



Things to Do Right Now, page viii

# MEMBER HANDBOOK

Updated: May 2025







# MARYLAND HEALTHCHOICE PROGRAM MEMBER HANDBOOK

**May 2025**

Priority Partners  
7231 Parkway Dr., Suite 100  
Hanover, MD 21076



*Welcome to Priority Partners.  
Welcome to a healthier you.*

Dear Priority Partners Member,

Thank you for choosing Priority Partners as your health plan and partner in your well-being. Priority Partners brings you benefits that cover outstanding health care services, many at no cost. We also offer wellness programs to support you as you work toward your health goals.

At Priority Partners, we want you to take an active role in your health care. Here are a few steps you can take right away to get the most from your plan:

1. Make your first appointment with your primary care provider so they can start getting to know your health right away. Always follow your doctor's advice.
2. Sign up for your member portal, [HealthLINK@Hopkins](mailto:HealthLINK@Hopkins). You'll use this portal to switch doctors, request a new ID card, view your health care history, and more.
3. Read your member handbook. This guide explains key health care terms, gives details about your benefits, and shows you how to get the care you need.

We'll keep you informed about important benefits, plan updates, and healthy habits. Visit our website, [ppmco.org](http://ppmco.org), for the most up-to-date information. Also, read helpful tips in Your Health Matters, your Priority Partners member newsletter. We'll mail this to you three times a year.

We are excited to get started with you on this new chapter of your journey. A healthier you begins with small steps. Together, we'll turn those small steps into big change.

Sincerely,  
Priority Partners

# Get in Touch

## Language Services

Need information in an accessible format or another language? Go to page 56.

TTY Users	
Maryland Relay	Call 711
Medical Emergency	
For life-threatening emergency treatment	Call 911
To arrange for emergency or urgent care, call your primary care provider.	
Priority Partners Customer Service	
Priority Partners 7231 Parkway Drive, Suite 100 Hanover, MD 21076	800-654-9728 TTY: 410-424-4643 or 1-888-232-0488
Website	<a href="http://www.ppmco.org">www.ppmco.org</a>
Priority Partners Online Member Portal	<a href="http://www.ppmco.org">www.ppmco.org</a>
Special Needs Coordinator	410-424-4965 SpecialNeedsDept@jhhp.org
Priority Partners Nondiscrimination Concerns Write to: Priority Partners Attention: Compliance Department 7231 Parkway Drive, Suite 100 Hanover, MD 21076	844-422-6957 410-424-4996 (local)
Priority Partners Complaints, Grievance, Appeals Concerns Write to: Priority Partners Attention: Appeals Department 7231 Parkway Drive, Suite 100 Hanover, MD 21076	800-654-9728
Priority Partners Fraud and Abuse Concerns Write to: JHHP Program and Payment Integrity Attention: Fraud, Waste and Abuse 7231 Parkway Drive, Suite 100 Hanover, MD 21076	Call: 410-424-4971 Fax: 410-424-2708 Email: FWA@jhhp.org
Specialty Behavioral Health / Substance Abuse Services	
Suicide and Crisis Lifeline	Call or text 988
Maryland Public Behavioral Health System	800-888-1965

<b>Dental Services</b>	
Healthy Smiles Dental Program	855-934-9812
<b>Maryland Medicaid</b>	
HealthChoice Helpline	800-284-4510
<b>Pregnant Members and Family Planning Helpline</b>	<b>800-456-8900</b>
Medicaid Beneficiary Services and Pharmacy Access Hotline	410-767-5800 or 800-492-5231
<b>Maryland Health Connection</b>	
To apply for or renew Medicaid, report a change, and for important notices.	
Consumer Support	855-642-8572
Website and sign in to your account	<a href="http://marylandhealthconnection.gov">marylandhealthconnection.gov</a>

**If you need someone to be able to call and speak on your behalf**

You must make a request in writing. You can complete an [Authorized Representative form](#). This form lets Priority Partners talk to someone other than you. Your [authorized representative](#) can be a family member, a friend, a provider or a lawyer. Call Customer service for more information.

## Local Health Department Contact Information

County	Main Phone Number	Transportation Phone Number	Administrative Care Coordination Unit (ACCU) Phone Number
<b>Allegany</b>	301-759-5000	301-759-5123	301-759-5094
<b>Anne Arundel</b>	410-222-7095	410-222-7152	410-222-7541
<b>Baltimore City</b>	410-396-4398	410-396-7633	410-649-0500
<b>Baltimore County</b>	410-887-2243	410-887-2828	410-887-8741
<b>Calvert</b>	410-535-5400	410-414-2489	410-535-5400, ext. 360
<b>Caroline</b>	410-479-8000	410-479-8014	410-479-8189
<b>Carroll</b>	410-876-2152	410-876-4813	410-876-4941
<b>Cecil</b>	410-996-5550	410-996-5171	410-996-5130
<b>Charles</b>	301-609-6900	301-609-6923	301-609-6760
<b>Dorchester</b>	410-228-3223	410-901-2426	410-901-8167
<b>Frederick</b>	301-600-1029	301-600-3124	301-600-3124
<b>Garrett</b>	301-334-7777	301-334-7727	301-334-7771
<b>Harford</b>	410-838-1500	410-638-1671	410-942-7999
<b>Howard</b>	410-313-6300	877-312-6571	410-313-7323
<b>Kent</b>	410-778-1350	410-778-7025	410-778-7035
<b>Montgomery</b>	240-777-0311	240-777-5899	240-777-1635
<b>Prince George's</b>	301-883-7879	301-856-9555	301-856-9550
<b>Queen Anne's</b>	410-758-0720	443-262-4462	443-262-4456
<b>St. Mary's</b>	301-475-4330	301-475-4296	301-475-4330
<b>Somerset</b>	443-523-1700	443-523-1722	443-523-1758
<b>Talbot</b>	410-819-5600	410-819-5609	410-819-5600
<b>Washington</b>	240-313-3200	240-313-3264	240-313-3229
<b>Wicomico</b>	410-749-1244	410-548-5142	410-543-6942
<b>Worcester</b>	410-632-1100	410-632-0092	410-629-0614

# Getting Started with Priority Partners

You have enrolled in a Maryland Medicaid HealthChoice managed care plan. Although Priority Partners provides comprehensive benefits under this health plan, Maryland Medicaid directly covers some of your benefits – like behavioral health and dental care. Read this handbook carefully to learn more and to learn how to access your benefits.



## Other Names for Your Medicaid Health Plan

- HealthChoice
- Health insurance
- Managed care organization, or MCO
- Managed care plan

No matter how you may refer to us, we are Medicaid.

Be sure to pick your **primary care provider** (PCP) who will help you when you need a referral or **preauthorization** for a procedure, treatment, or medication.

Before you get services from any health care provider, check to see if that provider is in our network - except in an emergency. Visit our provider directory at [ppmco.org/find-care-now/](http://ppmco.org/find-care-now/).

We are always here to help. Call Priority Partners member services at 800-654-9728 if you have a question or concern about your coverage or your care.

## Priority Partners Member ID Card

We will mail you a member ID card. Each member has their own ID number.

You will need your Priority Partners member ID card and your red and white Medical Assistance card for all health care services. You will also need your cards when picking up a prescription at the pharmacy. Always carry both cards with you.

Show both cards when a provider asks you about your health insurance. If you have any other health insurance coverage, you will need to show that card too.

**See Other Insurance.**

Never allow anyone else to use your Medicaid or Priority Partners member card.

## Lost or Stolen Card

Report a lost or stolen card right away and request a new one. Call Customer service at 800-654-9728.

To report a lost or stolen red and white Medicaid ID card, call Beneficiary Services at 800-492-5231.

## Priority Partners Sample Member ID Card

Your member ID card has information to help you get care. Your doctor's name and phone number, as well as prescription co-pays are on the front.

The diagram shows a sample member ID card with several callouts:

- Your unique membership identification number** points to the ID#: 001563590\*01
- Your Doctor** points to the Doctor: PLNAME PFNAME and Doctor Phone: (555)666-7777
- Your prescription co-pays** points to the RX Co-Pay: \$1.00 and Brand: \$3.00
- Effective Date** points to the Eff. Date: 01/01/2021

**PRIORITY PARTNERS** Customer Service: 1-800-654-9728  
TTY LINE: 410-424-4643  
www.ppmco.org

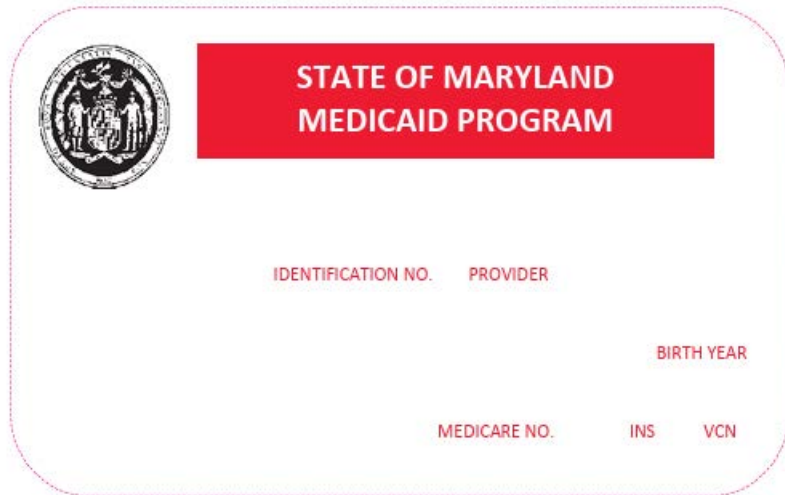
**Name:** FNAME M LNAME  
**ID#:** 001563590\*01  
**Case #:**  
**Doctor:** PLNAME PFNAME  
**Doctor Phone:** (555)666-7777  
**RX Co-Pay:** \$1.00 **Brand:** \$3.00  
**RX Co-Pays apply to members age 21+**  
**Recipient #:**  
**Eff. Date:** 01/01/2021

Group: RX6810 PCN: ADV Bin #: 610084 **CVS caremark**

**Benefits & Customer Service** 1-800-654-9728  
*Call us before any inpatient admission or within 24 hours of urgent/emergency inpatient admission.*  
**Maryland Health Connection** 1-855-642-8572  
**Vision Benefits** Superior Vision 1-800-428-8789 **Dental Benefits** DentaQuest 1-800-698-9611  
**Pharmacy Information** 1-855-298-4258  
**Maryland Department of Health**  
**HealthChoice Enrollee Help Line** 1-800-284-4510  
**Behavioral Health** 1-800-888-1965  
**Submit claims to:** Priority Partners MCO  
7231 Parkway Dr., Suite 100  
Hanover, MD 21076

The back of your member ID card has details your doctor needs to process your claims. Please carry this card with you and show it when you go to the doctor.

## Medicaid Sample Member ID Card



## Register for the Member Portal

Go to [ppmco.org](https://ppmco.org). You can either sign up to create an account or log in to update your existing account.

At [ppmco.org](https://ppmco.org), click "Member Login" at the top of the page. If it is your first time logging in, click "Member Register." On the next page, enter your member ID, name, birthdate and gender. Then follow the steps to create a user ID and password.

You can access the portal 24/7. Learn about your portal at [ppmco.org/healthlink-faq](https://ppmco.org/healthlink-faq).

Visit our secure member portal to learn more about your benefits, change your primary care provider, search for other providers, view service history, and more.

## Pick Your Primary Care Provider (PCP)

When you join Priority Partners, you need to pick a **PCP** from our provider network. If you do not choose a PCP, we will pick one for you.

Visit our provider directory at [ppmco.org/find-care-now/](https://ppmco.org/find-care-now/) or scan the QR code below to find an in-network doctor that is right for you. You can search by

- Name
- Location
- Language
- And more



You and your household members can choose the same PCP or a different one. For members 21 years old and younger, you can choose a certified Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) provider.

If you need help finding a PCP or any provider, call Customer service at 800-654-9728.

## Changing Your Primary Care Provider

You can change your PCP at any time. If you change your PCP, let us know right away. Call Customer service at 800-654-9728.

## After Hours, Urgent Care, and Emergency Care

### Know Where to Go and When.

Choose the right place for health care based on your needs.



**DOCTOR'S OFFICE**

- Cough or cold
- Fever
- Health screenings
- Lingering pain
- Routine checkups
- If something causes you concern
- Unexplained weight loss



**URGENT CARE CENTER**

- Flu or fever
- Minor illness or injury
- Possible broken bones
- Sore throat, earaches or eye infections
- Sports injuries
- Sprains or strains
- Vomiting or diarrhea



**EMERGENCY ROOM**

- Chest pain or pressure
- Convulsions or seizures
- Difficulty breathing
- Poisons
- Serious head, neck or back injury
- Severe bleeding
- Severe burns
- Severe broken bones
- Sexual assault
- Unconsciousness

# Contents

Get in Touch . . . . .	.v
Getting Started with Priority Partners . . . . .	.viii
Priority Partners Member ID Card . . . . .	.viii
Lost or Stolen Card . . . . .	ix
Priority Partners Sample Member ID Card . . . . .	ix
Medicaid Sample Member ID Card . . . . .	x
Register for the Member Portal. . . . .	x
Pick Your Primary Care Provider (PCP) . . . . .	x
Changing Your Primary Care Provider. . . . .	xi
After Hours, Urgent Care, and Emergency Care . . . . .	xi
Know Where to Go and When. . . . .	xi
Overview . . . . .	1
What is Medicaid?. . . . .	1
Understanding Medicaid and HealthChoice. . . . .	1
Renewing Your Medicaid Coverage . . . . .	1
Report Changes . . . . .	2
What's Covered . . . . .	3
Essential Benefits . . . . .	3
Essential Benefits: All Members . . . . .	4
Essential Benefits: Members 21 Years Old and Younger . . . . .	7
Essential Benefits: Pregnant Members . . . . .	10
Essential Benefits: Special Needs Members . . . . .	17
Other Covered Benefits . . . . .	19
Other Covered Benefits: All Members . . . . .	19
Other Covered Benefits: Members 21 Years Old and Younger. . . . .	21
Priority Partners Value-Added Benefits. . . . .	21
Prenatal/Postpartum Programs . . . . .	22
Health Education Programs. . . . .	22
Diabetes Prevention and Care Services. . . . .	23
Benefits for Members with a Diabetes Diagnosis. . . . .	23
Benefits for Members with a Prediabetes Diagnosis. . . . .	24
Fertility Preservation . . . . .	25
Gender Affirming Care . . . . .	25
HIV/AIDS Services. . . . .	27

Long Term Care . . . . .	28
Long Term Care Facility Services . . . . .	28
Essential Benefits: Long Term Care . . . . .	28
Other Covered Benefits: Long Term Care . . . . .	29
Pharmacy and Prescription Drug Services . . . . .	30
Priority Partners Formulary . . . . .	31
Vision Care Services . . . . .	31
Rare and Expensive Case Management (REM) Program . . . . .	32
Self-Referral . . . . .	33
Continuity of Care . . . . .	33
Transferring a Preauthorization . . . . .	34
Out-of-Service Area Coverage . . . . .	34
Other Insurance . . . . .	35
Changing Managed Care Plans. . . . .	35
Disenrollment . . . . .	37
Medicaid Disenrollment . . . . .	37
Priority Partners Disenrollment Only . . . . .	37
Explanation of Benefits or Denial of Payment Notice . . . . .	37
Medicaid Billing Rights and Protections . . . . .	38
Preventive Care for Adults. . . . .	38
Adult Preventive Care Recommendations . . . . .	39
Know Your Family History . . . . .	41
Access Your Official Immunization Records . . . . .	41
Well Child Care. . . . .	41
Blood Lead Poisoning Test . . . . .	41
Well-Child Visit Schedule . . . . .	42
CDC Recommend Vaccines for Birth to Age Six . . . . .	43
Rights and Responsibilities . . . . .	44
Privacy Practices. . . . .	45
File a Complaint, Grievance or Appeal . . . . .	50
Keeping Your Medicaid Coverage During the Appeal Process. . . . .	51
How to File a Complaint, Grievance or Appeal . . . . .	51
More Help with a Complaint, Grievance or Appeal. . . . .	53
Non-Discrimination . . . . .	54
Limited English Proficiency (LEP). . . . .	56
Fraud, Waste and Abuse . . . . .	57
Glossary of Terms . . . . .	59

# Overview

## What is Medicaid?

Medicaid is a public health insurance program. It is free or low-cost health insurance for eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. It is the largest health care program in the United States.

In Maryland, Medicaid covers about 1.6 million people. Nearly one in four Marylanders get their health insurance through Medicaid. Half of those covered are children. Locally, people also call it Medical Assistance.

## Understanding Medicaid and HealthChoice

- The **Maryland Department of Health** is the part of the state government that oversees public health.
- **Medicaid** is part of the Maryland Department of Health. Medicaid provides free or low-cost health insurance for those with limited income. Medicaid pays for the health care services that you get from medical providers.
- **HealthChoice** is the name of Maryland Medicaid's managed care program. Only MCOs that are part of the HealthChoice program can work with Medicaid and with you. You can choose your MCO to get your health care – because it is your health and your choice!
- A **Managed Care Organization, or MCO**, is a health care company or health plan. An MCO enters a contract with the Maryland Department of Health to give you covered health services under Medicaid.
- **Maryland Health Connection** is Maryland's official health insurance marketplace. It is where you enroll in Medicaid. **Maryland Health Connection** takes care of the paperwork you need to get Medicaid. When you sign up for Medicaid through them, you will pick a health care company.
- **MCO Network Providers** are the doctors, hospitals, and other providers who work with the health care plan you choose to give you the care you need.

## Renewing Your Medicaid Coverage

You will need to renew your Medicaid coverage every 12 months. When you renew, also known as reapplying, redetermination, or recertification, Medicaid checks your income to be sure you are still eligible. Certain Medicaid programs check your assets too.

- Medicaid will contact you when it is time for you to renew. You will get a notice in the mail or in your online account if you are paperless. You will have 60 days to respond. Renew by the deadline so you do not lose your coverage.
- Most people will renew through Maryland Health Connection. You will renew through DHS if you are aged 65+, blind or disabled or are in a Home and Community-Based Service program.

- Medicaid may be able to auto renew your coverage. You will get a notice to let you know if they do. There is no paperwork for you to fill out and send in when they auto renew you. This is because they were able to verify your eligibility using other sources. If they can't auto renew your coverage, they will send you a letter or email to ask you to apply and tell you how.

## Report Changes

Report a change in your income or household within 10 days. You may lose your coverage if you do not. Changes you need to report include:



### Family and Household Changes

- Getting married or divorced
- Having a child, adopting a child, or placing a child for adoption or in foster care
- Gaining or losing a dependent
- Change in tax-filing status



### Health and Disability Changes

- Getting pregnant
- Having a change in disability status



### Income and Financial Changes

- Certain changes in income
- Certain changes in resources for age 65+, blind or disabled



### Residency and Citizenship Changes

- Moving to or from Maryland, and a move within Maryland to another county or Baltimore City
- Change of citizenship or immigration status
- Change in status as an American Indian/Alaska Native or tribal status



### Legal Changes

- Incarceration or release from incarceration

If you are not sure if you should report a change, call the Maryland Health Connection at 855-642-8572 or visit [marylandhealthconnection.gov](http://marylandhealthconnection.gov).

### Always Keep Your Contact Information Up to Date

A lot can change in a year, like your contact information. Update a change of address, phone number or email right away so you keep getting important information about your Medicaid coverage.

## How to Renew Coverage, Report Changes, or Update your Contact Information with Maryland Health Connection

- Log into your [Maryland Health Connection](#) account.
- Call 855-642-8572.
- In person at your local [Department of Social Services](#) or your [Local Health Department](#).

## What's Covered

There are three types of covered benefits:

1. **Essential Benefits:** All managed care health plans must cover these benefits. You get these no matter which managed care health plan you belong to.
2. **Other Covered Benefits:** Maryland Medicaid covers some benefits directly. No managed health care plan covers these benefits. For more information, see [Other Covered Benefits](#).
3. **Priority Partners Value-Added Benefits:** These are benefits that we offer that are above and beyond the essential benefits and other benefits covered by Maryland Medicaid. For more information, see [Value-Added Benefits](#).

## Essential Benefits

All Maryland Medicaid HealthChoice managed care organizations must cover certain essential medical benefits. Some benefits are for all members, while others are only for certain members like those who are 21 years old and younger, are pregnant, or have special needs.

Maryland Medicaid only covers a benefit if it is **medically necessary**. You should not pay out of your pocket for a medically necessary covered benefit except for **prescriptions**.

You will use your Priority Partners card when you get these services. Some services may require a referral or **preauthorization**. See [Self-Referral](#) to learn more.

Use the provider directory at [ppmco.org/find-care-now/](http://ppmco.org/find-care-now/) to search for a Priority Partners Medicaid provider to get the care you need near you. For more information or questions, call Customer Service at 800-654-9728.

For more information on benefits, see [Other Covered Benefits](#) and Priority Partners [Value-Added Benefits](#).

## Essential Benefits: All Members

### Audiology

- Assess and treat hearing loss and ear problems.
- Members 21+ may be eligible for hearing devices. Talk to your provider for more information.

### Blood and Blood Products

Blood or parts of blood given to a patient for a variety of reasons and treatments.

### Case Management, Case Manager

Medical professionals, known as case managers, can help you and your family assess, plan, coordinate, monitor, and arrange health services to meet your needs for the best possible health. You can choose whether to work with a case manager or not.

Priority Partners may assign you a case manager when you enroll with us or soon after. Your case manager can be a registered nurse, a social worker or other health care professional. Your case manager will:

- Help develop a care plan.
  - » A care plan is a form that lists a person's health conditions and current treatments for their care written by their care team.
  - » You and the people you allow to help you are part of your care team. This could be a family member, friend, lawyer, or other representative.
- Update your care plan at least every 12 months or as needed.
- Keep track of healthcare services you need and receive.
- Talk to you about your options and what is available to help you.
- Help those who give you treatment to work together.

### Clinical Trials

You may be eligible for research studies that test new treatments on patients. It must be an approved clinical trial for the treatment of a life-threatening condition. To learn more, talk to your primary care provider or call Customer Service at 800-654-9728 for more information.

### Diabetes Prevention and Care Services

See [Diabetes Prevention and Care Services](#).

### Dialysis

A treatment for kidney disease that uses a machine to filter waste and water from your blood like your kidneys did when they were healthy. See [Self-Referral](#).

You may be eligible for the [Rare and Expensive Case Management Program](#) (REM) if you are on dialysis. To get help applying for the REM program, contact our REM liaison at 410-582-2415.

## Durable Medical Equipment (DME) & Disposable Medical Supplies (DMS)

- **DME** are things like crutches, walkers, and wheelchairs that you use daily or for a long time.
- **DMS** are things like finger stick supplies, dressings for wounds, and incontinence supplies that are for one time use then thrown away.
- May require **preauthorization**.

## Emergency Care, Emergency Services

For emergency care, go to your nearest hospital's emergency room (ER). If you think the problem is life-threatening, call 911.

- **You do not need preauthorization or a referral for emergency care.**
- You may go to any hospital or emergency facility for emergency care.
- An emergency service is any health care service to evaluate or treat a **medical emergency**.
- Examples of a **medical emergency** are:
  - » Heart attack symptoms: chest pain, shortness of breath, sweating and nausea
  - » Heavy bleeding
  - » Bleeding during pregnancy
  - » Major burn
  - » Loss of consciousness
  - » Difficulty breathing
  - » Poisoning
  - » Severe head pain or dizziness
- See **Emergency Medical Transportation** and **Post-stabilization Care Services**.

## Family Planning

Family planning coverage includes:

- Office visits
- Lab tests
- Prescription birth control pills and devices
- Latex condoms - from a pharmacy, no prescription needed
- Emergency contraceptives - from a pharmacy, no prescription needed
- Voluntary sterilization – **in-network** provider and with **preauthorization** only
  - » Sterilization is a medical procedure that leaves you unable to reproduce or get pregnant. For women it is having your tubes tied, also called tubal ligation, or for men it is a vasectomy.
- You do not need a referral when choosing a family planning provider except for sterilization. See **Self-Referral**.

## Hospital Care

- **Inpatient Care**
  - » Inpatient care is medical care or treatment in a hospital for one or more nights.
  - » Requires **preauthorization** for scheduled hospital stays and care.
  - » **You do not need preauthorization for emergency care.**
  - » See **Hospital Care, Inpatient Care - Maternity** and **Long Term Care**
- **Outpatient Care**
  - » Outpatient care is medical care or treatment in a hospital but with no overnight stay.
  - » Some outpatient services may require **preauthorization**.
  - » Priority Partners only covers up to 24 hours of observation.

## Laboratory & Diagnostic Services

Lab tests and diagnostic services, like an X-ray, to help find out the cause of your health problem.

## Oxygen and Respiratory Equipment

Medical equipment for people who have trouble breathing. See **Durable Medical Equipment**.

## Pharmacy and Prescription Drug Services

See **Pharmacy and Prescription Drug Services** and Priority Partners Formulary.

## Plastic and Restorative Surgery

- Only covers surgery to reconstruct, change or repair a part of your body that is not a normal shape or is oddly shaped due to illness, trauma that you were born with, or that did not develop in the usual way.
- Does not cover plastic, cosmetic, or reconstructive surgery to make you look better that is not **medically necessary**.

## Podiatry

- Treatment for foot problems or conditions
- Routine foot care for members age 21+ who have vascular disease affecting your body from your hip to your toes.
  - » Vascular diseases affect veins, arteries, and capillaries.
- See **Diabetes Prevention and Care Services**.

## Post-Stabilization Care Services

All covered services related to an **emergency medical condition** given after the patient is stable. See **Emergency Care, Emergency Services**.

## Primary Care

Basic health care given by your main provider. Your primary care provider (PCP) can be a doctor, a nurse practitioner, clinical nurse specialist, or a physician assistant. Your PCP also helps you find and get other health care services. See [Self-Referral](#).

## Primary Behavioral Health

- Primary behavioral health services are basic mental health services provided by your PCP or another Priority Partners provider.
- For all other mental health services, see [Behavioral Health Services](#).

## Specialist Services/Specialty Care

- A [specialist](#) has training in a specific area of medicine. Some specialists only treat a certain group of patients.
- You may need a referral from your PCP before you can see a specialist.

## Transplants

- A surgical procedure to remove living tissue or an organ from one person, the donor, and place it in another living person, the recipient.
- No experimental transplants.

## Urgent Care/Urgent Care Centers

- Go to an [urgent care](#) center when you need care right away but for non-life-threatening conditions only. **No referral or preauthorization needed.**
- You must go to an [in-network](#) urgent care center, or you may receive a bill for services. See the Priority Partners provider directory for more information.

## Vision Care

See [Vision Care Services](#).

## Essential Benefits: Members 21 Years Old and Younger

All Maryland Medicaid HealthChoice managed care organizations must cover certain essential medical benefits. **These benefits are only for those who are 21 years old and younger.**

Maryland Medicaid only covers a benefit if it is [medically necessary](#). You should not pay out of your pocket for a medically necessary covered benefit. There is no [co-pay](#) for covered [prescriptions](#) for those who are younger than 21 years old. For more information, see [Pharmacy and Prescription Drug Services](#).

You will use your Priority Partners member ID card when you get these services. Some services may require a referral or [preauthorization](#). See [Self-Referral](#).

Use the provider directory to search for a Priority Partners Medicaid provider to get the care you need near you. For more information or questions, call Customer Service at 800-654-9728.

## Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services to ensure that children and adolescents receive the proper preventive, dental, mental health, and specialty services.

What are EPSDT services?

**Early:** Assessing and finding problems early.

**Periodic:** Checking children's health at periodic, age-appropriate intervals.

**Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems.

**Diagnostic:** Performing diagnostic tests to follow up when there is a risk.

**Treatment:** Control, correct or reduce health problems found.

To see if your child's doctor is an EPSDT-certified provider or to find one, visit [ppmco.org/need-care-now/](http://ppmco.org/need-care-now/) or call Customer Service at 800-654-9728.

### Priority Partners EPSDT Covered Services

- Diagnostic Services
- Hearing Services
- Immunizations
- Lead Screening
- Screening services
- Treatment
- [Vision Care Services](#)

### Other Maryland Medicaid EPSDT Covered Services

- [Behavioral Health](#)
- [Dental Services](#)
- [Occupational Therapy](#)
- [Physical Therapy](#)
- [Speech Therapy](#)

### School-Based Health Center Services

School-based health centers are like having a doctor's office in a school. [EPSDT](#)-certified doctors and other health care professionals provide onsite preventive and primary health services. **Not all schools have a school-based health center. See [Self-Referral](#).**

For children who go to schools with a school-based health center, they can receive the following services at the center:

- **Well-child care**
- Vaccines
- Follow up to **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services** visits when needed
- **Family planning services**, see **Self-Referral**

### **Children with Special Health Care Needs**

Children with special health care needs have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions. They need more and different health and related services than their peers. For more information, see **Essential Benefits: Special Needs Members**.

A special healthcare need can include physical, intellectual, and developmental disabilities, as well as long-standing medical conditions, such as asthma, diabetes, a blood disorder, or muscular dystrophy.

These children may also need **long term care** services or may be eligible for the **Rare and Expensive Case Management Program**.

Some children may qualify for other Medicaid home and community-based services waivers or programs. For more information, call our **special needs coordinator** at 410-424-4965.

Covered services for children with special health care needs include:

- Case management. See **Case Management, Case Manager**.
- **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services**
- **Specialist Services/Specialty Care**

Some services may require a referral or **preauthorization**.

### **Out-of-Network Providers**

Sometimes, children with special health care needs can see a **specialist** outside of our **network**. You may be able to use an **out-of-network** specialty provider:

- **Existing Priority Partners Member:** The parent or guardian of a child requests approval for a specific **out-of-network** specialty provider. At the time of enrollment, the child must not have a diagnosed special need that requires a plan of care.
- **We only approve requests when we do not have a local, comparable, and available in-network specialty provider.**

- **New Priority Partners Member:** You must contact us to request to keep seeing your **out-of-network** provider. For more information, see **Continuity of Care**.

Also note:

- » Within 30 days of the child's start date with us, the out-of-network specialty provider must submit the plan of care for review and approval.
- » The child must have a diagnosed special health care need that requires a plan of care before joining Priority Partners.
- » We only approve these requests when the child is receiving these services before joining Priority Partners.

For help, call our **special needs coordinator** at 410-424-4965.

## Essential Benefits: Pregnant Members

### Care for Members Before, During, and After Pregnancy

Are you pregnant or thinking about becoming pregnant? Call us right away. We can help you get the care you need for a healthy pregnancy and your baby to get a healthy start in life.

All Maryland Medicaid HealthChoice managed care organizations must cover certain essential medical benefits. **These benefits, known as maternity services, are only for pregnant members.**

Maryland Medicaid only covers a benefit if it is **medically necessary**. You should not pay out of your pocket for a medically necessary covered benefit. There is no **co-pay** for covered prescriptions for pregnant members. For more information, see **Pharmacy and Prescription Drug Services**.

You will use your Priority Partners member ID card when you get these services. Some services may require a referral or **preauthorization**. See **Self-Referral**.

For more information on benefits, see **Essential Benefits: Special Needs Members** and Priority Partners **Value-Added Benefits**.

Use the provider directory to search for a Priority Partners Medicaid provider to get the care you need near you. For more information or questions, call Customer Service at 800-654-9728.

For questions or help, call our **special needs coordinator** at 410-424-4965. You can also call Maryland Medicaid's Pregnant Members and Family Planning Helpline at 800-456-8900.

## Medicaid Coverage and Pregnancy



If you are only eligible for Medicaid because you are pregnant, your Medicaid and HealthChoice coverage will end one year after the end of your pregnancy. If you get your Medicaid coverage under the Healthy Babies Act, your coverage will end four months after the end of your pregnancy. For more information, call Customer Service at 800-654-9728.

## Dental Care and Pregnancy



Did you know it is safe to go to the dentist at any stage of pregnancy? Taking good care of your teeth and gums is important for you and for your baby's wellness. See [Dental](#) for more information about this covered benefit.

## Birthing Centers

- A birthing center, or free-standing birthing center, is a free-standing facility that is not associated with a hospital that provides nurse midwife services.
- Our [network](#) may include an out-of-state birthing center that borders Maryland.
- See [Self-Referral](#).

## Case Management, Case Manager

See [Case Management, Case Manager](#).

## CenteringPregnancy

- CenteringPregnancy is care, support, and learning in a group setting - before and after birth.
- It is a new way of getting the care you need as you get ready to give birth.
- Everyone in the group is due around the same time.
- The group talks together, learns together, and supports each other.
- You will spend more time with your provider and care team as part of the group.

## Doula Services

- A doula, or birth worker, is a trained professional who provides support and information to you before and after birth, as well as during labor.
- Doulas are non-clinical providers and cannot perform the work of a nurse-midwife, nurse practitioner, or doctor.
- You do not need a referral to see a doula through the end of 2025. See [Self-Referral](#).

## **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services**

Pregnant people ages 21 and younger can receive all EPSDT services. [See Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\) Services.](#)

## **Emergency Transfer**

Transfer for pregnant women, newborns, and infants to a specialty care hospital or medical center.

## **HIV Counseling and Testing**

- Do a risk assessment, that is, gather information from you to find out if there is a chance of having HIV.
- Get professional support and information on how HIV may affect you and your baby.
- See [HIV/AIDS Testing](#) and [HIV/AIDS Services](#).

## **Home Visiting Services**

Home visiting services help you get the care and support you need to have a healthy pregnancy and healthy child. A specially trained professional or a nurse usually provides these services in the home. After pregnancy, your home visitor will continue to support you and your child, up to their second or third birthday, depending on the program that's right for you. The program tailors the type of home visiting services and home visitor to the specific needs of the family. The home visits can teach you about:

- Diet and nutrition
- How your baby grows and learns
- Mental health and stress control
- Parenting skills
- Planning for the future
- Resources available to you in the community
- Self-care

Group-based support is also available.

## **Hospital Care, Inpatient Care - Maternity**

- 48 hours for an uncomplicated vaginal delivery.
- 96 hours for an uncomplicated cesarean delivery.
- If you choose to leave the hospital sooner than the above times, we will provide a home visit. See [Baby's First Check-up](#).
- If you must stay in the hospital after childbirth for medical reasons, ask us to ensure that your newborn can stay too. We will cover up to four days for your newborn to stay with you. For help, call Customer Service at 800-654-9728.

## Lactation Counseling

Lactation counseling is professional help with breastfeeding. A lactation consultant can give you tips, answer questions, and support you. They can help to make breastfeeding easier for you and your baby.

## Nutrition Counseling

You can work with a healthcare professional to learn about healthy food choices during and after your pregnancy. Healthcare professionals may include a licensed dietitian or a nutritionist.

## Prenatal Care

### Care during pregnancy and before birth.

- Regular check-ups with a family practitioner, obstetrician (OB doctor), or certified nurse midwife to check your health and the health of your unborn baby.
- Counseling and education.
- If you are pregnant, Priority Partners will help you schedule an appointment for prenatal care within 10 days of your request.
  - » **New Priority Partners Member:** If you are already seeing a provider who is not in our [network](#), you may be able to continue seeing them. See [Essential Benefits: Pregnant Members > Out-of-Network Providers](#) and [Continuity of Care](#).

## Prenatal Risk Assessment

The Maryland Prenatal Risk Assessment (MPRA) is a form that collects important health information about pregnant Medicaid members. We use this information to refer you to helpful services, like WIC or home visiting. These services help keep you and your baby healthy before and after birth.

Your provider will complete this assessment at your first prenatal care visit. The information goes to the [local health department](#) that will connect you with resources and support services in your area. We do not share information about your HIV status.

## Postpartum Care

### Care after childbirth

- Counseling and education.
- Priority Partners will help you to schedule an appointment for postpartum care within 10 days of your request.
  - » **New Priority Partners Member:** If you are already seeing a provider who is not in our [network](#), you may be able to continue seeing them. See [Essential Benefits: Pregnant Members > Out-of-Network Providers](#) and [Continuity of Care](#).

## Smoking Cessation Counseling

Get professional support and information on how to stop smoking.

## Substance Use Treatment

We will refer you to the Public Behavioral Health System within 24 hours of requesting treatment. See [Behavioral Health Services](#).

## Out-of-Network Providers

You may be able to keep seeing an [out-of-network](#) provider through your pregnancy and up to your first visit after the baby is born if:

- You were pregnant when you enrolled with us.
- You had at least one full prenatal visit with the [out-of-network](#) provider.
- The [out-of-network](#) provider agrees to keep seeing you.

You must contact us to request to keep seeing your [out-of-network](#) provider. See [Continuity of Care](#). For help, call Customer Service at 800-654-9728.

## Prenatal Visit Schedule

Prenatal care will help you have a healthy pregnancy and baby. Keep the following appointments with your provider.

When to Go	What to Expect
<b>First Visit - up to 10 Weeks</b>	<ul style="list-style-type: none"><li>• Have an ultrasound to confirm pregnancy and figure out due date</li><li>• Review of medical history</li><li>• Get depression screening</li><li>• Get lab work:<ul style="list-style-type: none"><li>» Blood work</li><li>» STD testing</li></ul></li><li>• Get a full physical exam and Pap smear</li><li>• Talk about:<ul style="list-style-type: none"><li>» The health of you and your baby, see <a href="#">Prenatal Risk Assessment</a></li><li>» Flu vaccine, if needed</li><li>» Genetic screening options</li></ul></li></ul>
<b>12 Week Visit</b>	<ul style="list-style-type: none"><li>• Review lab work</li><li>• Check baby's heart rate</li><li>• Do genetic screening - optional</li><li>• Get early blood sugar testing for gestational diabetes, if needed</li></ul>

<b>16 Week Visit</b>	<ul style="list-style-type: none"> <li>• Check baby's heart rate</li> <li>• Get baby screened for brain, spine, or spinal cord birth defects – called neural tube defects</li> <li>• Get early blood sugar testing for gestational diabetes, if needed</li> </ul>
<b>20 Week Visit</b>	<ul style="list-style-type: none"> <li>• Have an ultrasound to check that all parts of baby are growing as they should be - called an anatomy ultrasound</li> </ul>
<b>24 Week Visit</b>	<ul style="list-style-type: none"> <li>• Get a check up</li> <li>• Measure your belly, or fundal height, to track how baby is growing and baby's position</li> <li>• Talk about: <ul style="list-style-type: none"> <li>» Blood sugar testing for gestational diabetes on your next visit</li> <li>» Childbirth education, see <a href="#">CenteringPregnancy</a></li> <li>» <a href="#">Doula services</a></li> </ul> </li> </ul>
<b>28 Week Visit</b>	<ul style="list-style-type: none"> <li>• Get a check up</li> <li>• Get depression screening</li> <li>• Get lab work to check for <ul style="list-style-type: none"> <li>» Gestational diabetes</li> <li>» Anemia</li> <li>» Infections</li> </ul> </li> <li>• If Rh-negative blood type, get a shot to protect baby</li> <li>• Get Tdap vaccine, if needed</li> </ul>
<b>30 Week Visit</b>	<ul style="list-style-type: none"> <li>• Get a check up</li> <li>• Review lab work</li> <li>• Talk about childbirth</li> </ul>
<b>32 Week Visit</b>	<ul style="list-style-type: none"> <li>• Get a check up</li> <li>• Talk about RSV vaccine, if needed</li> </ul> <p>Certain high-risk patients will begin more testing, screening and ultrasounds.</p>
<b>34 Week Visit</b>	<ul style="list-style-type: none"> <li>• Get a check up</li> <li>• Talk about: <ul style="list-style-type: none"> <li>» Labor and pain management</li> <li>» Preparing for your baby, including car seats</li> <li>» After delivery care for you and baby</li> <li>» Choosing your baby's doctor</li> </ul> </li> </ul>

<b>36 through 40 Week Visits</b>	<ul style="list-style-type: none"> <li>• Get a checkup and pelvic exam</li> <li>• Check to see if you are dilating</li> <li>• Get a Strep B test to check baby's ability to eat and breathe</li> <li>• Talk about your delivery plan</li> </ul>
<b>40 through 42 Week Visits</b>	<ul style="list-style-type: none"> <li>• Get a checkup and pelvic exam</li> <li>• Check baby's heart rate</li> <li>• Get an ultrasound</li> <li>• Check to see if you are dilating</li> <li>• Talk about inducing labor, if needed</li> </ul>
<b>Postpartum Visit – after delivery</b>	<ul style="list-style-type: none"> <li>• Get a check up to see how you are healing</li> <li>• Check your blood pressure</li> <li>• Get depression screening</li> <li>• Talk about birth control</li> </ul>

*Recommendations for prenatal visits are based on the Source: American College of Obstetricians and Gynecologists (ACOG) guidelines. For the latest information, visit [acog.org/womens-health](http://acog.org/womens-health).*

## Getting Ready for Baby's Arrival

It is best to select your baby's doctor before you deliver. We can help find the right pediatric provider for you and your baby. The provider can be a pediatrician, family practitioner, or nurse practitioner.

Maryland Medicaid will automatically enroll your newborn with us. Your newborn must stay a Priority Partners member for the first 90 days. After that time, you can choose another HealthChoice managed care plan. See [Changing Managed Care Plans](#).

## Baby's First Check-up

Your baby usually gets their first check-up while still in the hospital. The pediatrician you choose for your newborn will do a newborn exam in your hospital room. See [Self-Referral](#).

You will stay in the hospital to recover for 48 to 96 hours depending on the type of delivery you have. If you choose to leave the hospital sooner, we will provide a home visit within the next 24 hours. You might also get another home visit if your provider thinks it's needed. See [Hospital, Inpatient Care - Maternity](#).

We will schedule your newborn for a follow-up visit with a pediatrician within two weeks after you get out of the hospital. See [Well Child Care](#) for more information.

## Essential Benefits: Special Needs Members

All Maryland Medicaid HealthChoice managed care organizations must cover certain essential medical benefits. **These benefits are only for those who are special needs members.**

Maryland Medicaid has identified groups of people who may need special health care management, intervention, services, or programs to access the care they need.

Some people may belong to more than one special needs group. Groups include:

1. [Children in state-supervised care](#)
2. [Children with special healthcare needs](#)
3. [People experiencing homelessness](#)
4. [People who are pregnant or who just gave birth](#)
5. [People with a developmental disability](#)
6. [People with a Physical Disability physical disability](#)
7. [People with HIV/AIDS](#)

## **Children in state-supervised Care**

A child in state-supervised care is a child who is in custody of, committed to, or otherwise placed by the local Department of Social Services, Department of Health, Department of Juvenile Services, or private placement agency licensed by the Social Services Administration. This includes foster children and children in the justice system.

We work together with state and local agencies to ensure continuity and coordination of care, especially if the child moves to a new area within Maryland.

For questions or help, call our [special needs coordinator](#) at 410-424-4965.

## **People Experiencing Homelessness**

Call our [special needs coordinator](#) at 410-424-4965 right away if you are experiencing homelessness. We will work with you to connect you with a case manager to get you the help and care you need.

## **People with a Developmental Disability**

Our case managers have the experience and training to provide care for people with developmental disabilities. Talk to your case manager about communications in alternative formats or to ask for a reasonable accommodation.

## **People with a Physical Disability**

We assess the needs of people with physical disabilities to see if they can stay in the community with services that Priority Partners or Maryland Medicaid provides or if they need intermediate or long-term care facility placement. See [Long Term Care](#).

Talk to your case manager about communications in alternative formats or to ask for a reasonable accommodation.

Benefits for special needs members include:

## **Case Management, Case Manager**

Priority Partners will assign you a case manager when you enroll with us or soon after. Your case manager can be a registered nurse, a social worker or other health care professional. See [Case Management, Case Manager](#).

## **Special Needs Coordinator**

A special needs coordinator is your point of contact for healthcare information and referrals. A special needs coordinator helps you and your health care providers understand what is available to address special needs. Special needs coordinators also can answer questions about your rights under the Americans with Disabilities Act.

- See [Specialist Services/Specialty Care](#).
- See [Self-Referral](#).

## Other Covered Benefits

Priority Partners does not cover some benefits that Maryland Medicaid covers directly if they are **medically necessary**. You will use your red and white Medicaid card when you get these services except for Dental. You will get a dental member ID card from the Maryland Healthy Smiles Dental Program. Some services may require a referral or **preauthorization**.

Use the **Provider Finder** to search for a Medicaid provider to get the care you need near you.

Go to the Provider Finder now. Type this link exactly as it appears into your phone or computer's address bar: [bit.ly/48s6WxC](https://bit.ly/48s6WxC) or scan the QR code.



For more information or questions, call the HealthChoice Helpline 800-284-4510.

For more information on benefits, see **Essential Benefits** and **Priority Partners Value-Added Benefits**.

### Other Covered Benefits: All Members

#### Abortion

Maryland Medicaid covers this procedure. For help, call the HealthChoice Helpline at 800-284-4510.

#### Dental

You will use your Maryland Healthy Smiles Dental Program card when you get these services.

For more information on dental benefits and services, visit **Maryland Healthy Smiles Dental Program** or call 855-934-9812.

Go to Maryland Healthy Smiles Dental Program now. Type this link exactly as it appears into your phone or computer's address bar: [bit.ly/3VUnZkC](https://bit.ly/3VUnZkC) or scan the QR code.



## Behavioral Health Services

The Maryland Public Behavioral Health System provides substance use disorder and specialty behavioral health services. No referral needed. For more information, call 800-888-1965.

See [Primary Behavioral Health](#) for other covered services.

Contact the Suicide and Crisis Lifeline if you are experiencing a mental health or substance use emergency. It's free and confidential. Call or text 988. Chat with a crisis counselor online at <https://988lifeline.org/chat/>.

Go to Suicide and Crisis Lifeline now. Type this link exactly as it appears into your phone or computer's address bar: [bit.ly/3Dnq2Ko](https://bit.ly/3Dnq2Ko) or scan the QR code.



## HIV/AIDS Testing

- HIV/AIDS drug resistance testing: genotypic, phenotypic, or other
- Viral load testing
- See [HIV/AIDS Services](#).

## Speech Augmenting Devices

Equipment that helps people with speech impairment to communicate.

## Transportation Services

- [Emergency Medical Transportation](#)
  - » Call 911 if you are having a [medical emergency](#).
  - » Medical services while transporting the member to a healthcare facility in response to a 911 call.
  - » Local fire companies provide this service.
- Non-Emergency Medical Transportation
  - » You may request non-emergency medical transportation (NEMT) to and from a Medicaid covered [medically necessary](#) service when you have no other way to get there.
  - » To see if you qualify for this service, contact your [local health department](#).
  - » For more information, email [MDH.askNEMT@maryland.gov](mailto:MDH.askNEMT@maryland.gov).

Priority Partners may cover some non-emergency medical transportation for special reasons. For more information, call Customer Service at 800-654-9728.

## Other Covered Benefits: Members 21 Years Old and Younger

Priority Partners does not cover some benefits that Maryland Medicaid covers directly if they are **medically necessary**. You will use your red and white Medicaid card when you get these services. **These benefits are only for those who are 21 years old and younger.**

Use the **Provider Finder** to search for a Medicaid provider to get the care you need near you.

### Occupational Therapy

The kind of treatment that helps you relearn everyday activities. For example, handwriting or eye-hand coordination.

### Physical Therapy

Treatment of disease, injury, or deformity by physical methods such as massage, heat treatment, and exercise rather than by drugs or surgery.

### Speech Therapy

Training to help people with speech and language problems to speak more clearly.

Priority Partners may pay for these services if they are part of **home health service** or an **inpatient** hospital stay.

## Priority Partners Value-Added Benefits

These are benefits that we offer that are above and beyond the essential benefits and other benefits covered by Maryland Medicaid. You will use your Priority Partners card when you get these services. There are no grievance or **appeal** rights for these benefits. For more information or questions, call Customer Service at 800-654-9728.

For more information on benefits, see **Essential Benefits** and **Other Covered Benefits**.

### Adult Vision Services

Vision care for Priority Partners members is provided through Superior Vision. All Priority Partners adult members age 21 and older are eligible for one vision exam per year at a network provider. As part of this benefit, Priority Partners will cover the cost for one pair of glasses or one pair of contact lenses every two years for eligible members. Additional frames within the two-year window will have a \$19 copay; additional contact lenses will have a \$100 copay.

Please note the following services or items may have limited coverage: contact lenses, orthotics or vision training and any associated supplemental testing, and any eye examination or corrective eyewear required by an employer as a condition of employment.

To learn more about vision benefits, call Superior Vision at 800-428-8789, or visit **superiorvision.com**.

## **Prenatal/Postpartum Programs**

### **Care for Members During Pregnancy, After and Delivery**

If you are pregnant, you must take special care of yourself and your baby. As soon as you think or know you are pregnant, see your doctor.

If you have been going to a doctor for pregnancy before joining Priority Partners, you can continue to see that doctor. If you want to change doctors, you may call Customer Service at 800-654-9728 for assistance. Your doctor will tell you how often you need to come in while you are pregnant and after your baby is born. It is important to keep all your medical appointments and follow the doctor's directions.

Priority Partners offers a free maternity case management program, Maternal Child Health, to expectant members. This program will help you manage your health during pregnancy. Call: 800-261-2396 ext. 5355 for more information.

Priority Partners offers English and Spanish childbirth classes in-person and online. To learn more, call a Maternal Child Health representative at: 800-261-2396 ext. 5355.

### **Doula Services**

As part of Priority Partners' pregnancy support programs, members who are pregnant have the option to use a doula, or birth worker, for guidance through pregnancy to childbirth and after. Doula services from a state of Maryland-certified doula are a covered benefit available to all Priority Partners members during pregnancy and for one year postpartum. A certified doula is qualified to do prenatal visits, attend labor and delivery and provide postpartum visits.

Priority Partners can provide a certified doula to support members through pregnancy.

### **Doula Services by Mae Health**

Priority Partners works with Mae Health to offer pregnant members doula services. Mae matches members with a compatible doula, providing pregnancy and postpartum support tailored to the needs of mothers, including the unique care needs of Black mothers. The personalized care provided by Mae's doulas includes weekly health tracking, lifestyle and care tips, access to experts and more. Doula services are no cost for eligible Priority Partners members.

## **Health Education Programs**

You will get a regular newsletter from Priority Partners with tips and articles on how to stay healthy. Your doctor will also give you information to read as well as tell you about activities that you may attend at no charge. Priority Partners wants to help you stay healthy by getting tests for high blood pressure, cancer, and glaucoma in addition to your regular care. Watch for your member newsletter or call Customer Service at 800-654-9728 for more information.

The health education team at Priority Partners offers different programs and workshops to help our members. Below is a list of each program and workshop. To sign up for a program or workshop call: 800-957-9760 or email: [HealthEducation@jhhp.org](mailto:HealthEducation@jhhp.org). To view the health education calendar, visit: [ppmco.org/get-free-support/health-wellness-classes/](http://ppmco.org/get-free-support/health-wellness-classes/).

**Education is offered in the areas of:**

- Diabetes
- Pre-diabetes
- COPD (Chronic Obstructive Pulmonary Disease)
- Asthma
- Blood Pressure
- Heart Disease
- Nutrition
- Weight Management
- Physical Activity
- Quitting Smoking
- Sleep
- Stress Management

## Diabetes Prevention and Care Services

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit. **These benefits are only for people with a prediabetes or diabetes diagnosis.**

Maryland Medicaid only covers a benefit if it is **medically necessary**. You should not pay out of your pocket for a medically necessary covered benefit except for **prescriptions**.

You will use your Priority Partners member ID card when you get these services. Some services may require a referral or **preauthorization**. See **Self-Referral**.

Use the provider directory to search for a Priority Partners Medicaid provider to get the care you need near you. For more information or questions, call Customer Service at 800-654-9728.

### Benefits for Members with a Diabetes Diagnosis

Benefits include **medically necessary** special diabetes-related services:

- Diabetes nutrition counseling
  - » One initial one-on-one session
  - » Four more sessions annually
- Diabetes outpatient education

- Diabetes-related **durable medical equipment** and **disposable medical supplies**
  - » Blood glucose monitoring supplies
  - » Diagnostic reagent strips and tablets
  - » Finger-sticking devices for blood glucose testing
  - » Blood glucose reflectance meters for home use
- Therapeutic footwear and related services
  - » Footwear and services that help improve or heal your condition.
    - > Therapeutic footwear, orthopedic shoes
    - > Arch supports, orthotic devices, in-shoe supports, elastic support
    - > Exam, prescription, fitting, and related services for special footwear to prevent or delay loss of the foot
- Podiatry
  - » Diabetes-related foot care.
  - » See **Podiatry**
- Diabetes-related vision care
  - » See **Vision Care Services**

## Benefits for Members with a Prediabetes Diagnosis

### HealthChoice National Diabetes Prevention Program

If you have prediabetes, the HealthChoice Diabetes Prevention Program lifestyle change program may be for you. It can help you lose weight, become more active, and prevent or delay type 2 diabetes.

To be eligible for the HealthChoice Diabetes Prevention Program, you must meet all the following:

- Be 18 to 64 years old
- Be overweight
- Not be pregnant
- Not diagnosed with type 1 or type 2 diabetes
- Have a recent blood test with results in the prediabetes range or have a history of gestational diabetes

Talk to your primary care provider for more information or call Customer Service at 800-654-9728.

For more information about the HealthChoice Diabetes Prevention Program, visit [ppmco.org/care-resources-diabetes/#dpp](http://ppmco.org/care-resources-diabetes/#dpp) or scan the QR code below.



# Fertility Preservation

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit. **These benefits are only for people whose medical treatment may cause infertility, such as surgery or chemotherapy.**

Maryland Medicaid only covers a benefit if it is **medically necessary**. You should not pay out of your pocket for a medically necessary covered benefit except for **prescriptions**.

You will use your member ID card when you get these services. **You must have preauthorization for these services.**

Use the provider search tool to search for a Priority Partners Medicaid provider to get the care you need near you. For more information or questions, call Customer Service at 800-654-9728.

To be eligible for fertility preservation, you must meet all the following:

- Get **preauthorization** for services.
- Be within reproductive age.
- Submit documentation from a reproductive endocrinologist.

**Important:** Fertility preservation is only for people whose medical treatment may cause infertility and meet the other eligibility criteria above.

Covered services include:

- Fertility consultation
- Gonadal suppression to reduce ovarian insufficiency
- Hormonal treatment and ovulation induction
- Oocyte retrieval and preservation
- Sperm extraction and preservation

**Medicaid does not cover in vitro fertilization (IVF), sperm or oocyte donation, and storage of testicular tissue procedures.**

# Gender Affirming Care

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit.

Maryland Medicaid only covers a benefit if it is **medically necessary**. You should not pay out of your pocket for a medically necessary covered benefit except for **prescriptions**.

You will use your member ID card when you get these services. Some services may require a referral or **preauthorization**.

Use the provider directory to search for a Priority Partners Medicaid provider to get the care you need near you. For more information or questions, call Customer Service at 800-654-9728.

There is no age limit for care, but members must provide informed consent for all services. Minors must have parental consent according to [Maryland Minor Consent Laws](#).

To be eligible for gender-affirming services, you must:

- Talk to your health care provider about a diagnosis for care.
- Be able to make fully informed decisions and consent to treatment.

Covered services include:

### **Hormone Therapy**

- **Cross-Sex Hormone Therapy:** This includes hormone replacement and suppression therapy. You can take medications by mouth, as an injection, or on your skin.
- **Puberty Suppression Therapy:** Slows changes to the body during puberty.
- See [Pharmacy and Prescription Drug Services](#).

### **Gender-Affirming Surgeries and Therapies**

You must get [preauthorization](#) for these services.

- [Medically necessary](#) surgeries, including genital reassignment and facial procedures.
- Procedures for skin, chest, and voice alterations to align with a person's gender identity.
- Hair removal and hair transplants for gender-related purposes.
- Doctors can revise or reverse gender-affirming surgeries if there are problems or if your gender identity changes.

### **Post-Transition Services**

- Some gender-specific services may be necessary after transitioning, like breast cancer screenings for transgender men or prostate exams for transgender women.
- You do not need [preauthorization](#) for post-transition services.

### **Laboratory Testing**

- Routine testing to check hormone therapy. You may need [preauthorization](#) for specific tests.
- See [Laboratory & Diagnostic Services](#).

### **Behavioral Health**

Medicaid offers [behavioral health services](#), such as therapy for gender dysphoria. You do not need [preauthorization](#).

- See [Behavioral Health Services](#) and [Primary Behavioral Health](#).

# HIV/AIDS Services

You will use your member ID card when you get these services except for testing, which Maryland Medicaid covers directly. See [HIV/AIDS Testing](#) for more information.

Some services may require a referral or [preauthorization](#). See [Self-Referral](#).

You may choose an HIV/AIDS [specialist](#) who will coordinate your care with your primary and other specialty care providers. Talk to your provider about access to clinical trials.

Use the provider directory to search for a Priority Partners Medicaid provider to get the care you need near you. For more information or questions, call Customer Service at 800-654-9728 or our special needs coordinator at 410-424-4965. You can also email [SpecialNeedsDept@jhhp.org](mailto:SpecialNeedsDept@jhhp.org). See [Special Needs Coordinator](#).

If you are pregnant, see [Essential Benefits: Special Needs Members](#).

For more information, See [Essential Benefits: Special Needs Members](#).

## Case Management, Case Manager

- You may ask for case management services at any time, even if you declined them before.
- Your case manager will have special training to help with HIV/AIDS care and resources. Your case manager will not share your information about your HIV status.
- See [Case Management, Case Manager](#).

## Diagnostic Evaluation Service (DES)

- One diagnostic and evaluation service (DES) assessment per year.
- The DES includes a medical and psychosocial assessment.
- You must select a DES provider from an approved list of sites, but the provider does not have to be [in-network](#) with Priority Partners. See [Self-Referral](#).
- Call Customer Service at 800-654-9728 for help with this service.

## Substance Use Treatment

We will refer you to the Public Behavioral Health System within 24 hours of requesting treatment. See [Behavioral Health Services](#).

# Long Term Care

## Long Term Care Facility Services

All Maryland Medicaid HealthChoice managed care organizations must cover long-term care facility services. However, your managed care organization is only responsible for 90 days of care in a row. After more than 90 days, Maryland Medicaid may directly cover your care.

After 90 days, if you still need long-term care in a facility, you will be disenrolled from Priority Partners. See [Disenrollment](#).

Long term care services are the medical and support services that you need over a long time in a long-term care facility. A long-term care facility can be:

- A chronic hospital
- A chronic rehabilitation hospital
- A nursing facility
  - » A nursing facility is state-certified to offer 24-hour medical and skilled nursing care, rehabilitation, or health-related services to people who do not need hospital care.
  - » If you lose Medicaid coverage while you are in a nursing facility, you may not be re-enrolled in Priority Partners. If this happens, you will need to apply for Medicaid under long-term care coverage rules.

For more information or questions, call Customer Service at 800-654-9728 or the HealthChoice Helpline at 800-284-4510.

## Essential Benefits: Long Term Care

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit.

Maryland Medicaid only covers a benefit if it is [medically necessary](#). You should not pay out of your pocket for a medically necessary covered benefit except for [prescriptions](#).

You will use your member ID card when you get these services. Some services may require a referral or [preauthorization](#). See [Self-Referral](#).

Use the provider directory to search for a Priority Partners Medicaid provider to get the care you need near you. For more information or questions, call Customer Service at 800-654-9728.

## Habilitation Services/Devices

These are health care services that help you keep, learn or improve daily living skills and functions. Services may include:

- Physical therapy
- Occupational therapy
- Speech pathology
- For members 21 years old and younger, see [EPSDT](#).

## Home Health Services

These are health care services and supplies you get in your home under your doctor's orders. Services are on a part-time or an as-needed basis. Home health care does not include help with non-medical tasks, such as cooking and cleaning. Services may include:

- Skilled nursing services
- Home health aide services
  - » Physical therapy
  - » Occupational therapy
  - » Speech therapy
- Medical supplies used during the visit. See [Durable Medical Supplies and Disposable Medical Supplies](#).

## Hospice Services

Home or [inpatient](#) services provide comfort and support for people in the last stages of a terminal illness and their families.

## Outpatient Rehabilitation Service and Devices

Health care services that help a person keep, restore, or improve skills and functioning for daily living that they lost or were impaired because a person was sick, hurt or disabled. Services may include:

- Physical therapy
- Occupational therapy
- Speech pathology
- If you are under 21 years old, see [EPSDT](#).

## Other Covered Benefits: Long Term Care

Priority Partners does not cover some benefits that Maryland Medicaid covers directly if they are [medically necessary](#). You will use your red and white Medicaid card when you get these services.

For more information, call the HealthChoice Helpline at 800-284-4510.

## **Intermediate Care Facilities for Individuals with Intellectual Disabilities or Persons with Related Conditions (ICF/IID) services**

An intermediate care facility (ICF) is a place that provides long-term care for people who need more help than residential care but less care than a skilled nursing facility. The goal of these services is to help people recover and increase their independence.

## **Medical Day Care Services**

Medical Day Care Services are structured group programs that provide health, social, and related support services to functionally disabled adults, age 16 and older.

The program provides care in a community-based setting, offering people an alternative to nursing facility care. These are state licensed centers.

## **Skilled Personal Care Services**

Skilled personal care services are medical services that only a licensed healthcare professional can give – like a nurse or therapist. These services go beyond the basic daily living help that a non-medical caregiver can provide. Examples of skilled personal care that your doctor may order are wound care, feeding tube changes, and physical therapy.

# **Pharmacy and Prescription Drug Services**

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit.

You will use your Priority Partners member ID card when you get these services.

Prescription drugs are drugs and medications that by law require a prescription also known as a doctor's order. Your doctor, nurse, or physician assistant who writes your prescription is known as the authorized prescriber.

Prescription drug coverage includes:

- Birth control pills and devices
- Chewable vitamins for children 12 years old and younger
- Coated aspirin for arthritis
- Insulin
- Iron pills (ferrous sulfate)
- Needles and syringes

There is a \$1 or \$3 **co-pay** for most prescriptions. There is no co-pay for covered **family planning** drugs or vaccines. There is no prescription co-pay for those who are younger than 21, pregnant, Native American, or living in long term care.

You can get latex condoms and emergency contraceptives from a pharmacy without a prescription.

## Priority Partners Formulary

The preferred drug list (PDL) is also known as a **formulary**. It is a list of generic and brand name prescription drugs that we cover. The drugs on this list are the best in terms of safety, effectiveness and cost. Your prescriber will use this list to prescribe your medicine. Some medicines may require **preauthorization**. Some may have quantity or age limits.

To view our formulary, visit [ppmco.org/plan-benefits/prescriptions/](http://ppmco.org/plan-benefits/prescriptions/) or scan the QR code below.



If you would like us to mail you a copy of the formulary, call Customer Service at 800-654-9728.

Call Customer Service at 800-654-9728 if you have any questions about a prescription or **co-pay**.

## Vision Care Services

### Eye Care

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit.

Maryland Medicaid only covers a benefit if it is **medically necessary**. You should not pay out of your pocket for a medically necessary covered benefit except for **prescriptions**.

You will use your member ID card when you get these services. Some services may require a referral or **preauthorization**. See **Self-Referral**.

Use the provider directory to search for a Priority Partners Medicaid provider to get the care you need near you. For more information or questions, call Customer Service at 800-654-9728.

### Adults Aged 21 +

- One eye exam every two years.
- For more vision benefit information, see **Priority Partners Value Added Benefits**.

### Children and Young Adults Under Age 21

- One eye exam every year.
- One pair of eyeglasses per year.
- Contact lenses if **medically necessary**.
- See **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services**.

## Members with Diabetes

- One eye exam every year.
- One pair of eyeglasses per year.

Call Customer Service at 800-654-9728 if you have questions or need help to find a vision care provider.

## Rare and Expensive Case Management (REM) Program

The Rare and Expensive Case Management (REM) program provides medical case management and other services for eligible people with specific medical conditions.

**This is a voluntary program.**

**If you enroll in the REM Program, you will no longer get your health care coverage from Priority Partners or any other HealthChoice managed care organization. You will get all your health care benefits directly through Maryland Medicaid.**

To be eligible for the REM Program, you must:

- Be eligible for the HealthChoice managed care program.
- Have at least one rare and expensive condition for your age group.
- Choose to be in the REM program.

Talk to your primary care provider to learn more about the medical conditions that will qualify you for this program. You may also call Customer Service at 800-654-9728 or our [special needs coordinator](#) at 410-424-4965 for more information. If you are interested in applying for the REM Program and need help, contact our REM liaison at 410-582-2415.

REM benefits include:

- Case management assessment and services
- Certified Nursing Assistant (CNA) and CNA Certified Medication Technician (CMT) services
- Chiropractic services
- Home Health Aide (HHA) and HHA Certified Medication Technician (CMT) services
- Nutrition counseling and supplements
- Occupational therapy
- Private duty nursing, shift nursing services
- Speech-language pathology

You must apply for the REM Program and Maryland Medicaid must approve you for it. If approved, the program will assign you a REM case manager. Your REM case manager will work with you to transition your coverage from Priority Partners. They will work with you to make a care plan to meet your healthcare needs.

For more information and to learn how to apply, call the REM Program at 800-565-8190.

Go to the REM web page now. Type this link exactly as it appears into your phone or computer's address bar: [bit.ly/4dnz45Q](https://bit.ly/4dnz45Q) or scan the QR code.



## Self-Referral

You can get certain healthcare services from a provider who is not part of the Priority Partners **network**. You will not need a referral from your primary care provider. Priority Partners will cover these services even if the provider is **out-of-network**. However, the provider must be a participating Medicaid provider.

Self-referral services include:

- **Birth centers**
- COVID-19 testing
- **Dialysis**
- **Doula services**
- **Emergency Care, Emergency Services**
- **Family planning**
- Foster care placement assessment
- **HIV/AIDS diagnostic evaluation**
- **Newborn baby checkup**
- Pregnancy, certain conditions
- **School-based health centers**
- **Specialist**, children with special needs

## Continuity of Care

You may have the right to transfer a **preauthorization** or keep seeing an **out-of-network** provider if you are currently getting medical care and

- Are new to HealthChoice
- Changed your HealthChoice managed care organization
- Moved to HealthChoice from another health plan

### Time Limit

These rights usually last 90 days from when your new coverage starts or until your treatment ends—whichever is first. If you are pregnant, these rights extend through pregnancy up to the first doctor's visit after birth.

## Limitations

These rights do not apply to:

- **Dental Services**
- Mental health services
- Substance use disorder services
- Services provided by Maryland Medicaid fee-for-service, see **Other Covered Benefits**.

## Transferring a Preauthorization

If your former health plan approved surgery or other service, you may not need to get new approval from Priority Partners. Call Customer Service at 800-654-9728 if you want to use that approval. We will need a copy of the **preauthorization**. If you don't have a copy, contact your prior health plan. They must give you a copy within 10 days.

If you were getting care from a doctor who was in your prior health plan's **network** but is out of Priority Partners' network, you might be able to keep seeing them temporarily. You must contact us to request this. This right only applies to specific conditions like:

- An acute condition, for example a broken bone
- A serious chronic condition, for example cancer
- Pregnancy
- Other conditions agreed upon by you and your provider

For questions, call Customer Service at 800-654-9728 or the HealthChoice Helpline at 800-284-4510.

You have the right to **appeal** a denial to transfer a **preauthorization** or to see your prior provider. See **File a Complaint, Grievance or Appeal**.

## Out-of-Service Area Coverage

Priority Partners' provider **network** offers many care options throughout our service area, which includes all of Maryland.

We also cover care in a nearby state only if the provider is in our **network** or if we arrange your care. See **Continuity of Care** for exceptions.

We only cover **emergency care** and **post-stabilization care services** when you are outside of Maryland.

If you need non-emergency care outside our service area, call your primary care provider or Customer Service at 800-654-9728 for help.

# Other Insurance

## Coordination of Benefits

Medicaid coordinates benefits with other insurers as a secondary payer to all other payers. This means that if an insurer and Medicaid both cover a benefit, the other payer is first responsible for making payment. By law, Medicaid is the payer of last resort.

This is known as third party liability. Other sources of coverage, or a third party, may include

- Employer-sponsored **health insurance**
- Long term care insurance
- Medicare
- Other state and federal programs
- Private **health insurance**
- Settlement from a liability insurer
- Workers' compensation

## Report Other Insurance

You must report if you have other coverage. Call Customer Service at 800-654-9728 to report any other insurance plans or coverage.

Always tell your provider about your other insurance. List your non-Medicaid insurance as your primary insurance.

## Third-Party Liability and Work-Related Injury

You must inform Priority Partners if you receive care for an injury from an auto accident or a work-related injury. A third-party insurer is usually responsible for payment. Call Customer Service at 800-654-928 to make a report.

# Changing Managed Care Plans

## New Medicaid Members 90 Day Rule

You have 90 days to choose a different managed care health plan for any reason when you first join Medicaid. You may only change your plan once during this time. You must stay with your plan for 12 months before you can make a change except for certain reasons.

## Re-Enrolled Medicaid Members

If you lose your Medicaid coverage and re-apply within 120 days, and are eligible, Medicaid will automatically re-enroll you in the same plan.

## Change Exceptions

You can change your plan at **any time** if

- You move
  - » If you move to a county where your current health plan does not offer care.
- You become homeless
  - » If another plan offers care closer to where you stay, making it easier to get to appointments.
- Family in different plans
  - » A family with one or more household members in one plan and one or more members in a different plan can move everyone to the same plan. You will use the “family unification” change reason to do this. There is one exception. A newborn must stay with their parent’s plan for the first 90 days after birth.
- Foster child placement
  - » If a foster child joins your family, you can switch the child to your plan if you or other family members are in a different plan.
- Your primary care provider’s contract ends
  - » If your plan ends its contract with your primary care provider. You will get a notice to let you know if this happens. You will need to pick a new primary care provider. See [Pick Your Primary Care Provider \(PCP\)](#) for more information.

You may be able to change your plan **if Medicaid approves** when

- You experience poor quality of care.
- You cannot access the services you need with Priority Partners.
- You want to see a provider with experience with your health care needs who is not in Priority Partners’ provider network.

You **cannot change** your plan when

- You are in a hospital.
- You are in a nursing facility.

## How to Change Your Plan

You must contact the Maryland Health Connection at 855-642-8572 to make a change. **Please note that Priority Partners cannot change your plan.**

# Disenrollment

Disenrollment means your coverage ends.

## Medicaid Disenrollment

Your Medicaid coverage can end, that is, terminate, for several reasons. Reasons include:

- You are no longer eligible for Medicaid.
- You turn 65 years old.
- You do not [renew your Medicaid coverage](#).

Medicaid will also disenroll a member at the time of their death.

If you lose your Medicaid coverage and re-apply within 120 days, and are eligible, Medicaid will automatically re-enroll you with Priority Partners. It will take 10 days for your Priority Partners coverage to be active again.

## Priority Partners Disenrollment Only

There are also reasons that Medicaid can disenroll you from Priority Partners without disenrolling you from Medicaid.

- You have been in a nursing facility for more than 90 days in a row.
- You are now in an intermediate care facility for people with intellectual disabilities.
- You join the [Rare and Expensive Case Management Program](#).
- You enroll in Medicare before age 65 because of a disability.
- You are in jail or prison.

## Explanation of Benefits or Denial of Payment Notice

An Explanation of Benefits (EOB) or Denial of Payment notice shows a summary of the services your doctor billed. It lists the type of service, the date, the amount billed, and the amount paid by Priority Partners. **This is not a bill.** It just tells you what Priority Partners has paid for. If you see a mistake, like a service you didn't get, call Customer Service at 800-654-9728 right away.

## Medicaid Billing Rights and Protections

A Medicaid provider may not bill you for a **medically necessary** Medicaid covered benefit. You should not pay out of your pocket for these except for **prescriptions**.

Make sure you see a participating Medicaid provider for your health care. Otherwise, you may have to pay for the service.

Use our Priority Partners provider search tool to search by provider name to find a participating Medicaid provider in our network.

Remember you may have to pay for the care that you get from a provider who is not part of Medicaid.

If you get a bill for a covered service, **do not pay it**. Contact the provider who sent the bill for help. If the provider says you did not have coverage on date of the service date or that Priority Partners did not pay, call Customer Service at 800-654-9728 for help.

If you still need help, call the HealthChoice Helpline at 800-284-4510.

You may also be able to file a complaint with the Maryland Attorney General. To learn more, visit their **Health Education and Advocacy Unit** webpage.

## Preventive Care for Adults

What is preventive care? It is things that you can do to help keep you well, such as getting a flu shot each year or eating healthy foods. It includes preventive screenings. These are health care services to check your health and well-being. Getting routine preventive care can help you stay well and catch problems early - when they may be easier to treat.

Preventive screening and procedures are based on your age, gender, health condition, family history and other factors. Talk to your primary care provider about the screening and procedures you may need and how often you may need them.

Staying up to date on your vaccines is one of the best things you can do to protect your health. If you are pregnant or have a medical condition that puts you at higher risk for infections, talk to your primary care provider about which vaccines are right for you.

Always let your primary care provider know if anything has changed since your last office visit. Always give the most honest and up-to-date information about your physical, social, and mental health so that you can get the care that best meets your needs.

## Adult Preventive Care Recommendations

General Health Care	
Routine Checkup	Every year
Anxiety and Depression Screening	Every year
Dental Checkup and Cleanings	See <a href="#">Dental</a> .
Intimate Partner Violence Screening	Women of reproductive age
Substance Use/Misuse: Alcohol, Tobacco, Other	18+. Every year, more based on risk.

Screenings and Procedures*	
Blood Pressure Monitoring – Hypertension	Every year
BRCA-Related Cancer	Women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer
Breast Cancer Screening	Every other year starting at 40, and continuing through age 75
Cervical Cancer Screening	Every 3 years for members with internal reproductive organs ages 21-29, every 5 years for women ages 30- 65
Cholesterol	Every 5 years starting at age 35 for men and 45 for women, starting at age 20 if at increased risk
Colon Cancer Screening	Age 50-75, frequency depends on test used: stool based – yearly to every 3 years, flexible sigmoidoscopy every 5 years, CT colonography every 5 years, or colonoscopy every 10 years
Prediabetes and Type 2 Diabetes	Adults aged 35 to 70 years who are overweight or obese
Latent Tuberculosis Infection	18+ at increased risk
Lung Cancer Screening	Yearly for adults aged 50-80 with a 20 pack-year smoking history who are actively smoking or quit smoking less than 15 years ago, screening done using Low Dose CT (LDCT) scan
Human Immunodeficiency Virus (HIV)	Based on risk category
Hepatitis B	Adults at increased risk
Hepatitis C	18+ once, more often for those at increased risk

Chlamydia and Gonorrhea	Sexually active women 24 years or younger, and in women 25 years or older who are at increased risk of infection
Syphilis Infection	Adults at increased risk

### Recommended vaccinations for adults aged 19 years and older

Immunizations**	
COVID-19	At least one dose of the current COVID-19 vaccine or based on your doctor's advice.
Influenza/Flu	Every year
RSV	One dose ages 60+ or pregnant
Tdap/Td	One booster every 10 years and every pregnancy.
MMR	If aged 66 years or younger, one or two doses
Chickenpox	If U.S. born and aged 43 years or younger, two doses
Shingles	Age 50+, two doses, younger based on your doctor's advice.
HPV	26 years old and younger two or three doses, if 27–45 years based on your doctor's advice.
Pneumonia	Based on risk
Hepatitis A	Based on risk or your doctor's advice.
Hepatitis B	19 to 59 years old, after based on risk or your doctor's advice.
Meningitis	Based on risk or your doctor's advice.
Hib	For adults with certain medical conditions based on your doctor's advice.
Mpox	Based on risk or your doctor's advice.

\*Recommendations for screening and procedure are based on the United States Preventive Services Task Force (USPSTF) guidance. For the latest recommendations, visit [USPSTF](#).

\*\*Recommendations for immunizations are based on the U.S. Centers for Disease Control and Prevention (CDC) guidelines. For the latest information, visit [the CDC Recommended Vaccinations for Adults](#).

## Know Your Family History

Talk to your family, then your doctor. You can use the CDC's My Family Health Portrait to keep track of your information. Be sure to update this information regularly and share what you've learned with your family and your doctor. Learn more about [My Family Health Portrait](#).

## Access Your Official Immunization Records

You can see and print your official immunization record online. It is free, simple and secure. To register or to sign in go to [myirmobile.com](http://myirmobile.com).

## Well Child Care

What is a well-child visit? A well-child visit (also called a checkup) is when you take your child to the doctor to make sure they're healthy and developing normally. This is different from visits for sickness or injury.

Taking your child to their regularly scheduled well-child visit can help them stay well and help catch problems early - when they may be easier to treat.

At a well-child visit, you can talk to your provider and ask questions about how your child is growing and developing. Your child will also get their shots, also called vaccines or immunizations, during their well child visit. Staying up to date on your child's vaccines is one of the best things you can do to protect their health.

If you're worried about your child's health, call your provider right away. Do not wait until your next scheduled visit.

## Blood Lead Poisoning Test

A blood lead test is the best way to find out if a child has lead poisoning. Your provider will take a small amount of blood from your child's finger, heel, or arm to test.

Medicaid requires lead testing for all children at ages 12 and 24 months. Medicaid also requires testing for children ages 24-72 months if there is no record of testing.

## Well-Child Visit Schedule

How often you will see the doctor, get services, screenings and immunizations depends on what your provider thinks is right for your child.

Recommend visits:

- 3 to 5 days old
- 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 2 years old (24 months)
- 2 ½ years old (30 months)
- 3 years old
- 4 years old
- 5 years old
- 6 years old

After the age of six, your child will continue to have a well-child visit once a year. They will get any shots they need for their age group during their visit.

# CDC Recommend Vaccines for Birth to Age Six

## Your child needs vaccines as they grow!

2025 Recommended Immunizations for Birth Through 6 Years Old

Want to learn more?  
Scan this QR code to find out which  
vaccines your child might need. Or visit  
[www2.cdc.gov/vaccines/childquiz/](http://www2.cdc.gov/vaccines/childquiz/)



VACCINE OR PREVENTIVE ANTIBODY	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19 MONTHS	20-23 MONTHS	2-3 YEARS	4-6 YEARS	
RSV antibody	Depends on mother's RSV vaccine status						Depends on child's health status								
Hepatitis B	Dose 1	Dose 2		Dose 3											
Rotavirus			Dose 1	Dose 2	Dose 3										
DTaP			Dose 1	Dose 2	Dose 3				Dose 4					Dose 5	
Hib			Dose 1	Dose 2	Dose 3			Dose 4							
Pneumococcal			Dose 1	Dose 2	Dose 3			Dose 4							
Polio			Dose 1	Dose 2	Dose 3								Dose 4		
COVID-19				At least 1 dose of the current COVID-19 vaccine											
Influenza/Flu				Every year. Two doses for some children											
MMR								Dose 1						Dose 2	
Chickenpox								Dose 1						Dose 2	
Hepatitis A							2 doses separated by 6 months								

**KEY**

- ALL children should be immunized at this age
- SOME children should get this dose of vaccine or preventive antibody at this age

**Talk to your child's health care provider for more guidance if:**

1. Your child has any medical condition that puts them at higher risk for infection.
2. Your child is traveling outside the United States. Visit [www.cdc.gov/travel](http://www.cdc.gov/travel) for more information.
3. Your child misses a vaccine recommended for their age.



FOR MORE INFORMATION  
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)  
Or visit: [www2.cdc.gov/vaccines/childquiz/](http://www2.cdc.gov/vaccines/childquiz/)



Source: CDC; Materials developed by CDC.

The Maryland Department of Health and Priority Partners' use of this material does not imply endorsement by CDC, ATSDR, HHS or the United States Government. The material is otherwise available on the CDC website for no charge.

# Rights and Responsibilities

## HealthChoice Managed Care Member Rights

- Respectful treatment and have your dignity and privacy considered.
- Information about other treatment options given in an easy-to-understand way.
- Take part in decisions about your healthcare, including the right to refuse treatment.
- Be free from any form of physical or mental control or left alone to make you agree to something, punish you, or because it is easier for someone else.
- Ask for and get a copy of your medical records. You can also ask for corrections to your record.
- Exercise your rights and to know that the exercise of those rights will not adversely affect the way that the Maryland Department of Health, Priority Partners or our providers treat you.
- File a complaint, grievance or [appeal](#) with Priority Partners.
- Request to keep Medicaid coverage while your [appeal](#) is pending. NOTE: You may have to pay for any care you receive during this time if the original decision stands.
- Get a second opinion from another provider in Priority Partners' [network](#) if you disagree with your provider's opinion about a service that you need. Call Customer Service at 800-654-9728 for help with finding another provider.
- Make, or refuse to make, an advance directive for healthcare decisions. For more information, see the [Maryland Attorney General's advanced directives web page](#).
- Ask for and get information about how Priority Partners manages the organization. For more information, call Customer Service at 800-654-9728.
- Ask for and get information about the health plan's services, practitioners, providers and member rights and responsibilities.
- Make recommendations about the member rights and responsibilities policy.

## HealthChoice Managed Care Member Responsibilities

- Treat all those who work with you with respect and dignity.
- Be on time for your appointment.
- Cancel your appointment right away if you cannot keep it.
- Always carry your Medicaid and Priority Partners member card with you.
- Never allow anyone else to use your Medicaid or Priority Partners member card.
- Report a lost or stolen member ID card to Priority Partners and get a new card.
- Report other [health insurance](#) coverage to your provider and Priority Partners.
- Work with your primary care provider to create a care plan together.
- Work with your providers and follow plans and instructions for care that you have agreed to with them.

- Ask questions about your care and let your provider know if you do not understand something.
- Give honest, current health information to your providers.
- Use the emergency room only for a **medical emergency**. Let your primary care provider know as soon as possible after you receive emergency care.
- Tell your caregivers about any change to your advance directive.
- Call Customer Service at 800-654-9728 if you have a problem or a complaint.
- Report required changes to your status within 10 days to the Maryland Health Connection.

## Privacy Practices

### PRIORITY PARTNERS MANAGED CARE ORGANIZATION NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.**

#### **Safeguarding Your Protected Health Information**

Priority Partners Managed Care Organization (PPMCO) is committed to protecting your health information. In order to provide treatment or to pay for your health care, PPMCO will ask for certain health information and that health information will be put into your record. The record usually contains your symptoms, examination and test results, diagnoses and treatment. That information, referred to as your health or medical record and legally regulated as health information, may be used for a variety of purposes. PPMCO is required to follow the privacy practices described in this Notice, although PPMCO reserves the right to change our privacy practices and the terms of this Notice at any time effective for health information we already have about you as well as any information we receive in the future. You may request a copy of the new notice from PPMCO Customer Service at **800-654-9728**.

Information collected on race, ethnicity, language, gender identity, and sexual orientation is considered confidential and protected health information. We treat this data with the same level of privacy as all other medical records. We will use this information to enhance our services and better understand the needs of our members. This data is only shared with our health care provider partners in an effort to improve your health. This data will not be used to determine your eligibility for benefits or the cost of your health care.

**Securing electronic data:** The Plan secures and limits access to hardcopy and electronic files. Electronic data is password protected. Internal controls are in place to ensure that only those workforce members with a “need to know” have access to information required to perform their specific job functions. All workforce members are required to only utilize and/or access the “minimum necessary” information to perform their assigned tasks.

## How PPMCO May Use and Disclose Your Protected Health Information

The PPMCO workforce will only use your health information when doing their jobs. For uses beyond what PPMCO normally does, PPMCO must have your written authorization unless the law permits or requires it. The following are some examples of our possible uses and disclosures of your health information.

### Uses and Disclosures Relating to Treatment, Payment or Health Care Operations

**For treatment:** PPMCO may use or share your health information to approve or deny treatment and to determine if your medical treatment is appropriate. For example, PPMCO health care providers may need to review your treatment plan with your health care provider for medical necessity or for coordination of care.

**To obtain payment:** PPMCO may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate in our services. For example, your health care provider may send claims for payment of medical services provided to you.

**For health care operations:** PPMCO may use and share your health information for PPMCO operations. For example, PPMCO may use or share your information for case management and care coordination, to evaluate the quality of services provided or to our state or federal auditors and regulators.

Health Information Exchanges: PPMCO may share information that we obtain or create about you with other health care entities, such as your health care providers, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. For example, information about your participation in a care management program may be shared with your treating providing for care coordination purposes if they participate in the HIE as well. Exchange of health information can provide you with faster access and better coordination of care and assist entities in making more informed decisions.

The Chesapeake Regional Information System for Our Patients, Inc. (CRISP), is a regional HIE in which PPMCO participates. PPMCO may receive information about you through CRISP for treatment, payment, health care operations or research purposes. You may opt out of CRISP and disable access to your health information available through CRISP by contacting CRISP at **877-952-7477** or completing and submitting an Opt-Out form to CRISP by mail, by fax or through their website at [crisphealth.org](http://crisphealth.org). Even if you opt-out of CRISP, public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers through CRISP, as permitted by law.

PPMCO also participates in other HIEs, including an HIE that allows us to share and receive your information through our electronic record system. You may choose to opt-out of these other HIEs by calling **800-557-6916**.

## **Other Uses and Disclosures of Health Information Required or Allowed by Law**

**Information purposes:** Unless you provide us with alternative instructions, PPMCO may send appointment reminders and other materials about the program to your home.

**Required by law:** PPMCO may disclose health information when a law requires us to do so.

**Public health activities:** PPMCO may disclose health information when PPMCO is required to collect or report information about disease or injury, or to report vital statistics to other divisions in the department and other public health authorities.

**Health oversight activities:** PPMCO may disclose your health information to the Maryland Department of Health and Mental Hygiene and other agencies for oversight activities. Examples of these oversight activities are audits, inspections, investigations, accreditations and licensure.

**Coroners, medical examiners, funeral directors and organ donations:** PPMCO may disclose health information relating to a death to coroners, medical examiners or funeral directors, and to authorized organizations relating to organ, eye or tissue procurement, donations or transplants.

**Research purposes:** In certain circumstances, and under supervision of an Institutional Review Board or other designated privacy board, PPMCO may disclose health information to assist medical research.

**Avert threat to health or safety:** In order to avoid a serious threat to health or safety, PPMCO may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**Abuse and neglect:** PPMCO will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or some other crime. PPMCO may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**Specific government functions:** PPMCO may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

**Families, friends or others involved in your care:** Unless you say no, PPMCO may share your health information with people as it is directly related to their involvement in your care. PPMCO may share your health information if related to payment of your care. Unless you say no, PPMCO may also share health information with people to notify them about your location, general condition or death.

**Worker's compensation:** PPMCO may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.

**Lawsuits, disputes and claims:** If you are involved in a lawsuit, a dispute or a claim, PPMCO may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf or other lawful process.

**Law enforcement:** PPMCO may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.

**Government programs providing public benefits:** PPMCO may disclose your health information relating to eligibility for or enrollment in PPMCO to another agency administering a government program providing public benefits, as long as sharing the health information or maintaining the health information in a single or combined data system is required or otherwise authorized by law.

**Genetic information:** PPMCO will not use or share any genetic information about you for underwriting purposes or deciding if you are eligible to participate in PPMCO.

**Additional uses or disclosures:** Other uses and disclosures of your health information not covered by this Notice will be made only with your written permission. This includes most uses and disclosures for marketing purposes. Additionally, with some exceptions, PPMCO will not receive anything of value in exchange for your health information without your written permission. If you give us permission to use or share your health information, you may withdraw that permission, in writing, at any time. However, we cannot take back any disclosures we may have already made before you withdrew your permission.

## **You Have a Right to:**

**Be notified in the event of a breach:** You have the right to be notified if your health information has been "breached," which means that your health information has been used or disclosed in a way that is not consistent with the law and results in it being compromised.

**Request restrictions:** You have a right to request a restriction or limitation on the health information PPMCO uses or discloses about you. PPMCO will accommodate your request, if possible, but is not legally required to agree to the requested restriction. If PPMCO agrees to a restriction, the agreement must be in writing, and PPMCO will follow it except in emergency situations or if otherwise permitted or required by law.

**Request confidential communications:** You have the right to ask that PPMCO send you information at an alternative address or by alternative means. PPMCO must agree to your request as long as it is reasonably easy for us to do so.

**Inspect and copy:** You have a right to see your health information upon your written request. If you want copies of your health information, you may be charged a fee for copying, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

**Request amendment:** You may request in writing that PPMCO correct or add to your health record. PPMCO may deny the request if PPMCO determines that the health information is: (1) correct and complete; (2) not part of our records; or (3) not permitted to be disclosed. If you request an amendment to records that we did not create, we will consider your request only if the creator of the records is unavailable. If PPMCO approves the request for amendment, PPMCO will amend the health information and inform you, and, with your assistance, will tell others that need to know about the amendment in the health information.

**Accounting of disclosures:** You have a right to request a list of the disclosures made of your health information in the six years prior to your request. This list will not include every disclosure made, including those disclosures of your health information for treatment, payment and operations. There will be no charge for up to one such list each year.

**Notice:** You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

## **For More Information**

This document is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act. If you have questions and would like more information, you may contact PPMCO Customer Service at **800-654-9728**.

## **Exercise of Rights, Questions or Complaints**

If you would like to obtain an appropriate request form to (1) inspect and/or receive a copy of your health information, (2) request an amendment to your health information, (3) request an accounting of disclosures of your health information or (4) request a disclosure of your health information, or for other questions, please contact:

Priority Partners MCO  
c/o Johns Hopkins Health Plans  
Compliance Department  
7231 Parkway Drive, Suite 100  
Hanover, MD 21076  
Email: [compliance@jhhp.org](mailto:compliance@jhhp.org)  
Phone: **410-424-4996**

If you believe your privacy rights have not been followed as directed by applicable law or as explained in this Notice, you may file a complaint with us using the contact information below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. **PPMCO will take no retaliatory action against you if you make such complaints.**

Johns Hopkins Privacy Office  
733 N. Broadway  
MRB Suite 102B  
Baltimore, MD 21205  
Phone: **410-614-9900**  
Fax: **443-529-1548**  
Email: **hipaa@jhmi.edu**

### **Non-Discrimination Notice**

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **800-654-9728** (TTY: **800-201-7165**).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電800-654-9728 (TTY: 800-201-7165)

Effective Date: This notice is effective on November 15, 2016.

## **File a Complaint, Grievance or Appeal**

If you are unhappy with a decision about your care, or if you have an issue with a service or provider, you have the right to take action.

Priority Partners has a process for filing a complaint, grievance, or an **appeal** to address your concern.

**Complaint:** File a complaint if you have a concern about the quality of your care, the behavior of a provider, or a service-related issue.

**Grievance:** File a grievance if you are unhappy with how Priority Partners handled your complaint.

**Appeal:** File an appeal if Priority Partners has denied, reduced, or ended a service you think you need. This is known as an adverse benefits determination. You or your **authorized representative** can file an appeal on your behalf. You must file an appeal within 60 days from the date on your denial notice.

## Keeping Your Medicaid Coverage During the Appeal Process

You may keep your Medicaid coverage until the appeal or fair hearing decision is issued. You must appeal within **10 calendar days** of the date on your notice, the postmark or the effective date of action whichever is later. For example, your notice has a date of June 20, a postmark of June 24 and your services have an effective end date of June 30, you must appeal within 10 days of June 30 to stay covered. However, you may have to pay back the cost for any service you got while your appeal or fair hearing is pending if Priority Partners or the administrative law judge upholds the denial.

## How to File a Complaint, Grievance or Appeal

Be sure to act quickly, as there are specific timelines for filing. If you need help with filing, call Customer Service at 800-654-9728.

### Priority Partners Enrollee Services and Hotline Information

Priority Partners Customer Service is available to our members from 8 a.m. to 5 p.m., Monday through Friday. Call 410-424-4500 or 800-654-9728 (after hours there is an answering machine). We also have a TTY line for our hearing-impaired members. That number is 410-424-4643 or 888-232-0488.

### Priority Partners Internal Grievance Procedures

We are very glad that you chose Priority Partners, so if you are ever unhappy with our services, we want to know right away. What you tell us is very important because it helps to make our services better for all our members. If you have a complaint you can contact us at: 800-654-9728. We also have a TTY line for our hearing-impaired members. That number is 410-424-4643 or 888-232-0488.

### Appeals

If your complaint is about a service you or your provider feels you need but we will not cover, you can ask us to review your request again. This is called an appeal.

If you want to file an appeal you have to file it within 90 days from the date that you receive the letter saying that we would not cover the service you wanted.

You can call to file your appeal or you may send your appeal in writing. We have a simple form you can use to file your appeal. Just call 800-654-9728 to get one. We will mail or fax the appeal form to you and provide assistance if you need help completing it.

Once you complete the form, you should mail it to:

Priority Partners  
Attention: Appeals Department  
7231 Parkway Drive, Suite 100  
Hanover, MD 21076

Your doctor can also file an appeal for you if you sign a form giving him or her permission. Other people can also help you file an appeal, like a family member or a lawyer.

When you file an appeal, be sure to let us know any new information that you have that will help us make our decision. We will send you a letter letting you know that we received your appeal within 5 business days. While your appeal is being reviewed, you can still send or deliver any additional information that you think will help us make our decision.

When reviewing your appeal, we will:

- Use doctors who know about the type of illness you have.
- Not use the same people who denied your request for a service.
- Make a decision about your appeal within 30 days.

The appeal process may take up to 44 days if you ask for more time to submit information or we need to get additional information from other sources. We will send you a letter if we need additional information.

If your doctor or Priority Partners feels that your appeal should be reviewed quickly due to the seriousness of your condition, you will receive a decision about your appeal within three business days.

If we do not feel that your appeal needs to be reviewed quickly, we will try to call you and send you a letter letting you know that your appeal will be reviewed within 30 days.

If your appeal is about a service that was already authorized and you were already receiving, you may be able to keep getting the service while we review your appeal. Contact us at: 800-654-9728 if you would like to keep getting services while your appeal is reviewed. If you do not win your appeal, you may have to pay for the services that you received while the appeal was being reviewed.

Once we complete our review, we will send you a letter letting you know our decision. If we decide that you should not receive the denied service, that letter will tell you how to file another appeal or ask for a State Fair Hearing.

## Grievances

If your complaint is about something other than not receiving a service, this is called a grievance. Examples of grievances would be, not being able to find a doctor, trouble getting an appointment, or not being treated fairly by someone who works at Priority Partners or at your doctor's office.

If your grievance is:

- About an urgent medical problem that you are having, it will be solved within 24 hours.
- About a medical problem but it is not urgent, it will be solved within 5 days.
- Not about a medical problem, it will be solved within 30 days.

If you receive a bill for medical services that you believe should be covered by Priority Partners, call Customer Service at: 800-654-9728.

If you would like a copy of our official complaint procedure or if you need help filing a complaint, please call Customer Service at: 800-654-9728.

## More Help with a Complaint, Grievance or Appeal

### Get Help from the HealthChoice Helpline

If you have a question or complaint about your healthcare that Priority Partners has not solved to your satisfaction, you can ask Maryland Medicaid for help. They can help by:

- Working with Priority Partners to resolve your problem.
- Sending your complaint to a Complaint Resolution Unit nurse to help solve the issue.
- Answering questions about the appeal process and when you can ask for a state fair hearing.

Call the HealthChoice Helpline at 800-284-4510.

### Ask Maryland Medicaid to Review Priority Partners' Appeal Decision

If you filed an appeal and Priority Partners upheld our decision, that is not find in your favor, you may ask Maryland Medicaid to review our decision.

Call the HealthChoice Helpline at 800-284-4510 to ask for a review. If they uphold Priority Partners' decision, you can ask for a state fair hearing.

### Ask for a State Fair Hearing

A fair hearing is also known as an appeal. You must first go through Priority Partners' appeal process before asking for a state fair hearing.

You have **90 days** from the date on your Priority Partners appeal decision notice.

However, if you have Medicaid coverage and want to keep it while your appeal is pending, you must appeal within **10 calendar days** of the date on your notice, the postmark or the effective date of action whichever is later. For example, your notice has a date of June 20, a postmark of June 24 and your services have an effective end date of June 30, you must appeal within 10 days of June 30 to stay covered.

An administrative law judge will hear your case. The judge will either find in your favor, that is overturn Priority Partners' decision or uphold our decision, which is not find in your favor.

Call the HealthChoice Helpline at 800-284-4510 for more information.

You can also visit the [Office of Administrative Hearings](#) website for more information about a state fair hearing.

## Non-Discrimination

**Priority Partners** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). **Priority Partners** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

### Priority Partners:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - » Qualified sign language interpreters
  - » Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - » Qualified interpreters
  - » Information written in other languages
- If you need these services, contact **Johns Hopkins Health Plans Corporate Compliance Department**

If you believe that **Priority Partners** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Johns Hopkins Health Plans Corporate Compliance Department  
7231 Parkway Dr., Suite 100  
Hanover, MD 21076  
844-422-6957  
410-762-1527  
compliance@jhhp.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Johns Hopkins Health Plans Corporate Compliance Department** is available to help you.

You can also file a complaint with the Maryland Department of Health, Office of Equal Opportunity Programs, Equal Access Compliance Unit (EACU) by:

Mail: Maryland Department of Health, Office of Equal Opportunity Programs,  
Equal Access Compliance Unit (EACU)  
201 West Preston Street, Room 422  
Baltimore, Maryland 21201  
Phone: 410-767-6600, TTY users call 711  
Fax: 410-333-5337  
Email: mdh.oeop@maryland.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the **Office for Civil Rights Complaint Portal**, available at <https://bit.ly/3OEZVAy>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

# Limited English Proficiency (LEP)

## Language Accessibility Statement

We have translated this statement into each language below: If you speak English, language assistance services, free of charge, are available to you. Call: 877-463-3464 (TTY: 7-1-1).

### Español/Spanish

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al: 877-463-3464 (TTY: 7-1-1).

### አማርኛ/Amharic

የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 877-463-3464 (መስማት ለተሳናቸው፡ TTY: 7-1-1)።

### Arabic/العربية

رقم 877-463-3464 برقم اتصل. بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا: ملحوظة (TTY: 7-1-1): والبكم الصم هاتف.

### Bàsɔɔ ʔwùdù-po-nyɔ(Bassa)

Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̄ [Bàsɔɔ ʔwùdù-po-nyɔ] jũ ní, nìí, à wuɖu kà kò dò po-poɔbɛin̄ m̄ gbo kpáa. Đá 877-463-3464 (TTY: 7-1-1)

### 中文/Chinese

如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 877-463-3464 (TTY: 7-1-1)

### Farsi/فارسی

توجه: اگر به زبان فارسی گفتگو می کنی د، تسهی لات زبان ی بصورت رای گان برای شما  
داری بگی تماس 877-463-3464 (TTY: 7-1-1) با. باشد ی م فراهم

### Français/French

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le: 877-463-3464 (ATS: 7-1-1).

### kreyòl ayisyen/Haitian Creole

Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 877-463-3464 (TTY: 7-1-1).

### Igbo

O buru na asu Ibo asusu, enyemaka diri gi site na call 877-463-3464 (TTY: 7-1-1)

## 한국어/Korean

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 877-463-3464 (TTY: 7-1-1) 번으로 전화해 주십시오.

## Português/Portuguese

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 877-463-3464 (TTY: 7-1-1)

## Русский/Russian

Помощь доступна на вашем языке: 877-463-3464 (TTY: 7-1-1). Эти услуги предоставляются бесплатно.

## Tagalog

Makakakuha kayo ng tulong sa iyong wika: 877-463-3464 (TTY: 7-1-1). Ang mga serbisyong ito ay libre.

## Urdu/اردو

877-463-3464 (TTY: 7-1-1) سے ابھی دست ن می مفت خدمات کی مدد کی زبان کو آپ تو، ن ی ہ بولتے اردو آپ اگر: خبردار

## Tiếng Việt/Vietnamese

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 877-463-3464 (TTY: 7-1-1).

## Yorùbá/Yoruba

Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 877-463-3464 (TTY: 7-1-1)

# Fraud, Waste and Abuse

We are committed to finding and stopping fraud, waste, and abuse. You can help by reporting a potential issue right away. Know what to look for so you can spot a problem.

**Fraud** happens when someone lies or cheats Medicaid on purpose to get a benefit or service they should not have.

**Waste** is when people use Medicaid resources in the wrong way or too much.

**Abuse** is when someone causes extra costs for Medicaid.

## Member Examples

- Lying about your income or property to qualify for Medicaid
- Living in another state but still using Maryland Medicaid
- Letting someone else use your member ID or using someone else's ID to get health services
- Selling or changing a prescription medicine

## Provider Examples

- Giving services that the patient did not need
- Charging for services that they did not provide
- Charging for the same service more than once
- Changing medical records to hide fraud

Knowing if something is fraud, waste or abuse depends on the situation, intent, and knowledge. It can be hard to tell the difference between fraud and a mistake. If you are not sure, make a report so the proper agency can investigate it. Not all complaints result in an investigation. Keep in mind that the more information you provide the better.

Reporting will not change how we treat you. You can decide whether you want to give your name or not. Making a report is easy.

Contact Johns Hopkins Health Plans Program and Payment Integrity  
Attention: Special Investigations Unit  
7231 Parkway Drive, Suite 100  
Hanover, MD 21076  
Phone: 410-424-4971  
Fax: 410-424-2772  
Email: FWA@jhhp.org

## Contact the Maryland Department of Health, Office of the Inspector General

- Submit a [MDH OIG Report Fraud online form](#).
- Call 866-770-7175

## Contact the U.S. Department of Health and Human Services, Office of the Inspector General

- Submit a [OIG hotline complaint online form](#)
- Call 800-447-8477

# Glossary of Terms

Health insurance can be complicated. Our glossary can help simplify it. Find the definitions you need to help better understand your health care.

**Appeal:** To ask your health plan to review and change a decision to deny a benefit. This process allows you to challenge a decision and have it reviewed to ensure it is fair and correct.

**Authorized Representative:** Someone who you choose to speak and act on your behalf to make health care-related decisions. An authorized representative can be a family member, a friend, a provider, or a lawyer.

**Complaint:** To tell your health plan when you are unhappy or have a concern. A complaint may lead to a grievance or an appeal.

**Co-pay or Co-payment:** A small set amount you pay out of your pocket for a covered benefit. Usually paid at the time of the visit.

**Disposable Medical Supplies (DMS):** Medically needed items that are for one time use then thrown away.

**Durable Medical Equipment (DME):** Medically needed items ordered by a provider. Items that can withstand daily or long-term use.

**Emergency Medical Condition:** Also known as medical emergency. A sudden illness, injury, symptom, or condition is so serious that a reasonable person would seek care right away to avoid severe harm.

**Emergency Medical Transportation:** Ambulance service for an emergency medical condition.

**Emergency Room Care:** Emergency services you get in an emergency room.

**Emergency Services:** Any health care service to evaluate or treat an emergency medical condition to keep the condition from getting worse.

**Excluded Services:** Health care services that your health insurance or plan does not pay for or cover.

**Formulary:** Also known as preferred drug list or prescription drug list. A list of the prescription drugs that your health plan covers.

**Grievance:** A formal complaint to your health plan when you are unhappy with how they handled an initial complaint.

**Habilitation Services and Devices:** Health care services that help you keep, learn or improve daily living skills and functions.

**Health Insurance:** A contract or policy between the insurer and you to cover some or all the cost of your health care. Some people buy health insurance directly from a health insurance company. Others buy or get it through an employer as part of a benefits package. Public health insurance is insurance through the government. It is free or at a low cost for eligible people.

**Home Health Care:** Health care services and supplies you get in your home under your doctor's orders.

**Hospice Services:** Services that provide comfort and support for people in the last stages of terminal illness and their families.

**Hospital Outpatient Care:** Medical care or treatment in a hospital but with no overnight stay.

**Hospitalization:** Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

**In-network:** Also known as a participating provider. Doctors, hospitals, and other health care providers who work with your health care plan to give you the care you need. See your health plan's provider directory to find their in-network providers.

**Inpatient:** Medical care or treatment in a hospital for one or more nights.

**Medically Necessary:** The most cost-efficient health care services or supplies needed to diagnose or treat an illness, injury, condition, disease. Must meet accepted standards of medical practice.

**Network:** The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

**Non-Participating Provider:** Also known as out-of-area, or out-of-plan.

**Out-of-network:** Also known as out-of-area, out-of-plan, or non-participating provider. Doctors, hospitals, and other health care providers who are not part of your health care plan.

**Participating Provider:** Also known as in-network. A health care provider who has a contract with an insurance company to provide your care.

**Physician Services:** Health care services a licensed medical physician provides or coordinates.

**Plan:** A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

**Preauthorization:** Also known as prior approval or prior authorization. Approval that Medicaid or your health plan requires before you receive certain services or medications to ensure they are medically necessary. Emergency care does not require preauthorization.

**Preferred Drug List:** Also known as prescription drug list or formulary. A list of the prescription drugs that your health plan covers.

**Premium:** The amount you pay for your health insurance every month to keep your coverage. HealthChoice does not charge any premiums.

**Prescription Drug Coverage:** A health plan benefit that helps pay for covered prescription drugs and medications.

**Prescription Drugs:** A type of medication that by law you can only get with a doctor's order.

**Primary Care Physician:** A Medical Doctor (M.D.) or a Doctor of Osteopathic Medicine (D.O.) who is your main health care provider who you see for routine care. They help you stay healthy and get better when you are sick. A PCP helps you find and get other health care services.

**Primary Care Provider:** A Primary Care Provider (PCP) is your main health care provider who you see for routine care. They help you stay healthy and get better when you are sick. A PCP helps you find and get other health care services. A PCP can be a doctor, a nurse practitioner, clinical nurse specialist, or a physician assistant.

**Provider:** A doctor, other health care professional, hospital, or other health care facility licensed, certified, or accredited as required by Maryland law who takes care of your health.

**Rehabilitation Services and Devices:** Health care services that help you keep, get back, or improve skills and functioning for daily living that you lost or were impaired because you were sick, hurt, or disabled.

**Skilled Nursing Care:** Services from a licensed nurse in your own home or in a nursing home.

**Specialist:** A health care provider who treats a specific type of illness or a specific area of the body. A specialist has training in a specific area of medicine. Some specialists only treat a certain group of patients.

**Urgent Care:** Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care.

Priority Partners is your Maryland Medicaid HealthChoice managed care plan.





**Priority Partners**

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