APPENDIX 1

HEALTH SERVICE NEEDS INFORMATION (HSNI) FORM

Today's Date _____

Please answer the questions below. This information will be given to your MCO. It will help your MCO decide how soon you many need to see a doctor or nurse and what health care services you may need.

HealthChoice

The Maryland Department of Health and Mental Hygiene

HEALTH SERVICE NEEDS INFORMATION

Complete the information for yourself as Head of Household and each family member.
After completion, return this form with your *Health*Choice enrollment form to *Health*Choice, P.O. Box 17008, Baltimore, MD 21297-1008

Information about you and family members	Head of Household (Self)	Family Member 1	Family Member 2
Member Name			
Medical Assistance Number			
Preferred Language			
Health Questions			
1. What is the name of your (or your family members) doctor, nurse or clinic and the date of last visit?	Doctor/Clinic Name: _____ _____ Date of last Visit:_____	Doctor/Clinic Name: _____ _____ Date of last Visit:_____	Doctor/Clinic Name: _____ _____ Date of last Visit:_____
2. If you (or a family member) are taking prescription medications when do they need to be refilled? *Check all that apply.*	☐ No prescription medication ☐ Within a week ☐ Within 1 – 2 months	☐ No prescription medication ☐ Within a week ☐ Within 1 – 2 months	☐ No prescription medication ☐ Within a week ☐ Within 1 – 2 months
3. Do you (or a family member) have any of the following health problem(s)? *Check all that apply.*	☐ Asthma ☐ Diabetes ☐ Heart Disease ☐ High Blood Pressure ☐ HIV/AIDS ☐ Other _____	☐ Asthma ☐ Diabetes ☐ Heart Disease ☐ High Blood Pressure ☐ HIV/AIDS ☐ Other _____	☐ Asthma ☐ Diabetes ☐ Heart Disease ☐ High Blood Pressure ☐ HIV/AIDS ☐ Other _____
4. Are you (or a family member) getting services for any of the following: *Check all that apply.*	☐ ☐Mental Health ☐☐ Alcohol Use ☐☐ Drug Use	☐☐ Mental Health ☐☐ Alcohol Use ☐☐ Drug Use	☐☐ Mental Health ☐☐ Alcohol Use ☐☐ Drug Use
5. Members of certain groups need special services. Are you (or a family member) a member of any of the groups listed?	☐ Homeless ☐ Have a physical disability	☐ Homeless ☐ Have a physical disability	☐ Homeless ☐ Have a physical disability
6. Are you (or a family member) getting any of these services:	☐ Chemotherapy ☐ Radiation ☐ Dialysis	☐ Chemotherapy ☐ Radiation ☐ Dialysis	☐ Chemotherapy ☐ Radiation ☐ Dialysis

Health Choice

The Maryland Department of Health and Mental Hygiene

HEALTH SERVICE NEEDS INFORMATION

Information about you and family members	Head of Household (Self)	Family Member 1	Family Member 2
Member Name			
Health Questions			
7. If you (or your family member) are under 21 years old do you have any of the following:	☐ Special Health Care Need ☐ Developmental Delay ☐ Lead Poisoning	☐ Special Health Care Need ☐ Developmental Delay ☐ Lead Poisoning	☐ Special Health Care Need ☐ Developmental Delay ☐ Lead Poisoning
8. If you (or a family member) are under 21 years old, when did you last see a dentist?	☐ Less than 6 months ago ☐ 6 – 12 months ago ☐ 12 months ago or more	☐ Less than 6 months ago ☐ 6 – 12 months ago ☐ 12 months ago or more	☐ Less than 6 months ago ☐ 6 – 12 months ago ☐ 12 months ago or more
9. Have you (or a family member) had a baby in the past two months?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
10. Are you (or a family member) pregnant right now?	☐ Yes ☐ No *If yes, answer 10a & 10b.*	☐ Yes ☐ No *If yes, answer 10a & 10b.*	☐ Yes ☐ No *If yes, answer 10a & 10b.*
10a. How many months along is the pregnancy?	☐ 1-3 months ☐ 4-6 months ☐ 7–9 months	☐ 1-3 months ☐ 4-6 months ☐ 7–9 months	☐ 1-3 months ☐ 4-6 months ☐ 7–9 months
10b. Write the name of the doctor, nurse, or clinic where you (or your family member) are receiving prenatal care:	Doctor/Clinic Name:_____ ☐ Not receiving prenatal care	Doctor/Clinic Name:_____ ☐ Not receiving prenatal care	Doctor/Clinic Name: _____ ☐ Not receiving prenatal care
11. In the past 6 months were you (or a family member) sick enough to be hospitalized?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
12. Do you (or a family member) receive services at your home from a home health worker or personal care assistant?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
13. Check if you (or a family member) need any of the following?	☐ Medical Equipment Repair ☐ Medical Supplies	☐ Medical Equipment Repair ☐ Medical Supplies	☐ Medical Equipment Repair ☐ Medical Supplies
14. Do you (or a family member) have any problems getting transportation to your medical appointments?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

APPENDIX 2

THIRD PARTY LIABILITY (TPL) FORM

HealthChoice TPL Form

			CCA Name:			Date:	
Last Name:		First Name:		Middle Name:		MAID:	
Address:						SSN:	
City:		State:		Telephone Number:		DOB:	
		Zip:					
Is the MA Recipient or any other family member covered by Health Insurance?				Yes:		No:	
Type:	Health:	x	Champus:		Other:		
Effective Date:							
Insurance Company Name:					Policy Number:		
Address:					Group Number:		
City:		state			Phone Number:		
		Zip:					
PolicyHolder Name:				Relationship to Applicant:			
Address:							
City:		State:					
		Zip:					
List all Assistance Unit Members covered by policy							
Name:		DOB:		Relationship:			
Name:		DOB:		Relationship:			
Name:		DOB:		Relationship:			
Name:		DOB:		Relationship:			
Name:		DOB:		Relationship:			
Name:		DOB:		Relationship:			

APPENDIX 3

DAILY FILE TRANSMISSION LAYOUT FROM THE DEPARTMENT TO ENROLLMENT BROKER

ENROLLMENT BROKER INTERFACE FILE LAYOUT Dept. to EB

```
**************************************************************
 01  :N:1150192-HEADER-RECORD.
         10  :N:1150113-FILE-SOURCE       PIC X(01).
         10  :N:1150113-DESTINATION       PIC X(01).
         10  :N:1150123-DATE-CREATED      PIC 9(08).
         10  :N:1150123-TIME-CREATED      PIC 9(06).
         10  :N:1150123-FILLER            PIC X(484).
 01  :N:1150292-ENROLLMENT-RECORD.
     05  :N:1150213-TRANSACTION-TYPE    PIC X(03).
     05  :N:1150223-ORIGINAL-MAID       PIC 9(11).
     05  :N:1150223-TRANS-TIME          PIC 9(08).
     05  :N:1150223-CURRENT-MAID        PIC 9(11).
     05  :N:1150223-HOH-CASE            PIC 9(09).
     05  :N:1150223-CARES-IRN           PIC 9(09).
     05  :N:1150293-NAME-GROUP.
         10  :N:1150214-LAST-NAME       PIC X(20).
         10  :N:1150214-FIRST-NAME      PIC X(15).
         10  :N:1150214-MIDDLE-INITIAL  PIC X(01).
         10  :N:1150214-NAME-SUFFIX     PIC X(04).
     05  :N:1150223-PHONE-NUMBER        PIC 9(10).
     05  :N:1150293-DATE-OF-BIRTH.
         10  :N:1150224-DOB-CCYY        PIC 9(04).
         10  :N:1150224-DOB-MM          PIC 9(02).
         10  :N:1150224-DOB-DD          PIC 9(02).
     05  :N:1150223-SSN                 PIC 9(09).
     05  :N:1150213-HOH-NAME            PIC X(25).
     05  :N:1150213-ADDRESS-LINE-1      PIC X(22).
     05  :N:1150213-ADDRESS-LINE-2      PIC X(22).
     05  :N:1150213-CITY                PIC X(18).
     05  :N:1150213-STATE               PIC X(02).
     05  :N:1150223-ZIP-PART-1          PIC 9(05).
     05  :N:1150223-ZIP-PART-2          PIC 9(04).
     05  :N:1150223-COUNTY              PIC 9(02).
     05  :N:1150213-GENDER              PIC X(01).
     05  :N:1150213-TPL                 PIC X(02).
     05  :N:1150213-COVERAGE-GROUP      PIC X(03).
     05  :N:1150213-COVERAGE-TYPE       PIC X(01).
     05  :N:1150213-ELIG-BEGIN-DATE.
         10  :N:1150224-ELIG-BEGIN-CCYY PIC 9(04).
         10  :N:1150224-ELIG-BEGIN-MM   PIC 9(02).
         10  :N:1150224-ELIG-BEGIN-DD   PIC 9(02).
     05  :N:1150293-ELIG-END-DATE.
         10  :N:1150224-ELIG-END-CCYY   PIC 9(04).
         10  :N:1150224-ELIG-END-MM     PIC 9(02).
         10  :N:1150224-ELIG-END-DD     PIC 9(02).
     05  :N:1150293-EVS-DATE.
         10  :N:1150224-EVS-CCYY        PIC 9(04).
         10  :N:1150224-EVS-MM          PIC 9(02).
         10  :N:1150224-EVS-DD          PIC 9(02).
     05  :N:1150213-CANCEL-REASON       PIC X(03).
     05  :N:1150293-DATE-OF-DEATH.
         10  :N:1150224-DOD-CCYY        PIC 9(04).
         10  :N:1150224-DOD-MM          PIC 9(02).
         10  :N:1150224-DOD-DD          PIC 9(02).
     05  :N:1150213-NEWBORN-IND         PIC X(01).
     05  :N:1150293-REDET-DT.
```

```
           10  :N:1150224-REDET-CCYY       PIC 9(04).
           10  :N:1150224-REDET-MM         PIC 9(02).
           10  :N:1150224-REDET-DD         PIC 9(02).
       05  :N:1150213-BAD-ADDRESS-IND      PIC X(01).
       05  :N:1150123-FILLER               PIC X(35).
       05  :N:1150223-HMO-PROV-NUM         PIC 9(09).
       05  :N:1150213-HMO-PROV-NAME        PIC X(35).
       05  :N:1150223-MCO-PROV-NUM         PIC 9(09).
       05  :N:1150213-MCO-PROV-NAME        PIC X(35).
       05  :N:1150293-MCO-ENROLL-DT.
           10  :N:1150224-ENROL-CCYY       PIC 9(04).
           10  :N:1150224-ENROL-MM         PIC 9(02).
           10  :N:1150224-ENROL-DD         PIC 9(02).
       05  :N:1150213-ENROLL-TYPE          PIC X(02).
       05  :N:1150213-ENROLL-SRC           PIC X(01).
       05  :N:1150213-DISENROL-SRC         PIC X(01).
       05  :N:1150213-DISENROL-REAS        PIC X(02).
       05  :N:1150293-MCO-DISENROL-DT.
           10  :N:1150224-DISENROL-CCYY    PIC 9(04).
           10  :N:1150224-DISENROL-MM      PIC 9(02).
           10  :N:1150224-DISENROL-DD      PIC 9(02).
       05  :N:1150213-REJECT-REASON        PIC X(03).
       05  :N:1150293-EB-PROCESS-DATE.
           10  :N:1150224-EB-CCYY          PIC 9(04).
           10  :N:1150224-EB-MM            PIC 9(02).
           10  :N:1150224-EB-DD            PIC 9(02).
       05  :N:1150123-FILLER               PIC X(10).
       05  :N:1150223-TRANS-DATE.
           10  :N:1150223-TRANS-DATE-CCYY  PIC 9(04).
           10  :N:1150223-TRANS-DATE-MM    PIC 9(02).
          10  :N:1150223-TRANS-DATE-DD     PIC 9(02).
       05  :N:1150213-FILLER               PIC X(56).
01     :N:1150392-TRAILER-RECORD.
       05  :N:1150323-RECORD-COUNT           PIC 9(06).
       05  :N:1150323-FILLER                 PIC X(494).
```

APPENDIX 4

ALGORITHM FOR AUTO-ASSIGNED ENROLLMENT

Current rules of Auto-assignment

1. IF A NEWBORN - IF THE MOTHER IS IN AN MCO THE NEWBORN IS ASSIGNED TO THE SAME ONE. OTHERWISE THEY ARE RANDOMLY ASSIGNED.

2. IF IN MCO WITHIN LAST 120 DAYS - IF LAA IS OK AND SLOTS AVAIL PUT THEM BACK INTO THAT MCO. OTHERWISE RANDOM ASSIGNMENT.

3. IN AN HMO - IF THAT HMO HAS AN ASSOCIATED MCO AND IF LAA IS OK AND SLOTS AVAIL, PUT THEM IN IT. OTHERWISE RANDOM ASSIGNMENT

4. RANDOM ASSIGN - SELECT ALL MCO'S THAT MEET THE LAA AND SLOTS AVAILABLE REQUIREMENT GIVING PREFERENCE TO ANY THAT OFFER ADULT DENTAL AND RANDOMLY PICK ONE.

APPENDIX 5

HEALTHCHOICE ENROLLMENT PACKET CONTENTS

HealthChoice
P.O. Box 17008
Baltimore, Maryland 21297-1008

FIRST CLASS MAIL
U.S. POSTAGE
PAID
LANHAM, MD
PERMIT 405

Front of envelope
Enrollment Packet

- ATTENTION -

If you chose an MCO in the Maryland Health Connection, you MUST call to confirm your MCO choice at 1 (800) 977-7388.

If you do not call, you will be assigned to an MCO, which might not be the one you want.

HEALTHCHOICE BENEFITS INFORMATION FROM THE STATE OF MARYLAND

Do Not Throw Away

OPEN IMMEDIATELY

This package contains important information about your health benefits.

¡No Tirar!

¡ABRIR IMEDIATAMENTE!

Este paquete contiene información importante acerca de sus beneficios de salud. Si usted elige una Organizatión de Cuidado Medico (MCO) en Maryland Health Connection, usted debe llamar para confirmar su elección. Si usted no llama, se le asignara un MCO automáticamente.

2014.000062.01

Back of envelope
Enrollment Packet

Do Not throw Away
Open Immediately
This package contains important information about your health benefits.

Call us at 1 (800) 977-7388

不要扔掉
立即打开
这个纸包内含有您健康待遇的重要信息。

致电我们1- 1 (800) 977-7388

Chinese

لا ترمي بعيدًا
افتح على الفور
تحتوي هذه العلبة على معلومات هامة حول الفوائد الصحية التي تحصل عليها.

1 (800) 977-7388

Arabic

Non gettare
Aprire immediatamente
Contiene informazioni importanti per proteggere la Sua salute!

Ci contatti al n. +1 (800) 977-7388

Italian

Đừng Vội Ném Đi
Hãy Mở Ra Ngay
Trong đây là những thông tin quan trọng về phúc lợi y tế của quý vị.

Hãy gọi cho chúng tôi theo số 1 (800) 977-7388

Vietnamese

Μην το πετάτε
Ανοίξτε το αμέσως
Το πακέτο αυτό περιέχει σημαντικές πληροφορίες σχετικά με τις ιατρικές σας παροχές.

Καλέστε μας στο 1 (800) 977-7388

Greek

Ne pas jeter
Ouvrir immédiatement
Ce colis contient des informations importantes concernant vos prestations de santé.

Appelez-nous au 1 (800) 977-7388

French

कृप्या फेंकें नहीं
तुरन्त खोलें
इस पैकेज में आपके स्वास्थ्य संबंधी लाभों के विषय में महत्वपूर्ण जानकारी है।

हमें 1 (800) 977-7388 पर कॉल करें

Hindi

버리지 말고 당장에서 열어주세요.

이 소포에는 당신의 건강과 관련되는 중요한 정보가 포함되어있습니다.

전화로 문의해주세요.1 (800) 977-7388

Korean

Не Выбрасывайте
Откройте Немедленно
Эта упаковка содержит важную информацию о пользе для Вашего здоровья.

Звоните нам 1 (800) 977-7388

Russian

43222 PSI single.indd 2

Turn over for the English version

HealthChoice

PROGRAMA DEL CUIDADO DE SALUD DE MARYLAND

ADDRESS
FusionPro Text

BARCODE
FusionPro Text

Bienvenidos a HealthChoice –

el programa de cuidados administrados del estado de Maryland.

En HealthChoice usted se obtendrá sus servicios de asistencia médica por una organización de cuidados administrados llamado un MCO (también llamado un plan de salud).

Usted tiene que escoger su MCO por DATE FusionPro Text

Si usted no escoge un MCO por esta fecha, el estado escogerá uno y puede ser que sus doctores no pertenezcan a ese MCO.

Si usted elige una Organizatión de Cuidado Medico (MCO) en Maryland Health Connection, usted debe llamar para confirmar su elección. Si usted no llama, se le asignara un MCO automáticamente.

Es fácil conseguir ayuda y escoger su MCO para averiguar lo que necesita hacer, comience leyendo la información en la parte trasera de esta carta.

Los folletos enviados con esta carta también le da más información sobre el programa de HealthChoice y de como escoger un MCO. Cuando usted esté listo para escoger su MCO usted puede:

- Llamar a HealthChoice al 1-800-977-7388 e inscribirse por teléfono;
- Llenar el formulario de inscripción de MCO dentro de este paquete y devolverlo en el sobre proporcionado (no necesita estampilla).

Escoja AHORA ... llame al 1-800-977-7388

de lunes a viernes de 7:00 AM a 7:00 PM

Si usted tiene incapacidad auditiva, puede llamar a la línea TDD/TTY 1-800-977-7389.

Vea el otro lado para mayor información.

1/2014 **Auspiciado por el Departamento de Salud e Higiene Mental de Maryland**

BEN3008

Vea al dorso para la versión en Español

HealthChoice

MARYLAND'S MANAGED HEALTH CARE PROGRAM

ADDRESS
FusionPro Text

BARCODE
FusionPro Text

Welcome to HealthChoice –

the State of Maryland's managed health care program.

In HealthChoice you will get these services through a managed health care organization called an MCO (also called a health plan).

You need to choose your MCO by DATE FusionPro Text

If you do not pick an MCO by this date, the state will choose one for you and your doctors may not be in that MCO.

If you chose an MCO in the Maryland Health Connection, you MUST call to confirm your MCO choice. If you do not call, you will be auto assigned to an MCO.

It is easy to get help and choose your MCO. To find out what you need to do, start by reading the information on the back of this letter.

The brochures sent with this letter also tell you more about the HealthChoice program and choosing an MCO. When you are ready to pick your MCO you can:

- Call HealthChoice at 1-800-977-7388 and sign-up over the phone; or
- Fill-out the MCO enrollment form in this packet and return it in the envelope provided (no stamp needed).

Choose now ... call 1-800-977-7388

Monday – Friday 7 am to 7 pm

If you are hearing impaired, you can call the TDD line 1-800-977-7389

See other side for more information.

1/2014 **Sponsored by the Maryland Department of Health and Mental Hygiene**

221521_0007_PREP.QXP 10/18/05 8:48 PM Page 2

Vea al dorso para la versión en Español

HealthChoice

MARYLAND'S MANAGED HEALTH CARE PROGRAM

You need to pick your MCO

HealthChoice provides health care to people in the State of Maryland's managed care program. In HealthChoice you get your health care services through a managed health care organization called an MCO (also called a health plan).

You have the right to pick the MCO you want to use. There are several different MCOs you can join.

In HealthChoice you also have your own personal doctor. This doctor is called your PCP, or Primary Care Provider. You need to choose a PCP in the MCO you pick.

This brochure is a guide to help you choose an MCO and PCP.

Here's what you need to do:

TIME IS LIMITED!

You need to pick your MCO by the date in the HealthChoice letter sent with this brochure. If you do not, the state will choose one for you.

Step 1 **Pick your MCO**
Learn more about MCOs on page 2.

Step 2 **Choose your doctor**
Find out more about choosing a doctor to be your PCP on page 3.

Step 3 **Sign-up with the MCO you pick**
It's easy to do...see page 3.

Start now

Questions? Need Help?

Call HealthChoice at 1-800-977-7388

TDD line for hearing impaired people ONLY at 1-800-977-7389

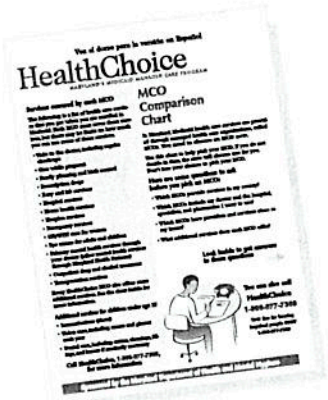
5/2002

221521_0007_PREP.QXP 10/18/05 8:48 PM Page 3

Step 1 Pick your MCO

In Maryland there are a number of different MCOs you can join. You need to decide which one will be best for you and your family.

To find out more about the MCOs you can join:



Read the HealthChoice MCO Comparison Chart;
or
Talk with a Health Benefits Consultant at HealthChoice, call 1-800-977-7388;
or
Go to a HealthChoice meeting in your area – call 1-800-977-7388 for meeting dates, times, and locations.

Here are some questions to ask before you pick an MCO:

Which MCOs can I join?

Look inside the MCO Comparison Chart to find out which MCOs are available in the county where you live.

Can I keep using the doctors I see now?

If you want to stay with your current doctor, you need to choose an MCO that works with that doctor. Call your doctors' offices and ask the staff which MCOs the doctor works with, or call HealthChoice at 1-800-977-7388. In some MCOs the specialists you can go to depend on the PCP you choose.

You can also look up your doctors on the Maryland Department of Mental Health and Hygiene website (*http://dhmh3.dhmh.state.md.us/examples/providersearch.jsp)* or in a HealthChoice Provider Listing (return the enclosed Doctor/Clinic Request Card to get a copy).

Which MCOs will let me use my neighborhood drug store and hospital?

Call HealthChoice at 1-800-977-7388 and ask a Health Benefits Consultant. Or look up the facility you are interested in on the DHMH website (*http://dhmh3.dhmh.state.md.us/examples/providersearch.jsp*) or in a HealthChoice Provider Listing (return the enclosed Doctor/Clinic Request Card to get a copy).

Do any of the MCOs offer extra benefits or services?

Look inside the MCO Comparison Chart for more information on what each MCO offers.

Before you pick your MCO, be sure to get all your questions answered.

Call HealthChoice at 1-800-977-7388

TDD line for hearing impaired people ONLY at 1-800-977-7389

A Health Benefits Consultant is waiting to help. The information and the call are free.

MCO

stands for Managed Care Organization.

In an MCO you get your medical care through the doctors, clinics, hospitals, drug stores, and other providers who work with that MCO. Most MCOs are run by insurance companies.

All of your MCO providers work together to take care of your health care needs. In an MCO you also have a personal doctor called a PCP, or Primary Care Provider.

When you have a PCP you always have a way to get health care services. Help is just a phone call away.

221521_0007_PREP.QXP 10/18/05 8:48 PM Page 6

Step 2 Choose your doctor

When you sign-up with your MCO you also need to choose a personal doctor. This doctor is called your PCP, or Primary Care Provider.

You can also choose a clinic in your area to serve as your PCP. Call HealthChoice at 1-800-977-7388 to find out more about this option.

Your PCP looks out for your health. When you are sick, need a check-up, or a lab test, you will see your PCP. If you need other medical services, your PCP will help you get that care, too.

Can I stay with my current doctor?

Many Maryland doctors work with the HealthChoice program. Call your doctor's office and ask the staff which MCOs your doctor works with. Or call HealthChoice at 1-800-977-7388 or visit the Maryland Department of Health and Mental Hygiene website (*http://dhmh3.dhmh.state.md.us/examples/providersearch.jsp)* for more information.

You can also look up your doctor in a HealthChoice Provider Listing (return the enclosed Doctor/Clinic Request Card to get a copy).

If you need to pick a PCP, here are some questions to think about:

- Can I find a doctor who is close to my house?
- What type of doctor do I need?
- Can I find a doctor who speaks my language?

You may not be able to go to every specialist in some MCOs. It can depend on the personal doctor (PCP) you choose. Ask the PCP you pick if you can go to the specialists you want.

It is easy to get help. You can:

- Call HealthChoice and talk with a Health Benefits Consultant;
  or
- Attend a HealthChoice meeting — call HealthChoice to find one in your area

HealthChoice
1-800-977-7388
TDD line for hearing impaired ONLY
1-800-977-7389

Step 3 Sign-up with the MCO you pick

There are three different ways you can sign-up. You can:

Call HealthChoice, 1-800-977-7388, and sign-up over the phone with a Health Benefits Consultant;

or

Send back your filled-out MCO enrollment form in the envelope provided (both came with this brochure in your HealthChoice packet);

or

Attend a HealthChoice meeting in your area. For meeting dates, times, and locations call HealthChoice at 1-800-977-7388.

Do you have more questions? Call 1-800-977-7388 for the answers.

221521_0007_PREP.QXP 10/18/05 8:48 PM Page 7

How do I find out more about my MCO?

After you sign-up, your MCO will mail you a handbook that gives you information on getting care in the MCO. You will learn about:

- getting emergency care
- seeing a specialist
- getting care from your doctor 24 hours a day
- solving problems with your plan or doctor

What health care services are covered by my HealthChoice MCO?

All basic medical services are covered by each MCO. For more information, read the MCO Comparison Chart sent with this brochure.

Can I see a different doctor than my children?

Yes, each person in your family can have a different PCP, one to meet their medical needs. For example, you can see a family doctor and your child can see a children's doctor called a pediatrician.

Can I see a specialist?

Yes. If you need to see a specialist or need a special medical service, your PCP will help you get that care. In most cases, you will be sent to a specialist who also works with your PCP and MCO. This is called a referral.

How do I get transportation for medical appointments?

Contact your local health department for help. Your MCO may also provide some transportation, call them for more information — the MCO phone number is on your MCO card.

Can I change to another MCO?

You can only change after 12 months, unless you have a special reason to change. One example of a special reason is you move out of the area that your current MCO serves.

Every year the HealthChoice program will send you a letter telling you that you can change your MCO. At that time, you may stay with your MCO or change to a different one.

Can I change my doctor?

You can change to another PCP in your MCO anytime. You just need to call your MCO.

What can I do if I have a problem with my MCO?

Start by calling your MCO's Member Services Department, but if they can't help you can call the HealthChoice Enrollee Action Line at 1-800-284-4510. You will get more information about this service and your rights to file a grievance from your MCO.

Remember... to get the answers you need

Call HealthChoice
1-800-977-7388

Monday – Friday
7am – 7pm

TDD line for hearing impaired people ONLY
1-800-977-7389

Turn over for the English version

HealthChoice

PROGRAMA DEL CUIDADO DE SALUD DE MARYLAND

Usted necesita escoger su MCO

HealthChoice provee cuidados de salud para personas del estado de Maryland con el programa del cuidado de salud administrado. En HealthChoice usted obtiene sus servicios de cuidado de salud a través de una organización de cuidados de salud administrada llamada MCO (también conocido como un plan de salud).

Usted tiene el derecho de escoger el MCO que desee usar. Existen diversos MCOs en los cuales se puede inscribir.

En HealthChoice, usted también tiene su propio doctor personal. A este doctor se le llama su PCP, o Proveedor Primario de Cuidados. Usted necesita escoger a un PCP que trabaje en el MCO que escoja.

Este folleto es una guía para ayudarle a elegir un MCO y un PCP.

Esto es lo que usted necesita hacer:

EL TIEMPO ES LIMITADO
Usted necesita escoger su MCO no más tarde de la fecha que aparece en la carta de HealthChoice enviada con este folleto. De no hacerlo, el estado escogerá uno para usted.

Primer Paso — **Escoja su MCO**
Conozca más sobre los MCOs en la página 2.

Segundo Paso — **Escoja su doctor**
Averigüe más sobre como escoger a un doctor para que sea su PCP, en la página 3.

Tercer Paso — **Inscríbase en el MCO que usted escoja**
Es fácil hacerlo … vea la página 3.

Comience ahora mismo

¿Preguntas? ¿Necesita ayuda?
Llame a HealthChoice al 1-800-977-7388
Personas con limitaciones auditivas pueden llamar a la línea de TDD al 1-800-977-7389

5/2002

221521_0007_PREP.QXP 10/18/05 8:48 PM Page 1

Primer Paso **Escoja su MCO**

En Maryland existen diversos MCOs a los que usted puede afiliarse. Necesita decidir cuál será el mejor para usted y su familia.

Para conocer más acerca de los MCOs a los que puede afiliarse:

Lea la Tabla de Comparación de MCOs de HealthChoice

o

Hable con un consultor de Beneficios de Salud de HealthChoice llamando al 1-800-977-7388

o

Asista a una reunión de HealthChoice de su área – llame al 1-800-977-7388 para informarse sobre nuestras reuniones: fechas, horarios y lugares de nuestras proximas presentaciones.

Aquí hay algunas preguntas que deben hacerse antes de elegir un MCO:

¿En cuáles MCOs puedo inscribirme?
Vea dentro de la Tabla de Comparación de MCOs para averiguar qué MCOs están disponibles en el condado donde usted vive.

¿Puedo seguir usando a los doctores que ahora veo?
Si usted quiere seguir viendo a su doctor, usted debe escoger un MCO que trabaja con su doctor. Llame a las oficinas de sus doctores y pregunte al personal con qué MCOs trabaja el doctor o llame a HealthChoice al 1-800-977-7388. Con algunos MCOs, los especialistas a los que usted puede acudir depende del doctor personal (PCP) que usted elija.

Usted también puede buscar a sus doctores en el sitio de red del Departamento de Salud e Higiene Mental de Maryland en: *http://dhmh3.dhmh. state. md.us/examples/providersearch.jsp.* o en la Lista de Proveedores de HealthChoice. Para recibir una copia de esta lista, regrésenos la tarjeta de pedido de la Lista de Doctores y Clínicas que se le envió con este folleto.

¿Qué MCOs me permitirán usar la farmacia y el hospital de mi vecindad?
Llame a HealthChoice al 1-800-977-7388 y pregunte a un Consultor de Beneficios de Salud. Usted también puede buscar el establecimiento que le interesa en el sitio de red Departmento de Salud Mental e Higiene de Maryland (http://dhmh3dhmh.state.md.us/examples/providersearch.jsp) o en la Lista de Proveedores de HealthChoice (regrésenos la Tarjeta de Pedido de la Lista de Doctores y Clínicas que se le envió con este folleto).

¿Hay algún MCO que ofrece beneficios o servicios adicionales?
Vea dentro de la Tabla de Comparación de MCOs para obtener mayor información sobre lo que ofrece cada MCO.

Antes de que escoja su MCO, asegúrese de obtener respuesta a todas sus preguntas.

Llame a HealthChoice al 1-800-977-7388

Personas con limitaciones auditivas pueden llamar a la línea de TDD al 1-800-977-7389

Un Consultor de Beneficios de Salud está esperando para ayudarle.
La información y la llamada son gratis.

MCO

significa Managed Care Organization (Organización de Cuidados Administrados).

En un MCO, usted puede recibir su cuidado médico por medio de los doctores, clínicas, hospitales, farmacias y otros proveedores que trabajan con ese MCO. La mayoría de los MCOs son operados por compañías de seguros.

Todos sus proveedores del MCO trabajan juntos para cuidar de sus necesidades de cuidados de salud. En un MCO también puede tener su doctor personal, llamado un PCP, o Proveedor Primario de Cuidados.

Cuando usted tiene un Proveedor Primario de Cuidados (PCP) usted siempre tendrá una forma de obtener servicios para el cuidado de salud. Su ayuda está a solo una llamada.

221521_0007_PREP.QXP 10/18/05 8:48 PM Page 4

Secundo Paso **Escoja su Doctor**

Cuando usted se inscribe con su MCO, usted necesita escoger a su doctor personal. A este doctor se le llama su PCP o Proveedor Primario de Cuidados.

Usted también puede escoger una clínica en su área para que le sirva como su PCP. Comuníquese con HealthChoice al 1-800-977-7388 para obtener más información acerca de esta opción.

Su PCP cuida de su salud. Cuando está enfermo, necesita un examen o una prueba de laboratorio, usted verá a su PCP. Si necesita otros servicios médicos, su PCP también le ayudará a obtener ese cuidado.

¿Puedo quedarme con mi doctor actual?

Muchos doctores de Maryland trabajan con el programa de HealthChoice. Llame a la oficina de su doctor y pregunte al personal con qué MCOs trabaja su doctor. O llame a HealthChoice al **1-800-977-7388** o visite el sitio de red del Departmento de Salud e Higiene Mental de Maryland en: *http://dhmh3.dhmh.state.md.us/examples/providersearch.jsp*, para mayor información.

Usted también puede buscar al doctor en la Lista de Proveedores de HealthChoice. Para recibir una copia de esta lista, regrésenos la Tarjeta de Pedido de la Lista de Doctores y Clínicas que se le envió con este folleto.

Si necesita escoger un PCP, he aquí algunas preguntas en las cuales pensar:

- ¿Puedo encontrar a algún doctor que esté cerca de mi casa?
- ¿Qué clase de doctor necesito?
- ¿Puedo encontrar algún doctor que hable mi idioma?

Quizás no le pueda ser posible acudir a todos los especialistas en algunos MCOs. Esto puede depender del doctor personal (PCP) que usted escoja. Pregunte al PCP de su elección si usted puede acudir a los especialistas que desee.

Es fácil obtener ayuda. Usted puede:

- Llamar a HealthChoice y hablar con un Consultor de Beneficios de Salud
- Asista a una presentación de HealthChoice – Llame a con HealthChoice para encontrar una en su área

HealthChoice
1-800-977-7388

Personas con limitaciones auditivas pueden llamar a la línea de TDD al 1-800-977-7389

Tercer Paso **Inscríbase con el MCO que escoja**

Hay tres maneras diferentes de inscribirse. Usted puede:

Llame a HealthChoice, 1-800-977-7388, e inscríbase por teléfono con un Consultor de Beneficios de Salud;

o

Envíe su formulario de inscripción del MCO debidamente llenado en el sobre que se proporciona (ambos llegaron con este folleto en su paquete de HealthChoice);

o

Asista a una presentación de HealthChoice en su área. Para información sobre fechas, horarios y lugares de las presentaciones, comuníquese con HealthChoice, al 1-800-977-7388.

¿Tiene otras preguntas? Llame al: 1-800-977-7388 para las respuestas.

221521_0007_PREP.QXP 10/18/05 8:48 PM Page 5

¿Cómo puedo obtener más información acerca de mi MCO?

Después que se haya inscrito, su MCO le enviará por correo un manual con información sobre cómo recibir cuidados por el MCO. Usted sabrá como:

- conseguir cuidado de emergencia
- ver a un especialista
- conseguir cuidados por su doctor las 24 horas del día
- resolver problemas con su plan o su doctor

¿Qué servicios de cuidado de la salud tienen cobertura con mi MCO de HealthChoice?

Todos los servicios médicos básicos son cubiertos por cada MCO. Para mayor información, lea la Tabla de Comparación de MCOs enviada con este paquete.

¿Puedo ver a un doctor diferente del que ve a mis niños?

Sí, cada persona en su familia puede tener un PCP diferente, uno que satisfaga las necesidades médicas de cada uno. Por ejemplo, usted puede ver a un médico general y su niño puede ver a un médico para niños, a quien se le llama pediatra.

¿Puedo ver a un especialista?

Sí. Si necesita ver a un especialista o necesita un servicio médico especial, su PCP le ayudará a conseguir ese servicio. En la mayoría de los casos será enviado a un especialista que también trabaja con su PCP y MCO. A esto se le llama una referencia.

¿Cómo consigo transportación para mis citas médicas?

Comuníquese con su departamento local de salud para recibir asistencia. Su MCO también podría proveerle cierto tipo de transportación, llámelos para recibir mayor información – el número de teléfono del MCO está en su tarjeta de MCO.

¿Puedo cambiarme a otro MCO?

Usted solamente puede cambiarse después de 12 meses, a no ser que tuviera una razón especial para hacerlo. Un ejemplo de una razón especial sería si usted se muda fuera del área donde presta servicios su MCO actual.

Cada año, el programa de HealthChoice le enviará una carta que le indica que puede cambiar de MCO. En ese momento, usted puede quedarse con su MCO o cambiar a otro diferente.

¿Puedo cambiar mi doctor?

Usted puede cambiar a otro PCP en su MCO en cualquier momento. Solamente necesita llamar a su MCO.

¿Qué puedo hacer si tengo un problema con mi MCO?

Puede empezar llamando el departamento de servicios de miembro de su MCO, pero si ellos no le pueden ayudar, usted puede llamar a la Línea de Acción para Miembros de HealthChoice al 1-800-284-4510. Usted recibirá más información de este servicio y sus derechos de archivar un agravio de su MCO.

Recuerde ... para obtener las respuestas que necesita

Llame a HealthChoice, al 1-800-977-7388

Lunes a viernes, de 7 a.m. a 7 p.m.

Personas con limitaciones auditivas pueden llamar a la línea de TDD al 1-888-977-7389

221521_0007_PREP.QXP 10/18/05 8:48 PM Page 8

EVALUACION DEL DESEMPENO DEL PLAN DE SALUD

Todos los planes de salud de HealthChoice recibieron altas calificaciones de satisfacción de parte la mayoría de sus miembros.

Este informe calificativo muestra el lugar que ocupan los planes de salud de HealthChoice en ciertas áreas clave. Usted puede valerse de este informe y de los demás materiales del paquete de inscripción como ayuda para decidirse por un plan de salud.

Para elegir un plan de salud, llame al 1-800-977-7388. Si tiene problemas de audición, puede llamar a la línea TDD, al número 1-800-977-7389.

Clave
- ☆☆☆ Por encima del promedio de HealthChoice
- ☆☆ Promedio de HealthChoice
- ☆ Por debajo del promedio de HealthChoice

ÁREAS DEL FUNCIONAMIENTO

PLANES DE SALUD — HealthChoice PROGRAMA DEL PLAN DE SALUD MEDICAID DE MARYLAND	Acceso a la Atención	Comunicación con el Médico y sus Servicios	Mantenimiento de la Salud de los Niños	Atención de Niños con Enfermedades Crónicas	Atención de la Mujer	Atención de Adultos con Enfermedades Crónicas
AMERIGROUP MARYLAND, INC.	☆	☆	☆☆	☆☆	☆☆	☆☆
JAI MEDICAL SYSTEMS MANAGED CARE ORGANIZATION, INC.	☆☆☆	☆☆☆	☆☆☆	No calificado por los investigadores	☆☆☆	☆☆☆
MARYLAND PHYSICIANS CARE	☆☆	☆	☆	☆☆	☆	☆
MEDSTAR FAMILY CHOICE, INC.	☆☆☆	☆☆☆	☆☆☆	☆☆	☆☆	☆☆☆
PRIORITY PARTNERS	☆☆☆	☆☆	☆☆	☆☆	☆☆☆	☆☆☆
RIVERSIDE HEALTH OF MARYLAND, INC.	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
UNITED HEALTHCARE OF THE MID-ATLANTIC, INC.	☆☆	☆☆	☆	☆☆	☆	☆

Esta información proviene de los planes de salud y de sus miembros y son los datos de desempeño más actualizados disponibles. La veracidad de la información recolectada fue investigada por organizaciones independientes. Las puntuaciones de desempeño de los planes de salud no han sido ajustadas para reflejar las diferencias en regiones de servicio o la composición del grupo de afiliados. "No calificado por investigadores" no describe el desempeño o calidad de atención que proporcionan este plan de salud por la misma, no debería afectar su opción de plan de salud.
"Riverside Health of Maryland, Inc. se convirtió en un HealthChoice MCO en 2013 y actualmente no son aplicables.

Descripción de las Áreas de Desempeño

Acceso a la Atención
- Se otorgan citas sin demoras prolongadas
- El plan de salud tiene buena atención al cliente
- Todos ven al doctor por lo menos una vez por año

Comunicación con el Médico y sus Servicios
- Los doctores explican las cosas con claridad y responden las preguntas
- El personal del consultorio del doctor es servicial
- Los doctores brindan buena atención

Si usted tiene problemas para recibir atención médica de su plan de salud o de su doctor, llame al plan de salud y pida que le entreguen con el servicio de atención al cliente. Luego, si todavía tiene problemas, llame a la línea para afiliados de HealthChoice, Enrollee Help Line, al número 1-800-284-4510.

Mantenimiento de la Salud de los Niños
- Los niños son vacunados para protegerlos de enfermedades graves
- Los niños ven al doctor y al dentista periódicamente
- Los niños son sometidos a análisis para detectar intoxicación por plomo

Atención de Niños con Enfermedades Crónicas
- Los doctores les brindan atención individual
- Los niños reciben los medicamentos que necesitan
- El doctor o la enfermera conocen las necesidades del niño
- Los doctores hacen participar a los padres en la toma de decisiones

Atención de la Mujer
- Las mujeres se someten a estudios de detección de cáncer de mama y de cáncer de cuello de útero
- Se cuida de la mujer durante el embarazo y después del parto

Atención de Adultos con Enfermedades Crónicas
- Se observan y controlan los niveles de azúcar en sangre
- Se analizan y controlan los niveles de colesterol
- Se examinan los ojos para ver si hay pérdida de la visión
- Los riñones están saludables y en buen funcionamiento
- El uso apropiado de antibióticos
- El tratamiento adecuado para el dolor lumbar

Servicios Cubiertos por Cada Plan de Salud

- Visitas al médico, incluso los chequeos periódicos
- Inmunizaciones (vacunas) para menores de 21 años
- Atención durante el embarazo
- Planificación familiar y control de la natalidad
- Medicamentos recetados
- Servicios radiológicos y de laboratorio
- Servicios de hospital
- Servicios de salud en el hogar
- Servicios para enfermos terminales
- Servicios de emergencia
- Atención ginecológica y de obstetricia para mujeres
- Exámenes de los ojos para adultos y niños
- Servicios primarios de salud mental a través de su primarios doctor (otros servicios de salud mental a través de Specialty Mental Health System 1-800-888-1965)
- Servicios de transporte
- Tratamiento para el abuso de sustancias
- Atención de la vista, incluso exámenes y anteojos cada año para menores de 21 años

Cada plan de salud HealthChoice ofrece algunos servicios adicionales.

¿TIENE PREGUNTAS PARA LOS PLANES DE SALUD?

AMERIGROUP MARYLAND	1-800-600-4441
JAI MEDICAL SYSTEMS	1-888-524-1999
MARYLAND PHYSICIANS CARE	1-800-953-8852
MEDSTAR FAMILY CHOICE	1-888-404-3549
PRIORITY PARTNERS	1-800-654-9728
RIVERSIDE HEALTH OF MARYLAND, INC.	1-800-730-8530
UNITED HEALTHCARE	1-800-318-8821

Para obtener mayor información visite el sitio web de HealthChoice, *www.dhmh.maryland.gov*

A PERFORMANCE REPORT CARD

for Consumers

2014

HealthChoice
MARYLAND'S MEDICAID HEALTH PLAN PROGRAM

Printed
2/2014

Looking at Health Plan Performance

All health plans in HealthChoice received high satisfaction ratings from the majority of their members.

This Report Card shows how the health plans in HealthChoice compare to each other in key areas. You should use this Report Card along with other items in the enrollment packet to help you choose a health plan.

To choose a health plan, call 1-800-977-7388. If you are hearing impaired, you can call the TDD line 1-800-977-7389.

Key
☆☆☆ Above HealthChoice Average
☆☆ HealthChoice Average
☆ Below HealthChoice Average

Performance Areas

HealthChoice Maryland's Medicaid Health Plan Program — Health Plans	Access to Care	Doctor Communication and Service	Keeping Kids Healthy	Care for Kids with Chronic Illness	Taking Care of Women	Care for Adults with Chronic Illness
AMERIGROUP MARYLAND, INC.	☆	☆	☆☆	☆☆	☆☆	☆☆
JAI MEDICAL SYSTEMS MANAGED CARE ORGANIZATION, INC.	☆☆☆	☆☆☆	☆☆☆	Not Rated by Researchers	☆☆☆	☆☆☆
MARYLAND PHYSICIANS CARE	☆☆	☆	☆	☆☆	☆	☆
MEDSTAR FAMILY CHOICE, INC.	☆☆☆	☆☆☆	☆☆☆	☆☆	☆☆	☆☆☆
PRIORITY PARTNERS	☆☆☆	☆☆	☆☆	☆☆	☆☆☆	☆☆☆
RIVERSIDE HEALTH OF MARYLAND, INC.	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
UNITED HEALTHCARE OF THE MID-ATLANTIC, INC.	☆☆	☆☆	☆	☆☆	☆	☆

This information was collected from health plans and their members and is the most current performance data available. The information reported was reviewed for accuracy by independent organizations. Health plan performance scores have not been adjusted for differences in service regions or member composition. "Not Rated by Researchers" does not describe the performance or quality of care provided by the health plan. It should not affect your choice of health plan.
** Riverside Health of Maryland, Inc. became a HealthChoice MCO in 2013 and ratings are not applicable.*

Performance Area Descriptions

Access to Care
- Appointments are scheduled without a long wait
- The health plan has good customer service
- Everyone sees a doctor at least once a year

Doctor Communication and Service
- Doctors explain things clearly and answer questions
- The doctor's office staff is helpful
- Doctors provide good care

Keeping Kids Healthy
- Kids get shots to protect them from serious illness
- Kids see a doctor and dentist regularly
- Kids get tested for lead

Care for Kids with Chronic Illness
- Doctors give personal attention
- Kids get the medicine they need
- A doctor or nurse knows the child's needs
- Doctors involve parents in decision making

Taking Care of Women
- Women are tested for breast cancer and cervical cancer
- Moms are taken care of when they are pregnant and after they have their baby

Care for Adults with Chronic Illness
- Blood sugar levels are monitored and controlled
- Cholesterol levels are tested and controlled
- Eyes are examined for loss of vision
- Kidneys are healthy and working properly
- Appropriate use of antibiotics
- Appropriate treatment for lower back pain

If you are having trouble getting health care from your health plan or your doctor, try calling the health plan for customer service. Then, call the Enrollee Help Line if you still have a problem 1-800-284-4510.

Services Covered by Each Health Plan

- Visits to the doctor, including regular check-ups
- Immunizations (shots) for kids under 21
- Care while pregnant
- Family planning and birth control
- Prescription drugs
- X-ray and lab services
- Hospital services
- Home health services
- Hospice services
- Emergency services
- OB/GYN care for women
- Eye exams for adults and children
- Primary mental health services through your primary care doctor (other mental health services through the Specialty Mental Health System 1-800-888-1965)
- Transportation services
- Substance abuse treatment
- Vision care including exams and glasses each year for kids under 21

Every HealthChoice health plan offers some additional services.

Do you want to ask the health plans questions?

AMERIGROUP MARYLAND	1-800-600-4441
JAI MEDICAL SYSTEMS	1-888-524-1999
MARYLAND PHYSICIANS CARE	1-800-953-8852
MEDSTAR FAMILY CHOICE	1-888-404-3549
PRIORITY PARTNERS	1-800-654-9728
RIVERSIDE HEALTH OF MARYLAND, INC.	1-800-730-8530
UNITED HEALTHCARE	1-800-318-8821

For more information visit the HealthChoice website ***www.dhmh.maryland.gov***

Informe Calificativo Sobre Desempeño

para Consumidores

2014

HealthChoice
Programa del Plan de Salud Medicaid de Maryland

Impresión 2/2014

33837_dr_listing.qxp 5/1/07 5:15 PM Page 2

DOCTOR/CLINIC LISTING REQUEST CARD

TARJETA DE REQUIRIDO PARA LISTA DE DOCTORES Y CLINICAS

Please send a doctor/clinic listing to me at:
Favor de enviarme una lista de Doctores y Clinicas a:

Name: _____
Nombre

Address: _____
Dirección

City: _____ **State:** _____
Ciudad Estado

Zip Code: _____ **Country:** _____
Codigo Postal Condado

33837_dr_listing.qxp 5/1/07 5:15 PM Page 1

89.0060.7500.18218 (6/06)

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 2158 BALTIMORE, MD

POSTAGE WILL BE PAID BY ADDRESSEE

HEALTH CHOICE
PO BOX 17008
BALTIMORE MD 21297-1008

Enroll by completing this form and the Health Service Needs Form and mailing them as soon as possible in the enclosed postage paid envelope to HealthChoice, P.O. Box 17008, Baltimore, MD 21203-7008.

HealthChoice

The Maryland Department of Health and Mental Hygiene

ENROLLMENT FORM
ANNUAL RIGHT TO CHANGE FORM

Or enroll by calling the HealthChoice toll free number at **1-800-977-7388**. Before you call have all medical assistance numbers and your answers to the Health Service Needs questions ready.

To enroll by mail, complete the following information for yourself as the Head of Household and each eligible family member.

1. Information about you and family members	Head of Household	Family Member 1	Family Member 2	Family Member 3**
Please write in names				
Please write in Social Security Numbers				
Please write in Medical Assistance Numbers				
Please write in dates of birth				
2. Information about your choices				
Doctor or clinic choice				
Doctor or clinic address				
MCO choice				
3. Information about other health insurance				
Do you or any family member have any other health insurance coverage or Medicare?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
If yes, what is the name of the insurance company?				

4. Language information

Primary language in the home (circle one) English Spanish Vietnamese French Other _____

5. DSS Caseworker Information

First Name: _____ Last Name: _____

Office: _____ PHone Number ( ) -

6. Emergency Contact

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: ( ) - _____ Relationship: _____

If you have a new address or phone number, please write it below.

_____ _____

Signature **Date**

My signature says I have read and understand the Statement of Understanding on the back of this form.

**If you need additional space for extra family members, please call the *Health*Choice Enrollment Line at 1-800-977-7388

White Copy: Return to *Health*Choice
Pink Copy: Keep for your records

Statement of Understanding

1. I understand that I may call my personal doctor at any time for medical advice, care or a referral if myself or anyone in my family covered by HealthChoice is sick or injured.

2. I understand that unless I have a medical emergency, I must contact my personal doctor for medical care. I understand that in an emergency, I must contact my personal doctor or the Managed Care Organization (MCO) as soon as possible, after I have received emergency care.

3. I understand that I am choosing to enroll in the MCO indicated and selecting a primary care doctor for myself and for each family member on this form.

4. I understand that receiving health care services without my personal doctor or MCO approval may result in a denial of payment by the MCO and may result in my being billed for the service. HealthChoice is not responsible for the bill and will not pay for the services if I do not follow the required directions of the MCO.

5. I understand that, after twelve months, I may change MCO once a year without giving a reason and that I may change MCOs at any time with an approved reason and that I can call the HealthChoice Enrollment line for help.

6. I understand that it is my responsibility to notify the MCO and my caseworker of any change in the number of my family members.

7. I understand that I must follow Medical Care Program regulations to stay eligible for HealthChoice.

8. I understand that all information is confidential.

Health Choice

Departamento de Salud e Higiene Mental de Maryland

FORMULARIO DE INSCRIPCION

FORMULARIO DEL DERECHO DE CAMBIO ANUAL

Inscríbase completando esta forma y la forma de los servicios de salud. Por favor, échelas al correo lo más pronto posible en el sobre que aparece en el paquete a *Health*Choice, P.O. Box 17008, Baltimore, MD 21203-7008.

Para inscribirse por vía teléfono llame a *Health*Choice al **1-800-977-7388.** Antes de llamar tenga sus números de asistencia médica, y sus contestaciones para los servicios de salud necesarios.

Para inscribirse por correo, complete la siguiente información para usted como cabeza de familia, y para cada miembro de la familia que es elegible.

1. Información sobre usted y sus miembros de familia	**Cabeza de familia**	**Miembro N°1 de familia**	**Miembro N°2 de familia**	**Miembro N°3 de Familia****
Por favor, escriba los nombres				
Por favor, escriba los número del Seguro Social				
Por favor, escriba los numeros de la Asistencia Médica				
Por favor, escriba la fecha de nacimiento de cada persona				
2. Información sobre sus preferencias				
Doctor o clínica que usted prefiere				
Dirección del doctor o de la clínica				
Nombre del MCO que prefiere				
3. Información de otro seguro de salud ¿Esta usted o algún otro miembro de su familia cubierto por otro seguro de salud, o Medicare? Si es sí, ¿cual es el nombre de la compañía de seguro?	❑ Sí ❑ No	❑ Sí ❑ No	❑ Sí ❑ No	❑ Sí ❑ No

4. Información del idioma

Idioma principal que se habla en su casa (circule uno) Inglés Español Vietnamita Francés otro_____

5. DSS Información de su trabajador social

Nombre: _____ Apellido: _____

Oficina: _____ Número telefónico: (____) ____-____

6. Contactar en caso de emergencia:

Nombre: _____ Apellido: _____

Dirección: _____

Ciudad: _____ Estado: ____ Código: _____

Número de teléfono: (____) ____-____ Relación: _____

Si usted tiene una nueva dirección, o un número de teléfono, por favor escríbalo aquí:

_____ _____

Firma **Fecha**

Con mi firma confirmo que he leído y entendido la información que se encuentra en la parte de atrás de este formulario.

** Si usted necesita más espacio para otros miembros de la familia, por favor llame a la linea de *Health*Choice al 1-800-977-7388

Copia blanca: Regrese a *Health*Choice
Copia Rosada: Copia suya

Declaración de Entendimiento

1. Entiendo que puedo llamar a mi doctor personal en cualquier momento para consultas médicas, para cuidados o de referencias para mi o cualquier otro miembro de mi familia para los servicios médicos necesarios que esten cubiertos por HealthChoice.
2. Entiendo, que debo contactar a mi doctor personal para mis cuidados medicos, excépto en casos de emergencia. Entiendo que durante los casos de emergencia debo llamar a mi doctor personal o a la Organización de Cuidados Administrados (MCO) tan pronto como fuera posible, luego que haya recibido el servicio de emergencia
3. Entiendo que soy yo quien escoge inscribirse en el MCO indicado y que estoy seleccionando un doctor personal (médico primario) para mí y cada miembro de mi familia que aparece en este formulario.
4. Entiendo que si yo recibo servicios médicos sin la aprobación de mi doctor o de mi MCO puede resultar en que ellos no pagen por los servicios y que yo tenga que pagar por tales servicios. *Health*Choice no se hace responsable por la cuenta y no pagará por los servicios si yo no sigo las instrucciones dadas por el MCO.
5. Entiendo que después de 12 meses puedo cambiar de MCO (mi seguro), una vez al año sin tener que dar una explicación, y que puedo cambiar MCOs en cualquier momento con una razón aprobada, y que puedo llamar a la linea de inscripción de HealthChoice si necesito ayuda.
6. Entiendo que es mi responsabilidad notificar al MCO y a mi trabajador social de cualquier cambio que tenga con el número de miembros en mi familia.
7. Entiendo que debo seguir las regulaciones del Programa del Cuidado Médico para continuar siendo elegible para recibir *Health*Choice.
8. Entiendo que toda la información es confidencial.

Today's Date _____

Please answer the questions below. This information will be given to your MCO. It will help your MCO decide how soon you many need to see a doctor or nurse and what health care services you may need.

HealthChoice

The Maryland Department of Health and Mental Hygiene

HEALTH SERVICE NEEDS INFORMATION

Complete the information for yourself as Head of Household and each family member.
After completion, return this form with your *Health*Choice enrollment form to *Health*Choice, P.O. Box 17008, Baltimore, MD 21297-1008

Information about you and family members	Head of Household (Self)	Family Member 1	Family Member 2
Member Name			
Medical Assistance Number			
Preferred Language			
Health Questions			
1. What is the name of your (or your family members) doctor, nurse or clinic and the date of last visit?	Doctor/Clinic Name: _____ _____ Date of last Visit:_____	Doctor/Clinic Name: _____ _____ Date of last Visit:_____	Doctor/Clinic Name: _____ _____ Date of last Visit:_____
2. If you (or a family member) are taking prescription medications when do they need to be refilled? *Check all that apply.*	☐ No prescription medication ☐ Within a week ☐ Within 1 – 2 months	☐ No prescription medication ☐ Within a week ☐ Within 1 – 2 months	☐ No prescription medication ☐ Within a week ☐ Within 1 – 2 months
3. Do you (or a family member) have any of the following health problem(s)? *Check all that apply.*	☐ Asthma ☐ Diabetes ☐ Heart Disease ☐ High Blood Pressure ☐ HIV/AIDS ☐ Other _____	☐ Asthma ☐ Diabetes ☐ Heart Disease ☐ High Blood Pressure ☐ HIV/AIDS ☐ Other _____	☐ Asthma ☐ Diabetes ☐ Heart Disease ☐ High Blood Pressure ☐ HIV/AIDS ☐ Other _____
4. Are you (or a family member) getting services for any of the following: *Check all that apply.*	☐ ☐Mental Health ☐☐ Alcohol Use ☐☐ Drug Use	☐☐ Mental Health ☐☐ Alcohol Use ☐☐ Drug Use	☐☐ Mental Health ☐☐ Alcohol Use ☐☐ Drug Use
5. Members of certain groups need special services. Are you (or a family member) a member of any of the groups listed?	☐ Homeless ☐ Have a physical disability	☐ Homeless ☐ Have a physical disability	☐ Homeless ☐ Have a physical disability
6. Are you (or a family member) getting any of these services:	☐ Chemotherapy ☐ Radiation ☐ Dialysis	☐ Chemotherapy ☐ Radiation ☐ Dialysis	☐ Chemotherapy ☐ Radiation ☐ Dialysis

Health Choice

The Maryland Department of Health and Mental Hygiene

HEALTH SERVICE NEEDS INFORMATION

Information about you and family members	Head of Household (Self)	Family Member 1	Family Member 2
Member Name			
Health Questions			
7. If you (or your family member) are under 21 years old do you have any of the following:	☐ Special Health Care Need ☐ Developmental Delay ☐ Lead Poisoning	☐ Special Health Care Need ☐ Developmental Delay ☐ Lead Poisoning	☐ Special Health Care Need ☐ Developmental Delay ☐ Lead Poisoning
8. If you (or a family member) are under 21 years old, when did you last see a dentist?	☐ Less than 6 months ago ☐ 6 – 12 months ago ☐ 12 months ago or more	☐ Less than 6 months ago ☐ 6 – 12 months ago ☐ 12 months ago or more	☐ Less than 6 months ago ☐ 6 – 12 months ago ☐ 12 months ago or more
9. Have you (or a family member) had a baby in the past two months?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
10. Are you (or a family member) pregnant right now?	☐ Yes ☐ No *If yes, answer 10a & 10b.*	☐ Yes ☐ No *If yes, answer 10a & 10b.*	☐ Yes ☐ No *If yes, answer 10a & 10b.*
10a. How many months along is the pregnancy?	☐ 1-3 months ☐ 4-6 months ☐ 7–9 months	☐ 1-3 months ☐ 4-6 months ☐ 7–9 months	☐ 1-3 months ☐ 4-6 months ☐ 7–9 months
10b. Write the name of the doctor, nurse, or clinic where you (or your family member) are receiving prenatal care:	Doctor/Clinic Name:_____ ☐ Not receiving prenatal care	Doctor/Clinic Name:_____ ☐ Not receiving prenatal care	Doctor/Clinic Name: _____ ☐ Not receiving prenatal care
11. In the past 6 months were you (or a family member) sick enough to be hospitalized?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
12. Do you (or a family member) receive services at your home from a home health worker or personal care assistant?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
13. Check if you (or a family member) need any of the following?	☐ Medical Equipment Repair ☐ Medical Supplies	☐ Medical Equipment Repair ☐ Medical Supplies	☐ Medical Equipment Repair ☐ Medical Supplies
14. Do you (or a family member) have any problems getting transportation to your medical appointments?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 2158 BALTIMORE, MD

POSTAGE WILL BE PAID BY ADDRESSEE

HEALTH CHOICE
PO BOX 17008
BALTIMORE MD 21298-6720

Decoded IMb : 00708904478001000000212986720 Mailpiece Size : (#10) 4-1/8x9-1/2 Letter
Do not modify the size or change the placement of either the FIM or IMb.
QBRM pieces that are non-automation compatible and/or contain the incorrect ZIP+4 code are ineligible for QBRM prices and will be charged the non-QBRM High Volume postage and fees.

More on HealthChoice

Each health plan has a **Special Needs Coordinator** to help your child get care. Case managers may also be available to help.

There are certain services that HealthChoice does not provide, such as mental health. Your child can get these services by using the "red and white" card.

For more information, talk to your child's PCP, call your health plan, or call HealthChoice at **1-800-284-4510**.

If Your Child is Not in HealthChoice

How your child gets health care is different if your child is **not** in HealthChoice. The services your child can get may be different. Call the numbers below to find out more.

Fee-For-Service	410-767-5800
outside Baltimore Metro Area	1-800-492-5231
Autism Waiver	410-767-1446
outside Baltimore Metro Area	1-800-535-0182
Developmental Disabilities Waiver	410-767-5600
Model Waiver	410-767-1448
outside Baltimore Metro Area	1-800-296-2242
REM (Rare and Expensive Case Management)	1-800-565-8190

Getting Mental Health Care

For assistance with children in Medical Assistance / Medicaid or MCHP, access mental health care through an ASO. Call the ASO at **1-800-888-1965** to find a provider.

- Before you make an appointment, make sure the provider takes your child's "red and white" card.

Do you need more information about Medical Assistance/ Medicaid or MCHP?

Visit our website at
https://mmcp.dhmh.maryland.gov/SitePages/Home.aspx
or call 1-877-4MD-DHMH

Your local health department (LHD) can also help. Call your LHD.

Maryland Relay Services
for people with disabilities
1-800-735-2258

Maryland Department of Health and Mental Hygiene

201 West Preston Street
Baltimore, Maryland 21201

Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
Joshua M. Sharfstein, M.D., Secretary

July 2014

Children and Youth in Medical Assistance/ Medicaid and MCHP

Help for Special Health Care or Mental Health Needs

1-800-284-4510

Maryland Department of Health and Mental Hygiene

Maryland Medical Assistance/Medicaid and Maryland Children's Health Program (MCHP)

What Do Medical Assistance/Medicaid and MCHP Provide for Children and Youth?

Maryland Medical Assistance/Medicaid and the Maryland Children's Health Program (MCHP) provide complete health care. Health care is important to help your child reach his or her full potential.

All children in Medical Assistance/Medicaid and MCHP get **EPSDT** (Early and Periodic Screening, Diagnosis and Treatment). EPSDT is for infants, children, and youth up to 21 years old.

What is EPSDT and why is it important for your child?

EPSDT means that your child can go to the doctor for a Healthy Kids check-up. Every child needs check-ups. Healthy Kids check-ups include:

- **Developmental Screening**
- **Mental Health Screening**
- **Lead Testing**
- **Dental Screening**
- **Vision Screening**
- **Hearing Screening**
- **Immunizations/shots**

The doctor will look for any problems. If problems are found or there are concerns, your child will be able to get the services he or she needs from specialists, therapists, or other providers.

Services

Some of the services your child can get if he or she needs them are:

- **Dental**
- **Doctor and Clinic Visits**
- **Durable Medical Equipment (for example, wheelchairs)**
- **Disposable Medical Supplies (for example, feeding tubes)**
- **Emergency Room Care**
- **Eye Exams and Eyeglasses**
- **Hearing Aids**
- **Home Health**
- **Hospital (Inpatient and Outpatient Care)**
- **Lab Tests and Screenings**
- **Medical Day Care**
- **Mental Health**
- **Nutrition Services**
- **Personal Care**
- **Prescription Drugs**
- **Private Duty Nursing**
- **Substance Abuse Treatment**
- **Targeted Case Management**
- **Therapies (Physical, Occupational, Speech, Audiology)**
- **Transportation**
- **And More**

The way children get services can be different in different parts of Medical Assistance/Medicaid and MCHP. The parts of Medical Assistance/Medicaid and MCHP are:

- **HealthChoice**
- **Mental Health**
- **Waivers**
- **Fee-for-Service**
- **REM (Rare and Expensive Case Management)**

HealthChoice

Most children who get Medical Assistance/Medicaid or MCHP are in **HealthChoice**. In HealthChoice most care is provided by your health plan.

HealthChoice Health Plans	
AMERIGROUP	1-800-600-4441
JAI Medical Systems	1-888-524-1999
Kaiser Permanente	1-855-249-5019
Maryland Physicians Care	1-800-953-8854
MedStar Family Choice (formerly Helix)	1-888-404-3549
Priority Partners	1-800-654-9728
Riverside Health of Maryland	1-800-730-8530
UnitedHealthCare	1-800-318-8821

After you choose a health plan, you choose a **PCP (primary care provider)**.

- The PCP sets up services for your child.
- You must go to your PCP for advice on what your child needs.
- The PCP is usually a pediatrician or a family doctor, but can be a specialist.

Each health plan has a **network** of doctors and other providers.

- Your child must see the doctors who are in your health plan's network.

For many benefits and services, you need a **referral** from your PCP.

Sometimes your health plan must **authorize**, or approve, a service.

- You need to get permission from your health plan before you get the service.

Attention HealthChoice Members

Are you having trouble getting health care from your MCO or your doctor?

Call the HealthChoice Enrollee Help Line
(800) 284-4510

MARYLAND
Department of Health and Mental Hygiene

HealthChoice

Maryland's Managed Care Program for Medicaid Participants

When you have questions about your health care:

First, call your MCO if you:

- Can't get an appointment
- Can't find a specialist
- Need help getting transportation to a medical visit
- Have trouble getting drugs at the pharmacy
- Have special needs and are not able to get the care you need
- Think you should be getting better care
- Just have questions about your care

Call the Member Services number on your MCO card.

Don't be afraid to call.
The MCO's job is to help you.
They cannot take any action against you for calling for help.

We are here to help you and your family get the health care you need. Just give us a call.

Second, call the HealthChoice Enrollee Help Line if you:

- Didn't get all of your questions answered
- Were denied the care you believe you need
- Want to talk with someone about your MCO or your doctor

Call (800) 284-4510
8:00 a.m. - 5:00 p.m.
Monday - Friday

If you call after hours, you can leave a message and we will call you back.

You do not have to call your MCO first.
You can call the HealthChoice Enrollee Help Line at any time at **(800) 284-4510.**

Call the HealthChoice Enrollee Help Line

(800) 284-4510

If you:

- Called your MCO and did not get all your questions answered
- Were denied the care you believe you need
- Want to talk with someone about your MCO or your doctor

We are here to help you and your children get the health care you need. Just give us a call.

Tear off this card and keep it in your wallet.

HealthChoice
Enrollee Help Line
(800) 284-4510

Call us when you have questions about your health care. We're here to help you.

42532 POLICY.indd 1
10/10/13 5:54 PM

Llame a la línea de HealthChoice

(800) 284-4510

Si:

- Llamó a su MCO y no le contestaron sus preguntas
- Fue negado el cuidado que usted considera que necesita
- Quiere hablar con alguien acerca de su MCO o de su doctor

Estamos aquí para ayudarle para que usted y su hijos obtengan los cuidados de salud que necesitan. ¡ Llámenos!

Desprenda esta tarjeta y guárdela en su billetera.

HealthChoice
Línea de ayuda para miembros
(800) 284-4510

Llámenos si tiene alguna pregunta sobre su atención médica. Estamos aquí para ayudarle.

Atención para miembros de HealthChoice

¿Tiene problemas para obtener atención médica de su MCO o su médico?

Llame a la línea de ayuda para miembros de HealthChoice al **(800) 284-4510**

MARYLAND
Department of Health and Mental Hygiene

HealthChoice
Programa de atención médica administrada de Maryland para participantes de Medicaid

Cuando tiene preguntas sobre su atención médica:

En primer lugar, llame a su MCO si:

- No puede obtener una cita
- No puede encontrar un especialista
- Necesita ayuda para conseguir transporte para una visita médica
- Tiene problemas para conseguir los medicamentos en la farmacia
- Tiene necesidades especiales y no puede obtener la atención que necesita
- Cree que debería recibir una mejor atención
- Solo tiene preguntas sobre su atención

Llame al número de Servicios para miembros en la tarjeta de su MCO.

No dude en llamar. El trabajo de la MCO es ayudarlo. No puede tomar medidas en su contra por llamar para obtener ayuda.

En segundo lugar, llame a a línea de ayuda a miembros de si HealthChoice:

- Algunas de sus preguntas no fueron respondidas
- Se le negó la atención que cree necesitar
- Desea hablar con alguien sobre su MCO o su médico

Llame al (800) 284-4510 de lunes a viernes de 8:00 a.m. a 5:00 p.m.

Si llama fuera del horario de atención, deje un mensaje y lo llamaremos.

Estamos aquí para ayudarles a usted y su familia para que obtengan la atención médica que necesitan. Solo llámenos.

No es necesario que llame primero a su MCO. Puede llamar a la línea de ayuda para miembros de HealthChoice en todo momento al **(800) 284-4510.**

APPENDIX 6

LIST OF HEALTHCHOICE MANAGED CARE ORGANIZATIONS (MCOs)

MCO LIST

AMERIGROUP Community Care 7550 Teague Road, Ste 500 Hanover, Maryland 21076 410-859-5800 1-800-964-2112
Jai Medical System, Inc. 5010 York Road Baltimore, MD 21212 410-433-2200
Kaiser Permanente Mid-Atlantic States 2101 East Jefferson Street Rockville, MD 20852 301-816-2424
Maryland Physicians Care 509 Progress Drive Linthicum, MD 21090-2256 800-953-8854
MedStar Family Choice 8094 Sandpiper Circle, Ste O Baltimore, MD 21236 410-933-3021
Priority Partners MCO Baymeadow Industrial Park 6704 Curtis Court Glen Burnie, MD 21060 410-424-4500
Riverside Health of Maryland 7001 Johnnycake Rd., Ste 203 Windsor Mill, MD 21244 410-878-7709
UnitedHealthcare Lyndwood Executive Center 6095 Marshalee Dr., Ste 200 Elkridge, MD 21075 1-800-487-7391 or 410-379-3400

APPENDIX 7

RECORDS OF ENROLLMENTS & RELATED TRANSACTIONS FROM THE ENROLLMENT BROKER TO THE DEPARTMENT

Appendix 15

				EB	EB	EB	EB	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH	DHMH
Detail Record:							INSURANCE	ACCEPTED	ACCEPTED	ANNUAL	INIT NEWBORN	INITIATED	INITIATED	HLTHCHOICE	AUTO	PAC			CONVERSION		INSURANCE		PROV MERGE	PROV MERG	PROV TERM	PROV TERM	PROV TERM	REJECTED	REJECTED	SPECIAL
Field				DEMO	DISENROLL	ENROLL	CHANGE	DISENROLL	ENROLL	RIGHT/CHG	ENROLL	DISENROLL	ENROLL	ENROLL	ASSIGN	ENROLL	RE-ENROLL	CANCEL	ENROLL	DEMO	CHANGE	NEW	DISENROLL	ENROLL	CHOOSE	DISENROLL	ENROLL	DISENROLL	ENROLL	PROCESSING
Description	Size	Type	Position																										
Transaction Type	3	Alpha	001-003	EDM	EDR	EER	EIN	ACD	ACE	ARC	ASB	ASD	ASE	ASH	ASN	ASP	ASR	CAN	CNV	DDM	DIN	NEW	PMD	PME	PTC	PTD	PTE	RJD	RJE	ZZZ
Original MAID	11	Numeric	004-014	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Transaction Time	8	Numeric	015-022	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Current MAID	11	Numeric	023-033	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
HOH Case #	9	Numeric	034-042	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
CARES IRN	9	Numeric	043-051	N/A	N/A	N/A	N/A	x	x	x	N/A	x	x	x	x	x	x	x	x	x	N/A	x	x	x	x	x	x	N/A	N/A	x
Last Name	20	Alpha	052-071	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
First Name	15	Alpha	072-086	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Middle Init	1	Alpha	087-087	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Suffix	4	Alpha	088-091	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Phone Number	10	Numeric	092-101	x	N/A	N/A	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	N/A	x	x	x	x	x	x	N/A	N/A	x
Date of Birth	8	Date (CCYYMMDD)	102-109	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
SSN	9	Numeric	110-118	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
HOH Name	25	Alpha	119-143	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Address 1	22	Alpha	144-165	x	N/A	N/A	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	N/A	x	x	x	x	x	x	N/A	N/A	x
Address 2	22	Alpha	166-187	x	N/A	N/A	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	N/A	x	x	x	x	x	x	N/A	N/A	x
City	18	Alpha	188-205	x	N/A	N/A	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	N/A	x	x	x	x	x	x	N/A	N/A	x
State	2	Alpha	206-207	x	N/A	N/A	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	N/A	x	x	x	x	x	x	N/A	N/A	x
Zip Part 1	5	Numeric	208-212	x	N/A	N/A	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	N/A	x	x	x	x	x	x	N/A	N/A	x
Zip Part 2	4	Numeric	213-216	x	N/A	N/A	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	N/A	x	x	x	x	x	x	N/A	N/A	x
County	2	Numeric	217-218	x	N/A	N/A	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	N/A	x	x	x	x	x	x	N/A	N/A	x
Gender	1	Alpha	219-219	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
TPL	2	AlphaNumeric	220-221	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Coverage Group	3	AlphaNumeric	222-224	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Coverage Type	1	Alpha	225-225	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Elig Begin Date	8	Date (CCYYMMDD)	226-233	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Elig End Date	8	Date (CCYYMMDD)	234-241	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
EVS Date	8	Date (CCYYMMDD)	242-249	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cancel Reason	3	AlphaNumeric	250-252	N/A	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x	N/A	N/A
Date of Death	8	Date (CCYYMMDD)	253-260	N/A	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x	N/A	N/A
Newborn IND	1	Alpha	261-261	x	x	x	x	x	x	N/A	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x	N/A	x	x	N/A	x	x	x	x	N/A
Redet Date	8	Date (CCYYMMDD)	262-269	N/A	x	x	x	x	x	x	N/A	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Bad Address IND	1	Alpha	270-270	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Filler	25	Spaces	271-305	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
HMO Prov Num	9	Numeric	306-314	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HMO Prov Name	35	Alpha	315-349	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MCO Prov Num	9	Numeric	350-358	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	N/A	x	x	N/A	x	x	x	x	N/A
MCO Prov Name	35	Alpha	359-393	N/A	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	N/A	x	x	N/A	x	x	x	x	N/A
MCO Enroll Date	8	Date (CCYYMMDD)	394-401	N/A	x	x	N/A	x	x	x	x	x	x	x	x	x	x	x	x	N/A	N/A	N/A	x	x	N/A	x	x	x	x	N/A
Enroll Type	2	Alpha	402-403	N/A	x	x	N/A	x	x	x	x	x	x	x	x	x	x	x	x	N/A	N/A	N/A	x	x	N/A	x	x	x	x	N/A
Enroll Source	1	Alpha	404-404	N/A	x	x	N/A	x	x	x	x	x	x	x	x	x	x	x	x	N/A	N/A	N/A	x	x	N/A	x	x	x	x	N/A
Disenroll Source	1	Alpha	405-405	N/A	x	x	N/A	x	x	N/A	N/A	x	x	x	x	x	x	x	x	N/A	N/A	N/A	x	x	N/A	x	x	x	N/A	N/A
Disenroll Reason	2	Alpha	406-407	N/A	x	x	N/A	x	x	N/A	N/A	x	x	x	x	x	x	x	x	N/A	N/A	N/A	x	x	N/A	x	x	x	N/A	N/A
MCO Disenroll Date	8	Date (CCYYMMDD)	408-415	N/A	x	x	N/A	x	x	N/A	x	x	x	x	x	x	x	x	x	N/A	N/A	N/A	x	x	N/A	x	x	x	x	N/A
Reject Reason	3	Alpha	416-418	N/A	N/A	N/A	N/A	x	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x	x	N/A	x	x	x	x	N/A
EB Process Date	8	Date (CCYYMMDD)	419-426	x	x	x	x	x	x	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	x	N/A	x	x	N/A	x	x	x	x	N/A
Filler	10	Spaces	427-436	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Transaction Date	8	Date (CCYYMMDD)	437-444	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Filler	56	Spaces	445-500	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Header Record:			
Field Description	Size	Type	Position
File Source	1	Alpha	001-001
Destination	1	Alpha	002-002
Date Created	8	Date (CCYYMMDD)	003-010
Time Created	6	Numeric	011-016
Filler	484	Spaces	017-500

Trailer Record:			
File Description	Size	Type	Position
Record Count	6	Numeric	001-006
Filler	494	Spaces	007-500

APPENDIX 8

RECORDS OF ENROLLMENTS & RELATED TRANSACTIONS FROM THE ENROLLMENT BROKER TO THE MCOs

Enrollment Broker Transactions

Transaction Type	*Definition*
ACD *(daily from DHMH)*	**Accepted Disenrollment** DHMH has accepted a disenrollment request (EDR) from the enrollment broker
ACE *(daily from DHMH)*	**Accepted Enrollment** DHMH has accepted an enrollment request (EER) from the enrollment broker
ARC *(monthly from DHMH)*	**Annual Right to Change** Recipient is being given the opportunity to change to another MCO
ASB *(daily from DHMH)*	**State Initiated Enrollment for Newborn** DHMH is enrolling a newborn in his/her mother's MCO
ASD *(daily from DHMH)*	**State Initiated Disenrollment** DHMH is disenrolling the recipient
ASE *(daily from DHMH)*	**State Initiated Enrollment** DHMH is enrolling the recipient
ASH *(daily from DHMH)*	**State Initiated HealthChoice Enrollment** DHMH is enrolling the recipient in a HealthChoice MCO
ASN *(daily from DHMH)*	**Automatic Assignment** DHMH is assigning a recipient to a MCO because no enrollment request has been received from the enrollment broker; 28 days are allowed for most recipients, except Foster Care where 67 days are allowed
ASP *(daily from DHMH)*	**State Initiated PAC Enrollment** DHMH is enrolling the recipient in a PAC MCO
ASR *(daily from DHMH)*	**State Initiated Reenrollment** DHMH is reenrolling a recipient into a MCO
CAN *(daily from DHMH)*	**Cancel** Recipient is no longer eligible for Medicaid and has been disenrolled from HealthChoice
CNV *(special conversion process from DHMH)*	**Conversion Monthly File** Recipient is eligible for enrollment, and DHMH is requesting enrollment this month
DDM *(daily from DHMH)*	**Demographic Change** Demographic change applied to HealthChoice eligible recipient record

Enrollment Broker Transactions

Transaction Type	*Definition*
DIN *(daily from DHMH)*	**Health Insurance Change** New health insurance data applied to HealthChoice eligible recipient record
EDM *(generated by enrollment broker)*	**Demographic Difference** Enrollment broker has identified a difference in demographic data after contact with the recipient
EDR *(generated by enrollment broker)*	**Disenrollment Request** Disenrollment request (EDR) from the enrollment broker
EER *(generated by enrollment broker)*	**Enrollment Request** Enrollment request (EER) from the enrollment broker
EIN *(generated by enrollment broker)*	**Health Insurance Difference** Enrollment broker has identified a difference in health insurance data after contact with the recipient
NEW *(daily from DHMH)*	**New** Recipient is newly eligible for Medicaid or newly eligible for HealthChoice
PMD *(special process from DHMH)*	**Provider Merge Disenrollment** Two MCOs have merged and all the recipients in one MCO are being disenrolled
PME *(special process from DHMH)*	**Provider Merge Enrollment** Two MCOs have merged and all the recipients in one MCO have been disenrolled (PMD) from one MCO and enrolled in the other MCO
PTC *(special process from DHMH)*	**Provider Termination Choose** A MCO has withdrawn from the Medicaid Program; the recipients are being disenrolled and allowed to choose another MCO
PTD *(special process from DHMH)*	**Provider Termination Disenrollment** A MCO has withdrawn from the Medicaid Program; the recipients are being disenrolled
PTE *(special process from DHMH)*	**Provider Termination Enrollment** A MCO has withdrawn from the Medicaid Program; the recipients have been disenrolled (PTD) and assigned to other MCOs
RJD *(daily from DHMH)*	**Rejected Disenrollment Request** DHMH has rejected a disenrollment request (EDR) from the enrollment broker

Enrollment Broker Transactions

Transaction Type	*Definition*
RJE *(daily from DHMH)*	**Rejected Enrollment Request** DHMH has rejected an enrollment request (EER) from the enrollment broker
ZZZ *(special conversion process from DHMH)*	**Conversion Universe File** Recipient is eligible for enrollment, but DHMH is not requesting enrollment this month

File Layout

Enrollment Broker to MCO – HRA and Emergency Contact Files

Black=both files blue=HRA specific fields Green = emer contact specific fields

Field Name	DataType	Start	Width
Trans_Type	Text	1	3
Orig MAID	Text	4	11
Current MAID	Text	15	11
HOH Case #	Text	26	9
Last Name	Text	35	20
First Name	Text	55	15
Middle Init	Text	70	1
Name suffix	Text	71	4
	Text	75	10
Date of Birth	Text	85	8
	Text	93	9
	Text	102	25
	Text	127	22
	Text	149	22
	Text	171	18
	Text	189	2
	Text	191	5
	Text	196	4
	Text	200	2
	Text	202	1
	Text	203	2
	Text	205	3
	Text	208	1
	Text	209	8
	Text	217	8
	Text	225	3
	Text	228	8
	Text	236	1

Field Name	DataType	Start	Width
	Text	237	9
	Text	246	35
	Text	281	9
	Text	290	35
MCO_ID	Text	325	9
MCO Name	Text	334	35
	Text	369	8
	Text	377	2
	Text	379	1
	Text	380	1
	Text	381	2
	Text	383	8
	Text	391	9
	Text	400	1
	Text	401	1
HRA Form Begin			
Prescption1Wk	Text	402	1
Prescption1Mo	Text	403	1
Prescption2Mo	Text	404	1
MedEquip1Wk	Text	405	1
MedEquip1Mo	Text	406	1
MedEquip2Mo	Text	407	1
AsthmaFlag	Text	408	1
CPInd	Text	409	1
DiabetesFlag	Text	410	1
HeartDisFlag	Text	411	1
HiBPFlag	Text	412	1
SickleCFlag	Text	413	1
LeadPosFlag	Text	414	1
OtherProbDesc	Text	415	25
Spcexplain	Text	440	25
ApptSchedInd	Text	465	1
ApptDrName	Text	466	25

Field Name	DataType	Start	Width
DevelopmentDelayFlag	Text	491	1
HomelessFlag	Text	492	1
DisabilityFlag	Text	493	1
HIVAIDSFlag	Text	494	1
HomeCareInd	Text	495	1
MentalHealthFlag	Text	496	1
AlcoholFlag	Text	497	1
DrugAbuseInd	Text	498	1
PregnantInd	Text	499	1
PregnantTriInd	Text	500	1
PregnantDrInd	Text	501	1
PregnantDrName	Text	502	25
DentalVisitPeriodInd	Text	527	1
Baby2MonthInd	Text	528	1
DateSigned	Text	529	8
ChildSpcHealthInd	Text	537	1
HRA Form End			
EmergencyFirstName	Text	538	15
EmergencyLastName	Text	553	20
EmergencyAddress1	Text	573	25
EmergencyAddress2	Text	598	25
EmergencyCity	Text	623	18
EmergencyState	Text	641	2
EmergencyZip1	Text	643	5
EmergencyZip2	Text	648	4
EmergencyPhone	Text	652	10
EmergencyRelationship	Text	662	12
	Text	674	8
	Text	682	8
recordcrtdatetime	Text	690	14
File_Timestamp	Text	704	14
Filler	Text	718	83
Total Record Length:			**800**

APPENDIX 9

CONNECT: DIRECT

Connectivity to DHMH File Exchange Systems

CONNECT:DIRECT

Interface files between Department and Enrollment Broker Contractor:

- Recipient Eligibility file
- Recipient ID link file
- Provider file

Connect:Direct by IBM, formerly Sterling Commerce is the supported connectivity standard for file exchange between Annapolis Data Center (ADC) and vendors of the State of Maryland.

Vendors will establish connectivity via Connect:Direct through ADC. ADC uses an I/P solution for their Connect:Direct customers. The IP connection using Connect:Direct will be over the internet, not a private connection to ADC. With the connection via the internet, vendors must encrypt all files using the Secure+ feature which is an additional add on to the Connect:Direct software.

For more information visit:

http://www.adc.state.md.us/filetransfer/connectdirect.asp

APPENDIX 10

DISENROLLMENT REASON AND SOURCE CODES

Valid Values For
MCO Disenrollment Reasons

Description	Code
Annual Right to Change -Recipient Choice	A1
Recipient Choice (Another MCO Has Easier Access)	A2
Canceled – Lost Medicaid Eligibility	A3
Coverage Group Change	A4
Deceased	A5
Recipient Choice- To Maintain Family Unit	A6
Foster Care	A7
Recipient Eligible for Waiver But Should Not Be Enrolled	A8
Entered ICFMR	A9
In IMD for More Than 60 Days in a Calendar Year	B1
Entered LTC/IMD (After 30 Consecutive Days)	B2
Medicare Eligible	B3
Moved	B4
No Adult Dental	B5
Provider Not Satisfied With Recipient	B6
Provider Merged with another MCO	B7
Provider Terminated	B8
Recipient Choice- Not Satisfied With Auto Assignment	B9
Recipient Not Satisfied With MCO	C1
Rare and Expensive Case Management	C2
Recipient Choice- Not Satisfied with Dept's Assignment When Old Provider Terminated	C3
Recipient Now SLM Eligible (Terminate MCO Span Without SLM Indicator)	C4
Recipient No Longer SLM Eligible (Terminate MCO Span With SLM indicator)	C5
Entered Waiver	C6
Without Cause (Date Specific Only Allow 1 time in Calendar Year)	C7
Coverage Code Changed to "L" or "T"	C8
MCO Notified Department They Paid 30 Days LTC	C9
SLM Canceled End of Provider's Contract Year	D1
Compliance Administration Action	D2
ACG Change	D3
Health Insurance Available	D4
Dis-enrolled Due To Error	ER
Reconciliation	RR
Invalidation	86

Valid Values For
Disenroll Source

Description	Code
Medicare	A
Incarcerated	C
Department Disenrolled	D
E-Mail to Enrollment Broker	E
Face to Face with Enrollment Broker	F
Coverage Group Change	G
Death	H
Internet to Enrollment Broker	I
Cap ACG Adjustment	J
Mail to Enrollment Broker	M
Double Numbers	N
Program Adjustment	P
Reconciliation	R
Compliance Admim.	S
Telephone to Enrollment Broke	T
Future Span	U
Fax to Enrollment Broker	X