generally must use a network pharmacy to fill your prescription.
3. Your prescribed drug must be on Virginia Premier’s List of Covered Drugs. If it is not on the List of Covered Drugs, we may be able to cover it by giving you a service authorization.
4. Your drug must be used for a medically accepted indication. This means that the use of the drug is either approved by the Food and Drug Administration or supported by certain medical reference books.
5. If you have Medicare, most of your drugs are covered through your Medicare carrier. We cannot pay for any drugs that are covered under Medicare Part D, including copayments.
6. Virginia Premier can provide coverage for coinsurance and deductibles on Medicare Part A and B drugs. These include some drugs given to you while you are in a hospital or nursing facility.

**Getting Your Prescriptions Filled**

In most cases, Virginia Premier will pay for prescriptions only if they are filled at Virginia Premier’s network pharmacies. A network pharmacy is a drug store that has agreed to fill prescriptions for our Members. You may go to any of our network pharmacies.

To find a network pharmacy, you can look in the Provider and Pharmacy Directory, visit our website, or contact Member Services at the number at the bottom of the page or your Care Coordinator.

To fill your prescription, show your Member ID Card at your network pharmacy. If you have Medicare, show your Medicare Part D and Virginia Premier ID cards. The network pharmacy will bill Virginia Premier for the cost of your covered prescription drug. If you do not have your Member ID Card with you when you fill your prescription, ask the pharmacy to call Virginia Premier to get the necessary information.

If you need help getting a prescription filled, you can contact Member Services at the number at the bottom of the page or call your Care Coordinator.

**List of Covered Drugs**

Virginia Premier has a List of Covered Drugs that are selected by Virginia Premier with the help of a team of doctors and pharmacists. The Virginia Premier List of Covered Drugs also includes all of the drugs on the DMAS Preferred Drug List (PDL). The List of Covered Drugs can be found at [VirginiaPremier.com](http://VirginiaPremier.com). The List of Covered Drugs tells you which drugs are covered by Virginia Premier and also tells you if there are any rules or restrictions on any drugs, such as a limit on the amount you can get.

You can call Member Services to find out if your drugs are on the List of Covered Drugs or check online at [VirginiaPremier.com](http://VirginiaPremier.com) or we can mail you a paper copy of the List of Covered Drugs. The List of Covered Drugs may change during the year. To get the most up-to-date List of Covered Drugs, visit [VirginiaPremier.com](http://VirginiaPremier.com) or call Virginia Premier at 1-877-719-7358 Monday through Friday, 8:00 am to 8:00 pm.

We will generally cover a drug on Virginia Premier's List of Covered Drugs as long as you follow the rules explained in this Section. You can also get drugs that are not on the list when medically necessary. Your physician may have to obtain a service authorization from us in order for you to receive some drugs.

**Limits for Coverage of Some Drugs**

For certain prescription drugs, special rules limit how and when we cover them. In general, our rules encourage you to get a drug that works for your medical condition and that is safe and effective, and cost effective.

If there is a special rule for your drug, it usually means that you or your provider will have to take extra steps for us to cover the drug. For example, your provider may need to request a service authorization for you to receive the drug. We may or may not agree to approve the request without taking extra steps. Refer to Service Authorization and Benefit Determination and Service Authorizations and Continuity of Care in Section 14 of this handbook.

If Virginia Premier is new for you, you can keep getting your authorized drugs for the duration of the authorization or during the continuity of care period after you first enroll, whichever is sooner. The continuity of care period is 30 days. Refer to Continuity of Care Period in Section 3 of this handbook.

If we deny or limit coverage for a drug, and you disagree with our decision, you have the right to appeal our decision. Refer to Your Right to Appeal in Section 15 of this handbook. If you have any concerns, contact your
Care Coordinator. Your Care Coordinator will work with you and your PCP to make sure that you receive the drugs that work best for you.

**Getting Approval in Advance**

For some drugs, you or your doctor must get a service authorization approval from Virginia Premier before you fill your prescription. If you don’t get approval, Virginia Premier may not cover the drug.

**Trying a Different Drug First**

We may require that you first try one (usually less-expensive) drug (before we will cover another (usually more-expensive) drug for the same medical condition. For example, if Drug A and Drug B treat the same medical condition, the plan may require you to try Drug A first. If Drug A does not work for you, then we will cover Drug B. This is called step therapy.

**Quantity Limits**

For some drugs, we may limit the amount of the drug you can have. This is called a quantity limit. For example, the plan might limit how much of a drug you can get each time you fill your prescription.

To find out if any of the rules above apply to a drug your physician has prescribed, check the List of Covered Drugs. For the most up-to-date information, call Member Services or check our website at [VirginiaPremier.com](http://VirginiaPremier.com).

**Emergency Supply**

There may be an instance where your medication requires a service authorization, and your prescribing physician cannot readily provide authorization information to us, for example over the weekend or on a holiday. If your pharmacist believes that your health would be compromised without the benefit of the drug, we may authorize a 72-hour emergency supply of the prescribed medication. This process provides you with a short-term supply of the medications you need and gives time for your physician to submit a service authorization request for the prescribed medication. If you need a 72-hour emergency supply, you or your pharmacist can call the Pharmacy Technical Call Center at 1-844-838-0711, 24 hours, 7 days a week.

**Non-Covered Drugs**

By law, the types of drugs listed below are not covered by Medicare or Medicaid:

- Drugs used to promote fertility;
- Drugs used for cosmetic purposes or to promote hair growth;
- Drugs used for the treatment of sexual or erectile dysfunction, such as Viagra®, Cialis®, Levitra®, and Caverject®, unless such agents are used to treat a condition other than sexual or erectile dysfunction, for which the agents have been approved by the FDA;
- Drugs used for treatment of anorexia, weight loss, or weight gain;
- All DESI (Drug Efficacy Study Implementation) drugs as defined by the FDA to be less than effective, including prescriptions that include a DESI drug;
- Drugs that have been recalled;
- Experimental drugs or non-FDA-approved drugs; and,
- Any drugs marketed by a manufacturer who does not participate in the Virginia Medicaid Drug Rebate program.
Changing Pharmacies

If you need to change pharmacies and need a refill of a prescription, you can ask your pharmacy to transfer the prescription to the new pharmacy. If you need help changing your network pharmacy, you can contact Member Services at the number at the bottom of the page or your Care Coordinator.

If the pharmacy you use leaves Virginia Premier’s network, you will have to find a new network pharmacy. To find a new network pharmacy, you can look in the Provider and Pharmacy Directory, visit our website, or contact Member Services at the number at the bottom of the page or your Care Coordinator. Member Services can tell you if there is a network pharmacy nearby.

What if You Need a Specialized Pharmacy

Sometimes prescriptions must be filled at a specialized pharmacy. Specialized pharmacies include pharmacies that supply drugs for home infusion therapy or residents of a long-term care facility, such as a nursing facility.

Usually, nursing facilities have their own pharmacies. If you are a resident of a nursing facility, we must make sure you can get the drugs you need at the nursing facility’s pharmacy. If you have any problems getting your drug benefits in a nursing facility, please contact your Care Coordinator or Member Services at the number at the bottom of the page.

Can You Use Mail-Order Services to Get Your Drugs

Virginia Premier will not cover drugs from a mail-order pharmacy. Our network of pharmacies includes retail/community and specialty pharmacies. To find a local in-network pharmacy you can either:

- Call Member Services at the number at the bottom of the page;
- Contact your Care Coordinator; or
- Call Envision Pharmaceutical Services, LLC at 1-844-838-0711 (TTY: 711)

Can You Get a Long-Term Supply of Drugs

Virginia Premier will not allow a long-term supply of drugs and will only cover up to a 34-day supply of your drugs at a network pharmacy.

Can You Use a Pharmacy That is Not in Virginia Premier’s Network

In most instances, Virginia Premier will only pay for your medications filled at a network pharmacy, except in cases of an emergency. If you have questions about a pharmacy’s network status during an emergency you can either call:

- Member Services at the number at the bottom of the page;
- Your Care Coordinator; or
- Envision Pharmaceutical Services, LLC at 1-844-838-0711 (TTY: 711)

What is the Patient Utilization Management and Safety (PUMS) Program

Some Members who require additional monitoring may be enrolled in the Patient Utilization Management and Safety (PUMS) program. The PUMS program is required by DMAS and helps make sure your drugs and health services work together in a way that won’t harm your health. As part of this program, we may check the Prescription Monitoring Program (PMP) tool that the Virginia Department of Health Professions maintains to review your drugs. This tool uses an electronic system to monitor the dispensing of controlled substance prescription drugs.
If you are chosen for PUMS, you may be restricted to or locked into only using one pharmacy or only going to one provider to get certain types of medicines. We will send you a letter to let you know how PUMS works. The lock-in period is for 12 months. At the end of the lock in period, we'll check in with you to see if you should continue the program. If you are placed in PUMS and don’t think you should be in the program, you can appeal. You must appeal to us within 60 days of when you get the letter saying that you have been put into PUMS. You can also request a State Fair Hearing. Refer to Appeals, State Fair Hearings, and Grievances in Section 15 of this handbook.

If you’re in the PUMS program, you can get prescriptions after hours if your selected pharmacy doesn’t have 24 hour access. You’ll also be able to pick a PCP, pharmacy or other provider where you want to be locked in. If you don’t select providers for lock in within 15 days, we’ll choose them for you.

Members who are enrolled in PUMS will receive a letter from Virginia Premier that provides additional information on PUMS including all of the following information:

- A brief explanation of the PUMS program;
- A statement explaining the reason for placement in the PUMS program;
- Information on how to appeal to Virginia Premier if placed in the PUMS program;
- Information regarding how request a State Fair Hearing after first exhausting the Virginia Premier’s appeals process;
- Information on any special rules to follow for obtaining services, including for emergency or after hours services; and
- Information on how to choose a PUMS provider.

Contact Member Services at the number below or your Care Coordinator if you have any questions on PUMS.

10. How to Access Your CCC Plus Benefits

CCC Plus Benefits

As a Virginia Premier member, you have a variety of health care benefits and services available to you. You will receive most of your services through Virginia Premier, but may receive some through DMAS or a DMAS Contractor.

- Services provided through Virginia Premier are described in this Section 10 of the handbook.
- Services covered by DMAS or a DMAS Contractor are described in Section 11 of this handbook.
- Services that are not covered through Virginia Premier or DMAS are described in Section 12 of this handbook.

Services you receive through Virginia Premier or through DMAS will not require you to pay any costs other than your “patient pay” towards long term services and supports. Section 13 of this handbook provides information on what a “patient pay” is and how you know if you have one.

General Coverage Rules

To receive coverage for services you must meet the general coverage requirements described below.

1. Your services (including medical care, services, supplies, equipment, and drugs) must be medically necessary. Medically necessary generally means you need the service or supplies to prevent, diagnose, or treat a medical condition or its symptoms based on accepted standards of medical practice.
2. In most cases, you must get your care from a network provider. A network provider is a provider who works with Virginia Premier. In most cases, Virginia Premier will not pay for care you get from an out-of-network provider unless the service is authorized by Virginia Premier. Section 6 has more information about using network and out-of-network providers, including Services You Can Get Without First Getting Approval From Your PCP.

3. Some of your benefits are covered only if your doctor or other network provider gets approval from us first. This is called a service authorization. Section 14 includes more information about service authorizations.

4. If Virginia Premier is new for you, you can keep seeing the doctors you go to now during the 30 day continuity of care period. You can also keep getting your authorized services for the duration of the authorization or during the continuity of care period after you first enroll, whichever is sooner. Also see Continuity of Care Period in Section 3 of this handbook.

**Benefits Covered Through Virginia Premier**

Virginia Premier covers all of the following services for you when they are medically necessary. If you have Medicare or another insurance plan, we will coordinate these services with your Medicare or other insurance plan. Refer to Section 11 of this handbook for Services Covered Through the DMAS Medicaid Fee-For-Service Program.

- Regular medical care, including office visits with your PCP, referrals to specialists, exams, etc. See Section 6 of this handbook for more information about PCP services.
- Preventive care, including regular check-ups, screenings, and well-baby/child visits. See Section 6 of this handbook for more information about PCP services.
- Addiction and Recovery Treatment Services (ARTS), including inpatient, outpatient, community based, medication assisted treatment, peer services, and case management. Services may require authorization. Additional information about ARTS services is provided below in this Section of the handbook.
- Adult day health Care services (see CCC Plus Waiver)
- Behavioral health services (Inpatient and outpatient individual, family and group psychotherapy services, Community Mental Health Rehabilitation Services), including:
  - Mental Health Case Management
  - Therapeutic Day Treatment (TDT) for Children
  - Day Treatment/ Partial Hospitalization for Adults
  - Crisis Intervention and Stabilization
  - Intensive Community Treatment
  - Mental Health Skill-building Services (MHSS)
  - Intensive In-Home
  - Psychosocial Rehabilitation
  - Behavioral Therapy
  - Mental Health Peer Supports
- Care coordination services, including assistance connecting to CCC Plus covered services and to housing, food, and community resources. See Section 4 of this handbook for more information about your Care Coordinator.
- Clinic services, including renal dialysis.
• CCC Plus Home and Community Based Waiver services, (formerly known as the EDCD and Technology Assisted Waivers), including: adult day health care, assistive technology, environmental modifications, personal care services, personal emergency response systems (PERS), private duty nursing services, respite services, services facilitation, transition services. Additional information about CCC Plus Waiver services is provided later in this Section. Section 11 of this handbook provides information about DD Waiver Services.

• Colorectal cancer screening.

• Court ordered services.

• Durable medical equipment (DME) and supplies including medically necessary respiratory, oxygen, and ventilator equipment and supplies, wheelchairs and accessories, hospital beds, diabetic equipment and supplies, incontinence products, assistive technology, communication devices, and rehabilitative equipment and devices and other necessary equipment and supplies.

• Early and Periodic Screening Diagnostic and Treatment services (EPSDT) for children under age 21. Additional information about EPSDT services is provided later in this Section of the handbook.

• Early Intervention services for children from birth to age 3. Additional information about early intervention services is provided later in this Section of the handbook.

• Electroconvulsive therapy (ECT).

• Emergency custody orders (ECO).

• Emergency services including emergency transportation services (ambulance, etc.).

• Emergency and post stabilization services. Additional information about emergency and post stabilization services is provided in Section 7 of this handbook.

• End stage renal disease services.

• Eye examinations.

• Family planning services, including services, devices, drugs (including long acting reversible contraception) and supplies for the delay or prevention of pregnancy. You are free to choose your method for family planning including through providers who are in/out of Virginia Premier’s network. Virginia Premier does not require you to obtain a service authorization or a PCP referral for family planning services.

• Glucose test strips.

• Hearing (audiology) services.

• Home health services.

• Hospice services.

• Hospital care – inpatient/outpatient.

• Human Immunodeficiency Virus (HIV) testing and treatment counseling.

• Immunizations.

• Inpatient psychiatric hospital services.

• Laboratory, Radiology and Anesthesia Services.

• Lead investigations.

• Mammograms.

• Maternity care - includes: pregnancy care, doctors/certified nurse-midwife services. Additional information about maternity care is provided in Section 6 of this handbook.

• Nursing facility - includes skilled, specialized care, long stay hospital, and custodial care. Additional information about nursing facility services is provided later in this Section of the handbook.
• Nurse Midwife Services through a Certified Nurse Midwife provider.
• Organ transplants.
• Orthotics, including braces, splints and supports - for children under 21, or adults through an intensive rehabilitation program.
• Outpatient hospital services.
• Pap smears.
• Personal care or personal assistance services (through EPSDT or through the CCC Plus Waiver).
• Physician's services or provider services, including doctor’s office visits.
• Physical, occupational, and speech therapies.
• Podiatry services (foot care).
• Prenatal and maternal services.
• Prescription drugs. See Section 9 of this handbook for more information on pharmacy services.
• Private duty nursing services (through EPSDT and through the CCC Plus HCBS Waiver).
• Prostate specific antigen (PSA) and digital rectal exams.
• Prosthetic devices including arms, legs and their supportive attachments, breasts, and eye prostheses).
• Psychiatric or psychological services.
• Radiology services.
• Reconstructive breast surgery.
• Renal (kidney) dialysis services.
• Rehabilitation services – inpatient and outpatient (including physical therapy, occupational therapy, speech pathology and audiology services).
• Second opinion services from a qualified health care provider within the network or we will arrange for you to obtain one at no cost outside the network. The doctor providing the second opinion must not be in the same practice as the first doctor. Out of network referrals may be approved when no participating provider is accessible or when no participating provider can meet your individual needs.
• Surgery services when medically necessary and approved by Virginia Premier.
• Telemedicine services.
• Temporary detention orders (TDO).
• Tobacco Cessation Services for pregnant women, children, and adolescents under age 21.
• Transportation services, including emergency and non-emergency (air travel, ground ambulance, stretcher vans, wheelchair vans, public bus, volunteer/registered drivers, taxi cabs). Virginia Premier will also provide transportation to/from most “carved-out” and enhanced services. Additional information about transportation services is provided later in this Section of the handbook. Transportation services for DD Waiver services are covered through DMAS, as described in Section 11 of this handbook.
• Vision services.
• Well Visits - An annual wellness visit that is focused on preventive health. Providers will review the member’s history and risk factors, reconcile the medication list, and provide personalized health advice. Any gaps in preventive care (as defined by the United States Preventive Services Task Force and the Advisory Committee on Immunization Practices) should be addressed at this visit. Required elements include height, weight, body mass index or waist circumference, blood pressure, and cognitive status as well as family health factors that could indicate hereditary risk. Advice and referrals should cover, as appropriate, community based lifestyle interventions to reduce health risks and promote self-management and wellness, fall prevention, nutrition, physical activity, tobacco use cessation, and weight loss.
Abortion services- coverage is only available in cases where there would be a substantial danger to the life of the mother.

**Extra Benefits We Provide That are not Covered by Medicaid**

As a member of Virginia Premier you have access to services that are not generally covered through Medicaid fee-for-service. These are known as “enhanced benefits.” We provide the following enhanced benefits:

<table>
<thead>
<tr>
<th>Enhanced Benefit</th>
<th>Services and Benefit Limits</th>
<th>Qualifying Members</th>
<th>Approval Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Federal Lifeline Free Cell Phone program through Safelink</td>
<td>350 minutes, 1 GB data and unlimited texts each month; allows members to receive reminders and health tips via text as well as stay connected with Virginia Premier and their PCPs. Calls to and from Virginia Premier do not count toward minute allowance</td>
<td>All members, one phone per household</td>
<td>No cost for qualifying low-income households</td>
</tr>
<tr>
<td>Fitness program tailored to member needs</td>
<td>Assessment by a Health Educator and coaching to engage in physical activities to improve well-being. Opportunities include exercise DVDs, a pedometer, walking logs, exercise bands and online resources through the Member Wellness Portal</td>
<td>All members can benefit from a fitness program that is tailored to their needs</td>
<td>N/A</td>
</tr>
<tr>
<td>Wellness reward gift cards</td>
<td>Gift cards available to members who receive communication about gaps in their care to encourage access to screenings and preventive care.</td>
<td>All members</td>
<td>Verification of services being rendered by a member of the Quality nurse team.</td>
</tr>
</tbody>
</table>
| Smoking Cessation                                     | • Individual Counseling and Group Education  
• Nicotine Replacement Therapy  
• Referral to Quit Now Virginia  
• Ongoing coaching, tips and tools from a Health Educator | All members | N/A                                           |
<p>| Nutrition Counseling                                  | Available through Virginia Premier’s Health Education team. Learn about food labels, portion control, and meals that lower your cholesterol and blood pressure. Use tools on our wellness portal to track foods and activities and participate in classes. | All members | N/A                                           |</p>
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</thead>
<tbody>
<tr>
<td>Access to CVS MinuteClinic</td>
<td>CVS MinuteClinic offers a broad range of services. In addition to diagnosing and treating illnesses, injuries and skin conditions, they provide wellness services including vaccinations, physicals, screenings and monitoring for chronic conditions.</td>
<td>All members</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| Chronic Disease Management Education                  | • A registered nurse will work with members to take control of chronic conditions, including: Heart Disease, Asthma, Diabetes, Chronic Kidney Disease, High Blood Pressure and Breast, Colorectal, Lung or Hematologic Cancer, Childhood Weight Management, Heart Failure, Schizophrenia and Bipolar Disorder.  
• Access to Chronic Disease Self-Management Classes | All members       | N/A              |
<p>|                                                      | In communities where these classes are offered.                                                                                                                                                                              |                   |                  |
| Food Assistance Program – GA Foods                   | Up to 14 days of meals provided to members identified upon hospital discharge as having food inadequacy needs                                                                                                                                 | Members 21 and over | Assessed and reviewed by care coordinator |
| Dental                                               | One oral exam; one cleaning per year; one set of bitewing x-rays per year                                                                                                                                                   | Members 21 and over | Member has not had same service in the previous 365 days |
| To access this benefit contact:                      |                                                                                                                                                                                                                           |                   |                  |
| DentaQuest                                           | For intellectual/ developmentally disabled members, your Care Coordinator can attend your first dental visit (available for members over 21 years old).                                                                  | ID/D Waiver Participants over 21 | Member has not had same service in the previous 365 days and has either one of the disability waivers or is on the waiting list |
|                                                      | Sedation for the above services for individuals over the age of 21 who could not have dental care without sedation                                                                                                       | Members 21 and older | Member has not had same service in the previous 365 days and medical records indicate member unable to have services without sedation. |</p>
<table>
<thead>
<tr>
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<th>Qualifying Members</th>
<th>Approval Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>Exam, lenses and frames every 24 months. Diabetics can receive 1 exam every 1 year, $100 for frames or contact lenses every 24 months.</td>
<td>Members 21 and older</td>
<td>Member has not received service in the past 24 months. Member has not received service in the past 12 months.</td>
</tr>
<tr>
<td>To access this benefit contact:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VSP</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
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</tr>
<tr>
<td>800-877-7195</td>
<td></td>
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</tr>
<tr>
<td>Hearing Aid Services</td>
<td>Coverage includes $1,250 max benefit every 36 months toward hearing aid exam, hearing aid fitting, and purchase of premium level hearing aids. Free one-year supply of hearing aid batteries provided with purchase.</td>
<td>All members</td>
<td>Member has not exceeded max benefit limit. EPIC hearing counselor will coordinate referral to participating hearing doctor and coordinate your coverage and payment (if any).</td>
</tr>
<tr>
<td>To access this benefit contact:</td>
<td></td>
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<tr>
<td>EPIC</td>
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<td><a href="http://www.epichearing.com/%5Cnvirginiapremier">www.epichearing.com/\nvirginiapremier</a></td>
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<td>1-866-956-5400</td>
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</tr>
<tr>
<td>Healthy Heartbeats</td>
<td>Prenatal program • Electric breast pump • Lactation consultant • Gift cards for completing prenatal visits and health education classes</td>
<td>All Pregnant Members</td>
<td>Meets qualifying member definition Attestation signed by physician</td>
</tr>
<tr>
<td>Postpartum Benefits</td>
<td>Gift card for getting a doctor’s visit within 7-60 days after giving birth</td>
<td>All postpartum members</td>
<td>Attestation signed by physician</td>
</tr>
<tr>
<td>Watch Me Grow</td>
<td>Birth to age 21 reminder program (well visit and shots)</td>
<td>All eligible members younger than 21 years of age</td>
<td>Meets qualifying member definition</td>
</tr>
<tr>
<td></td>
<td>All eligible members with children younger than 18 years of age</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

### How to Access Early and Periodic Screening, Diagnostic, and Treatment Services

**What is EPSDT**

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program is a federally mandated Medicaid benefit that provides comprehensive and preventive health care services for children under age 21. If you have a child that is under age 21, EPSDT provides appropriate preventive, dental, behavioral health, developmental,
and specialty services. It includes coverage for immunizations, well child visits, lead investigations, private duty nursing, personal care, and other services and therapies that treat or make a condition better. It will also cover services that keep your child’s condition from getting worse. EPSDT can provide coverage for medically necessary services even if these are not normally covered by Medicaid.

**Getting EPSDT Services**

Virginia Premier provides most of the Medicaid EPSDT covered services. However, some EPSDT services, like pediatric dental care, are not covered by Virginia Premier. For any services not covered by Virginia Premier you can get these through the Medicaid fee-for-service program. Additional information about services provided through Medicaid fee-for-service is provided in Section 11 of this handbook.

For more information, call your Care Coordinator. Your Care Coordinator can help you obtain information you need about EPSDT services for your child and authorization for any services your child needs.

**Getting Early Intervention Services**

If you have a baby under the age of three, and you believe that he or she is not learning or developing like other babies and toddlers, your child may qualify for early intervention services. Early intervention includes services such as speech therapy, physical therapy, occupational therapy, service coordination, and developmental services to help families support their child’s learning and development during everyday activities and routines. Services are generally provided in your home.

The first step is meeting with the local Infant and Toddler Connection program in your community to see if your child is eligible. A child from birth to age three is eligible if he or she has (i) a 25% developmental delay in one or more areas of development; (ii) atypical development; or, (iii) a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

For more information, call your Care Coordinator. Your Care Coordinator can help. If your child is enrolled in Virginia Premier we provide coverage for early intervention services. Your Care Coordinator will work closely with you and the Infant and Toddler Connection program to help you access these services and any other services that your child may need. Information is also available at [www.infantva.org](http://www.infantva.org) or by calling 1-800-234-1448.

**How to Access Behavioral Health Services**

Behavioral health services offer a wide range of treatment options for individuals with a mental health or substance use disorder. Many individuals struggle with mental health conditions such as depression, anxiety, or other mental health issues as well as using substances at some time in their lives. These behavioral health services aim to help individuals live in the community and maintain the most independent and satisfying lifestyle possible. Services range from outpatient counseling to hospital care, including day treatment and crisis services. These services can be provided in your home or in the community, for a short or long timeframe, and all are performed by qualified individuals and organizations.

Contact your Care Coordinator if you are having trouble coping with thoughts and feelings. Your Care Coordinator will help you make an appointment to speak with a behavioral healthcare professional.

Some Behavioral Health services are covered for you through Magellan, the DMAS Behavioral Health Services Administrator (BHSA). Your Care Coordinator will work closely with the BHSA to coordinate the services you need, including those that are provided through the BHSA.

For more information about behavioral health services, contact our Care Coordinator. The Care Coordinator can help you access behavioral health services, connect with a behavioral health provider, and obtain authorizations for services you need.
How to Access Addiction and Recovery Treatment Services (ARTS)

Virginia Premier offers a variety of services that help individuals who are struggling with using substances, including drugs and alcohol. Addiction is a medical illness, just like diabetes, that many people deal with and can benefit from treatment no matter how bad the problem may seem. If you need treatment for addiction, we provide coverage for services that can help you. These services include settings in inpatient, outpatient, residential, and community-based treatment. Medication assisted treatment options are also available if you are dealing with using prescription or non-prescription drugs. Other options that are helpful include peer services (someone who has experience similar issues and in recovery), as well as case management services. Talk to your PCP or call your Care Coordinator to determine the best option for you and how to get help in addiction and recovery treatment services. To find an ARTS provider, you can look in the Provider and Pharmacy Directory, visit our website, call your Care Coordinator, or contact Member Services at one of the numbers below.

For more information about behavioral health services, contact our Care Coordinator. The Care Coordinator can help you access behavioral health services, connect with a behavioral health provider, and obtain authorizations for services you need.

How to Access Long-Term Services and Supports (LTSS)

Virginia Premier provides coverage for long-term services and supports (LTSS) including a variety of services and supports that help older individuals and individuals with disabilities meet their daily needs and maintain maximum independence. LTSS can provide assistance that helps you live in your own home or other setting of your choice and improves your quality life. Examples services include personal assistance services (assistance with bathing, dressing, and other basic activities of daily life and self-care), as well as support for everyday tasks such as laundry, shopping, and transportation. LTSS are provided over a long period of time, usually in homes and communities (through a home and community based waiver), but also in nursing facilities. If you need help with these services, please call your Care Coordinator who will help you in the process to find out if you meet the Virginia eligibility requirements for these services. Also see the Sections: Commonwealth Coordinated Care Plus Waiver, Nursing Facility Services, and How to Get Services if you are in a DD Waiver described later in this Section of the handbook.

Commonwealth Coordinated Care Plus Waiver

Some Members may qualify for home and community based care waiver services through the Commonwealth Coordinated Care Plus Waiver (formerly known as the Elderly or Disabled with Consumer Direction and Technology Assistance Waivers).

The Commonwealth Coordinated Care Plus (CCC Plus) Waiver is meant to allow a Member who qualifies for nursing facility level of care to remain in the community with help to meet their daily needs. If determined eligible for CCC Plus Waiver services, you may choose how to receive personal assistance services. You have the option to receive services through an agency (known as agency directed) or you may choose to serve as the employer for a personal assistance attendant (known as self-directed.) Information on self-directed care is described in more detail below, in this Section of the handbook.

CCC Plus Waiver Services may include:

- Private duty nursing services (agency directed)
- Personal care (agency or self-directed)
- Respite care (agency or self-directed)
- Adult day health care
- Personal emergency response system (with or without medication monitoring)
• Transition coordination/services for Members transitioning to the community from a nursing facility or long stay hospital
• Assistive technology
• Environmental modifications

Individuals enrolled in a DD Waiver should see How to Get Services if you are in a DD Waiver described later in this Section.

How to Self-Direct Your Care

Self-directed care refers to personal care and respite care services provided under the CCC Plus Waiver. These are services in which the Member or their family/caregiver is responsible for hiring, training, supervising, and firing of their attendant. You will receive financial management support in your role as the employer to assist with enrolling your providers, conducting provider background checks, and paying your providers.

If you have been approved to receive CCC Plus Waiver services and would like more information on the self-directed model of care, please contact your Care Coordinator who will assist you with these services.

Your Care Coordinator will also monitor your care as long as you are receiving CCC Plus Waiver services to make sure the care provided is meeting your daily needs.

If you do not currently receive personal care or respite services but feel you may need them, please contact your Care Coordinator who will assist you with the screening process and referrals to providers when you meet eligibility criteria for these services.

Nursing Facility Services

If you are determined to meet the coverage criteria for nursing facility care, and choose to receive your long term services and supports in a nursing facility, Virginia Premier will provide coverage for nursing facility care. If you have Medicare, Virginia Premier will provide coverage for nursing facility care after you exhaust your Medicare covered days in the nursing facility, typically referred to as skilled nursing care.

If you are in a nursing facility, you may be able to move from your nursing facility to your own home and receive home and community based services if you want to. If you are interested in moving out of the nursing facility into the community, talk with your Care Coordinator. Your Care Coordinator is available to work with you, your family, and the discharge planner at the nursing facility if you are interested in moving from the nursing facility to a home or community setting.

If you choose not to leave the nursing facility, you can remain in the nursing facility for as long as you are determined to meet the coverage criteria for nursing facility care.

Screening for Long Term Services and Supports

Before you can receive long term services and supports (LTSS) you must be screened by a community based or hospital screening team. A screening is used to determine if you meet the level of care criteria for LTSS. Contact your Care Coordinator to find out more about the screening process in order to receive LTSS.

Freedom of Choice

If you are approved to receive long term services and supports, you have the right to receive care in the setting of your choice:

• In your home, or
• In another place in the community, or
• In a nursing facility.
You can choose the doctors and health professionals for your care from our network. If you prefer to receive services in your home under the CCC Plus Waiver, for example, you can choose to directly hire your own personal care attendant(s), known as self-directed care. Another option you have is to choose a personal care agency in our network, where the agency will hire, train, and supervise personal assistance workers on your behalf, known as agency direction. You also have the option to receive services in a nursing facility from our network of nursing facility providers.

**How to Get Services if You are in a Developmental Disability Waiver**

If you are enrolled in one of the DD waivers, you will be enrolled in CCC Plus for your *non-waiver services*. The DD waivers include:

- The Building Independence (BI) Waiver,
- The Community Living (CL) Waiver, and
- The Family and Individual Supports (FIS) Waiver.

Virginia Premier will only provide coverage for your non-waiver services. Non-waiver services include all of the services listed in Section 10, Benefits Covered through Virginia Premier. *Exception:* If you are enrolled in one of the DD Waivers, you would not also be eligible to receive services through the CCC Plus Waiver.

DD Waiver services, DD and ID targeted case management services, and transportation to/from DD waiver services, will be paid through Medicaid fee-for-service as “carved-out” services. The carve-out also includes any DD waiver services that are covered through EPSDT for DD waiver enrolled individuals under the age of 21.

If you have a developmental disability and need DD waiver services, you will need to have a diagnostic and functional eligibility assessment completed by your local Community Services Board (CSB). All individuals enrolled in one of the DD waivers follow the same process to qualify for and access BI, CL and FIS services and supports. Services are based on assessed needs and are included in your person-centered individualized service plan.

The DD waivers have a wait list. Individuals who are on the DD waiver waiting list may qualify to be enrolled in the CCC Plus Waiver until a BI, CL or FIS DD waiver slot becomes available and is assigned to the individual. The DD waiver waiting list is maintained by the CSBs in your community. For more information on the DD Waivers and the services that are covered under each DD Waiver, visit the Department of Behavioral Health and Developmental Services (DBHDS) website at: [http://www.mylifemycommunityvirginia.org/](http://www.mylifemycommunityvirginia.org/) or call 1-844-603-9248. Your Care Coordinator will work closely with you and your DD or ID case manager to help you get all of your covered services. Contact your Care Coordinator if you have any questions or concerns.

**How to Get Non-Emergency Transportation Services**

**Non-Emergency Transportation Services Covered by Virginia Premier**

Non-Emergency transportation services are covered by Virginia Premier for covered services, carved out services, and enhanced benefits. *Exception:* If you are enrolled in a DD Waiver, Virginia Premier provides coverage for your transportation to/from your non-waiver services. (Refer to Transportation to/from DD Waiver Services below.)

Transportation may be provided if you have no other means of transportation and need to go to a physician or a health care facility for a covered service. For urgent or non-emergency medical appointments, call the reservation line at 1-855-880-3480. For routine medical appointments call at least five working days in advance. If you are having problems getting transportation to your appointments, call Member Services at 1-877-719-7358. Member Services is here to help.
In case of a life-threatening emergency, call 911. Refer to How to Get Care for Emergencies in Chapter 7 of this handbook.

**Transportation to and From DD Waiver Services**

If you are enrolled in a DD Waiver, Virginia Premier provides coverage for your transportation to and from your *non-waiver services*. (Call the number above for transportation to your *non-waiver services*.)

Transportation to your DD Waiver services is covered by the DMAS Transportation Contractor. You can find out more about how to access transportation services through the DMAS Transportation Contractor on the website at: [http://transportation.dmas.virginia.gov/](http://transportation.dmas.virginia.gov/) or by calling the Transportation Contractor. Transportation for routine appointments are taken Monday through Friday between the hours of 6:00 AM to 8:00 PM. The DMAS Transportation Contractor is available 24 hours a day, 7 days a week to schedule urgent reservations, at: 1-866-386-8331 or TTY 1-866-288-3133 or 711 to reach a relay operator.

If you have problems getting transportation to your DD waiver services, you may call your DD or ID Waiver case manager or the DMAS Transportation Contractor at the number above. You can also call your Care Coordinator. Your Care Coordinator will work closely with you and your DD or ID Waiver case manager to help get the services that you need. Member Services is also available to help at the number below.

**11. Services Covered Through the DMAS Medicaid Fee-For-Service Program**

**Carved-Out Services**

The Department of Medical Assistance Services will provide you with coverage for the services listed below. These services are known as “carved-out services.” Your provider bills fee-for-service Medicaid (or a DMAS Contractor) for these services.

Your Care Coordinator can also help you to access these services if you need them.

- **Dental Services** are provided through the Smiles For Children program. DMAS has contracted with DentaQuest to coordinate the delivery of all Medicaid dental services. The name of the program is Smiles For Children. Smiles for Children provides coverage for the following populations and services:
  - For children under age 21: diagnostic, preventive, restorative/surgical procedures, as well as orthodontia services.
  - For pregnant women: x-rays and examinations, cleanings, fillings, root canals, gum related treatment, crowns, bridges, partials, and dentures, tooth extractions and other oral surgeries, and other appropriate general services. Orthodontic treatment is not included. The dental coverage ends 60 days after the baby is born.
  - For adults age 21 and over, coverage is only available for limited medically necessary oral surgery services. Dental services are not covered for adults other than routine services as described above for pregnant women and in our enhanced dental benefit.

If you have any questions about your dental coverage through Smiles for Children, you can reach DentaQuest Member Services at 1-888-912-3456, Monday through Friday, 8:00 AM - 6:00 PM EST. The TTY/TDD number is 1-800-466-7566. Additional information is provided at: [http://www.dmas.virginia.gov/#/dентalservices](http://www.dmas.virginia.gov/#/dентalservices)

Virginia Premier provides coverage for non-emergency transportation for any dental services covered through Smiles for Children, as described above. Contact Member Services at the number below if you need assistance. You can also learn more about our enhanced dental benefit in Section 10 of this handbook.
• Developmental Disability (DD) Waiver Services, including Case Management for DD Waiver Services, are covered through DBHDS. The carve-out includes any DD Waiver services that are covered through EPSDT for DD waiver enrolled individuals and transportation to/from DD Waiver services. Also see How to Get Services if you are in a Developmental Disability Waiver in Section 10 of this handbook.

• School health services including certain medical, mental health, hearing, or rehabilitation therapy services that are arranged by your child’s school. The law requires schools to provide students with disabilities a free and appropriate public education, including special education and related services according to each student’s Individualized Education Program (IEP). While schools are financially responsible for educational services, in the case of a Medicaid-eligible student, part of the costs of the services identified in the student’s IEP may be covered by Medicaid. When covered by Medicaid, school health services are paid by DMAS. Contact your child’s school administrator if you have questions about school health services.

• Treatment Foster Care Case Management is managed by Magellan of Virginia and more information is available at: [http://www.magellanofvirginia.com](http://www.magellanofvirginia.com) or by calling: 1-800-424-4046 TDD: 1-800-424-4048 or TTY: 711. You can also call your Care Coordinator for assistance.

• Therapeutic Group Home Services for children and adolescents younger than the age of 21. This is a place where children and adolescents live while they get treatment. Children under this level of care have serious mental health concerns. These services provide supervision and behavioral health care toward therapeutic goals. These services also help the Member and their family work towards discharge to the Member’s home. Additional information about Therapeutic Group Home Services is available on the Magellan website at: [http://www.magellanofvirginia.com](http://www.magellanofvirginia.com) or by calling: 1-800-424-4046 TDD: 1-800-424-4048 or TTY: 711. You can also call your Care Coordinator for assistance.

• For Members age twenty-one (21) through sixty-four (64), where the Member goes into private freestanding Institution for Mental Disease (IMD) or a State freestanding IMD for a Temporary Detention Order (TDO), the state TDO program will pay for the service.

**Services That Will End Your CCC Plus Enrollment**

If you receive any of the services below, your enrollment with Virginia Premier will end. You will receive these services through DMAS or a DMAS Contractor.

• PACE (Program of All Inclusive Care for the Elderly). For more information about PACE, talk to your Care Coordinator or visit: [http://www.pace4you.org/](http://www.pace4you.org/)

• You reside in an Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IID).

• You are receiving care in a Psychiatric Residential Treatment Facility (children under 21). Additional information about Psychiatric Residential Treatment Facility Services is available on the Magellan website at: [http://www.magellanofvirginia.com](http://www.magellanofvirginia.com) or by calling: 1-800-424-4046 TDD: 1-800-424-4048 or TTY: 711. You can also call your Care Coordinator for assistance.

• You reside in a Veteran’s Nursing Facility.

• You reside in one of these State long term care facilities: Piedmont, Catawba, Hiram Davis, or Hancock.

**12. Services Not Covered by CCC Plus**

The following services are not covered by Medicaid or Virginia Premier. If you receive any of the following non-covered services, you will be responsible for the cost of these services.

• Acupuncture

• Administrative expenses, such as completion of forms and copying records
• Artificial insemination, in-vitro fertilization, or other services to promote fertility
• Certain drugs not proven effective
• Certain experimental surgical and diagnostic procedures
• Chiropractic services
• Cosmetic treatment or surgery
• Daycare, including companion services for the elderly (except in some home- and community-based service waivers)
• Dentures
• Drugs prescribed to treat hair loss or to bleach skin
• Immunizations if you are age 21 or older (except for flu and pneumonia for those at risk and as authorized by Virginia Premier)
• Medical care other than emergency services, urgent services, or family planning services, received from providers outside of the network unless authorized by Virginia Premier
• Personal care services (except through some home and community-based service waivers or under EPSDT)
• Prescription drugs covered under Medicare Part D, including the Medicare copayment.
• Private duty nursing (except through some home and community-based service waivers or under EPSDT)
• Routine dental care if you are age 21 or older (unless covered as an enhanced benefit). Refer to Section 10 of this handbook for Dental Coverage if you are 21 or older.
• Weight loss clinic programs unless authorized
• Care outside of the United States

If You Receive Non-Covered Services

We cover your services when you are enrolled with our plan and:

• Services are medically necessary, and
• Services are listed as Benefits Covered Through Virginia Premier in Section 10 of this handbook, and
• You receive services by following plan rules.

If you get services that aren’t covered by our plan or covered through DMAS, you must pay the full cost yourself. If you are not sure and want to know if we will pay for any medical service or care, you have the right to ask us. You can call Member services or your Care Coordinator to find out more about services and how to obtain them. You also have the right to ask for this in writing. If we say we will not pay for your services, you have the right to appeal our decision.

Section 15 provides instructions for how to appeal Virginia Premier’s coverage decisions. You may also call Member Services to learn more about your appeal rights or to obtain assistance in filing an appeal.

13. Member Cost Sharing

There are no co-payments for services covered through the CCC Plus Program. This includes services that are covered through Virginia Premier or services that are carved-out of the CCC Plus contract. The services provided through Virginia Premier or through DMAS will not require you to pay any costs other than your patient pay towards long term services and supports. See the Member Patient Pay Section below.

CCC Plus does not allow providers to charge you for covered services. Virginia Premier pays providers directly,
and we protect you from any charges. This is true even if we pay the provider less than the provider charges for a service. If you receive a bill for a covered service, contact Member services and they will help you.

If you get services that aren’t covered by our plan or covered through DMAS, you must pay the full cost yourself. If you are not sure and want to know if we will pay for any medical service or care, you have the right to ask us. You can call Member services or your Care Coordinator to find out more about services and how to obtain them. You also have the right to ask for this in writing. If we say we will not pay for your services, you have the right to appeal our decision. See Section 12 of this handbook for a list of non-covered services.

**Member Patient Pay Towards Long Term Services and Supports**

You may have a patient pay responsibility towards the cost of nursing facility care and home and community based waiver services. A patient pay is required to be calculated for all Members who get nursing facility or home and community based waiver services. When your income exceeds a certain amount, you must contribute toward the cost of your long term services and supports. If you have a patient pay amount, you will receive notice from your local Department of Social Services (DSS) of your patient pay responsibility. DMAS also shares your patient pay amount with Virginia Premier if you are required to pay towards the cost of your long term services and supports. If you have questions about your patient pay amount, contact your Medicaid eligibility worker at the local Department of Social Services.

**Medicare Members and Part D Drugs**

If you have Medicare, you get your prescription medicines from Medicare Part D; not from the CCC Plus Medicaid program. CCC Plus does not pay the co-payment for the medicines that Medicare Part D covers.

**14. Service Authorization and Benefit Determination**

**Service Authorization**

There are some treatments, services, and drugs that you need to get approval for before you receive them or in order to be able to continue receiving them. This is called a service authorization. You, your doctor, or someone you trust can ask for a service authorization.

If the services you require are covered through Medicare then a service authorization from Virginia Premier is not required. If you have questions regarding what services are covered under Medicare, please contact your Medicare health plan. You can also contact your Virginia Premier Care Coordinator.

A service authorization helps to determine if certain services or procedures are medically needed and covered by the plan. Decisions are based on what is right for each member and on the type of care and services that are needed.

We look at standards of care based on:

- Medical policies
- National clinical guidelines
- Medicaid guidelines
- Your health benefits

Virginia Premier does not reward employees, consultants, or other providers to:

- Deny care or services that you need
- Support decisions that approve less than what you need
- Say you don’t have coverage
Service authorizations are not required for early intervention services, emergency care, post-stabilization care, family planning services (including long acting reversible contraceptives), preventive services, and basic prenatal care.

For behavioral health, prior approval is needed for all inpatient behavioral health and substance abuse admissions to hospitals as well as to partial hospitalization, residential treatment, substance abuse group home/halfway house treatment, intensive outpatient substance abuse services and the following Community Mental Health and Rehabilitation Services (CMHRS):

- Mental Health Case management
- Therapeutic Day Treatment (TDT) for Children
- Day Treatment/Partial Hospitalization for Adults
- Crisis Intervention and Stabilization
- Intensive Community Treatment
- Mental Health Skill-building Services (MHSS)
- Intensive In-Home
- Psychosocial Rehab
- Mental Health Peer Support Services - Individual
- Mental Health Peer Support Services - Group

The following are additional examples of treatments and services that may require authorization:

- CCC Plus Waiver Services including: Adult Day Healthcare, Assistive Technology, Environmental Modifications, Personal Care, Respite Care, Service Facilitation, Skilled Private Duty Nursing (PDN) and Transition Services
- Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) including Private Duty Nursing
- Diagnostic Imaging
- Durable Medical Equipment
- Home Health
- Infusion Services
- Inpatient Admissions (being admitted into and staying in the hospital)
- Outpatient Procedures (going to a hospital without being admitted)
- Outpatient Therapy
- Long Term Acute Care Hospital
- Inpatient Rehab
- All Out of Network services

To find out more about how to request approval for these treatments or services you can contact Member Services at the number below or call your Care Coordinator.

**Service Authorizations and Continuity of Care**

If you are new to Virginia Premier we will honor any service authorization approvals made by DMAS or issued by another CCC Plus plan during the continuity of care period or until the authorization ends if that is sooner. The continuity of care period is 30 days. Refer to Continuity of Care Period in Section 3 of this handbook.
How to Submit a Service Authorization Request

For medical authorizations please contact your provider.

For Long Term Support Services (LTSS), you, your doctor, a designated provider, or your authorized representative can request a service authorization on your behalf. If you have questions about how to obtain a service authorization, please call the Authorizations & Organizational Determination Service Center at 1-888-251-3063 option 3 or Member Services 1-877-719-7358 option 1.

If there is a restriction for your drug, it usually means that you or your provider will have to take extra steps in order for us to cover the drug. You or your provider can ask Virginia Premier to start a service authorization, sometimes called a prior authorization, by either:

- Calling Envision Pharmaceutical Services, LLC at 1-844-838-0711 (TTY users should call 711)
- Completing a prior authorization form and sending it to:
  Envision Pharmaceutical Services, LLC
  2181 East Aurora Road
  Suite 201
  Twinsburg, Ohio 44087
  Fax: 877-503-7231
- Requesting electronically on our website at VirginiaPremier.com

What Happens After We Get Your Service Authorization Request

Virginia Premier has a review team to be sure you receive medically necessary services. Doctors, nurses, and licensed clinicians are on the review team. Their job is to be sure the treatment or service you asked for is medically needed and right for you. They do this by checking your treatment plan against medically acceptable standards. The standards we use to determine what is medically necessary are not allowed to be more restrictive than those that are used by DMAS.

Any decision to deny a service authorization request or to approve it for an amount that is less than requested is called an adverse benefit determination (decision). These decisions will be made by a qualified health care professional. If we decide that the requested service is not medically necessary, the decision will be made by a medical or behavioral health professional, who may be a doctor or other health care professional who typically provides the care you requested. You can request the specific medical standards, called clinical review criteria, used to make the decision for actions related to medical necessity.

Also see Continuation of Benefits in Section 15 of this handbook.

Timeframes for Service Authorization Review

Virginia Premier follows National Committee for Quality Assurance service authorization standards and timeframes. Virginia Premier is responsible for deciding how quickly the authorization is needed depending on the urgency and type of service requested. For standard authorization decisions, Virginia Premier will provide written notice as quickly as needed, and within fourteen (14) calendar days. For urgent decisions, Virginia Premier will provide written notice within three (3) calendar days.

Urgent requests include requests for medical or behavioral health care or services where waiting 14 days could seriously harm your health or ability to function in the future. Care or services to help with transitions from inpatient hospital or institutional setting to home are also urgent requests. You or your doctor can ask for an urgent request if you believe that a delay will cause serious harm to your health. For standard or urgent decisions, if Virginia Premier, you or your provider request an extension, or more information is needed, an extension of up to fourteen (14) additional calendar days is allowed.
For pharmacy services, we must provide decisions by telephone or other telecommunication device within 24 hours.

There may be an instance where your medication requires a service authorization, and your prescribing physician cannot readily provide authorization information to us, for example over the weekend or on a holiday. If your pharmacist believes that your health would be compromised without the benefit of the drug, we may authorize a 72-hour emergency supply of the prescribed medication. This process provides you with a short-term supply of the medications you need and gives time for your physician to submit an authorization request for the prescribed medication.

If we need more information to make either a standard or expedited decision about your service request, we will:

- Write and tell you and your provider what information is needed. If your request is in an urgent request, we will call you or your provider right away and send a written notice later.
- Tell you why the delay is in your best interest.
- Make a decision no later than 14 days from the day we asked for more information.

You, your provider, or someone you trust may also ask us to take more time to make a decision. This may be because you have more information to give Virginia Premier to help decide your case. This can be done by calling 1-888-251-3063 or mailing us at PO Box 4950 Richmond VA 23220.

You or someone you trust can file a grievance with Virginia Premier if you don’t agree with our decision to take more time to review your request. You or someone you trust can also file a grievance about the way Virginia Premier handled your service authorization request to the State through the CCC Plus Helpline at 1-844-374-9159 or TDD 1-800-817-6608. Also see Your Right to File a Grievance, in Section 15 of this handbook.

**Benefit Determination**

We will notify you with our decision by the date our time for review has expired. But if for some reason you do not hear from us by that date, it is the same as if we denied your service authorization request. If you disagree with our decision, you have the right to file an appeal with us. Also see Your Right to Appeal, in Section 15 in this handbook.

We will tell you and your provider in writing if your request is denied. A denial includes when the request is approved for an amount that is less than the amount requested. We will also tell you the reason for the decision and the contact name, address, and telephone number of the person responsible for making the adverse determination. We will explain what options for appeals you have if you do not agree with our decision. Also see Your Right to Appeal, in Section 15 of this handbook.

**Advance Notice**

In most cases, if we make a benefit determination to reduce, suspend or end a service we have already approved and that you are now getting, we must tell you at least 10 days before we make any changes to the service. Also see Continuation of Benefits in Section 15 of this handbook.

**Post Payment Review**

If we are checking on care or services that you received in the past, we perform a provider post payment review. If we deny payment to a provider for a service, we will send a notice to you and your provider the day the payment is denied. You will not have to pay for any care you received that was covered by Virginia Premier even if we later deny payment to the provider.
15. Appeals, State Fair Hearings, and Grievances

Your Right to Appeal

You have the right to appeal any adverse benefit determination (decision) by Virginia Premier that you disagree with that relates to coverage or payment of services.

For example, you can appeal if Virginia Premier denies:

- A request for a health care service, supply, item or drug that you think you should be able to get, or
- A request for payment of a health care service, supply, item, or drug that Virginia Premier denied.
- You can also appeal if Virginia Premier stops providing or paying for all or a part of a service or drug you receive through CCC Plus that you think you still need.

Authorized Representative

You may wish to authorize someone you trust to appeal on your behalf. This person is known as your authorized representative. You must inform Virginia Premier of the name of your authorized representative. You can do this by calling our Member Services Department at one of the phone numbers below. We will provide you with a form that you can fill out and sign stating who your representative will be.

Adverse Benefit Determination

There are some treatments and services that you need to get approval for before you receive them or in order to be able to continue receiving them. Asking for approval of a treatment or service is called a service authorization request. This process is described earlier in this handbook. Any decision we make to deny a service authorization request or to approve it for an amount that is less than requested is called an adverse benefit determination. Refer to Service Authorization and Benefit Determinations in Section 14 of this handbook.

How to Submit Your Appeal

If you are not satisfied with a decision we made about your service authorization request, you have 60 calendar days after hearing from us to file an appeal. You can do this yourself or ask someone you trust to file the appeal for you. You can call Member Services at one of the numbers below if you need help filing an appeal or if you need assistance in another language or require an alternate format. We will not treat you unfairly because you file an appeal.

You can file your appeal by phone or in writing. You can send the appeal as a standard appeal or an expedited (fast) appeal request.

You or your doctor can ask to have your appeal reviewed under the expedited process if you believe your health condition or your need for the service requires an expedited review. Your doctor will have to explain how a delay will cause harm to your physical or behavioral health. If your request for an expedited appeal is denied, we will tell you and your appeal will be reviewed under the standard process.

Send your Appeal request to:

Virginia Premier Health Plan Inc.,
Grievances and Appeals
PO Box 5244
Richmond, VA 23220-0307
877-719-7358
Fax: 877-307-1649.
If you send your standard appeal by phone, it must be followed up in writing. Expedited process appeals submitted by phone do not require you to submit a written request.

**Continuation of Benefits**

In some cases you may be able to continue receiving services that were denied by us while you wait for your appeal to be decided. You may be able to continue the services that are scheduled to end or be reduced if you ask for an appeal:

- Within ten days from being told that your request is denied or care is changing; or
- By the date the change in services is scheduled to occur.

If your appeal results in another denial you may have to pay for the cost of any continued benefits that you received if the services were provided solely because of the requirements described in this Section.

**What Happens After We Get Your Appeal**

Within five (5) days, we will send you a letter to let you know we have received and are working on your appeal.

Appeals of clinical matters will be decided by qualified health care professionals who did not make the first decision and who have appropriate clinical expertise in treatment of your condition or disease.

Before and during the appeal, you or your authorized representative can see your case file, including medical records and any other documents and records being used to make a decision on your case. This information is available at no cost to you.

You can also provide information that you want to be used in making the appeal decision in person or in writing.

Virginia Premier Health Plan Inc.,
Grievances and Appeals
PO Box 5244
Richmond, VA 23220-0307
877-719-7358
Fax: 877-307-1649

You can also call Member Services at one of the numbers below if you are not sure what information to give us.

**Timeframes for Appeals**

**Standard Appeals**

If we have all the information we need we will tell you our decision within 30 days of when we receive your appeal request. We will tell you within 2 calendar days after receiving your appeal if we need more information. A written notice of our decision will be sent within thirty (30) calendar days from when we make the decision.

**Expedited Appeals**

If we have all the information we need, expedited appeal decisions will be made within 72 hours receipt of your appeal. We will tell you within 2 calendar days after receiving your appeal if we need more information. We will tell you our decision by phone and send a written notice within two (2) calendar days from when we make the decision. If the expedited appeal is denied, members have the right to file a grievance.
If We Need More Information

If we can’t make the decision within the needed timeframes because we need more information we will:

Write you and tell you what information is needed. If your request is in an expedited review, we will call you right away and send a written notice later;

Tell you why the delay is in your best interest; and

Make a decision no later than 14 additional days from the timeframes described above.

You, your provider, or someone you trust may also ask us to take more time to make a decision. This may be because you have more information to give Virginia Premier to help decide your case. This can be done by calling or writing to:

Virginia Premier Health Plan Inc.,
Grievances and Appeals
PO Box 5244
Richmond, VA 23220-0307
877-719-7358
Fax: 877-307-1649

You or someone you trust can file a grievance with Virginia Premier if you do not agree with our decision to take more time to review your appeal. You or someone you trust can also file a grievance about the way Virginia Premier handled your appeal to the State through the CCC Plus Help Line at 1-844-374-9159 or TDD 1-800-817-6608.

If we do not tell you our decision about your appeal on time, you have the right to appeal to the State through the State Fair Hearing process. An untimely response by us is considered a valid reason for you to appeal further through the State Fair Hearing process.

Written Notice of Appeal Decision

We will tell you and your provider in writing if your request is denied or approved in an amount less than requested. We will also tell you the reason for the decision and the contact name, address, and telephone number of the person responsible for making the adverse determination. We will explain your right to appeal through the State Fair Hearing Process if you do not agree with our decision.

Your Right to a State Fair Hearing

If you disagree with our decision on your appeal request, you can appeal directly to DMAS. This process is known as a State Fair Hearing. You may also submit a request for a State Fair Hearing if we deny payment for covered services or if we do not respond to an appeal request for services within the times described in this handbook. The State requires that you first exhaust (complete) Virginia Premier’s appeals process before you can file an appeal request through the State Fair Hearing process. If we do not respond to your appeal request timely DMAS will count this as an exhausted appeal.

State fair hearings can be requested for an adverse benefit decision related to Medicaid covered services. You cannot appeal to DMAS for an adverse benefit decision related to extra benefits we provide that are not covered by Medicaid (see Section 10 for a list of extra benefits).
Standard or Expedited Review Requests

For standard requests, appeals will be heard and DMAS will give you an answer generally within 90 days from the date you filed your appeal. If you want your State Fair Hearing to be handled quickly, you must write “EXPEDITED REQUEST” on your appeal request. You must also ask your doctor to send a letter to DMAS that explains why you need an expedited appeal. DMAS will tell you if you qualify for an expedited appeal within 72 hours of receiving the letter from your doctor.

Authorized Representative

You can give someone like your PCP, provider, or friend or family Member written permission to help you with your State Fair Hearing request. This person is known as your authorized representative.

Where to Send the State Fair Hearing Request

You or your representative must send your standard or expedited appeal request to DMAS by internet, mail, fax, email, telephone, in person, or through other commonly available electronic means. Send State Fair Hearing requests to DMAS within no more than 120 calendar days from the date of our final decision. You may be able to appeal after the 120-day deadline in special circumstances with permission from DMAS.

You may write a letter or complete a Virginia Medicaid Appeal Request Form. The form is available at your local Department of Social Services or on the DMAS website at http://www.dmas.virginia.gov/#/appealsresources. You should also send DMAS a copy of the letter we sent to you in response to your Appeal.

You must sign the appeal request and send it to:

Appeals Division
Department of Medical Assistance Services
600 E. Broad Street
Richmond, Virginia 23219
Fax: (804) 452-5454

Standard and Expedited Appeals may also be made by calling (804) 371-8488.

After You File Your State Fair Hearing Appeal

DMAS will notify you of the date, time, and location of the scheduled hearing. Most hearings can be done by telephone.

State Fair Hearing Timeframes

Expedited Appeal

If you qualify for an expedited appeal, DMAS will give you an answer to your appeal within 72 hours of receiving the letter from your doctor. If DMAS decides right away that you win your appeal, they will send you their decision within 72 hours of receiving the letter from your doctor. If DMAS does not decide right away, you will have an opportunity to participate in a hearing to present your position. Hearings for expedited decisions are usually held within one or two days of DMAS receiving the letter from your doctor. DMAS still has to give you an answer within 72 hours of receiving your doctor’s letter.
**Standard Appeal**

If your request is not an expedited appeal, or if DMAS decides that you do not qualify for an expedited appeal, DMAS will generally give you an answer within 90 days from the date you filed your appeal. You will have an opportunity to participate in a hearing to present your position before a decision is made.

**Continuation of Benefits**

In some cases you may be able to continue receiving services that were denied by us while you wait for your State Fair Hearing appeal to be decided. You may be able to continue the services that are scheduled to end or be reduced if you ask for an appeal:

- Within ten days from being told that your request is denied or care is changing;
- By the date the change in services is scheduled to occur.

Your services will continue until you withdraw the appeal, the original authorization period for your service ends, or the State Fair Hearing Officer issues a decision that is not in your favor. **You may, however, have to repay Virginia Premier for any services you receive during the continued coverage period if Virginia Premier’s adverse benefit determination is upheld and the services were provided solely because of the requirements described in this Section.**

**If the State Fair Hearing Reverses the Denial**

**If services were not continued while the State Fair Hearing was pending**

If the State Fair Hearing decision is to reverse the denial, Virginia Premier must authorize or provide the services under appeal as quickly as your condition requires and no later than 72 hours from the date Virginia Premier receives notice from the State reversing the denial.

**If services were provided while the State Fair Hearing was pending**

If the State Fair hearing decision is to reverse the denial and services were provided while the appeal is pending, Virginia Premier must pay for those services, in accordance with State policy and regulations.

**If You Disagree with the State Fair Hearing Decision**

The State Fair Hearing decision is the final administrative decision rendered by the Department of Medical Assistance Services. If you disagree with the Hearing Officer’s decision you may appeal it to your local circuit court.

**Your Right to File a Grievance**

Virginia Premier will try its best to deal with your concerns as quickly as possible to your satisfaction. Depending on what type of concern you have, it will be handled as a grievance or as an appeal.

**Timeframe for Grievances**

You can file a grievance with us at any time.

**What Kinds of Problems Should be Grievances**

The grievance process is used for concerns related to quality of care, waiting times, and customer service. Here are examples of the kinds of problems handled by the Virginia Premier grievance process.
**Grievances about quality**
- You are unhappy with the quality of care, such as the care you got in the hospital.

**Grievances about privacy**
- You think that someone did not respect your right to privacy or shared information about you that is confidential or private.

**Grievances about poor customer service**
- A health care provider or staff was rude or disrespectful to you.
- Virginia Premier staff treated you poorly.
- Virginia Premier is not responding to your questions.
- You are not happy with the assistance you are getting from your Care Coordinator.

**Grievances about accessibility**
- You cannot physically access the health care services and facilities in a doctor or provider’s office.
- You were not provided requested reasonable accommodations that you needed in order to participate meaningfully in your care.

**Grievances about communication access**
- Your doctor or provider does not provide you with a qualified interpreter for the deaf or hard of hearing or an interpreter for another language during your appointment.

**Grievances about waiting times**
- You are having trouble getting an appointment, or waiting too long to get it.
- You have been kept waiting too long by doctors, pharmacists, or other health professionals or by Member Services or other Virginia Premier staff.

**Grievances about cleanliness**
- You think the clinic, hospital or doctor’s office is not clean.

**Grievances about communications from us**
- You think we failed to give you a notice or letter that you should have received.
- You think the written information we sent you is too difficult to understand.
- You asked for help in understanding information and did not receive it.

**There Are Different Types of Grievances**
You can make an internal grievance and/or an external grievance. An internal grievance is filed with and reviewed by Virginia Premier. An external grievance is filed with and reviewed by an organization that is not affiliated with Virginia Premier.
Internal Grievances

To file an internal grievance, call Member Services at the number below. You can also write your grievance and send it to us. If you put your grievance in writing, we will respond to your grievance in writing. You can file a grievance in writing, by mailing or faxing it to us at

Virginia Premier Health Plan Inc.,
Grievances and Appeals
PO Box 5244
Richmond, VA 23220-0307
877-719-7358
Fax: 877-307-1649

So that we can best help you, include details on who or what the grievance is about and any information about your grievance. Virginia Premier will review your grievance and request any additional information. You can call Member Services at the number below if you need help filing a grievance or if you need assistance in another language or format.

We will notify you of the outcome of your grievance within a reasonable time, but no later than 90 days after we receive your grievance.

If your grievance is related to your request for an expedited appeal, we will respond within 24 hours after the receipt of the grievance.

External Grievances

You Can File a Grievance with the CCC Plus Helpline

You can file a Grievance about Virginia Premier to the CCC Plus Helpline. Contact the CCC Plus Helpline at 1-844-374-9159 or TDD 1-800-817-6608.

You Can File a Complaint with the Office for Civil Rights

You can make a complaint to the Department of Health and Human Services’ Office for Civil Rights if you think you have not been treated fairly. For example, you can make a complaint about disability access or language assistance. You can also visit [http://www.hhs.gov/ocr](http://www.hhs.gov/ocr) for more information.

You may contact the local Office for Civil Rights office at:

Office of Civil Rights- Region III
Department of Health and Human Services
150 S Independence Mall West Suite 372
Public Ledger Building
Philadelphia, PA 19106
1-800-368-1019
Fax: 215-861-4431
TDD: 1-800-537-7697

You Can File a Grievance with the Office of the State Long-Term Care Ombudsman

The State Long-Term Care Ombudsman serves as an advocate for older persons receiving long-term care services. Local Ombudsmen provide older Virginians and their families with information, advocacy, grievance counseling, and assistance in resolving care problems.
The State’s Long-Term Care Ombudsman program offers assistance to persons receiving long term care services, whether the care is provided in a nursing facility or assisted living facility, or through community-based services to assist persons still living at home. A Long-Term Care Ombudsman does not work for the facility, the State, or Virginia Premier. This helps them to be fair and objective in resolving problems and concerns.

The program also represents the interests of long-term care consumers before state and federal government agencies and the General Assembly.

The State Long-Term Care Ombudsman can help you if you are having a problem with Virginia Premier or a nursing facility. The State Long-Term Care Ombudsman is not connected with us or with any insurance company or health plan. The services are free.

Office of the State Long-Term Care Ombudsman
1-800-552-5019 This call is free.
1-800-464-9950 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.

Virginia Office of the State Long-Term Care Ombudsman
Virginia Department for Aging and Rehabilitative Services
8004 Franklin Farms Drive
Henrico, Virginia 23229
804-662-7000
http://www.ElderRightsVA.org

Filing a Complaint with the Office of Licensure Certification (OLC)

If you have a complaint about a health care service or facility that is licensed or certified by the Office of Licensure Certification (OLC), you can file a complaint with the OLC. You can file your complaint over the phone or in writing.

To report a complaint over the phone, call:

Toll Free: 1-800-955-1819 (TTY: 711)
Metro Richmond area: (804) 367-2106 (TTY: 711)

When filing a complaint over the phone, be ready to tell the hotline staff:

1. Your name, telephone number and address. If you want to stay anonymous (nameless) then you can file your report in writing.
2. The name and address of the medical care entity being reported.
3. A detailed summary of your concerns.

You can leave a message if you call outside of normal business hours. Messages should be returned the next business day.

To file a complaint in writing, follow these steps:

1. Go online to www.vdh.virginia.gov/licensure-and-certification/complaint-unit and select the claims form you need. Depending on your concern, you can use either a Nursing Facility Complaint form or an Other Licensed Entity Complaint form.
2. Complete the form and include any documents related to your concerns.
3. Send the written form and related documents using one of the following options.

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<tr>
<th>By US Mail</th>
<th>By Fax</th>
<th>By Email</th>
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<tr>
<td>Complaint Intake</td>
<td>1-804-527-4503</td>
<td><a href="mailto:OLC-Complaints@vdh.virginia.gov">OLC-Complaints@vdh.virginia.gov</a></td>
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<tr>
<td>Office of Licensure and Certification</td>
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<tr>
<td>Virginia Department of Health</td>
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<tr>
<td>9960 Mayland Drive, Suite 401</td>
<td></td>
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<tr>
<td>Henrico, VA 23233-1463</td>
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Getting Support from the Managed Care Ombudsman

As a Virginia Premier member, you can get help from the Office of the Managed Care Ombudsman if you have questions or need assistance. You can get in touch with them by calling their toll free phone at 1-877-310-6560 (select option 1) or by using one of the following methods.

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<tr>
<th>By US Mail</th>
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<th>By Email</th>
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<tbody>
<tr>
<td>Office of the Managed Care Ombudsman</td>
<td>804-371-9944</td>
<td><a href="mailto:ombudsman@scc.virginia.gov">ombudsman@scc.virginia.gov</a></td>
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<tr>
<td>Bureau of Insurance</td>
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<tr>
<td>P.O. Box 1157</td>
<td></td>
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</tr>
<tr>
<td>Richmond, Virginia 23218</td>
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To learn more, visit [https://scc.virginia.gov/boi/omb/index.aspx](https://scc.virginia.gov/boi/omb/index.aspx)

16. Member Rights

Your Rights

It is the policy of Virginia Premier to treat you with respect. We also care about keeping a high level of confidentiality with respect for your dignity and privacy. As a CCC Plus Member you have certain rights. You have the right to:

- Receive timely access to care and services;
- Take part in decisions about your health care, including your right to choose your providers from Virginia Premier network providers and your right to refuse treatment;
- Choose to receive long term services and supports in your home or community or in a nursing facility;
- Confidentiality and privacy about your medical records and when you get treatment;
- Receive information and to discuss available treatment options and alternatives presented in a manner and language you understand;
- Get information in a language you understand - you can get oral translation services free of charge;
- Receive reasonable accommodations to ensure you can effectively access and communicate with providers, including auxiliary aids, interpreters, flexible scheduling, and physically accessible buildings and services;
- Receive information necessary for you to give informed consent before the start of treatment;
- Be treated with respect and dignity;
- Get a copy of your medical records and ask that the records be amended or corrected;
- Participate in decisions regarding your healthcare, including the right to refuse treatment;
• Be free from restraint or seclusion unless ordered by a physician when there is an imminent risk of bodily harm to you or others or when there is a specific medical necessity. Seclusion and restraint will never be used as a means of coercion, discipline, retaliation, or convenience;

• Get care in a culturally competent manner including without regard to disability, gender, race, health status, color, age, national origin, sexual orientation, marital status or religion;

• Be informed of where, when and how to obtain the services you need from Virginia Premier, including how you can receive benefits from out-of-network providers if the services are not available in Virginia Premier’s network.

• Complain about Virginia Premier to the State. You can call the CCC Plus Helpline at 1-844-374-9159 or TDD 1-800-817-6608 to file a grievance about us.

• Appoint someone to speak for you about your care and treatment and to represent you in an Appeal;

• Make advance directives and plans about your care in the instance that you are not able to make your own health care decisions. See Section 17 of this handbook for information about Advance Directives.

• Change your CCC Plus health plan once a year for any reason during open enrollment or change your MCO after open enrollment for an approved reason. Reference Section 2 of this handbook or call the CCC Plus Helpline at 1-844-374-9159 or TDD 1-800-817-6608 or visit the website at cccplusva.com for more information.

• Appeal any adverse benefit determination (decision) by Virginia Premier that you disagree with that relates to coverage or payment of services. See Your Right to Appeal in this Section 15 of the handbook.

• File a grievance about any concerns you have with our customer service, the services you have received, or the care and treatment you have received from one of our network providers. See Your Right to File a Grievance in Section 15 of this handbook.

• To receive information from us about our plan, your covered services, providers in our network, and about your rights and responsibilities.

• To make recommendations regarding our member rights and responsibility policy, for example by joining our Member Advisory Committee (as described later in this Section of the handbook.)

Your Right to be Safe

Everyone has the right to live a safe life in the home or setting of their choice. Each year, many older adults and younger adults who are disabled are victims of mistreatment by family members, by caregivers and by others responsible for their well-being. If you, or someone you know, is being abused, physically, is being neglected, or is being taken advantage of financially by a family member or someone else, you should call your local department of social services or the Virginia Department of Social Services’ 24-hour, toll-free hotline at: 1-888 832-3858. You can make this call anonymously; you do not have to provide your name. The call is free.
They can also provide a trained local worker who can assist you and help you get the types of services you need to assure that you are safe.

Your Right to Confidentiality

Virginia Premier will only release information if it is specifically permitted by state and federal law or if it is required for use by programs that review medical records to monitor quality of care or to combat fraud or abuse.

Virginia Premier staff will ask questions to confirm your identity before we discuss or provide any information regarding your health information.

Your health care and personal records are private. Virginia Premier will not share them unless you allow us to. If you cannot give your consent, we will only share your records if doing so protects your health and well-being. Virginia Premier knows these records belong to you. We know you want to keep them safe and private.
We will only share your information with others in a way that keeps it safe. Whether we are contacting someone in person, in writing, by phone, fax, email or any other method, we will take steps to make sure your records are only received by those who are supposed to get them.

Your doctor’s office will label your medical records with your unique identification number. They will store your records in a safe place where other people will not be able to get to your personal information.

Information in a computer cannot be accessed without a special password.

Your medical records cannot be sent to anyone without your written permission, unless required by law. When you ask your doctor’s office to send records, they will give you a release form to sign. It is up to the office to do this for you.

If you are having a problem getting your records or having them sent to a doctor, please call Virginia Premier Member Services. Member Services will help you get your records within 10 business days of when you ask for the records. Member Services can also help you in other ways listed here:

- Get your medical records to a newly assigned Primary Care Provider (PCP)
- Send records to an out-of-network provider for the medical management of your health.

**Your Right to Privacy**

By law we have to give you the Notice of Privacy Practices. You can find this notice on the next page of this handbook. (You can also ask for a copy of this notice by calling Member Services. And you can find the notice on our website VirginiaPremier.com.)

The Notice of Privacy Practices outlines how your health care information is being used or shared to carry out treatment, payment or health care operations and for other purposes that are allowed or required by state or federal law. Virginia Premier has to keep your information private and notify you of duties and privacy practices.

This notice also tells you about your rights to get and control your Protected Health Information (PHI). PHI is information that has to do with your past, present or future physical or mental health or condition and has to do with health care services, like demographics, that may identify you. Virginia Premier’s privacy policies will always reflect the most protective laws that apply.

The privacy practices, as required by 45 CFR parts 160 and 164 subparts A and E, describes how medical information about you may be used and disclosed. It also tells you how you can access this information. It is the policy of the Virginia Premier Health Plan, Inc. (Virginia Premier), to provide you with this notice. Please review it carefully.

If you have any questions about this Notice, please contact the Program Integrity Department. You can reach them by mail or phone at:

Virginia Premier – Program Integrity  
PO. Box 5307  
Richmond, VA 23220-0307  
800-727-7536, extension 5173

Virginia Premier is required to maintain the privacy of your information. We are also required to notify you of duties and privacy practices pursuant to:

- the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and
- the Health Information Technology for Economic and Clinical Health Act (HITECH Act).
This notice lays out your rights to access and control your protected health information (PHI). It also describes how we may use and disclose your PHI to:

- carry out medical treatment
- carry out payment or health care operations
- carry out other tasks that are permitted or required by state or federal law

“Protected health information” is information collected from you or created or received by Virginia Premier that relates to your past, present or future physical or mental health or condition and related health care services, including demographics that may identify you.

Virginia Premier is required to abide by the terms of this Notice of Privacy Practices currently in effect. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time and will be sent to you within 60 days of the change. We retain prior versions of the Notice of Privacy Practices for six (6) years from the revision date.

**Uses and disclosures of protected health information**

This Notice of Privacy Practices will tell you the ways in which Virginia Premier may use and disclose medical information about you. We will also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

- **For Treatment:** We may use medical information about you to provide you with medical treatment or services and to work with your doctors to plan for quality care. For example, in a case of diabetes, we would work with your provider to get and give you dietary education and/or home health nursing as needed. Different departments of Virginia Premier also may share medical information about you in order to coordinate the different things you need, such as authorization review. We also may disclose medical information about you to people outside Virginia Premier who may be involved with your medical care.

- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at a treatment facility may be billed and payment made. For example, we may use your medical information from a surgery you received at the hospital so that the hospital can be paid. We may also use your information to approve or decline your eligibility for treatment you may receive.

- **For Health Care Operations:** We may use and disclose medical information about you for medical operations. These uses and disclosures are necessary to make sure all patients receive quality care. For example, we may use medical information to review your treatment and services and to evaluate the performance of the staff caring for you.

We may also combine medical information about many patients to decide what additional services should be covered, what services are not needed, and whether certain new treatments are effective.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may also use or disclose your protected health information in the following situations without your consent or authorization:

- **Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
• **Business Associates:** We may use or disclose your protected health information to the business associates that provide services to our organization. Examples include legal services, financial auditing, and administrators of health plan subcontracts (prescriptions, vision, dental). When these services are contracted, we may disclose your protected health information to our business associate so that they can perform the job we’ve asked them to do and file your claims for services rendered. To protect your health information, however, we require the business associate to agree in writing to appropriately safeguard your information.

• **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

• **Coroners, Medical Examiners, and Funeral Directors:** We may disclose protected health information to a coroner or medical examiner for identification purposes, cause of death determinations or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to funeral directors, as authorized by law, in order to carry out funeral-related duties. We may disclose such information in reasonable anticipation of death.

• **Organ and Tissue Donation:** Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

• **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

• **Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, biologic product deviations, product defects or problems; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

• **Health Oversight:** We may disclose protected health information to a health oversight agency, such as the Virginia Department of Health, for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

• **Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and we created or received your protected health information in the course of providing and coordinating services to you.

• **Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include:
  1. legal processes and purposes otherwise required by law,
  2. limited information requests for identification and location purposes,
  3. treating victims of a crime, and
  4. suspicion that death has occurred as a result of criminal conduct.

• **Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.
• **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel:

1. for activities deemed necessary by appropriate military command authorities;
2. for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or
3. to foreign military authority if you are a member of that foreign military services.

We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

• **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority, such as the Centers for Disease Control (CDC), which is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

• **Required Uses and Disclosures:** Under the law, we must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 C.F.R. Section 164.500 et. seq.

• **Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

• **Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

• **Workers’ Compensation:** We may disclose your protected health information as authorized to comply with workers’ compensation laws and other similar legally established programs.

Substance use and behavioral health treatment records have additional protects, in addition to coverage under HIPAA. Under 42 CFR Part 2, your health information related to substance abuse or behavioral health treatment cannot be disclosed, outside of the below instances, without your written authorization. Your information can be shared without your consent when there is a medical emergency, for research activities and audit and evaluation activities.

**Memberships**

Virginia Premier is solely owned by Virginia Commonwealth University Health System (VCUHS). The Medical College of Virginia Hospitals (MCV-H) and the Medical College of Virginia Physicians (MCV-P) are also owned by VCUHS. These three groups participate together in an organized health care arrangement for payment activities, utilization review, and quality assessment activities. Additionally, Virginia Premier functions as a business partner of the Virginia Department of Medical Assistance Services (DMAS). Members of VCUHS and DMAS may also use your protected health information solely for your treatment, payment and/or for the health care operations permitted by HIPAA.
Your Rights

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy certain protected health information that may be used to make decisions about your benefits. Usually, this includes medical and billing records but does not include behavioral health management notes.

To inspect and copy your medical information, you must submit your request in writing to the Virginia Premier Program Integrity Department at the address at the start of this Notice. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, and other supplies associated with your request. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request. If the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed by submitting a written request to the address at the start of this Notice. For more information, call the Virginia Premier Program Integrity Department at 1-800-727 7536, extension 55173.

Right to Amend

If you feel that medical information about you is incorrect or incomplete, you may ask us to amend the information. Under 45 CFR §164.526 you have the right to request an amendment as long as the information is kept by or for Virginia Premier. To request an amendment, your request must be made in writing and submitted to the Virginia Premier Office of Privacy and Compliance at the address at the start of this Notice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Virginia Premier;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is already accurate and complete.

If we deny your request, you have a right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your protected health information. This is a list of the disclosures we made of medical information about you. To request this list, you must submit your request in writing to the Virginia Premier Program Integrity Department at the address at the start of this Notice. Your request must state a time period for the disclosures, which may not be longer than six (6) years before the date of the request. Your request should indicate in what form you want the list (for example, on paper, or electronically). The first accounting you request within a 12-month period will be provided free of charge. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
Right to Request Restrictions

You have the right to request a restriction or limit on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. For example, you can ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Virginia Premier Program Integrity Department at the address at the start of this Notice. In your request you must tell us:

• what information you want to limit;
• whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Virginia Premier Program Integrity Department at the address at the start of this Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to be Notified of a Breach.

You have the right to be notified in the event that we (or our business associate) discover a breach of your unsecured protected health information.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, call the Virginia Premier Program Integrity department at 800-727-7536, extension 5173. This notice is posted on our website and can be downloaded at: VirginiaPremier.com.

Grievances

If you believe your privacy rights have been violated, you may file a grievance with Virginia Premier or with the Secretary of the US Department of Health and Human Services. You will not be penalized for filing a grievance.

All grievances must be submitted in writing. To file a grievance with Virginia Premier, send an email to privacyoffice@virginiapremier.com. Or you can mail us at the address at the start of this Notice.

To file a grievance with the Secretary, send an email to ocrcomplaint@hhs.gov. Or you can mail them at:

The US Department of Health and Human Services
150 S. Independence Mall West Suite 372
Philadelphia, PA 19106-3499
Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.

Changes to This Notice

Virginia Premier is required to abide by the terms of this Notice of Privacy Practices currently in effect. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time and will be sent to you within 60 days of the change. We retain prior versions of the Notice of Privacy Practices for six (6) years from the revision date.

How to Join the Member Advisory Committee

Virginia Premier would like you to help us improve our health plan. We invite you to join our Member Advisory Committee. On the committee, you can let us know how we can better serve you. Going to these meetings will give you and your caregiver or family Member the chance to help plan meetings and meet other Members in the community. These educational meetings are held once every three months. If you would like to attend or would like more information, please contact Virginia Premier Member Services using one of the numbers below.

We Follow Non-Discrimination Policies

You cannot be treated differently because of your race, color, national origin, disability, age, religion, gender, marital status, pregnancy, childbirth, sexual orientation, or medical conditions.

If you think that you have not been treated fairly for any of these reasons, call the Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697. You can also visit http://www.hhs.gov/ocr for more information.

Virginia Premier complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

17. Member Responsibilities

Your Responsibilities

As a Member, you also have some responsibilities. These include:

- Present your Virginia Premier Membership card whenever you seek medical care.
- Provide complete and accurate information to the best of your ability on your health and medical history.
- Participate in your care team meetings, develop an understanding of your health condition, and provide input in developing mutually agreed upon treatment goals to the best of your ability.
- Keep your appointments. If you must cancel, call as soon as you can.
- Receive all of your covered services from Virginia Premier’s network.
- Obtain authorization from Virginia Premier prior to receiving services that require a service authorization review (see Section 14).
• Follow plans and instructions for care that you have agreed to with your practitioners.
• Call Virginia Premier whenever you have a question regarding your Membership or if you need assistance toll-free at one of the numbers below.
• Tell Virginia Premier when you plan to be out of town so we can help you arrange your services.
• Use the emergency room only for real emergencies.
• Call your PCP when you need medical care, even if it is after hours.
• Tell Virginia Premier when you believe there is a need to change your plan of care.
• Tell us if you have problems with any health care staff. Call Member Services at one of the numbers below.
• Call Member Services at one of the phone numbers below about any of the following:
  • If you have any changes to your name, your address, or your phone number. Report these also to your case worker at your local Department of Social Services.
  • If you have any changes in any other health insurance coverage, such as from your employer, your spouse’s employer, or workers’ compensation.
  • If you have any liability claims, such as claims from an automobile accident.
  • If you are admitted to a nursing facility or hospital.
  • If you get care in an out-of-area or out-of-network hospital or emergency room.
  • If your caregiver or anyone responsible for you changes.
  • If you are part of a clinical research study.

Advance Directives

You have the right to say what you want to happen if you are unable to make health care decisions for yourself. There may be a time when you are unable to make health care decisions for yourself. Before that happens to you, you can:

• Fill out a written form to give someone the right to make health care decisions for you if you become unable to make decisions for yourself.
• Give your doctors written instructions about how you want them to handle your health care if you become unable to make decisions for yourself.

The legal document that you can use to give your directions is called an advance directive. An advance directive goes into effect only if you are unable to make health care decisions for yourself. Any person age 18 or over can complete an advance directive. There are different types of advance directives and different names for them. Examples are a living will, a durable power of attorney for health care, and advance care directive for health care decisions.

You do not have to use an advance directive, but you can if you want to. Here is what to do:

Where to Get the Advance Directives Form


You can also get the form from your doctor, a lawyer, a legal services agency, or a social worker. Organizations that give people information about may also have advance directive forms.
Completing the Advance Directives Form

Fill it out and sign the form. The form is a legal document. You may want to consider having a lawyer help you prepare it. There may be free legal resources available to assist you.

Share the Information with People You Want to Know About It

Give copies to people who need to know about it. You should give a copy of the Living Will, Advance Care Directive, or Power of Attorney form to your doctor. You should also give a copy to the person you name as the one to make decisions for you. You may also want to give copies to close friends or family members. Be sure to keep a copy at home.

If you are going to be hospitalized and you have signed an advance directive, take a copy of it to the hospital. The hospital will ask you whether you have signed an advance directive form and whether you have it with you. If you have not signed an advance directive form, the hospital has forms available and will ask if you want to sign one.

We Can Help You Get or Understand Advance Directives Documents

Your Care Coordinator can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you can’t speak for yourself.

Remember, it is your choice to fill out an advance directive or not. You can revoke or change your advance care directive or power of attorney if your wishes about your health care decisions or authorized representative change.

Other Resources

You may also find information about advance directives in Virginia at: https://connectvirginia.org/adr/.

You can store your advance directive at the Virginia Department of Health Advance Healthcare Directive Registry: www.virginiaregistry.org/.

If Your Advance Directives Are Not Followed

If you have signed an advance directive, and you believe that a doctor or hospital did not follow the instructions in it, you may file a complaint with the following organizations.

For complaints about doctors and other providers, contact the Enforcement Division at the Virginia Department of Health Professions:

<table>
<thead>
<tr>
<th>Call</th>
<th>Virginia Department of Health Professions:</th>
</tr>
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<tbody>
<tr>
<td>Toll-Free Phone:</td>
<td>1-800-533-1560</td>
</tr>
<tr>
<td>Local Phone:</td>
<td>804-367-4691</td>
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<table>
<thead>
<tr>
<th>Write</th>
<th>Virginia Department of Health Professions</th>
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<tr>
<td>Enforcement Division</td>
<td></td>
</tr>
<tr>
<td>9960 Mayland Drive,</td>
<td></td>
</tr>
<tr>
<td>Suite 300</td>
<td></td>
</tr>
<tr>
<td>Henrico, Virginia</td>
<td>23233-1463</td>
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| Fax                  | 804-527-4424                               |
| Email                | enfcomplaints@dhp.virginia.gov             |
| Website              | http://www.dhp.virginia.gov/Enforcement/complaints.htm |
For complaints about nursing facilities, inpatient and outpatient hospitals, abortion facilities, home care organizations, hospice programs, dialysis facilities, clinical laboratories, and health plans (also known as managed care organizations), contact the Office of Licensure and Certification at the Virginia Department of Health:

| Call          | Toll-Free Phone: 1-800-955-1819  
                     | Local Phone: 804-367-2106         |
|---------------|----------------------------------|
| Write         | Virginia Department of Health    
                     | Office of Licensure and Certification  
                     | 9960 Mayland Drive, Suite 401        
                     | Henrico, Virginia 23233-1463        |
| Fax           | 804-527-4503                     |
| Email         | OLC-Complaints@vdh.virginia.gov   |

**18. Fraud, Waste, and Abuse**

**What is Fraud, Waste, and Abuse**

Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

Waste includes overutilization, underutilization, or misuse of resources. Waste typically is not an intentional act, but does result in spending that should not have occurred. As a result, waste should be reported so that improper payments can be identified and corrected.

Abuse includes practices that are inconsistent with sound fiscal, business, or medical practice, and result in unnecessary cost to the Medicaid program, payment for services that are not medically necessary, or fail to meet professionally recognized health care standards.

Common types of health care fraud, waste, and abuse include:

- Medical identity theft
- Billing for unnecessary items or services
- Billing for items or services not provided
- Billing a code for a more expensive service or procedure than was performed (known as up-coding)
- Charging for services separately that are generally grouped into one rate (Unbundling)
- Items or services not covered
- When one doctor receives a form of payment in return for referring a patient to another doctor. These payments are called “kickbacks.”

**How Do I Report Fraud, Waste, or Abuse**

If you have any questions that deal with compliance, call the Virginia Premier Program Integrity department at 1-800-727-7536. If you see or think you know about a case of fraud or abuse, call the Compliance Helpline at 1-800-620-1438. The call can be confidential and your identity secret. You can call to tell us your concerns or for more information.

You can also visit online at: https://www.compliancehelpline.com/welcomePageVCUHS.jsp
If you would prefer to refer your fraud, waste, or abuse concerns directly to the State, you can report to the contacts listed below.

Department of Medical Assistance Services Fraud Hotline
Phone: 1-800-371-0824 or 1-866-486-1971 or 804-786-1066

Virginia Medicaid Fraud Control Unit (Office of the Attorney General)
Fax: 804-786-3509
Email: MFCU_mail@oag.state.va.us
Mail: Office of the Attorney General
Medicaid Fraud Control Unit
202 North Ninth Street
Richmond, VA 23219

Virginia Office of the State Inspector General
Fraud, Waste, and Abuse Hotline
Phone: 1-800-723-1615
Fax: 804-371-0165
Email: covhotline@osig.virginia.gov
Mail: State FWA Hotline
101 N. 14th Street
The James Monroe Building 7th Floor
Richmond, VA 23219

19. Other Important Resources

Virginia Premier partners with the Department for Aging and Rehabilitative Services and provides referrals to community resources and for services such as: Brain Injury Services, Centers for Independent Living, Community Rehabilitation Case Management, Vocational Rehab, Virginia Department for the Blind and Vision Impaired, Virginia Rehabilitation Center for the Blind and Vision Impaired.

The Virginia Department for the Deaf and Hard of Hearing (VDDHH)
The Technology Assistance Program (TAP) provides telecommunication equipment to qualified applicants whose disabilities prevent them from using a standard telephone. VDDHH outreach specialists can also provide information and referral for assistive technology devices.

Phone: 1-804-662-9502 (Voice/TTY) or 1-800-552-7917 (Voice/TTY)
Fax: 804-662-9718
Mail: 1602 Rolling Hills Drive, Suite 203
Richmond, VA 23229-5012
Website: http://www.vddhh.org
20. Information for Medicaid Expansion Members

What Makes You Eligible to be a Medicaid Expansion Member

You are eligible for Medicaid Expansion if you are 19 years of age to 64 years of age and you meet all of the following categories:

- You are not already eligible for Medicare coverage,
- You are not already eligible for Medicaid coverage through a mandatory coverage group (you are pregnant or disabled, for example)
- Your income does not exceed 138% of the Federal Poverty Limit (FPL), and
- You indicated in your application that you have complex medical needs.

Medicaid eligibility is determined by your local Department of Social Services (DSS) or the Cover Virginia Central Processing Unit. Contact your local DSS eligibility worker or call Cover Virginia at 1-855-242-8282 or TDD: 1-888-221-1590 about any Medicaid eligibility questions. The call is free. For more information you can visit Cover Virginia at http://www.coverva.org.

Enrollment for a Medicaid Expansion Member

Within three months after you enroll with Virginia Premier, a health plan representative will contact you or your authorized representative via telephone, mail or in person to ask you some questions about your health and social needs. For more information on the Health Screening, see Section 4.

You can change your health plan during the first 90 days of your CCC Plus program enrollment for any reason. You can also change your health plan once a year during open enrollment for any reason. Open enrollment occurs each year between November 1st and December 18th with a January 1st coverage begin date. You will get a letter from DMAS during open enrollment with more information.

You may also ask to change your health plan at any time for "good cause," which can include:

- You move out of the health plan’s service area,
- You need multiple services provided at the same time but cannot access them within the health plan’s network,
- Your residency or employment would be disrupted as a result of your residential, institutional, or employment supports provider changing from an in-network to an out-of-network provider, and
- Other reasons determined by DMAS, including poor quality of care and lack of access to appropriate providers, services, and supports, including specialty care.
- You do not meet medically complex criteria and transfer to the Medallion 4.0 Medicaid Managed Care program.

The CCC Plus Helpline handles “good cause” requests and can answer any questions you may have. Contact the CCC Plus Helpline at 1-844-374-9159 or TDD 1-800-817-6608, or visit the website at cccplusva.com.

Medicaid Expansion Benefits and Services

As a Medicaid expansion Member, you have a variety of health care benefits and services available to you. You will receive most of your services through Virginia Premier, but may receive some through DMAS or a DMAS Contractor.

- Services provided through Virginia Premier are described in the Commonwealth Coordinated Care Plus Program Member Handbook, Section 10.
• Services covered by DMAS or a DMAS Contractor are described in the Commonwealth Coordinated Care Plus Program Member Handbook, Section 11.

• Services that are not covered through Virginia Premier or DMAS are described in the Commonwealth Coordinated Care Plus Program Member Handbook, Section 12.

If you are an eligible Medicaid expansion Member, in addition to the services listed above (in the same amount, duration, and scope of services as other CCC Plus Program Members) you will also receive the following four additional health benefits:

• Annual adult wellness exams,
• Individual and group smoking cessation counseling,
• Nutritional counseling if you are diagnosed with obesity or chronic medical diseases,
• Recommended adult vaccines or immunizations.

Virginia Premier will also encourage you to take an active role in your health. Our new Healthy Reward’s program provides incentives to members identified as having a care gap. To help coordinate this, we use our Premier Population Health Wellness Program.

As a Virginia Premier member, you will receive an invitation via mail or phone call to schedule an appointment with your provider on the day of a wellness event. The Premier Population Health Wellness events offers you a fun way to get needed health services which will keep you healthy and prevent illnesses.

Here are just a few activities that Virginia Premier members can earn incentives for, if completed:

• Wellness/Physical exams for Children
• Wellness/Physical exams for Adults
• Mammogram Screening
• Pap Smear Screening
• Immunizations
• Diabetes Eye Exam
• Hypertension Exam

If you frequently visit the emergency room, Virginia Premier will reach out to you to help you address your needs. There may be opportunities to address your needs outside of the emergency room, like in physician offices and clinics.

Virginia Premier may also discuss with you several opportunities to take advantage of job training, education, and job placement assistance to help you find the work situation that is right for you.

21. Important Words and Definitions Used in this Handbook

• Adverse benefit determination: Any decision to deny a service authorization request or to approve it for an amount that is less than requested.

• Appeal: A way for you to challenge an adverse benefit determination (such as a denial or reduction of benefits) made by Virginia Premier if you think we made a mistake. You can ask us to change a coverage decision by filing an appeal.

• Activities of daily living: The things people do on a normal day, such as eating, using the toilet, getting dressed, bathing, or brushing the teeth.

• Balance billing: A situation when a provider (such as a doctor or hospital) bills a person more than Virginia Premier’s cost-sharing amount for services. We do not allow providers to “balance bill” you. Call Member Services if you get any bills that you do not understand.
• **Brand name drug:** A prescription drug that is made and sold by the company that originally made the drug. Brand name drugs have the same ingredients as the generic versions of the drugs. Generic drugs are made and sold by other drug companies.

• **Care Coordinator:** One main person from our Virginia Premier who works with you and with your care providers to make sure you get the care you need.

• **Care coordination:** A person-centered individualized process that assists you in gaining access to needed services. The Care Coordinator will work with you, your family Members, if appropriate, your providers and anyone else involved in your care to help you get the services and supports that you need.

• **Care plan:** A plan for what health and support services you will get and how you will get them.

• **Care team:** A care team may include doctors, nurses, counselors, or other health professionals who are there to help you get the care you need. Your care team will also help you make a care plan.

• **CCC Plus Helpline:** An Enrollment Broker that DMAS contracts with to perform choice counseling and enrollment activities.

• **Centers for Medicare & Medicaid Services (CMS):** The federal agency in charge of Medicare and Medicaid programs.

• **Co-insurance:** See the definition for cost sharing.

• **Co-payment:** See the definition for cost sharing.

• **Cost sharing:** The costs that members may have to pay out of pocket for covered services. This term generally includes deductibles, co-insurance, and co-payments, or similar charges. Also see the definition for patient pay.

• **Coverage decision:** A decision about what benefits we cover. This includes decisions about covered drugs and services or the amount we will pay for your health services.

• **Covered drugs:** The term we use to mean all of the prescription drugs covered by Virginia Premier.

• **Covered services:** The general term we use to mean all of the health care, long-term services and supports, supplies, prescription and over-the-counter drugs, equipment, and other services covered by Virginia Premier.

• **Durable medical equipment:** Certain items your doctor orders for you to use at home. Examples are walkers, wheelchairs, or hospital beds.

• **Emergency medical condition:** An emergency means your life could be threatened or you could be hurt permanently (disabled) if you don’t get care quickly. If you are pregnant, it could mean harm to the health of you or your unborn baby.

• **Emergency medical transportation:** Your condition is such that you are unable to go to the hospital by any other means but by calling 911 for an ambulance.

• **Emergency room care:** A hospital room staffed and equipped for the treatment of people that require immediate medical care and/or services.

• **Emergency services:** Those health care services that are rendered by participating or non-participating providers, after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (1) placing the Member’s health or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy; (2) serious impairment to bodily or mental functions; or (3) serious dysfunction of any bodily organ or part or behavior.

• **Excluded services:** Services that are not covered under the Medicaid benefit.

• **Fair hearing:** See State Fair Hearing. The process where you appeal to the State on a decision made by us that you believe is wrong.
• **Fee-for-service:** The general term used to describe Medicaid services covered by the Department of Medical Assistance Services (DMAS).

• **Generic drug:** A prescription drug that is approved by the federal government to use in place of a brand name drug. A generic drug has the same ingredients as a brand name drug. It is usually cheaper and works just as well as the brand name drug.

• **Grievance:** A complaint you make about us or one of our network providers or pharmacies. This includes a complaint about the quality of your care or failure to respect your rights. A grievance may be filed at any time.

• **Habilitation services and devices:** Services and devices that help you keep, learn, or improve skills and functioning for daily living.

• **Health insurance:** Type of insurance coverage that pays for health, medical and surgical expenses incurred by you.

• **Health plan:** An organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need.

• **Health risk assessment:** A review of a patient’s medical history and current condition. It is used to figure out the patient’s health and how it might change in the future.

• **Home health aide:** A person who provides services that do not need the skills of a licensed nurse or therapist, such as help with personal care (like bathing, using the toilet, dressing, or carrying out the prescribed exercises). Home health aides do not have a nursing license or provide therapy.

• **Home health care:** Health care services a person receives in the home including nursing care, home health aide services and other services.

• **Hospice services:** A program of care and support to help people who have a terminal prognosis live comfortably. A terminal prognosis means that a person has a terminal illness and is expected to have six months or less to live. An enrollee who has a terminal prognosis has the right to elect hospice. A specially trained team of professionals and caregivers provide care for the whole person, including physical, emotional, social, and spiritual needs.

• **Hospitalization:** The act of placing a person in a hospital as a patient.

• **Hospital outpatient care:** Care or treatment that does not require an overnight stay in a hospital.

• **List of Covered Drugs (Drug List):** A list of prescription drugs covered by Virginia Premier. Virginia Premier chooses the drugs on this list with the help of doctors and pharmacists. The Drug List tells you if there are any rules you need to follow to get your drugs. The Drug List is sometimes called a “formulary.”

• **Long-term services and supports (LTSS):** A variety of services and supports that help elderly individuals and individuals with disabilities meet their daily needs for assistance, improve the quality of their lives, and maintain maximum independence. Examples include assistance with bathing, dressing, toileting, eating, and other basic activities of daily life and self-care, as well as support for everyday tasks such as laundry, shopping, and transportation. LTSS are provided over a long period of time, usually in homes and communities, but also in facility-based settings such as nursing facilities. Most of these services help you stay in your home so you don’t have to go to a nursing facility or hospital.

• **Medically Necessary:** This describes the needed services to prevent, diagnose, or treat your medical condition or to maintain your current health status. This includes care that keeps you from going into a hospital or nursing facility. It also means the services, supplies, or drugs meet accepted standards of medical practice or as necessary under current Virginia Medicaid coverage rules.
- **Medicaid (or Medical Assistance):** A program run by the federal and the state government that helps people with limited incomes and resources pay for long-term services and supports and medical costs. It covers extra services and drugs not covered by Medicare. Most health care costs are covered if you qualify for both Medicare and Medicaid.

- **Medicare:** The federal health insurance program for people 65 years of age or older, some people under age 65 with certain disabilities, and people with end-stage renal disease (generally those with permanent kidney failure who need dialysis or a kidney transplant). People with Medicare can get their Medicare health coverage through Original Medicare or a managed care plan (see “Health plan”).

- **Medicare-covered services:** Services covered by Medicare Part A and Part B. All Medicare health plans must cover all of the services that are covered by Medicare Part A and Part B.

- **Medicare-Medicaid enrollee:** A person who qualifies for Medicare and Medicaid coverage. A Medicare-Medicaid enrollee is also called a “dual eligible beneficiary.”

- **Medicare Part A:** The Medicare program that covers most medically necessary hospital, skilled nursing facility, home health, and hospice care.

- **Medicare Part B:** The Medicare program that covers services (like lab tests, surgeries, and doctor visits) and supplies (like wheelchairs and walkers) that are medically necessary to treat a disease or condition. Medicare Part B also covers many preventive and screening services.

- **Medicare Part C:** The Medicare program that lets private health insurance companies provide Medicare benefits through a Medicare Advantage Plan.

- **Medicare Part D:** The Medicare prescription drug benefit program. (We call this program “Part D” for short.) Part D covers outpatient prescription drugs, some vaccines, and some supplies not covered by Medicare Part A or Part B or Medicaid.

- **Member Services:** A department within Virginia Premier responsible for answering your questions about your Membership, benefits, grievances, and appeals.

- **Model of care:** A way of providing high-quality care. The CCC Plus model of care includes care coordination and a team of qualified providers working together with you to improve your health and quality of life.

- **Network:** “Provider” is the general term we use for doctors, nurses, and other people who give you services and care. The term also includes hospitals, home health agencies, clinics, and other places that provide your health care services, medical equipment, and long-term services and supports. They are licensed or certified by Medicaid and by the state to provide health care services. We call them “network providers” when they agree to work with Virginia Premier and accept our payment and not charge our Members an extra amount. While you are a Member of Virginia Premier, you must use network providers to get covered services. Network providers are also called “plan providers.”

- **Network pharmacy:** A pharmacy (drug store) that has agreed to fill prescriptions for Virginia Premier Members. We call them “network pharmacies” because they have agreed to work with Virginia Premier. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

- **Non-participating provider:** A provider or facility that is not employed, owned, or operated by Virginia Premier and is not under contract to provide covered services to Members of Virginia Premier.

- **Nursing facility:** A medical care facility that provides care for people who cannot get their care at home but who do not need to be in the hospital. Specific criteria must be met to live in a nursing facility.

- **Ombudsman:** An office in your state that helps you if you are having problems with Virginia Premier or with your services. The ombudsman's services are free.

- **Out-of-network provider or Out-of-network facility:** A provider or facility that is not employed, owned, or operated by Virginia Premier and is not under contract to provide covered services to Members of Virginia Premier.
• Participating provider: Providers, hospitals, home health agencies, clinics, and other places that provide your health care services, medical equipment, and long-term services and supports that are contracted with Virginia Premier. Participating providers are also “in-network providers” or “plan providers.”

• Patient Pay: The amount you may have to pay for long term care services based on your income. The Department of Social Services (DSS) must calculate your patient pay amount if you live in a nursing facility or receive CCC Plus Waiver services and have an obligation to pay a portion of your care. DSS will notify you and Virginia Premier if you have a patient pay, including the patient pay amount (if any).

• Physician services: Care provided to you by an individual licensed under state law to practice medicine, surgery, or behavioral health.

• Plan: An organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need.

• Pre-Authorization: A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification.

• Prescription drug coverage: Prescription drugs or medications covered (paid) by your Virginia Premier. Some over-the-counter medications are covered.

• Prescription drugs: A drug or medication that, by law, can be obtained only by means of a physician's prescription.

• Primary Caregiver: The primary person who consistently assumes the role of providing direct care and support of the Member to live successfully in the community without compensation for providing such care.

• Primary Care Physician (PCP): Your primary care physician (also referred to as your primary care provider) is the doctor who takes care of all of your health needs. They are responsible to provide, arrange, and coordinate all aspects of your health care. Often they are the first person you should contact if you need health care. Your PCP is typically a family practitioner, internist, or pediatrician. Having a PCP helps make sure the right medical care is available when you need it.

• Private Duty Nursing: Nursing care services provided by a licensed RN or by an LPN under the supervision of an RN available for children under age 21 through the EPSDT benefit or adults 21 years old and older through the waiver. Private Duty Nursing consist of medically necessary skilled interventions, assessment, medically necessary monitoring and teaching of those who are or will be involved in nursing care of the individual. Private Duty Nursing differs from both skilled nursing and home health nursing in that the nursing care is provided continuously as opposed to the intermittent care provided under either skilled nursing or home health nursing services.

• Prosthetics and Orthotics: These are medical devices ordered by your doctor or other health care provider. Covered items include, but are not limited to, arm, back, and neck braces; artificial limbs; artificial eyes; and devices needed to replace an internal body part or function.

• Provider: A person who is authorized to provide your health care or services. Many kinds of providers participate with Virginia Premier, including doctors, nurses, behavioral health providers and specialists.

• Premium: A monthly payment a health plan receives to provide you with health care coverage.

• Referral: In most cases you PCP must give you approval before you can use other providers in Virginia Premier’s network. This is called a referral.

• Rehabilitation services and devices: Treatment you get to help you recover from an illness, accident, injury, or major operation.

• Service area: A geographic area where Virginia Premier is allowed to operate. It is also generally the area where you can get routine (non-emergency) services.
• **Service authorization:** Also known as preauthorization. Approval needed before you can get certain services or drugs. Your doctor may be required to submit proof that you need a specific service or supply. Some network medical services are covered only if your doctor or other network provider gets an authorization from Virginia Premier.

• **Skilled nursing care:** care or treatment that can only be done by licensed nurses. Examples of skilled nursing needs include complex wound dressings, rehabilitation, tube feedings or rapidly changing health status.

• **Skilled Nursing Facility (SNF):** A nursing facility with the staff and equipment to give skilled nursing care and, in most cases, skilled rehabilitative services and other related health services.

• **Specialist:** A doctor who provides health care for a specific disease, disability, or part of the body.

• **Urgently needed care (urgent care):** Care you get for a non-life threatening sudden illness, injury, or condition that is not an emergency but needs care right away. You can get urgently needed care from out-of-network providers when network providers are unavailable or you cannot get to them.
## Contact Us

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<th>Call</th>
<th>1-877-719-7358 This call is free.</th>
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<td>Monday through Friday, 8:00 am to 8:00 pm. An automated system will be used to answer calls received outside of normal business hours and on Saturdays, Sundays, and State of Virginia holidays.</td>
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<td>Messages left in a secured mailbox using alternative technologies will be returned on the next business day.</td>
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<td>Member Services also has free language interpreter services available for non-English speakers.</td>
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<td>TTY</td>
<td>711 This call is free.</td>
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<td></td>
<td>Calls to this number are free. Monday through Friday, 8:00 am to 8:00 pm.</td>
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<td>Virginia Premier Elite Plus</td>
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<td>Attn: Member Services</td>
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<td>P.O. Box 4337</td>
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<td>Richmond, VA 23220</td>
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<td>Website</td>
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