



Member Handbook

And

Evidence of Coverage

For Medicaid Eligible Members

A South Carolina Managed Care Organization
(MCO)

Carolina Crescent Health Plan, Inc.

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 it carefully. If you have any questions about this Notice, please contact the Carolina Crescent Health Plan, Inc. Office of Privacy and Compliance at P.O. Box 12157, Columbia, SC 29211. You may also learn more about privacy laws and the Health Insurance Portability and Accountability Act (HIPAA) at the web sites, www.hipaa.state.sc.us or www.hhs.gov/ocr/hipaa/privacy.html.

It is the policy of **Carolina Crescent Health Plan, Inc. (Carolina Crescent)** to provide you with a privacy notice that explains how your healthcare information is being used or disclosed. Carolina Crescent is required to maintain the privacy of your information and provide a notice of duties and privacy practices.

This Notice of Privacy Practices describes how Carolina Crescent may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by state or federal law. It also describes your rights to access and control your protected health information. "Protected health information" is information related to your past, present or future physical or mental health or condition and related health care services, including demographics that may identify you.

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

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

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

- **For Treatment:** We may use medical information about you to provide you with medical treatment or services and to work with your doctors to plan for quality care. For example, in a case of diabetes, we would work with your provider to get and give you dietary education and/or home health nursing as needed. Different departments of Carolina Crescent also may share medical information about you in order to coordinate the different things you need, such as authorization review. We also may disclose medical information about you to people outside Carolina Crescent who may be involved with your medical care.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at a treatment facility may be billed and payment made. For example, we may use your medical information from a surgery you received at the hospital so that the hospital can be paid. We may also use your information to approve or decline your eligibility for treatment you may receive.
- **For Health Care Operations:** We may use and disclose medical information about you for medical operations. These uses and disclosures are necessary to make sure all patients receive quality care. For example, we may use medical information to review your treatment and services and to evaluate the performance of the staff caring for you. We may also combine medical information about many patients to decide what additional services should be covered, what services are not needed, and whether certain new treatments are effective.

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

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

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Business associates: We may use or disclose your protected health information to the business associates that provide services to our organization. Examples include legal services, financial auditing, and administrators of health plan subcontracts (prescriptions, vision, dental). When these services are contracted, we may disclose your protected health information to our business associate so that they can perform the job we've asked them to do and file your claims for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. We may disclose protected health information to a coroner or medical examiner for identification purposes, cause of death determinations or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to funeral directors, as authorized by law, in order to carry out funeral-related duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

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

Emergencies: We may use or disclose your protected health information in an emergency treatment situation.

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

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

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

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

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Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

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

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

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

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

Worker's Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

2. MEMBERSHIPS

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

3. YOUR RIGHTS

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

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

To inspect and copy your medical information, you must submit your request in writing to the Carolina Crescent Office of Privacy and Compliance at the address on the front of this Notice.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed. For more information, call the

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Carolina Crescent Office of Privacy and Compliance at (866) 748-8661 extension 5173.

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

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

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list, you must submit your request in writing to the Carolina Crescent Office of Privacy and Compliance at the address on the front of this Notice. Your request must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, or electronically).

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

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

To request restrictions, you must make your request in writing to the Carolina Crescent Office of Privacy and Compliance at the address on the front of this Notice. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

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

To request confidential communications, you must make your request in writing to the Carolina Crescent Office of Privacy and Compliance at the address on the front of this Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, call the Carolina Crescent Office of Privacy and Compliance at (866) 748-8661 extension 5173. This notice is posted on our website and can be downloaded at: <http://www.carolinachp.com>

4. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with **Carolina Crescent** or with the **Secretary of the U.S. Department of Health and Human Services**. You will not be penalized for filing a complaint.

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All complaints must be submitted in writing. To file a complaint with **Carolina Crescent**, send an e-mail to <https://www.compliance-helpline.com/welcomepagevcuhs.jsp> or mail the complaint to:

Carolina Crescent Health Plan, Inc.
Office of Privacy and Compliance
P.O. Box 12157
Columbia, SC 29211

To file a complaint with the Secretary, send an e-mail to www.ocrcomplaint@hhs.gov or U.S. mail to:

The U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372
Philadelphia, PA 19106-3499

5. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.

6. CHANGES TO THIS NOTICE

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

This notice becomes effective on September 1, 2007

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Welcome To Your Health Plan!

Everyone at Carolina Crescent Health Plan, Inc. welcomes you to your health plan. We know that your decision to join Carolina Crescent is an important one for you and your family members.

We are pleased to offer you:

- *An excellent network of doctors, hospitals, and other health care providers.*
- *A wide range of services for your medical needs.*

*As a Carolina Crescent member, it is important that you understand how your health plan works. This **Member Handbook** (and any changes that we send to you in the future) will have all the information you need about your benefits. Please read through it to learn about your benefits.*

If you have a question, you can call our Member Services Department at 866-748-8661 Monday through Friday from 8:00 a.m. to 5:00 p.m. We look forward to serving you and your family.

Sincerely,

Carolina Crescent Health Plan, Inc.

Our Mission Statement

Carolina Crescent Health Plan is committed to ensuring our members receive the highest quality medical services from our physicians, hospitals, and other health care providers. Through operational excellence our dedicated team will promote member-focused services, continually foster strong provider relationships and shift more of our financial resources to health care services. Our goal is to improve the health status of our membership.

We are committed to:

- Serving people with low-incomes;
- Meeting the needs of our members;
- Giving our members power through education and improved health; and,
- Effectively combining the way we run our health plan and the health care services we offer.

How to Contact Us

Please contact us whenever you have questions, concerns or comments about your Carolina Crescent Health Plan, Inc. (Carolina Crescent) membership. Once again, welcome and thank you for giving us the opportunity to serve you. **Si necesita ayuda en Español llame al número de abajo.**

Office

Carolina Crescent Health Plan, Inc.
P. O. Box 12157
Columbia, S. C. 29211
866-748-8661

Counties We Serve

Fairfield
Lexington
Richland

Frequently Used Phone Numbers

Member Services 866-748-8661
24-Hour Nurse Line 800-504-3402

Si necesita ayuda en Español llame al:

24-HOUR NURSE LINE
800-504-3402

MEMBER SERVICES
866-748-8661

We want to provide you with the best service. Please contact us whenever you have questions or concerns about the information in this *Member Handbook* or anything about your Carolina Crescent membership

Top 6 Things to Remember

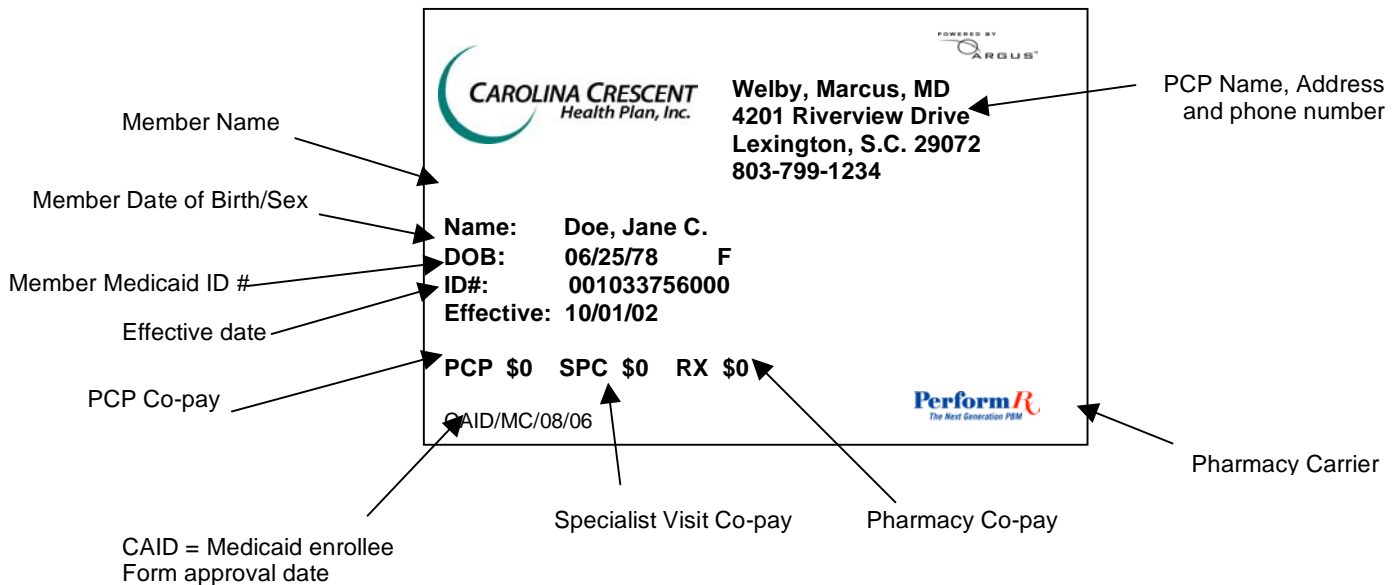
- 1. Take your Carolina Crescent Member ID card and your Medicaid ID card with you at all times. Show both cards when you go to the doctor or hospital.**
- 2. Call Member Service at 866-748-8661 when:**
 - You have a question
 - You want to change your PCP
 - You need a ride to your doctor's appointment
- 3. Call your Primary Care Doctor (PCP) to:**
 - Schedule a doctor's appointment
 - Cancel a doctor's appointment
 - Get a referral to see a specialist doctor
- 4. Call the Nurse Line at 800-504-3402 for medical advice, if you cannot reach your doctor because:**
 - Your doctor's office is closed
 - It is Saturday, Sunday, or a holiday
- 5. Call 911 or go to the emergency room if it is an emergency.**
- 6. Call Carolina Crescent Member Services to get a ride to your medical appointment at least 4 days before your appointment.**

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Your Carolina Crescent Member ID Card

When you join Carolina Crescent, you will get a membership package that contains your membership card(s). Each Carolina Crescent member will get his or her own card. Always carry your Carolina Crescent member ID card and your Medicaid ID card with you at all times. Be sure to carry your child's cards too.

Front of Member Identification Card



Back of Member ID Card

The back of the Member ID Card contains helpful reminders and tells you how to reach us.

Members:

- 1 If medical assistance is needed when your doctor's office is closed, please call: **Nurse Line Number 800-504-3402**
- 2 Do not let anyone else use this card. Call to report a lost or stolen card. **If you lose your eligibility for health benefits, this card is no longer valid.**
- 3 If you have questions or need a ride to your doctor's appointment, call the Member Services Department Monday - Friday, 8:00a.m. - 5:00p.m. at 866-748-8661.

Providers: For Authorizations, please contact our UM Department at 866-748-8661
If you have questions about pharmacy/prescriptions, please call PerformRx at 888-354-0796. The electronic transaction routing information is:

RxBin 000600428 PCN# 0499

MCO Claims Address:
Carolina Crescent Health Plan Inc. P.O. Box 11277, Columbia, S.C. 29211

- You will need the membership card when:

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- a) You are making an appointment with your Carolina Crescent PCP.
 - b) Scheduling a ride to the doctor.
 - c) When you get medicine from the pharmacy.
 - d) When you go to the hospital.
 - e) When your PCP refers you to see a specialist doctor.
- **Do not throw your card away unless you lose benefit coverage.**
 - Please check your Member ID card(s) to make sure the names are spelled right.
 - **Do not let anyone else use your card or your child's member ID card.**
 - Do not separate the card. There are important phone numbers on the second half of the card.
 - You will need the membership card when you are making an appointment with your Carolina Crescent PCP or for scheduling transportation. Have your member ID card handy when making appointments or scheduling transportation.
 - You will need the membership card when you get medicine from the pharmacy.

What do I do if my membership card is lost or stolen?

If your Carolina Crescent membership card is lost or stolen, call Member Services toll free at **(866) 748-8661**, Monday through Friday 8:00AM - 5:00PM. They will be happy to help you get another card.

What happens if I have to go to the hospital?

Your Carolina Crescent doctor will arrange for you to go to the hospital when:

1. You have a medical or surgical problem that requires admission to a Carolina Crescent network hospital.
2. You need to get outpatient care in a Carolina Crescent network hospital.

As a rule, the arrangements will be made at a Carolina Crescent network hospital only.

Except for emergencies, Carolina Crescent will need to approve services that you plan to get at a hospital outside of the Carolina Crescent network before you get the services.

Approval is needed ahead of time for:

- All urgent or non-emergency hospital care or hospital admissions
- All outpatient procedures

Your Carolina Crescent PCP will call Carolina Crescent for approval for outpatient procedures that you need.

How do I make an appointment with my PCP?

- Call your PCP to make an appointment visit, as soon as you get your Carolina Crescent membership packet.
- Tell the person you are making an appointment for a well visit.
- Have **paper and pencil ready** to write down the information that they tell you.
- You must see your PCP at least once before you can get an appointment to a see specialist.

How do I get a ride to my doctor?

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Carolina Crescent will provide transportation for our members with Carolina Crescent vans in some areas of the state. You must call our Member Services department to arrange transportation on our vans. We will also help you arrange any trip to your doctor or other medical appointment. Call Carolina Crescent Member Services at **866-748-8661** between 8:00AM - 5:00PM Monday through Friday at least 4 days before your appointment time and we will help you with your ride.

Example: If your appointment is at 11:30AM on Thursday, call Carolina Crescent's Member Services no later than 11:30AM on Monday.

Example: If your appointment is on Monday, May 12th at 10AM call Carolina Crescent's Member Services no later than Tuesday, May 6th at 10AM. (Weekends do not count for scheduling transportation)

How do I change my doctor's appointment?

- It's important that you go to your appointments so your Carolina Crescent PCP can give quality health care to you and your family.
- If you cannot go to your appointment, call your Carolina Crescent PCP at least twenty-four (24) hours before your appointment time to change your appointment.
- If you cannot go to your appointment and you had scheduled a ride to your appointment, please call Member Services at **866-748-8661** to cancel your ride. They can also help you get another ride for your new appointment.

Member Services Department

Please call our Member Services Department at **866-748-8661** whenever you need help. They are available Monday through Friday, 8:00 a.m. through 5:00 p.m.

What do Member Services Representatives do?

- Answer your questions about Carolina Crescent Health Plan, Inc.
- Help you choose or change a PCP
- Explain your benefits to you
- Help you find a Carolina Crescent drug store in your community
- Help you get a ride to the doctor's office
- Help you talk to a Carolina Crescent nurse.

Member Orientation

Carolina Crescent members receive ongoing member orientation in the following ways:

- Phone calls to the member's house
- Members can call Carolina Crescent Member Services to request an orientation session

We will call you at home to tell you about our health plan or you can call us to ask for information that is important for you to know about our health plan.

What if I don't speak English?

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Carolina Crescent will provide translation help for free. Call Member Services at **866-748-8661**. One of our representatives will translate for you or we will use our Language Line translation service to translate for you.

How Can I Use TTY/TDD? (Text Telephone/Telecommunications Device for the Deaf)

This service is provided to members who require assistance through the South Carolina Relay Center (VRC). Call 800-735-8583 for text services or 800-735-2905 for voice services. You can get help with both services by dialing 711 from any telephone in South Carolina.

Benefits Summary

The following is a list of services covered by Carolina Crescent. These services must be given by a Carolina Crescent doctor and/or approved by your Carolina Crescent doctor. There are some services like emergency services that DO NOT require approval or use of a Carolina Crescent doctor.

Note: Carolina Crescent provides most services that were previously covered by the Department of Health and Human Services with your Medicaid card.

Service	Coverage Information
Case Management Services	<ul style="list-style-type: none">▪ Carolina Crescent has Registered Nurses that work with you and your PCP to make sure you get the health care services that you need.▪ Medicaid also pays for case management services for certain children and adults.▪ Contact Carolina Crescent's Member Services Department for more information.
Communicable Disease Services	<ul style="list-style-type: none">▪ Carolina Crescent pays for services to control or prevent diseases such as TB, syphilis, HIV/AIDS, and other STDs.▪ Services include exams, tests, health education, and treatment.
Developmental Evaluation Services: Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program	<ul style="list-style-type: none">▪ Carolina Crescent pays for screenings, examinations, shots, laboratory services, and related services for children up to the age of 21.*
Disease Management	<ul style="list-style-type: none">▪ Carolina Crescent provides programs to help you with managing asthma, diabetes, and the prenatal period.▪ Services include: case management; 24-hour Nurse Help Line; special monitoring equipment; referrals to community resources and education.
Durable Medical Equipment (DME)	<ul style="list-style-type: none">▪ Carolina Crescent pays for medically necessary equipment and supplies when ordered by a Carolina Crescent doctor.▪ Some examples of DME are: wheelchairs; walkers; canes; crutches;

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	<p>ventilators; oxygen equipment and supplies; hearing aide services; prosthetic and orthotic devices, etc.</p> <ul style="list-style-type: none"> ▪ Your doctor works with a Carolina Crescent Case Manager to get these services for you.
Early Intervention Services	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for medically necessary Medicaid covered services for children from birth to age 3.
Emergency Services	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for emergency services that have been given by Carolina Crescent and non-Carolina Crescent providers. ▪ You do not need a prior authorization.
Family Planning Services	<ul style="list-style-type: none"> ▪ Carolina Crescent will pay for birth control; preventive exams and treatments; and, HIV and STD (sexually transmitted disease) testing, counseling, and treatment. ▪ Carolina Crescent will pay for hysterectomies, sterilizations, and abortions that meet certain requirements and are performed by a Carolina Crescent doctor. ▪ Carolina Crescent does not pay for infertility treatments.
Health Education Programs	<ul style="list-style-type: none"> ▪ Carolina Crescent provides classes and one-on-one counseling sessions on a variety of health topics. They include: <ul style="list-style-type: none"> • Asthma • Diabetes: Care and Prevention • Family Planning • High blood pressure (Hypertension) Care and Prevention • Nutrition and Weight Loss • Prenatal Care Classes • Stop Smoking • Well Child Care • Women's Wellness
Hearing	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for newborn infants to get a hearing screening before discharge from hospital after birth. ▪ Additional hearing screenings can be scheduled during EPSDT visits.
Home Health Services	<ul style="list-style-type: none"> ▪ Carolina Crescent will pay for up to 75 visits to your home by a Carolina Crescent home health agency nurse or nurse aide per year. ▪ Services include: skilled nursing; home health aide, physical, occupational, and speech therapy; and, supplies ordered by a Carolina Crescent doctor. ▪ Carolina Crescent does not pay for housekeeping and personal comfort items or care.
Inpatient Hospital Services	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for inpatient hospital services that are given under the direction of a Carolina Crescent doctor. ▪ Examples of covered services include surgical, medical, general nursing, radiological (X-ray), and rehabilitative services. * ▪ Carolina Crescent does not pay for: cosmetic surgery (unless it is medically necessary); televisions, telephone, beauty shop, and barber shop services; and, surgeries that are not required but are desired by a member (unless Carolina Crescent approves a request from a Carolina Crescent doctor).
Laboratory and X-Ray Services	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for lab and x-ray services that have been ordered by a doctor, including those provided by a facility that is not part of a hospital, clinic, or doctor's office.

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Maternity Services	<ul style="list-style-type: none"> ▪ Carolina Crescent pays prenatal, delivery, nursery, and after-delivery services. ▪
Mental Health, Alcohol, and Drug Abuse Treatment Services	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for some mental health, alcohol and other drug abuse assessment services that are submitted by private psychiatrists and medical doctors. Call Member Services with any questions. ▪ Medicaid will pay for certain assessments and treatment services.
Nursing Home/Long Term Care	<ul style="list-style-type: none"> ▪ Carolina Crescent will pay for the first 30 days in a long-term care or nursing home facility. ▪ After 30 days, Medicaid will pay for the services.
Organ Transplants	<ul style="list-style-type: none"> ▪ Medicaid pays for organ transplants. ▪ Carolina Crescent pays for corneal transplants and certain transplant-related services.
Outpatient Hospital Services	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for medically necessary outpatient services, including rehabilitative, surgical, and emergency services.
Outpatient Rehabilitation Services (Physical, Occupational, Audiology and Speech Language Pathology)	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for medically necessary therapeutic and rehabilitative services that are given in a Carolina Crescent-participating outpatient setting. ▪ Carolina Crescent pays for comprehensive testing services for eligible children under the age of 21. ▪ Early intervention services for infants and toddlers with disabilities and developmental delays are also covered. ▪ Carolina Crescent does not cover those services that are provided by a school-based clinic. ▪ Medicaid also pays for certain non-hospital based services for children under the age of 21 years.
Physician Services	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for unlimited doctor visits per year for all members.
Podiatry Services (Foot Care)	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for routine foot care and surgical procedures that are medically necessary.
Prenatal Services: Healthy Heartbeats Prenatal Program	<ul style="list-style-type: none"> ▪ Carolina Crescent has a special program for our Members that are expecting. The program takes you month-by-month through your pregnancy and helps you with your baby through age two (2). ▪ Your Carolina Crescent OB/GYN and Carolina Crescent's care team will follow your needs throughout your pregnancy. They will work with you to come up with a plan to meet your needs. ▪ We will help you to stay healthy by: <ul style="list-style-type: none"> • Scheduling Health Education Classes (prenatal classes) • Calling You to Discuss Your Health Care • Calling Your OB/GYN to Help You Stay Healthy • Helping You to Sign Up for the Women, Infants and Children (WIC) Program to receive free formula and food vouchers • Developing plan to meet service needs and direct you to resources that can help.
Prescription Drugs	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for unlimited prescriptions and refills for children up to the age of 21 years and for up to 4 prescriptions per month for adults when it is filled by a pharmacist in our network. ▪ Exceptions can be made for some prescriptions by contacting Carolina Crescent. ▪ You may receive no more than a 34-day supply at a time. ▪ Carolina Crescent does not have co-payments for prescription drugs.

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	<ul style="list-style-type: none"> ▪ Carolina Crescent will need to approve certain drugs and supplies before you can get them.
Preventive Care	<ul style="list-style-type: none"> ▪ Carolina Crescent Members receive the following preventive care services: <ul style="list-style-type: none"> ▪ Annual Preventive Care Exams ▪ Well-Child Care ▪ Proper Immunizations (shots) Based On Age and Health History ▪ Review of Nutritional Status ▪ Family Planning (<i>does not include infertility treatments</i>) ▪ Colorectal Cancer screening ▪ Prostate screening ▪ Annual women's wellness exams, pap smears and mammograms
Renal Dialysis	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for renal dialysis and end stage renal disease treatment and services. ▪ Dialysis can be received in a Carolina Crescent outpatient clinic or through a participating home dialysis service.
Second Opinions	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for second opinions when the member asks, in order to confirm an illness or treatment plan
Temporary Detention Services	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for all court-ordered medically necessary services. ▪ These services do not require pre-approval by Carolina Crescent.
Transportation	<ul style="list-style-type: none"> ▪ Call 911 for emergency transportation. ▪ Carolina Crescent pays for ambulance transportation. ▪ As an added benefit, Carolina Crescent will provide non-emergency transportation for our members in some areas of the state, other non-emergency transportation is covered by Medicaid. Contact Carolina Crescent's Member Services Department at least 4 days before your appointment if you need a ride to get your health care services.
Vision Services	<ul style="list-style-type: none"> ▪ Carolina Crescent will help you arrange vision services; contact Carolina Crescent's Member Services Department for more information. As an added benefit for members over the age of 21, Carolina Crescent will cover one (1) routine eye exam every twenty-four (24) months and one complete pair of glasses, lenses and frames every twenty-four (24) months.
Women's Health Care Services	<ul style="list-style-type: none"> ▪ Carolina Crescent pays for annual exams, OB/GYN visits, pap smears, and mammograms.*

**Some limitations or exclusions may apply.*

Benefit Limitations and Exclusions

- Carolina Crescent does not cover Christian Science Nurses and Christian Science services.
- Carolina Crescent does not cover experimental and investigational procedures.
- Carolina Crescent does not cover private duty nursing.

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- Carolina Crescent does not cover regular assisted living services provided to residents of adult care residences.

Is routine healthcare covered when I am out of town?

Carolina Crescent **does not pay** for routine health care services outside of our service areas, unless Carolina Crescent approves it before service is given. This applies to all Carolina Crescent members, even children who are spending time with a relative or family member outside of the area.

Call your PCP if you get sick while out of town.

Your Primary Care Provider (PCP)

- 1) Each Carolina Crescent member is allowed to pick a PCP (who is responsible for coordinating all of your health care needs) from a list of Carolina Crescent's doctors. You received this list (Provider Directory) in your enrollment/membership packet.
- 2) Carolina Crescent does not give, and is not allowed to give rewards to any of its providers for denying, limiting or stopping medical services for our members.
- 3) Each Carolina Crescent member in your family may choose a different PCP.
- 4) Make your first appointment with your PCP as soon as your Carolina Crescent membership begins. Your Carolina Crescent PCP needs to know you and your health care needs.
- 5) If you have children under the age of twenty-one (21), it is important that you make an appointment to receive a well-child exam, as soon as you get their membership card. **All children need to have their immunizations!**

How do I choose or change my Primary Care Physician (PCP)?

You can change your PCP if you are not satisfied with the one that you have. Additional PCP choices are in your Carolina Crescent Provider Directory. Call Member Services Department at the phone number listed below for help. Carolina Crescent will select a PCP for you, if you do not choose one when you enroll.

Specialists as PCP's

Carolina Crescent members with disabling conditions or chronic illnesses may ask for their Carolina Crescent specialist to become their PCP. Call Member Services Department at the phone number listed below for help with this process.

What if my PCP leaves and/or is removed from Carolina Crescent Health Plan's network?

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The PCP will keep giving you care for up to 90 days from the date of notice, (unless the provider is removed for cause). You will be able to see your provider when:

- a) You or your child is actively receiving treatment prior to the notice of removal
- b) You ask to keep getting health care services from your doctor, if you or your child is in the second trimester of pregnancy
- c) You or your child is terminally ill. You may keep getting treatment for the terminal illness for the remainder of your child's life.

What happens if my request for a medical service is not approved by Carolina Crescent?

Your request for medical services may be denied by Carolina Crescent for lack of medical necessity. If you would like to have your request reviewed again, you must:

- Contact Carolina Crescent's Medical Management Department within 30 days of the denial to request an appeal.

Mail letter to:

Carolina Crescent Health Plan, Inc.
Attn: Grievances and Appeals
P. O. Box 11377
Columbia, SC 29211

- Carolina Crescent will review your request and refer it to a medical advisor who did not make the first decision.
- You will be notified in writing within 30 days of the results.
- Requests for a State Fair Hearing may be submitted to DHHS after completing the Carolina Crescent appeals process. Letters requesting State Fair should be sent to:

Division of Appeals
Department of Health and Human Services
P.O. Box 8206
Columbia, South Carolina 29202

Access To Health Care Standards

Carolina Crescent is committed to meeting certain standards in providing services to our members. Below is a list of standards you should expect when you need services from Carolina Crescent and our providers.

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Service	Carolina Crescent Standard
Routine doctor visit	Schedule within 30-45 days of request
Average wait time in doctor office	No more than 45 minutes following appointment time
Urgent care visit	Provided within 48 hours of request
Emergency care visit	Immediately
Access to after hours care	Members who call Carolina Crescent after normal working hours and on holidays and weekends will be answered by Carolina Crescent's 24-hour Nurse Line. The Nurse Line is staffed by registered nurses who will advise the member on medical issues and access to services.
TELEPHONE RESPONSIVENESS	
<u>Service</u>	<u>Standard</u>
Answering telephone	Within four rings
Hold time	60 seconds or less

What Happens During An EPSDT Exam?

Your child's doctor will do the following:

- ✓ Get a complete history of your child's health, nutrition, and developmental/ behavioral health assessments.
- ✓ Give a head-to-toe physical exam
- ✓ Give any health education
- ✓ Check growth and development
- ✓ Get lab tests (for example, children will be tested for lead poisoning at 12 months and 24 months)
- ✓ Give shots/immunizations, as needed
- ✓ Give age-appropriate counseling, as needed
- ✓ Take measurements (e.g. blood pressure and other vital signs)
- ✓ Do an eye check-up
- ✓ Do an ear check-up
- ✓ Do a dental check-up and refer to a dentist by the age of three

When Should I Schedule My Child's Check-Ups?

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AGE	CHECK-UP SCHEDULE
Under 1 year old (Infants)	At newborn, under six weeks, and at ages 2, 4, 6, and 9 months
1-2 years old (Toddlers)	At 12, 15, and 18 months
2-4 years old (Early Childhood)	At ages 2, 3, and 4 years Schedule dental visits every 6 months after your child's third birthday.
5-10 years old (Late Childhood)	At ages 5, 6, 8, and 10 years
12-20 years old (Teens)	Yearly

When Should My Child Get Shots?

AGE	SHOT
Birth-2 months	Hep B (hepatitis B)
1-4 months	Hep B
2 months	DTaP (diphtheria, tetanus, and pertussis), IPV (polio), Hib (<i>Haemophilus influenzae</i> type b), PCV (pneumococcal)
4 months	DTaP, IPV, Hib, PCV
6 months	DTaP, Hib
6-18 months	Hep B, OPV (polio)
12-15 months	Hib, MMR (measles, mumps and rubella), PCV
12-18 months	Var (chickenpox)
15-18 months	DTaP
Before starting school (4-6 years)	MMR, DTaP, OPV
11-12 years	MMR (if your child has not had the MMR shots) Var (if your child has not had the chickenpox shot and has never had chickenpox) Hep B (if your child has not had the hepatitis B shots)
11-16 years	Td (tetanus, diphtheria)

- Be sure each of your child's shots is recorded on a shot record.
- Take your child's shot record with you to every check-up.

Questions to ask your doctor

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The single most important way you can stay healthy is to be an active member of your own health care team. Carolina Crescent wants you to stay healthy.

When Talking to your Doctor:

Give information. Don't wait to be asked!

- You know important things about your symptoms and your health history. Tell your doctor what you think he or she needs to know.
- It is important to tell your doctor personal information – even if it makes you feel uncomfortable.
- Bring a “health history” list with you, and keep it up to date. You might want to make a list for each member of your family.
- Always bring any medicines you are taking, or a list of those medicines (include when and how often you take them) and what strength. Talk about any allergies or reactions you have had to your medicines.
- Tell your doctor about any herbal products you use or alternative medicines or treatments you receive.
- Bring other medical information, such as x-ray films, test results, and medical records.

Get information

- Ask questions. If you don't, your doctor may think you understand everything he/she said.
- Write down your questions before your visit. List the most important ones first to make sure they get asked and answered.
- You might want to bring someone along to help you ask questions. This person can also help you understand and/or remember the answers.
- Ask your doctor to draw pictures if that might help to explain something.
- Take notes.
- Some doctors do not mind if you bring a tape recorder to help you remember things. But always ask first.
- Let your doctor know if you need more time for questions. If there is not time that day, perhaps you can speak to a nurse or physician assistant on staff. Or, ask if you can call later to speak with someone.
- Ask if your doctor has washed his or her hands before starting to examine you. Research shows that hand washing can prevent infections. If you're uncomfortable asking your doctor this question directly, you might ask, “I've noticed that some doctors and nurses wash their hands or wear gloves before touching people. Why is that?”

Take information home

- Ask for written directions.
- Your doctor also may have brochures, tapes and videos that can help you. If not, ask how you can get more information.

Once you leave the doctor's office, follow up

- If you have questions, call.
- If your symptoms get worse, or if you have problems with your medicine, call your doctor.
- If you had tests and do not hear from your doctor, call for your test results.
- If your doctor said you need to have certain tests, make appointments at the lab or other offices to get them done.
- If your doctor said you should see a specialist, make an appointment.

Before having an Operation, ask your Physician these Questions:

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- 1) What operation are you recommending?
- 2) Why do I need the operation?
- 3) Are there other options besides an operation?
- 4) How will this operation help me?
- 5) What are the risks of having the operation?
- 6) What will happen if I don't have this operation?
- 7) Where can I get a second opinion?
- 8) What has been your experience in doing the operation? How many have you performed without complications?
- 9) Where will the operation be done?
- 10) What kind of anesthesia will I need for the operation?
- 11) How long will it take me to recover from the operation?

When getting medical tests:

- 1) How is the test done?
- 2) What kind of information will the test provide?
- 3) Is this test the only way to find out that information?
- 4) What are the benefits and risks of having this test?
- 5) How accurate is the test?
- 6) What do I need to do to prepare for the test? (What you do or don't do may affect the accuracy of the test results)
- 7) Will the test be uncomfortable?
- 8) How long will it take to get the results, and how will I get them?
- 9) What's the next step after the test?

What can you do?

Check to see that the lab is accredited by a group such as the College of American Pathologists (telephone: 800-323-4040) or the Joint Commission on Accreditation of Healthcare Organizations (telephone: 630-792-5800; Web site: <http://www.jcaho.org>)

If you need a mammogram, make sure the facility is approved by the Food and Drug Administration. You can find out by checking the certificate in the facility. Or, call 1-800-4-CANCER, 9:00am – 4:30 pm to find out the names and locations of certified facilities near you.

What about the test results?

Do not assume that no news is good news. If you do not hear from your doctor, call to get your test results. Ask what the results mean. If you or your doctor think the test results may not be right, have the test done again.

When you are prescribed a new medicine, ask your Doctor or Pharmacist the following questions:

- What is the name of the medicine? What is it supposed to do?
- Is it okay to substitute a less-costly generic medicine for the name brand? Will it give the same results?
- What is the dose or amount of the medicine I will be taking? Are there food, drinks, other medicines, or activities I should avoid while taking this medicine?
- What are the possible side effects of the medicine? What should I do if they occur?
- How many refills can I get?

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- What should I do if I miss a dose?
- What should I do if I accidentally take more than the recommended amount?
- Is there any written information I can take home with me?

Tips to Remember About Prescriptions:

- When you pick up your medicine at the drug store, check to make sure it is the medicine your doctor prescribed.
- When your doctor prescribes a medication for you for the first time, make sure to tell him/her the following:
 - The names of all medicines you are currently taking, including both over-the counter and prescription medication. It is important for your doctor to know this information in order to prescribe the medicine that will be the most helpful.
 - Any concerns you have about using your medication.
 - If you are allergic to any medication or have had bad side effects from a medication that you took before.

During your treatment, you should schedule a follow-up visit to your physician in order to monitor your progress. Make sure to tell him/her:

- 1) About any problems you are having with your prescription.
- 2) About any side effects or problems you have had since starting to take the prescription.
- 3) About any new prescriptions that another doctor may have given you and any over-the-counter medicines that you started taking since your last doctor's visit.
- 4) How you are feeling since starting the medication.

What is an Emergency Service?

"Emergency Services" mean those services that are given by a doctor after the sudden onset of a medical condition or severe pain, that the average person feels would:

- Place the person's health or the health of an unborn baby in serious risk
- Result in serious harm to bodily functions
- Result in serious harm to body organs if they didn't get immediate medical attention.

Examples of a Medical Emergency:

- Black Outs
- Choking
- Poisoning
- Severe Burns
- Chest pains
- Severe Bleeding
- Broken Bones
- Loss of Body Parts
- Suicide Attempts
- Throwing Up Blood
- Fainting
- Seizures

What If I have an emergency?

- Call 911 or go to the emergency room.
- If you are not sure if you have a life-threatening emergency, call your PCP.

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- If you cannot reach your PCP or their offices are closed, call our Nurse-Line at 800-504-2402. Call your PCP the next business day after you visit the emergency room.
- Emergency services may be provided by any doctor, whether in or out of the Carolina Crescent network.

What if I have an emergency while out of town?

- Carolina Crescent Health Plan pays for emergency and urgent medical care while you are out of town. (Please read page 4 for Carolina Crescent service area locations in the state of South Carolina.)
- Get emergency services from the nearest emergency services provider.

What is An Urgent Care Condition?

A medical (physical, mental or dental) condition or severe pain that the average person feels would:

- Place person's health in serious risk
- Result in serious harm to bodily functions
- Result in serious harm to body organs if they didn't get medical attention within 24 hours.

Examples of urgent care cases:

- Back pain
- Pink eye
- Diaper rashes
- Non-severe bleeding
- Some drug interactions
- Fever in Babies (Newborns) that is less than 103 degrees
- Minor Burns
- Sprains

What do I do if I need urgent care during my PCP's regular office hours?

If you need urgent care during your Carolina Crescent PCP's regular office hours (8:00AM – 5:00PM), call your PCP's office. If you cannot reach your Carolina Crescent PCP or their office is closed, please call Carolina Crescent's Nurse Line at 800-504-2402.

When you call the Carolina Crescent Nurse Line

Be sure to:

- Tell them the name of the Carolina Crescent member
- Give them the age of the Carolina Crescent member and the Carolina Crescent member number
- Explain the medical problem

Depending on how serious the problem is, you may be told to:

- Wait until your Carolina Crescent doctor/PCP calls you back to give you directions for care.

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- Go straight to one of Carolina Crescent's contracted hospitals or Carolina Crescent's contracted urgent care locations. (See Provider Directory in your enrollment/membership packet)
- Go straight to the closest hospital emergency room.

How do I get urgent care services outside of Carolina Crescent's service area?

Carolina Crescent provides urgent medical care outside of our service area. Contact the Carolina Crescent Nurse-Line first if you need urgent care services when you're outside of the service area. (Please see the list of Carolina Crescent service area locations on page 4 of this member handbook.)

Post Stabilization Care

Carolina Crescent will pay for post-stabilization services after an emergency when a treating physician thinks they are medically necessary after an emergency condition has been stabilized. Carolina Crescent will pay for these services without requiring authorization, and regardless of whether the member gets the services inside or outside the Carolina Crescent network.

Make sure your newborn has Health Care Benefits

- Newborns born to a Carolina Crescent member need to receive a Medicaid ID card from DHHS to keep their coverage.
- Your baby will be covered by Carolina Crescent for three months (birth month plus 2 more months) while waiting for the Medicaid ID card.
- You must fill out paperwork to keep your baby with Carolina Crescent. Call Members Services Department for help.
- Babies who are born to mothers who are eligible for Medicaid can receive health benefits for 1 year after they are born depending on the type of Medicaid the mother gets. You may need to complete an application with DHHS. Call your DHHS eligibility worker or Member Services for help.

Enrolling in Carolina Crescent

1. No person can become a member of Carolina Crescent unless they apply for and receive Medicaid from DHHS first.
2. The Department of Health and Human Services figures out when your health benefits will start and stop.
3. You will stay with Carolina Crescent until you are disenrolled or you disenroll yourself. See information on disenrollment in this Member Handbook.
4. You must stay in touch with your eligibility worker at DHHS in order to keep your Medicaid benefits. If you lose your Medicaid benefits, you will lose your Carolina Crescent coverage.

Enrollment of Newborns

1. If you are a Carolina Crescent member, your baby becomes a Carolina Crescent Health Plan member when he or she is born.

Your baby will be covered under Carolina Crescent for the birth month plus two more months.

2. You must choose a PCP for your baby from our Provider Directory before your baby is born or shortly afterwards.
3. Call your DHHS eligibility worker to get a Medicaid number for your new baby immediately.
4. When you get your baby's Medicaid ID number, call Carolina Crescent's Member Services Department.

Disenrolling from Carolina Crescent

Carolina Crescent members may disenroll from Carolina Crescent at any time during their first three (3) months and *after that, for good cause as determined by the Department of Health and Human Services*. If you want to leave Carolina Crescent, please call South Carolina Healthy Connections at (877) 552-4642.

Disenrollment due to member's change in status

You may lose your eligibility for a number of reasons. If you have a status change(s) it can cause you to lose your Carolina Crescent benefits. DHHS will make the final decision. All rights to benefits will stop on the date that your disenrollment takes effect.

You may be disenrolled from Carolina Crescent for the following reasons:

- You lose of eligibility for Medicaid benefits.
- You move out of the state or Carolina Crescent's service area.
- DHHS disenrolls you as a member.
- If you commit fraud with your Medicaid card or Carolina Crescent card.
- If you have Medicare coverage.
- If you go to jail.
- If you choose hospice or enter a nursing home for more than 30 days.
- If you don't follow Carolina Crescent rules.

Disenrollment due to change in program

Enrollment in other medical programs or facilities, and certain health care needs may cause you to be disenrolled from Carolina Crescent. **Some examples of these types of programs or facilities are:**

- Hospice Programs
- Foster Care
- Nursing Homes for Long Term Care
- DHHS Waiver Programs
- DJJ Community facility
- Other Comprehensive Insurance

When they occur, report Important Changes to our Member Services Department and to DHHS so you will not be disenrolled.

Examples of types of life changes that can affect your health benefits:

- Change in Employment
- Change in Address
- New Family Member
- Death of a Family Member
- Medicaid Eligibility change
- Moving Out of the Service Area (See Carolina Crescent's Service Area listing on page 4 of this Member Handbook)

Changing your Managed Care Organization

If you would like to change Managed Care Organizations, call SC Healthy Connections Choices at 877-552-4642.

Program and site changes

Carolina Crescent will let you know when there are any program or service site changes at least 30 days before the change happens.

Insolvency

Carolina Crescent is responsible for all medical claims for services performed up to the date of termination, if Carolina Crescent becomes financially insolvent.

- Carolina Crescent may terminate its contract with The Department of Health and Human Services by giving a 90- day written notice.

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- Carolina Crescent will tell all members of the contract termination, within the required time frame after notification has been given to the Department of Health and Human Services.
-
- Members will not be responsible for Carolina Crescent's bills if Carolina Crescent becomes insolvent.
- The Department of Health and Human Services shall be responsible for reassigning members to new health plans.
- Carolina Crescent will tell all members of when the contract termination takes effect and gives them DHHS number for help with questions.

Claims Filing and Payment For Service

Claims Filing

Bills for covered services should be filed by your medical provider and sent to:

Carolina Crescent Health Plan, Inc.
Attn: Claims
P.O. Box 11277
Columbia, South Carolina 29211

When Carolina Crescent will pay for services

Carolina Crescent will pay for covered services given by a Carolina Crescent doctor or Carolina Crescent health care facility. Our contracted doctors will ask for your Carolina Crescent ID card when you are treated. You must get care from a Carolina Crescent PCP and/or a Carolina Crescent specialty doctor. You can choose a PCP from the Carolina Crescent Health Plan Provider Directory and then call the Member Services Department at the number listed below.

Carolina Crescent will only pay for health care received from a non-Carolina Crescent doctor when:

- You are referred by a Carolina Crescent doctor and services are approved by Carolina Crescent
- Treatment is medically necessary and approved by Carolina Crescent
- It is Emergency care and treatment
- It is Family Planning services

What do I do if I receive a bill?

Medicaid patients cannot be billed for covered services.

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If you get a bill or a call from a provider's office or collection agency about medical services that you have received, and you think the bill should have been paid by Carolina Crescent, please call the Member Services Department at 866-748-8661 toll free.

If you agree to pay for a service that is not covered by Carolina Crescent by signing for it before you get the service, you can be billed for the service. Contact our Member Services Department before you sign such an agreement.

Co-payments

Carolina Crescent Members do not pay co-payments.

Coordination of Benefits

If you or your child has health insurance besides Medicaid, you need to tell Carolina Crescent and DHHS.

For example, if you or your child is covered under health insurance of someone else such as a grandparent or natural parent who does not have custody, you should tell Carolina Crescent and DHHS. Contact our Member Services Department and give them the policy number and name of the policyholder.

If a service is paid by Carolina Crescent and your other health insurance coverage, both will share the cost. This is called coordination of benefits. No more than 100% of the bill will be paid. Carolina Crescent will pay for the covered services after the other health plans pay their portion.

If Carolina Crescent pays a total amount that is more than payment needed, we will have the right to get back the overpayment/amount. We will have the right to get the overpayment amount back from:

- Persons who received the payment.
- Any other health plan.

You need to tell Carolina Crescent if you have another health plan.

Required Statements

Unless a Carolina Crescent Member commits fraud, what you tell us are just representations and are not warranties. What you tell us will not cause you to lose your benefits or cause Carolina Crescent to deny claims from your doctor. This does not apply if what you say was material or critical to a risk and was in any written application filled out by the Member.

You may ask if Carolina Crescent has special financial arrangements with our doctors that can affect the use of referrals and other services that you might need. To get this information, please call Carolina Crescent's Member Service Department.

The Carolina Crescent Practice Guidelines are used to make medically necessary decisions. Members can access a copy of these guidelines by contacting the Member Services Department.

Your Rights As A Member

It is the policy of Carolina Crescent Health to treat all members with respect. We are dedicated to keeping members educated and informed of their rights and responsibilities while maintaining a high level of confidentiality and considering your dignity and privacy.

As a member of Carolina Crescent Health Plan, Inc. you have the right to:

1. All covered services described in this *Member Handbook*.
2. Be treated with quality care, respect, dignity, and with the right to privacy.
3. Have healthcare services twenty-four (24) hours a day, three hundred sixty-five (365) days a year, including urgent, emergency and post stabilization services.
4. To receive health care services that are accessible, are comparable in amount, duration and scope to those provided under Medicaid FFS and are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished.
5. Choose your personal Carolina Crescent doctor/Primary Care Physician (PCP) and to change your personal Carolina Crescent doctor and choose another one from Carolina Crescent's Provider Directory.
6. Make your own doctor appointments to be seen in their private office at your convenience.
7. Not be treated against your will.
8. Ask your doctor questions.
9. Call Member Services to file a complaint/grievance about Carolina Crescent or file an appeal if you are not happy with the answer to your inquiry (question), complaint/grievance, or care given.
10. Have your and/or your child's medical records kept private unless you sign a permission form.
11. Make decisions about your health care along with your doctor.
12. Have your and/or your child's doctor tell you about any treatment choices you may have - no matter what the cost or benefit coverage - as well as receive a second opinion from Carolina Crescent's doctors.
13. Not be restrained or separated as a way to discipline or retaliate against you—or out of convenience.
14. Exercise your rights freely without being treated badly by Carolina Crescent and its providers.
15. Receive information about Carolina Crescent, its services, structure, operation, providers and members' rights and responsibilities.
16. Make suggestions regarding Carolina Crescent's member rights and responsibilities.
17. Get information about Carolina Crescent Providers.
18. Get information on how to use your benefits.
19. Get information on advanced directives.
20. Get information that relates to your enrollment into Carolina Crescent.
21. Ask for and get a copy of your medical records and ask for changes if necessary.
22. To receive all information—enrollment notices, informational materials, instructional materials, available treatment options and alternatives, etc.—in a manner and format that may be easily understood.
23. To receive assistance from both SCDHHS and Carolina Crescent in understanding the requirements and benefits of the MCO plan.
24. To receive oral interpretation services free of charge for all non-English languages, not just those identified as prevalent.
25. To be notified that oral interpretation is available and how to access those services.

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26. As a potential member, to receive information about the basic features of managed care; which populations may or may not enroll in the program and the Contractor's responsibilities for coordination of care in a timely manner in order to make an informed choice.
27. To receive a complete description of disenrollment rights at least annually.
28. To receive notice of any significant changes in the Benefits Package at least 30 days before the intended effective date of the change.
29. To receive information on the Grievance, Appeal and Fair Hearing procedures.
30. To receive detailed information on emergency and after-hours coverage, to include, but not limited to:
 - What constitutes an emergency medical condition, emergency services, and post-stabilization services.
 - That Emergency Services do not require prior authorization.
 - The process and procedures for obtaining Emergency services.
 - The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post-stabilization services covered under the contract.
 - Member's right to use any hospital or other setting for emergency care.
 - Post-stabilization care services rules as detailed in 42 CFR §422.113(c).
31. To receive Carolina Crescent's policy on referrals for specialty care and other benefits not provided by the member's PCP.
32. To have his/her privacy protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E, to the extent that they are applicable.
33. To exercise these rights without adversely affecting the way Carolina Crescent, its providers or SCDHHS treat the members.

Your Responsibilities As A Member

As a Member of Carolina Crescent Health Plan, Inc. you have the responsibility to:

1. Learn about Carolina Crescent and our procedures.
2. Get preventative health care.
3. Choose your and/or your child's Carolina Crescent PCP from the list of our doctors.
4. Get your and/or your child's healthcare through our list of PCP's and hospitals and other health care providers.
5. Keep doctor's appointments or call to cancel them at least twenty-four (24) hours ahead of time.
6. Carry your and/or your child's Carolina Crescent and Medicaid ID member card with you at all times and show your card when you get health care services.
7. Tell the doctor that you and/or your child are/is a member of Carolina Crescent at the time that you speak with the doctor's office.
8. Give honest information about your and/or your child's health.
9. Learn the difference between emergency and urgent care.
 - KNOW:**
 - a. **What an emergency is**
 - b. **How to keep one from happening, and**
 - c. **What to do if one happens.**

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10. Follow plans and instructions for care given by your and/or your child's doctor or let your doctor know why you cannot follow the treatment.
11. Understand your health problems and discuss and/or agree upon treatment plans with your and/or your child's physician.
12. Call Carolina Crescent to get information and ask questions.
13. Let Carolina Crescent know how we can work better for you.
14. Tell Carolina Crescent if you lose your Member ID card or if it is stolen.
15. Share your complete and true medical information with your Carolina Crescent doctor.

Grievances and Appeals Procedures

Your health and well-being is important to Carolina Crescent, its doctors, and hospitals. Our Member Services Department is available to assist you with any questions or concerns. If you have a problem that has not been addressed, let us know. **Carolina Crescent** will do our best to solve the problem in a way that satisfies you.

Your questions, inquiries and complaints/grievances are important to us. A Member Services Representative will help you with your concerns about:

- Problems getting a doctor's appointment
- How you are treated as a Carolina Crescent Member
- Your medical care or treatment by your doctor
- Payment of medical bills
- Suspected Medicaid Fraud and Abuse
- Our decision not to approve care

Inquiries

You can call or write Carolina Crescent Health Plan, Inc. with questions or comments you may have about:

- Your new address and phone number if you move
- How you and your family members can get health care coverage with Carolina Crescent
- Eligibility, benefits, and Carolina Crescent guidelines
- Health care services available to you and your family as a Carolina Crescent member
- Carolina Crescent procedures for getting your health care services
- New member package or other information mailed to you

These are examples of an inquiry or question. If you want to make an inquiry call Carolina Crescent's Member Services Department at the number below.

Oral inquiries will receive an oral response on the same day as the inquiry. Carolina Crescent will respond to written inquiries within five (5) days of receipt of the written inquiry. If you want to write Carolina Crescent Health Plan, Inc., please send information to:

Carolina Crescent Health Plan, Inc.
Attention: Member Services

Carolina Crescent Health Plan, Inc.

P.O. Box 12157
Columbia, South Carolina 29211

Grievances and Appeals Process

Grievances

If you do not agree with the decision made by Carolina Crescent call our Member Services Department. The number is (866) 748-8661 toll free; TTY (800) 735-8583, TDD (800) 735-2905 or write us at the address listed above.

Grievances are when you call or send a letter to Carolina Crescent to tell us you are not happy with a certain part of your:

- Benefits
- Quality of care
- Access to health care services
- Failure to respect your rights
- Payment and reimbursement issues
- Administrative issues
- Services provided

Carolina Crescent will respond to your grievance within thirty (30) days of the date of the initial receipt or sooner if the condition warrants a quicker response.

Appeals

Carolina Crescent has two types of Appeals: Expedited Appeals and the Standard Appeal.

A member, provider or facility rendering services may initiate the appeals process by telephone, fax or written notification within 30 calendar days after the receipt of a notice of non-certification. Telephone notifications to initiate the standard appeals process must be followed by written confirmation from the member or provider.

1. Expedited Appeal

- a) When an enrollee or their provider requests an expedited appeal, Carolina Crescent will make such appeal proceedings available with notification of a decision within three (3) calendar days of the initiation of the appeal process. This request can be made in writing or called to Carolina Crescent. The UM/CM nurse reviewer and physician involved in the original denial shall not review the information in the case of an appeal.
- b) Expedited review may be requested when Carolina Crescent, the member or the member's provider determines that the standard appeals timeframe could seriously jeopardize the member's life or health, or ability to attain, maintain, or regain maximum function.
- c) Decisions for expedited appeals will not exceed three (3) calendar days from the initial receipt of the appeal. If the appeal exceeds the stated

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timeframe, the appeal is approved.

- d) Carolina Crescent may extend the three (3) calendar days by up to an additional fourteen (14) calendar days if the member requests the extension or if Carolina Crescent provides evidence satisfactory to DHHS that a delay in rendering the decision is in the enrollee's interest. The review will be completed for final determination as expeditiously as the member's health condition allows and shall not exceed the date on which the extension expires. The member will be notified of the approved extension in writing. Carolina Crescent's Senior Medical Director will make all requests for extensions of appeals for clinical reasons to DHHS.
- e) Carolina Crescent will notify the provider or member, as the case may be, with a prompt verbal notice of any decisions that are not resolved completely in favor of the member, and shall follow with a written notice of action that contains further appeal rights within two (2) working days of the verbal notification.
- f) In instances where the enrollee's request for an expedited appeal is denied, the appeal will be transferred to the timeframe for standard resolution of appeals. Carolina Crescent will make reasonable efforts to give the member prompt oral notice of the denial, and follow up within two (2) calendar days with a written notice. The written notice will contain information on the grievance process should member wish to file a grievance regarding CCHP's decision not to expedite the appeals process.

2. Standard Appeal

- a) When an enrollee or their provider request an appeal, Carolina Crescent will make such appeal decisions in writing within 30 calendar days of the initiation of the appeal process. If the appeal exceeds the stated timeframe, the appeal is approved. The UM/CM nurse reviewer and physician involved in the original denial shall not review the information in the case of an appeal.

Written appeals should be mailed to:

Carolina Crescent Health Plan
Attn: Grievances and Appeals
PO Box 11337
Columbia, SC 29211

- b) The written notice of the appeals decision will include the results of the resolution process and the date it was completed. For appeals not resolved wholly in favor of the members the written notice of the appeals decision will include notice of the right to request a State Fair Hearing, and how to do so; the right to request to receive benefits while the hearing is pending, and how to make the request; and that the member may be held liable for the cost of those benefits if the hearing decision upholds Carolina Crescent's action.

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- c) Carolina Crescent may extend the thirty (30) days up to an additional fourteen (14) calendar days if the member requests the extension or if Carolina Crescent provides evidence satisfactory to DHHS that a delay in rendering the decision is in the member's interest. The member will be notified of the approved extension in writing. Carolina Crescent's Senior Medical Director will make all requests for extensions of appeals for clinical reasons to DHHS.
- d) For standard service authorization decisions that extend the review timeframe in excess of the standard fourteen (14) days, Carolina Crescent will mail the written notice no later than the 14th day to the enrollee.
- e) Carolina Crescent will provide the member with written notice of the reason for delay on any appeal decision not rendered within thirty (30) days.
- f) An appeal decision that is pending because additional information is needed will be issued within forty-five (45) days from the initial date of receipt of the appeal. Carolina Crescent's original decision will be upheld on appeals pended because of the need for if such information is not received within the forty-five (45) days.

3. Requirements for State Fair Hearings

- a) If the member has exhausted Carolina Crescent appeal procedures, the member may request a State Fair Hearing within thirty (30) days from the date of the Carolina Crescent's notice of resolution.
- b) The member must contact the SC Department of Health and Human Services Division of Appeals and Hearings at 1-803-898-2600 to request the necessary appeal form for a State Fair Hearing.
- c) The member has the right to a personal representative to assist and represent you during grievance and appeal processes.
- d) Written request and forms for State Fair Hearing should be mailed to:

Division of Appeals and Hearings
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

- e) The parties to the State Fair Hearing include Carolina Crescent as well as the member and his or her representative or the representative of a deceased member's estate.

4. Continuation of Benefits

Carolina Crescent must continue the member's benefits if:

- a) The member or the provider files the appeal timely;

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- b) The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;
- c) The services were ordered by an authorized provider;
- d) The original period covered by the original authorization has not expired; and
- e) The member requests extension of benefits.

5. Duration of Continued or Reinstated Benefits

If, at the member's request, Carolina Crescent continues or reinstates the member's benefits while the appeal is pending, the benefits must be continued until one of following occurs:

- a) The member withdraws the appeal.
- b) Ten (10) days pass after Carolina Crescent mails the notice, providing the resolution of the appeal against the member, unless the member, within the 10-day timeframe, has requested a State fair hearing with continuation of benefits until a State Fair Hearing decision is reached.
- c) A State Fair Hearing Officer issues a hearing decision adverse to the member.
- d) The time period or service limits of a previously authorized service has been met.
- e) Member responsibility for services furnished while the appeal is pending.
- f) If the final resolution of the appeal is adverse to the member, that is, upholds Carolina Crescent 's action, Carolina Crescent may recover the cost of the services furnished to the member while the appeal is pending, to the extent that they were furnished solely because of the requirements of this section, and in accordance with the policy set forth in 42 C.F.R. Section 431.230(b).

6. Effectuation of Reversed Appeal Resolutions

- a) Services not furnished while the appeal is pending: If the Carolina Crescent or the State Fair Hearing officer reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, Carolina Crescent must authorize or provide the disputed services promptly, and as expeditiously as the member's health condition requires.
- b) Services furnished while the appeal is pending: If Carolina Crescent or the State Fair Hearing officer reverses a decision to deny authorization of services, and the member received the disputed services while the appeal was pending, Carolina Crescent or the State must pay for those services, in accordance with State policy and regulations.

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7. Grievance/Appeal Records and Reports

- a) Carolina Crescent shall retain a copy of an oral grievances log and records of disposition of written appeals for three (3) years and in accordance with the provisions of the S.C. Code Ann. § 38-33-110 (2)(a) (Supp. 2002) as amended.
- b) If any litigation, claim negotiation, audit, or other action involving the documents or records has been started before the expiration of the three (3) year period, the records shall be retained until completion of the action and resolution of issues which arise from it or until the end of the regular five-year period, whichever is later.
- c) Carolina Crescent shall provide to DHHS on a monthly basis a written report of the grievances/appeals, to include:
 - Member's name
 - Medicaid number
 - Summary of grievances and appeals
 - Date of filing
 - Current status
 - Resolutions and resulting corrective action
- d) Carolina Crescent will be responsible for promptly forwarding any adverse decisions to DHHS for further review/action upon request by DHHS or member. DHHS may submit recommendations to Carolina Crescent regarding the merits or suggested resolution of any grievance/appeal.

Advance Directives

Patient Self Determination

Many people live through serious accidents or injuries. There are some people who do not want to be kept alive by artificial means, if they are seriously hurt or ill or if there seems to be little hope that they will get better. Carolina Crescent Members that are eighteen (18) years or older have the right under Federal Law to decide what medical care they want done, or not done, if in the future they are not able to make their wishes known about medical treatment.

Also, you have the right to choose someone to act on your behalf and make health care decisions for you if you cannot make them for yourself.

Laws have been passed that allow you to make your decision in one of two ways. These decisions are called Advance Directives. They are:

1. **A Living Will** – written document that tells what medical treatment you do or do not want if you are not able to make your wishes known.
2. **A Durable Power of Attorney for Health Care** – a written document that says you have chosen someone to make your decisions for you if you are not able to do so.

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Any time you are admitted to a hospital, the hospital staff should ask you if you already have or wish to have an Advance Directive. You do not have to have an Advance Directive if you do not want one. **This is something you must decide for yourself.**

You may not have heard about Patient Self Determination or Advance Directives before. You may not have even thought about medical care under these kinds of situations. If you decide you want more information or want to know how to make an Advance Directive, call our Member Services Department.

Living Will

If you would like to have a living will to record your wishes for treatment in the event of terminal illness, we suggest you use the form below. Fill out this form and give it to your physician and any relative and friends you would like to have a copy. You must sign in the presence of two witnesses, and both witnesses must sign in your presence. It must also be notarized. Blood relatives or a spouse may not be a witness.

STATE OF SOUTH CAROLINA DECLARATION
COUNTY OF _____ OF A DESIRE FOR A
NATURAL DEATH

I, _____, Declarant, being at least eighteen years of age and a resident of and domiciled in the City of _____, County of _____, State of South Carolina, make this Declaration this ____ day of _____, 19____.

I willfully and voluntarily make known my desire that no life-sustaining procedures be used to prolong my dying if my condition is terminal or if I am in a state of permanent unconsciousness, and I declare:

If at any time I have a condition certified to be a terminal condition by two physicians who have personally examined me, one of whom is my attending physician, and the physicians have determined that my death could occur within a reasonably short period of time without the use of life-sustaining procedures or if the physicians certify that I am in a state of permanent unconsciousness and where the application of life-sustaining procedures would serve only to prolong the dying process, I direct that the procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure necessary to provide me with comfort care.

INSTRUCTIONS CONCERNING ARTIFICIAL NUTRITION AND HYDRATION

INITIAL ONE OF THE FOLLOWING STATEMENTS

If my condition is terminal and could result in death within a reasonably short time,

_____ I direct that nutrition and hydration BE PROVIDED through any medically indicated means, including medically or surgically implanted tubes.

_____ I direct that nutrition and hydration NOT BE PROVIDED through any medically indicated means, including medically or surgically implanted tubes.

INITIAL ONE OF THE FOLLOWING STATEMENTS

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If I am in a persistent vegetative state or other condition of permanent unconsciousness,
_____ I direct that nutrition and hydration BE PROVIDED through any medically
indicated means, including medically or surgically implanted tubes.

_____ I direct that nutrition and hydration NOT BE PROVIDED through any medically
indicated means, including medically or surgically implanted tubes.

In the absence of my ability to give directions regarding the use of life-sustaining
procedures, it is my intention that this Declaration be honored by my family and physicians
and any health facility in which I may be a patient as the final expression of my legal right to
refuse medical or surgical treatment, and I accept the consequences from the refusal.

I am aware that this Declaration authorizes a physician to withhold or withdraw life-
sustaining procedures. I am emotionally and mentally competent to make this Declaration.

APPOINTMENT OF AN AGENT (OPTIONAL)

1. You may give another person authority to revoke this declaration on your behalf. If you
wish to do so, please enter that person's name in the space below.

Name of Agent with Power to Revoke: _____

Address: _____

Telephone Number: _____

2. You may give another person authority to enforce this declaration on your behalf. If you
wish to do so, please enter that person's name in the space below.

Name of Agent with Power to Enforce: _____

Address: _____

Telephone Number: _____

Signature of Declarant

STATE OF _____ AFFIDAVIT

COUNTY OF _____

We, _____ and _____, the undersigned witnesses to the foregoing
Declaration, dated the ___ day of _____, 19___, at least one of us being first duly
sworn, declare to the undersigned authority, on the basis of our best information and belief,
that the Declaration was on that date signed by the declarant as and for his DECLARATION
OF A DESIRE FOR A NATURAL DEATH in our presence and we, at his request and in his
presence, and in the presence of each other, subscribe our names as witnesses on that
date. The declarant is personally known to us, and we believe him to be of sound mind.
Each of us affirms that he is qualified as a witness to this Declaration under the provisions
of the South Carolina Death With Dignity Act in that he is not related to the declarant by
blood, marriage, or adoption, either as a spouse, lineal ancestor, descendant of the parents
of the declarant, or spouse of any of them; nor directly financially responsible for the
declarant's medical care; nor entitled to any portion of the declarant's estate upon his
decease, whether under any will or as an heir by intestate succession; nor the beneficiary

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of a life insurance policy of the declarant; nor the declarant's attending physician; nor an employee of the attending physician; nor a person who has a claim against the declarant's decedent's estate as of this time. No more than one of us is an employee of a health facility in which the declarant is a patient. If the declarant is a resident in a hospital or nursing care facility at the date of execution of this Declaration, at least one of us is an ombudsman designated by the State Ombudsman, Office of the Governor.

_____ Witness

_____ Witness

Subscribed before me by _____, the declarant, and subscribed and sworn to before me by _____, the witnesses, this ___ day of _____, 19__.

Signature

Notary Public for _____

My commission expires: _____

SEAL

How do I find out the professional background of my Carolina Crescent doctor?

- If you wish to find out the professional background of your PCP or any Carolina Crescent doctor, please call the Member Services Department for help.

Access to Medical Records

Your Provider will make medical records available to members and their representatives within ten (10) working days, after you request to see them.

Notice of Privacy Practices

This Notice of Privacy Practices will tell you the ways in which Carolina Crescent will use and share medical information about you. We will also describe your rights and certain obligations we have regarding the use and sharing of medical information.

Carolina Crescent must do what our Notice of Privacy Practices says. We may change our notice at any time. Any changes will apply to all the information we have about you. We will give you the updated notice within 60 days.

How We Use Or Share Your Protected Health Information

- We use and share your health information for treatment, payment, and health care operations.
- We may use your medical information to decide what additional services to add, what services are not needed, and whether new treatments are effective.
- We may use or share your health information without your okay, if the law says we have to or are able to, in the following situations:
 - **Abuse or Neglect:** By law, we may share your protected health information with a public health or government agency that receives reports of child abuse, neglect, or domestic violence.
 - **Business Associates:** We may share your protected health information with Carolina Crescent business associates so that they can do the job we've asked them to do and file claims for services you have received.
 - **Communicable Diseases:** We may share your protected health information, if the law says so, with a person who may have been exposed to a communicable disease or at risk of getting or spreading the disease.
 - **Medical Examiners, Funeral Directors and Organ Donation:** We may share protected health information with a medical examiner for them to perform their duties. We may also share protected health information with funeral directors to carry out funeral-related duties. Protected health information may be used and shared for organ, eye or tissue donations to be carried out.
 - **Criminal Activity:** By law, we may share your protected health information if there is a serious threat to public health or safety.
 - **Emergencies:** We may use or share your protected health information during emergency medical treatment.
 - **Food and Drug Administration:** We may share your protected health information as required by the Food and Drug Administration. For example, to report product defects or problems and to enable product recalls.
 - **Health Oversight:** We may share protected health information with the South Carolina Department of Health and Human Services and any other government agencies we report to.
 - **Inmates:** We may use or share your protected health information if you are an inmate, and we have your protected health information because of providing and coordinating services for you.
 - **Law Enforcement:** We may share protected health information, as long as certain legal requirements are met, for law enforcement purposes.
 - **Legal Proceedings:** We may share protected health information if ordered by a court or in response to a legal process.
 - **Military Activity and National Security:** We may use or share protected health information of individuals who are Armed Forces personnel under certain

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conditions. We may also share your protected health information in the course of national security and intelligence activities.

- **Public Health:** We may share your protected health information for public health activities and purposes to a public health authority, such as the Centers for Disease Control (CDC).
- **Required Uses and Disclosures:** Under the law, we must share your protected health information when required by the Secretary of the U.S. Department of Health and Human Services.
- **Research:** We may share your protected health information with researchers when an institutional review board has approved their research and they have made rules to make sure they keep your protected health information private.
- **Required By Law:** We may use or share your protected health information when the law requires it.
- **Workers' Compensation:** We may share your protected health information as required by workers' compensation laws.

Memberships

Carolina Crescent contracts with the South Carolina Department of Health and Human Services (DHHS). Members of DHHS may use your protected health information solely for your treatment, payment and/or for the health care operations permitted by HIPAA.

Your Rights

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

- You can review and get copies of your medical information that we have. The law gives a few limited times when we may refuse to have you review medical information. At that time, you can ask for a refusal to be reconsidered. For more information, call the Carolina Crescent Office of Privacy and Compliance at 866-748-8661.
- You can ask us to change the medical information that we have to correct our records or make them complete. You must give us the information in writing and tell us why you want our records changed. We can decide not to change the information if:
 - It was not created by Carolina Crescent (unless whoever created the information is no longer available to make the change)
 - It is not part of the medical information kept for or by Carolina Crescent
 - It is not part of the information you are allowed to look at or get copies of
 - It is correct and complete.
- You can ask us to give you a list of when we shared your medical information. You must ask us in writing and give us the time period you want the list to cover.
- You can ask us to restrict or limit the medical information we use or share about you for treatment, payment or health care operations. We are not required to agree. If we do agree, we will comply with your request unless the information is needed to provide you

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emergency treatment. You must make your request in writing and tell us what you want to

Confidentiality And Request For Medical Records

restrict or limit and to whom it applies.

- You can ask that we send your medical information privately. You must ask us in writing and tell us how and where you want us to contact you.
- You can ask for a paper copy of this information and we will give it to you. To obtain a copy of this notice, call the Carolina Crescent Office of Privacy and Compliance at 866-748-8661. This information is also posted on our website at www.carolinachp.com.

Grievances

If you believe your privacy rights have not been followed, you can file a grievance with Carolina Crescent or with the U.S. Department of Health and Human Services. We will not do anything to punish you if you file a complaint or grievance.

You can file a grievance with Carolina Crescent by writing:

Carolina Crescent Health Plan, Inc.
Office of Privacy and Compliance
P. O. Box 12157
Columbia, S. C. 29211

You file a complaint with the Secretary of Health and Human Services in writing to:

The U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372
Philadelphia, PA 19106-3499.

Or send an e-mail to: www.ocrcomplaint@hhs.gov

Other Uses of Medical Information

Carolina Crescent will not use or share your medical information for any other reason unless the law requires it or you have given us your permission in writing. If you give us permission to use or share medical information about you, you may take back that permission, in writing, at any time. If you take back your permission, we will no longer use or share medical information about you based on your written statement. We cannot take back any information we have already shared, and the law says we must keep our records of the medical care you have received.

Carolina Crescent Health Plan, Inc. will not give out confidential information about your personal and health information. Carolina Crescent understands the importance of keeping this information secure and private. We are required by law to provide you with the Notice of Privacy Practices.

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You should have received a copy in your Member Enrollment Packet. You can also ask for a copy by calling your local Member Services Department. The booklet explains how your healthcare information is being used or given out in order to carry out treatment, payment or health care operations and for other purposes that are permitted or required by state or federal law. Carolina Crescent is required to maintain the privacy of your information and provide you a notice of privacy practices.

The Notice of Privacy Practices also tells your right to access and control your protected health information. "Protected health information" is information about your past, present or future physical or mental health or condition and related health care services, including information that may identify you. Carolina Crescent privacy policies will always follow the most protective laws that apply.

Your doctor's office will label your medical records with your special ID number and store them in a safe location where other people will not be able to get to your personal information. Information in a computer cannot be looked at without a special password.

Your medical records cannot be sent to anyone without your written permission, unless required by law. When you ask your doctor's office to transfer records, they will give you a release form to sign. It is the responsibility of the office to do this service for you. If you have a problem getting your records or having them sent to another doctor, please contact Carolina Crescent Member Services at the numbers listed below. Member Services will help you in getting your records within 10 days of your request. Member Services can also help with:

- Getting your medical records available to a new PCP doctor.
- Getting your medical records to an out-of network doctor if needed.

New Medical Technologies

Carolina Crescent Utilization Management and New Technology Committee (UMC) reviews all new medical technologies using:

- Clinical research
- Literature Review and Analysis
- Consensus Panels
- Decision Guidelines
- Meta-Analysis
- Results Analysis

Quality Assurance Services

The primary goal of Carolina Crescent's Quality Assurance Program is to make sure that the care you receive is high in quality and appropriate. This program makes sure that services are available and that you can easily get them. We also address any problems and look for ways to

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make the care you receive better. If you have any concerns about the quality of services that you are receiving, please call Member Services.

Carolina Crescent and Incentives:

- Carolina Crescent decisions are based only on appropriateness of care and service and coverage.
- Practitioners or Carolina Crescent do not reward for denying coverage or service care.
- Staff who make decisions regarding utilization management do not get financial rewards to encourage under utilization.

Tips to Prevent Medical Errors

What are Medical Errors?

Medical errors happen when something that was planned as a part of medical care doesn't work out.

Medical errors can occur in the entire health care system:

- Hospitals
- Clinics
- Outpatient Surgery Centers
- Doctors' Office
- Nursing Homes
- Pharmacies
- Patients' Homes

Errors can involve:

- Medicines
- Surgery
- Diagnosis
- Equipment
- Lab reports

Errors can happen during even the most routine service, such as when a hospital patient on a salt-free diet is given a high salt meal.

Most errors result from problems created by today's complex health care system. But errors also happen when doctors and their patients have problems talking with each other. For example, a recent study supported by the Agency for Healthcare Research and Quality (AHRQ) found that doctors often do not do enough to help their patients make informed decisions. Uninvolved and uninformed patients are less likely to accept the doctor's choice of treatment and less likely to do what they need to do to make the treatment work.

What can you do? Be involved in your health care

The single most important way you can help to prevent errors is to be an active member of your health care team.

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That means taking part in every decision about your health care. Research shows that patients who are more involved with their care tend to get better results. The following are some tips about what works best:

Medicines

Make sure that all of your doctors know about everything you are taking. This includes prescriptions, over-the-counter medicines, and dietary supplements (such as vitamins and herbs).

At least once a year, bring all of your medicines and supplements with you to your doctor. This can help you and your doctor talk about them and find out if there are any problems. It can also help your doctor keep your records up to date, which can help you get better quality care.

Make sure your doctor knows about any allergies and bad reactions you have had to medicines. This can help you from getting a medicine that can harm you.

When your doctor writes you a prescription, make sure you can read it
If you can't read your doctor's handwriting, your pharmacist might not be able to either.

Ask for information about your medicine you can understand – both when your medicines are prescribed and when you receive them.

- What is the medicine for?
- How am I supposed to take it, and for how long?
- What side effects may happen? What do I do if they happen?
- Is this medicine safe to take with other medicines or dietary supplements I am taking?
- What food, drink, or activities should I avoid while taking this medicine?

When you pick up your medicine from the drug store ask: Is this the medicine that my doctor prescribed?

A study by the Massachusetts College of Pharmacy and Allied Health Sciences found that 88% of medicine errors were the wrong drug or the wrong dose.

If you have any questions about the directions on your medicine labels, ask.
Medicine labels can be hard to understand. For example, ask if “four doses daily” means taking a dose every 6 hours around the clock or just during regular waking hours.

Ask your pharmacist for the best device to measure your liquid medicine. Also, ask questions if you're not sure how to use it. Research shows that many people do not know how to measure liquid medicines. For example, most people use household teaspoons, which often do not hold a true teaspoon of liquid. Special equipment like marked syringes can help you measure the right dose. Being told how to use the equipment helps even more.

Ask for written information about the side effects your medicine could cause.
If you know what might happen, you will be better prepared if it does – or, if something unexpected happens instead. That way, you can report the problem right away and get help before it gets worse. A study found that written information about medicines can help patients recognize problem side effects and then give that information to their doctor or pharmacist.

Hospital Stays

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If you have a choice, choose a hospital at which many patients have the procedure or operation you need. Research shows that patients tend to have better results when they are treated in hospitals that have a great deal of experience with their condition.

If you are in a hospital, consider asking all health care workers who have direct contact with you whether they have washed their hands. Hand washing is an important way to prevent the spread of infections in hospitals. Yet, it is not done regularly or thoroughly enough. A recent study found that when patients checked whether health care workers washed their hands, the workers washed their hands more often and used more soap.

When you are being discharged from the hospital, ask your doctor to explain the treatment plan you will use at home. This includes learning about your medicines and finding out when you can get back to your regular activities. Research shows that at discharge time, doctors think their patients understand more than they really do about what they should or should not do when they return home.

Operation

If you are having an operation, make sure that you, your doctor, and your surgeon all agree and are clear on exactly what will be done. Doing the operation at the wrong site (for example, operating on the left knee instead of the right) is rare. But even once is too often. The good news is that wrong-site operations are 100 percent preventable. The American Academy of Orthopedic Surgeons urges its members to sign their initials directly on the site to be operated on before the operation.

Talk to your doctor about which hospital is best for your health needs. Ask your doctor about which hospital has the best care for your condition, if you have more than one hospital to choose from. Be sure you understand the instructions you get about follow-up care when you leave the hospital.

Ask your doctor:

- Who will manage my care when I am in the hospital?

Ask your surgeon:

- Exactly what will you be doing?
- About how long will it take?
- What will happen after the operation?
- How can I expect to feel during recovery?

Tell the surgeon, anesthesiologist, and nurses about any allergies, bad reaction to anesthesia, and any medications you are taking.

Other steps you can take

Speak up if you have questions or concerns

You have a right to question anyone who is giving you care.

Make sure that someone, such as your personal doctor, is in charge of your care.

This is especially important if you have many health problems or are in a hospital.

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Make sure that all health professionals involved in your care have important health information about you. Do not assume that everyone knows everything they need to.

Ask a family member or friend to be there with you and help you get things done and speak up for you if you can't. Even if you think you don't need help now, you might need it later.

Know that "more" is not always better.

It is a good idea to find out why a test or treatment is needed and how it can help you. You could be better off without it.

If you have a test, don't assume that no news is good news.

Ask about the results.

Learn about your condition and treatment by asking your doctor and nurse and by using other reliable sources.

For example, The National Guidelines Clearinghouse at <http://www.guideline.gov/> lists suggested treatments based on the latest research. Ask your doctor if your treatment is based on the latest evidence.

*Reference: Agency for Healthcare Research and Quality
540 Gaither Road Rockville, MD 20850
Telephone (301) 427-1364*

Terms We Use and What They Mean

Action - Denial of a request for service; the reduction, suspension or termination of a previous service; denial of an enrollee's claim; denial of a claim where the enrollee could be held liable for charges; failure to provide services within timeframes required.

Appeal - Request for review of an action

Authorized Service - A covered benefit that has been approved by Carolina Crescent Health Plan, Inc. (Carolina Crescent).

Benefit Summary - A description of covered health care services that Carolina Crescent will provide for you and your family.

Carolina Crescent Health Plan, Inc. - (Carolina Crescent) is a managed care organization contracted with Department of Health and Human Services (DHHS) to provide health care services to you and your family.

Case Management - The process of finding out patient needs in order to create and follow a plan of care to get quality patient outcomes in a cost effective matter.

Concern Inquiry - The first contact with the health plan (written or verbal) expressing dissatisfaction from the member, an attorney on behalf of a Member, or a government agency.

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Dependent - A Carolina Crescent enrollee who is a member of your immediate family and who is eligible for Medicaid services.

DHHS - The Department of Health and Human Services; it is also referred to as the South Carolina State Medicaid program.

Eligible Member - A person eligible for Medicaid as determined by the Department of Health and Human Services and enrolled by Carolina Crescent.

Emergency - The sudden and unexpected medical condition or problem that may cause you severe pain and that the person with average medical knowledge would believe would lead to one or more of the following: (1) result in serious harm to the individual's body, (2) be a serious threat to others, or (3) in the case of a pregnant woman, cause serious harm to the health of the mother or unborn child.

Emergency Services – Those services that are given by a doctor after the sudden onset of a medical condition or severe pain that the average person feels would place the person's health or the health of an unborn baby in serious risk; result in serious harm to bodily functions; or, result in serious harm to body organs if they didn't get immediate medical help.

EPSDT- Early and Periodic Screening, Diagnosis and Treatment program; a well-child program required for children and teenagers under the age of twenty-one (21) years.

Evidence of Coverage - This Member Handbook.

Fraud – Deceiving or misrepresenting information on purpose knowing that it may result in payment of an unauthorized benefit.

Grievance - An expression of dissatisfaction about any matter other than an "action".

Guardian - One who is legally responsible for the person or property of another.

Handbook- This Member Handbook, describing your Carolina Crescent membership benefits and health coverage.

Healthy Heartbeats- Carolina Crescent prenatal care program that combines extensive outreach and home visits with case management, prenatal care, education classes and support services to improve birth outcomes.

Hospital- A facility that provides medical inpatient and outpatient health care services.

MCO - Managed Care Organization. An insurance plan that provides primary care doctors, specialists, hospitals and health education services to its members.

Medically Necessary or Medically Needed - Those medical Covered Services which: (a) are essential to prevent, diagnose, prevent the worsening of, alleviate, correct or cure medical conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in illness or infirmity of a Medicaid MCO Program Member; (b) are provided at an appropriate facility and at the appropriate level of care

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for the treatment of a Medicaid MCO Program Member's medical condition; and, (c) are provided in accordance with the generally accepted standards of medical practice.

Member - A person who is eligible for Medicaid and enrolled in Carolina Crescent.

Member Services – Carolina Crescent Department responsible for letting members know how to get the medical services that are available to them.

New Technology –Equipment, medical devices, drugs, clinical services, procedures and computer systems.

Non-Carolina Crescent Provider - A doctor, primary care physician (PCP), specialist, hospital, clinic or other health care person who does not have a contract with Carolina Crescent to provide health care services.

OB/GYN - An Obstetrician/Gynecologist is a doctor who specializes in maternity care and caring for the female reproductive system.

Post Stabilization Care - Covered services related to an emergency medical condition that are provided after a patient is stabilized in order to maintain the stabilized condition or to improve or resolve the patient's condition.

Practice Guidelines – Standards that are used to make medically necessary decisions.

Preferred Drug Listing (PDL) - List of drugs that are authorized by Carolina Crescent for your doctor to prescribe to you.

Primary Care Physician (PCP) - A contracted Carolina Crescent doctor selected by you, who provides all primary health care services for you. The PCP supervises, coordinates and maintains your health care. PCP's are doctors that practice in internal medicine, family practice, general medicines, pediatrics, and OB/GYN for your yearly female health exams.

Protected Health Information (PHI) – Information about a person's health, health care, or payment for health care that can identify that person.

Refer/Referral – a verbal or written recommendation from your PCP to see a specialist.

Service Area - The geographic coverage area in which services are provided to Carolina Crescent Health Plan, Inc. members.

Specialist - A contracted Carolina Crescent doctor who provides specialty health care services.

State Fair Hearing - Any "action" or appeal decision rendered by the MCO may be appealed by the enrollee to DHHS Appeals Division through this process.

Urgent Care – Medical care provided for a medical (physical, mental or dental) condition or severe pain that the average person feels would place person's health in serious risk; result in serious harm to bodily functions; or, result in serious harm to body organs if the person doesn't get medical attention within 24 hours.

You, Your - Refers to a member.