Winter 2014

In This Issue

• 2014-2015 Flu Season
• Free Cell Phone / Behavioral Health Corner
• Tips for Arranging Non-Emergency Transportation
• Smiles for Children
• Heart and Medication Safety / Preventive Care is Important
• Helping Members Obtain SSI / Notice of Privacy Practices / Get the Most out of Your Doctor’s Visit / Coordination of Care
• Antibiotics / Member Guides / Cultural Diversity / Statement about Incentives
• Quality Improvement: A Year in Review
• Clinical Programs / Phone Number Reference Guide
• Optima Family Care Member Rights and Responsibilities
• What is an “Advance Directive”? / Provider Directories

2014-2015 FLU SEASON

The Flu is a highly contagious illness that is spread from person to person, through sneezing, coughing, and touching contaminated surfaces. Following are a few guidelines to protect you.

• Get a flu shot every year. Flu shots usually become available in September or October, and continue throughout the flu season, which peaks in January, and can last as late as May.
• Wash your hands frequently with soap and water or alcohol-based hand sanitizer, especially after coughing or sneezing.
• When you cough or sneeze, cover your nose and mouth with a tissue. Throw the tissue in the trash after you use it, and then immediately wash your hands.

• Avoid touching your eyes, nose, or mouth to keep germs off your hands.
• If you get sick, stay home and limit contact with others.
• Follow guidelines with Occupational Health or your doctor for returning to work.

If you need assistance finding a location to receive the flu vaccine, please contact Optima Family Care Member Services at 757-552-8975 or 1-800-881-2166.

For more information about seasonal flu, visit cdc.gov/flu/protect/keyfacts.htm.
**FREE CELL PHONE**

Optima Family Care is working with SafeLink Health Solutions to offer members a free cell phone. With a SafeLink cell phone, you will be eligible to receive free text messages and free calls to Member Services. If you would like to receive more information about this service, contact SafeLink at 1-877-631-2550.

*Note: this does not apply to Family Access to Medical Insurance Security Plan (FAMIS) members.*

---

**BEHAVIORAL HEALTH CORNER**

**Follow Up After Hospitalization**

If you are treated in the hospital for a mental health condition, it is very important that you follow your discharge instructions. These instructions might include taking medication every day and scheduling an appointment with a mental health specialist within 7 days. Following discharge instructions will help keep your symptoms under control. Call the Optima Health Member Services phone number on the back of your member ID card if you need help obtaining an appointment or finding a doctor near you.

**Attention-Deficit/Hyperactivity Disorder**

Attention-deficit/hyperactivity disorder (ADHD) is a condition that can make it hard for a child to sit still, pay attention, and control their behavior. These difficulties usually start before age seven (7) and can last well into adulthood. Boys are more likely than girls to have ADHD.

Symptoms of ADHD can be managed. If your child’s doctor prescribes a medicine to help treat his/her ADHD, it is important for the child to take the medicine as directed. You should schedule a follow up appointment with the doctor within 30 days. After that, your child should see the doctor every three (3) months to monitor their condition. Talk with the doctor about any changes in your child’s sleep and appetite, how they are doing at home and at school, and with any other questions you have.

**Coordinating Medical and Mental Health Care**

Serious mental health conditions, such as bipolar disorder or schizophrenia, are usually treated with medication. If diagnosed with either of these conditions, it is important to take the appropriately prescribed medication, following the doctor’s instructions.

People taking these medications should have a blood test at least once a year to check their ‘sugar’ or glucose level. If the person has diabetes or a heart condition, they should also have their cholesterol level tested. It is important for both the psychiatrist and the primary care physician (PCP or family doctor) to know all of the medicines their patient is taking and to share blood test results. If you have questions about whether or not your medication(s) require a blood test, please talk to your doctor.

Children under the age of 18 may require medication to treat a mental health condition. Some mental health conditions can be treated with different kinds of therapy such as talk, play, or art. Some children might need a combination of treatment and a pediatrician or psychiatrist can help to determine the best course of treatment for your child.
TIPS FOR ARRANGING TRANSPORTATION

Optima Family Care transportation to covered services appointments is provided by LogistiCare®.

For routine appointment transportation requests, call, 1-877-892-3986 Monday through Friday. You may call 24 hours per day, 7 days per week for any urgent transportation needs. Please have your Optima Family Care member ID card/number ready when calling LogistiCare.

- Routine appointment transportation requests should be made at least **five days in advance** of your appointment. Any request for trips with less than three days' notice will be verified for urgency.
- If there are any special needs or requests, let LogistiCare know when you schedule your transportation – examples: oxygen, ventilator, or IV.
- When scheduling a transportation reservation, provide complete street addresses, including zip code, for both your pick-up and drop-off locations. Give specific detail if your residence is hard to find or in a rural area – example: apartment on side of building or behind a duplex, etc.
- When scheduling the reservation, you will be given a reference number. Keep the reference number handy and refer to it when calling LogistiCare about your reservation.
- Your transport driver may arrive up to 15 minutes before or after the scheduled pick-up time.
- All changes to a standing transportation reservation should be made through LogistiCare and not the driver. Standing order requests are completed by the healthcare facility and sent directly to LogistiCare. Questions about pick-up or drop-off times should also be communicated through the treatment facility or case manager.
- Contact LogistiCare at least **24 hours in advance** when cancelling a trip.
- Do not request the driver make additional stops during transport, such as fast food or even pharmacy trips. Pharmacy trips must be scheduled separately through the transportation reservation line.
- Smoking is not permitted in any transportation vehicle.
- All Virginia state laws regarding seat belts, child seats, etc. are enforced for transportation arranged through LogistiCare. Child seats **must** be supplied by the parent or guardian.
- One additional passenger (escort) is allowed to accompany the member.
- Call LogistiCare at any time at 1-866-660-4371 to verify an appointment or with questions or concerns.

Frequently Asked Questions ...

- **Who can arrange transportation?** The member, a relative, a caregiver, or medical facility member can arrange transportation through LogistiCare.
- **What if my appointment is cancelled or rescheduled?** Call LogistiCare immediately if your appointment has been cancelled or rescheduled (1-866-660-4371). Ideally, this should be done at least 24 hours before your scheduled pick-up time.
- **What if I have a complaint?** If you have a complaint about your transportation experience, please call LogistiCare immediately at 1-866-660-4371.
- **What if I am unsure of the time of my return trip?** Most medical appointments have an open return time. When your appointment is complete, call LogistiCare and make arrangements for the return pick-up. The transport driver has up to one hour to return and pick-up after the call.
SMILES FOR CHILDREN

Smiles For Children℠ is Virginia’s Medicaid and FAMIS dental program providing comprehensive dental benefits to members under 21 and limited benefits to members over 21.

You can easily find a participating dentist through any one of the following options:

• Call 1-888-912-3456, 8:00 a.m. – 6:00 p.m., Monday through Friday. They can even help you make an appointment.
• Visit the website at DentaQuest.com.
• Download a Smartphone app by visiting your app store and searching for “My DentaQuest Mobile.” DentaQuest administers dental benefits for the Smiles For Children℠ program.

Services covered under the Smiles For Children℠ program include:

• Regular dental checkups (every six months);
• X-rays (when necessary);
• Cleaning and fluoride (every six months);
• Sealants;
• Information and education about oral care;
• Space maintainers;
• Braces (if necessary);
• Anesthesia;
• Extractions;
• Root canal treatment; and
• Crowns.

When you call to make an appointment, be sure to tell the dental office that your child is a Smiles For Children℠ member. Remember to write down the date and time of the appointment.

On the day of the appointment, be sure to bring your child’s Medicaid card – it is either blue and white or it is their MCO ID card. The dentist must see this card at every visit to ensure that your child is still eligible for the program. If you are taking your child to a new dentist, please ask your previous dentist to send your child’s dental records to the new dentist.

As a Smiles For Children℠ member, your child should have a dental “home” – an office that sees your child on a regular basis. Healthy teeth and gums are an important part of overall health.

For a longer, healthier life, have regular checkups every six months. Children should see the dentist starting at age one, so do not wait! Call your dental home to make an appointment today.

If you have questions about your dental home or benefits, call us toll free at 1-888-912-3456 or visit our website at DentaQuest.com.
HEART AND MEDICATION SAFETY

Take care of your heart. Get your cholesterol and blood pressure checked, maintain a healthy weight, exercise regularly, and take medications as prescribed by your doctor. Do not stop taking medications unless you check with your doctor first. It may not be safe.

For more information on a healthy lifestyle, visit optimahealth.com/familycare and click on “Members” to view our Health and Wellness programs.

GETTING PREVENTIVE CARE IS IMPORTANT

Optima The following preventive care services are covered in accordance with professional standards adopted by Optima Family Care:

• One annual routine physical exam;
• Women’s Care:
  • Mammograms: One routine screening mammogram to persons age 35 through 39 and one mammogram annually to persons age 40 and over or as recommended by your Provider;
  • Pap smears including annual testing performed by any FDA-approved gynecologic screening technologies;
  • Chlamydia screening; and
  • Prenatal and Postpartum checkups;
• Colorectal cancer screening, including colonoscopy as recommended by the American Cancer Society;
• Prostate screening, PSA;
• Vision Services;
• Routine eye examinations for all enrollees at least once every two (2) years;
• Annual diabetic eye exams when performed by a Plan provider;
• Immunizations for children, adolescents, and adults;
• Well-child checkups delivered through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program;
• Infants and toddlers (ages 0 to 24 months) should have at least six (6) well-child visits before they are 15 months old;
• Children (ages 3-11) should continue to see their doctor every year for a well care visit, even if they have not been sick. This visit gives your child’s doctor the chance to check your child’s overall health and talk about topics such as safety, potty training, sleeping, and nutrition.
• Adolescents, teens, and young adults (ages 12-21), also need a well care visit each year. Screening tests such as scoliosis, vision, and hearing are performed. During these visits your child’s doctor may discuss safe driving, substance use, sexual behavior, diet, exercise, and dental health.

Optima Health may send you periodic reminders to get preventive care services done. For more information, please see your Member Guide, go to optimahealth.com/familycare and click on “Members” or contact Optima Family Care Member Services at 1-800-881-2166.
**OFC PARTNERING TO HELP QUALIFIED MEMBERS OBTAIN SSI**

Optima Family Care is working with a company named Chamberlin Edmonds® to help those who may qualify for Supplemental Security Income (SSI). If you receive a mailing and can answer yes to any of the following questions, call 1-866-934-9194 for your FREE assessment:

- Do you, your spouse, or your child(ren) have a disabling condition that requires on-going care; or
- Have you or your spouse been diagnosed with a permanent injury or illness that keeps you from working; or
- Does your child have an impairment, illness, or injury that causes them to miss school and/or has resulted in a developmental delay?

If you, your spouse, or your child(ren) qualify, Chamberlin Edmonds will help you apply for assistance. This is a FREE service. You will not have to fill out any forms; Chamberlin Edmonds will help you through the entire process.

**GET THE MOST OUT OF YOUR DOCTOR’S VISIT**

As an Optima Health member there are some things you can do to ensure the best care:

- Be an active member on your healthcare team.
- Do not be afraid to ask questions.
- Ask for written information about tests and procedures.
- Follow your doctor’s advice.

Before taking medicine(s), ask your doctor or pharmacist:

- What is the medication?
- What is it for?
- When do you take it?
- How do you take it?
- How often do you take it?
- How much do you take?

**COORDINATION OF CARE**

There are times when you may need to see more than one doctor at a time. When you do, be sure your primary care physician (PCP) and other healthcare providers are coordinating your care.

Healthcare providers that should coordinate health care include:

- Specialists,
- Hospitals,
- Ambulatory Surgical Centers,
- Skilled Nursing Facilities, and
- Home Health Agencies.

To ensure communication between your providers, sign an “Authorization for Release of Information” form at your doctor’s office so that your health information can be shared with your doctors and healthcare providers, as needed.

**NOTICE OF PRIVACY PRACTICES**

The annual Privacy Statement describes how Optima Health may use or disclose your protected health information (PHI). Your health information may be used to identify you, carry out treatment, or for Optima Health to pay your healthcare provider. The Optima Health Privacy Statement also advises you about your rights to access and control your protected health information.

For more information, see your Member Guide or go to optimaehealth.com/policies. For a paper copy, contact Member Services at the number on the back of your member ID card.
ANTIBIOTICS: WILL THEY WORK WHEN YOU REALLY NEED THEM?

Antibiotics do not fight viral illnesses like:
• Colds;
• Influenza (the flu);
• Runny noses;
• Most coughs;
• Most bronchitis;
• Most sore throats;
• Most sinus infections; and
• Some ear infections.

In fact, unnecessary use of antibiotics can make future infections harder to treat. Work with your doctor to find the best treatment for you or your sick child.

For tips, tools, or information on symptom relief or antibiotic resistance, please visit the Optima Health website at optimahaelth.com/familycare and click on “Members.” Seasonal Flu and Antibiotic Education can be found in “Staying Healthy” under the Health and Wellness tab. You can also visit the Centers for Disease Control and Prevention website at cdc.gov/getsmart, or call 1-800-CDC-INFO.

Source: Centers for Disease Control and Prevention (CDC)

CULTURAL DIVERSITY

It is the Optima Health mission “To Improve Health Every Day.” One way we do this is by offering classes to the physicians in our network on topics that may assist them to better serve our members.

Optima Health is currently offering a course titled “Physician’s Practical Guide to Culturally Competent Care.” Our community is made up of people from many different backgrounds and cultures, with different traditions, languages, and attitudes. This course is designed to help our physicians address the needs and improve the health of all they serve.

If you need interpreter services, help finding a physician to meet a particular cultural or language need, please call Member Services at the number on the back of your member ID card. Hearing impaired members may call our TDD Line at 1-800-225-7784.

AFFIRMATIVE STATEMENT ABOUT INCENTIVES

Utilization management (UM) can be defined as the evaluation of the medical need of healthcare services, procedures, and facilities according to evidence-based criteria or guidelines.

Optima Health affirms the following about our UM practices:
• UM decision making is based on appropriate care, service, and existence of coverage.
• Doctors and other individuals are not rewarded for denying service or care.
• UM decision makers (doctors, providers, and employees) do not receive money or other gifts to encourage decisions that result in under usage.
QUALITY IMPROVEMENT: A YEAR IN REVIEW

As part of our commitment to quality, Optima Health voluntarily participates in the accreditation process administered by the National Committee for Quality Assurance (NCQA). The NCQA mission is to improve the quality of healthcare. Healthcare Effectiveness Data and Information Set (HEDIS®) Performance Measures are a part of that accreditation process. Almost all health plans measure their performance using HEDIS. These measures tell the story of how well health plans perform in key areas: quality of care, access to care, and member satisfaction with the health plan and doctors. A Consumer Assessment of Health Plans Survey (CAHPS®) member satisfaction survey is conducted every year as well.

Listed below are some of the results of our HEDIS 2014 performance measures and member satisfaction survey. If you would like to receive information on how Optima Family Care was rated on additional clinical care measures or member survey questions, feel free to call our Quality Improvement Department at 757-252-8400 or 1-866-425-5457.

<table>
<thead>
<tr>
<th>CLINICAL MEASURE</th>
<th>HEDIS 2013 CY 2012 Data</th>
<th>HEDIS 2014 CY 2013 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult BMI Assessment</td>
<td>78.71%</td>
<td>77.89%</td>
</tr>
<tr>
<td><strong>Weight Assessment &amp; Counseling for Nutrition and Physical Activity for Children/Adolescents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI Percentile</td>
<td>48.01%</td>
<td>50.46%</td>
</tr>
<tr>
<td>Counseling for Nutrition</td>
<td>54.87%</td>
<td>50.23%</td>
</tr>
<tr>
<td>Counseling for Physical Activity</td>
<td>39.60%</td>
<td>37.27%</td>
</tr>
<tr>
<td>Childhood Immunization Status: Combo 2</td>
<td>70.58%</td>
<td>70.60%</td>
</tr>
<tr>
<td>Adolescent Immunization Status: Combo 1</td>
<td>55.41%</td>
<td>57.71%</td>
</tr>
<tr>
<td>Lead Screening in Children</td>
<td>72.21%</td>
<td>71.59%</td>
</tr>
<tr>
<td>Appropriate Treatment for Children with URI</td>
<td>84.28%</td>
<td>82.72%</td>
</tr>
<tr>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>72.08%</td>
<td>70.05%</td>
</tr>
<tr>
<td>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</td>
<td>16.24%</td>
<td>16.47%</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>50.27%</td>
<td>57.43%</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>73.05%</td>
<td>72.33%</td>
</tr>
<tr>
<td>Chlamydia Screening in Women</td>
<td>52.19%</td>
<td>54.81%</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>51.18%</td>
<td>54.33%</td>
</tr>
<tr>
<td>Persistence of Beta-Blocker Treatment After a Heart Attack</td>
<td>84.09%</td>
<td>74.51%</td>
</tr>
<tr>
<td><strong>Cholesterol Management for Patients with Cardiovascular Conditions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDL-C Screening</td>
<td>78.00%</td>
<td>79.52%</td>
</tr>
<tr>
<td>LDL-C Level &lt;100</td>
<td>60.00%</td>
<td>55.66%</td>
</tr>
</tbody>
</table>

2 HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).
3 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
## CLINICAL MEASURE

<table>
<thead>
<tr>
<th>Measure</th>
<th>HEDIS 2013 CY 2012 Data</th>
<th>HEDIS 2014 CY 2013 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive Diabetes Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbA1c Testing</td>
<td>85.50%</td>
<td>84.19%</td>
</tr>
<tr>
<td>Poor HbA1c Control &gt; 9%</td>
<td>39.45%</td>
<td>41.87%</td>
</tr>
<tr>
<td>HbA1c Control &lt; 8%</td>
<td>52.24%</td>
<td>50.56%</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>48.61%</td>
<td>47.22%</td>
</tr>
<tr>
<td>LDL-C Testing</td>
<td>75.27%</td>
<td>76.39%</td>
</tr>
<tr>
<td>LDL-C Level &lt; 100</td>
<td>55.65%</td>
<td>52.78%</td>
</tr>
<tr>
<td>Monitoring Nephropathy</td>
<td>82.30%</td>
<td>82.85%</td>
</tr>
<tr>
<td>BP &lt; 140/80</td>
<td>33.05%</td>
<td>34.08%</td>
</tr>
<tr>
<td>BP &lt; 140/90</td>
<td>51.81%</td>
<td>52.34%</td>
</tr>
<tr>
<td><strong>Use of Appropriate Medications for People with Asthma</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 5-11</td>
<td>91.54%</td>
<td>91.81%</td>
</tr>
<tr>
<td>Ages 12-18</td>
<td>87.42%</td>
<td>88.40%</td>
</tr>
<tr>
<td>Ages 19-50</td>
<td>74.90%</td>
<td>74.00%</td>
</tr>
<tr>
<td>Ages 51-64</td>
<td>73.94%</td>
<td>76.47%</td>
</tr>
<tr>
<td>Total</td>
<td>86.91%</td>
<td>86.98%</td>
</tr>
<tr>
<td><strong>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</strong></td>
<td>28.91%</td>
<td>29.50%</td>
</tr>
<tr>
<td><strong>Pharmacotherapy Management of COPD Exacerbation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systemic Corticosteroid</td>
<td>79.49%</td>
<td>82.75%</td>
</tr>
<tr>
<td>Bronchodilator</td>
<td>91.01%</td>
<td>90.00%</td>
</tr>
<tr>
<td><strong>Follow-Up After Hospitalization for Mental Illness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-Day</td>
<td>60.14%</td>
<td>39.73%</td>
</tr>
<tr>
<td>30-Day</td>
<td>76.75%</td>
<td>62.61%</td>
</tr>
</tbody>
</table>

## MEMBER SATISFACTION SURVEY

<table>
<thead>
<tr>
<th>Survey</th>
<th>CAHPS® 2013 CY 2012</th>
<th>CAHPS® 2014 CY 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating of Health Care (Rated 8-10 on 1 to 10 point scale)</td>
<td>76.0%</td>
<td>77.1%</td>
</tr>
<tr>
<td>Rating of Health Plan (Rated 8-10 on 1 to 10 point scale)</td>
<td>83.8%</td>
<td>80.2%</td>
</tr>
<tr>
<td>Rating of Personal Doctor (Rated 8-10 on 1 to 10 point scale)</td>
<td>81.0%</td>
<td>80.9%</td>
</tr>
<tr>
<td>Rating of Specialist (Rated 8-10 on 1 to 10 point scale)</td>
<td>81.4%</td>
<td>81.1%</td>
</tr>
</tbody>
</table>
The Optima Health clinical programs include components made to reinforce your doctors’ treatment plans. If you have diabetes, asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), congestive heart failure (CHF), high blood pressure, high cholesterol, cancer, kidney disease, smoke/use tobacco, or are pregnant, Optima Family Care has nurses and patient service coordinators who want to work with you and your doctor to keep you healthy and prevent complications.

Our programs:
- help members better understand their condition,
- give members information/resources about their disease, and
- provide members with a team dedicated to learning and assisting with your specific needs.

For more information on how to use these services, call Member Services at the number on the back of your member ID card or go to [optimahealth.com/familycare](http://optimahealth.com/familycare) and click on “Members.” Our clinical programs can be found in “Improving Health” under the Health and Wellness tab.

### TELEPHONE NUMBER QUICK REFERENCE GUIDE

<table>
<thead>
<tr>
<th>RESOURCE</th>
<th>Local Number</th>
<th>Toll-Free Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination Care Network (CCN) – Specialty Pharmacy</td>
<td></td>
<td>1-877-349-5242</td>
</tr>
<tr>
<td>Cover Virginia (formerly FAMIS Helpline)</td>
<td></td>
<td>1-866-873-2647</td>
</tr>
<tr>
<td>DMAS Managed Care Helpline</td>
<td></td>
<td>1-800-643-2273</td>
</tr>
<tr>
<td>EyeMed Vision Care</td>
<td></td>
<td>1-888-610-2268</td>
</tr>
<tr>
<td>Family Care 24-Hour Nurse Advice Line</td>
<td>757-552-7250</td>
<td>1-800-394-2237</td>
</tr>
<tr>
<td>Family Care Complaints and Appeals Department</td>
<td>757-552-8975</td>
<td>1-800-881-2166</td>
</tr>
<tr>
<td>Family Care Member Services: Medical Care</td>
<td>757-552-8975</td>
<td>1-800-881-2166</td>
</tr>
<tr>
<td>Family Care Member Services: Behavioral Health Care</td>
<td>757-552-7174</td>
<td>1-800-648-8420, #1</td>
</tr>
<tr>
<td>Family Care Nutrition Services</td>
<td></td>
<td>1-866-503-5828</td>
</tr>
<tr>
<td>Family Care Outreach and Education Department</td>
<td>757-552-8975</td>
<td>1-800-881-2166</td>
</tr>
<tr>
<td>Family Care Pre-Authorization Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medical Services</td>
<td>757-552-7540</td>
<td>1-800-229-5522</td>
</tr>
<tr>
<td>• Pharmacy Services</td>
<td>757-552-7540</td>
<td>1-800-229-5522, #4</td>
</tr>
<tr>
<td>• Behavioral Health Services</td>
<td>757-552-7174</td>
<td>1-800-648-8420</td>
</tr>
<tr>
<td>Interpreter Services (in over 140 languages)</td>
<td>757-552-8975</td>
<td>1-800-881-2166</td>
</tr>
<tr>
<td>Language Line for Hearing Impaired Members</td>
<td>757-552-7120</td>
<td>1-800-225-7784</td>
</tr>
<tr>
<td>Liberty Medical – Diabetic Supplies and Equipment</td>
<td></td>
<td>1-866-846-9361</td>
</tr>
<tr>
<td>LogistiCare Transportation Services – Scheduling</td>
<td>1-877-892-3986</td>
<td></td>
</tr>
<tr>
<td>LogistiCare Transportation – Where’s My Ride</td>
<td></td>
<td>1-866-660-4371</td>
</tr>
<tr>
<td>Magellan of Virginia</td>
<td></td>
<td>1-800-424-4046</td>
</tr>
<tr>
<td>Partner’s in Pregnancy Program</td>
<td></td>
<td>1-866-239-0618</td>
</tr>
<tr>
<td>Quality Improvement Program</td>
<td>757-252-8400</td>
<td>1-866-425-5257</td>
</tr>
<tr>
<td>Sentara HIPAA Privacy Contact Person</td>
<td></td>
<td>1-800-981-6667</td>
</tr>
<tr>
<td>Smiles for Children – Dental Services</td>
<td></td>
<td>1-888-912-3456</td>
</tr>
</tbody>
</table>
OPTIMA FAMILY CARE MEMBER RIGHTS AND RESPONSIBILITIES

The Member Bill of Rights and Responsibilities assures that all members are treated in a manner consistent with the Plan’s mission, goals, and objectives, and assures that members are aware of their obligations and responsibilities upon joining Optima Family Care (the Plan) and throughout their membership with the Plan.

Members have the right to:

1. Be treated in a manner reflecting respect for your privacy and dignity as a person. While receiving healthcare services there will be no discrimination based on race, ethnicity, national origin, religion, sex, age or mental or physical disability.
2. Be informed regarding your diagnosis, treatment, and prognosis in terms you can reasonably be expected to understand.
3. Receive sufficient information to enable you to give informed consent prior to the initiation of any procedure and/or treatment.
4. Participate with practitioners in decision-making about your healthcare and refuse treatment to the extent permitted by law, and to be made aware of the potential medical consequences of such action.
5. A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
6. Expect that all communications and records (oral, written, and/or electronic) pertaining to your healthcare will be treated as confidential. Any data shared is not member identifiable unless specific consent has been obtained. No records will be released without your written authorization to protect access to your medical information. In the case of a minor, release of information is allowed only by the authorization of the legal guardian or court order.
7. Express complaints or appeals about the Plan or the care provided and, expect a response to that complaint or appeal within a reasonable period of time.
8. Reasonable access to necessary medical services.
9. Be informed of the Plan’s policies and procedures regarding services, benefits, practitioners, and providers, and member rights and responsibilities, and be notified of any significant changes in those policies and procedures. Upon request receive a copy of the Plan’s Practice Guidelines.
10. Discuss your medical record with your physician, and receive upon request a copy of that record as required under State Law and request that the record be amended or corrected. The Plan’s staff can only release records with your physician’s approval and your signed consent.
11. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
12. Obtain from the Plan information on how providers are paid.
13. The MCO and its employees are prohibited from providing incentives for denials, limiting, or discontinuing medical services.
14. Make recommendations regarding member rights and responsibilities.
15. The right to request any general information from the health plan at least once a year.
16. Freedom to exercise your member rights and expect that you will not be negatively affected by the Plan and its providers by exercising those rights.

Members have the responsibility to:

1. Work with your doctor to help establish the proper patient/physician relationship.
2. Schedule appointments and arrive on time for those appointments, or notify the doctor’s office if the member/patient must cancel or come late for a scheduled appointment. Charges for missed appointments are not covered by the Plan.
3. Meet the financial obligations regarding Copayments when services are rendered. (FAMIS)
4. Ask any questions and understand the answers about the illness and/or treatment.
5. Get and carefully consider all information necessary to give informed consent for a procedure or treatment.
6. Follow the plans and instructions for care that you have agreed on with your doctors.
7. Weigh the potential consequences of any refusal to comply with physician instructions or recommendations.
8. Be courteous, considerate, and cooperative in dealing with physicians, their office staffs, and employees of the Plan, and to respect the rights of fellow Plan members.
9. Express opinions, concerns, or complaints in a constructive manner to avoid similar problems in the future.
10. Read and be aware of all material distributed by the Plan explaining policies and procedures regarding services and benefits, and to follow those policies and procedures when receiving care.
11. Provide Family Care and your doctor with complete and accurate information necessary for your care, your medical record, and Family Care’s membership records. This includes notifying the Plan of any changes in status such as phone number, address, and number of dependents (example: birth, marriage, divorce, etc), and information regarding other health insurance coverage you may have. You must also contact your Medicaid caseworker at the FAMIS Helpline with this information.
12. Help the Plan to gather your complete medical record by providing, or by authorizing your Plan to obtain necessary medical information. Ultimately, it is your responsibility to furnish your Plan with any medical records needed to process a complaint, grievance, or appeal of a denied claim if your Plan has been unable to obtain this information.
13. Keep track of your Copayments and submit the totals to FAMIS once you meet your annual out-of-pocket maximum limit for the year. Once you send in this information and it is verified by FAMIS, Family Care will notify you in writing that you have no more Copayments for the remainder of the year. (FAMIS)
14. When you receive a service that requires prior authorization it is your responsibility to call Member Services and make sure your physician has received the authorization.
15. The responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
WHAT IS AN “ADVANCE DIRECTIVE”?  

An advance directive is a “witnessed” written document or oral statement, which affirms choices about medical treatment or instructions that have been voluntarily signed by you.

An advance directive may include any one or all of the following:
• A Living Will – a document that identifies treatments you do or do not want should you be unable to make your wishes known.
• Designation of Healthcare – a written document that names someone you trust to make health decisions for you if you are unable to do so.
• Anatomical Gift Designation – a section in most advance directives where you can express your wishes about organ or body donation.

If you have an advance directive, make sure to provide a copy to your doctor and ask to have it placed in your medical file. For more information go to optimahealth.com/familycare and click on “Members” or call Member Services at the number on the back of your member ID card.

PROVIDER DIRECTORIES

If you need a provider directory, you can get one online at optimahealth.com/familycare and click on “Members” or by calling Member Services at the number on the back of your member ID card. To assist members, the directory includes “other languages” spoken by providers when that information is available.