

Plan First HANDBOOK

Commonwealth of Virginia

Department of Medical Assistance Services

www.dmas.virginia.gov



Virginia's Family Planning Benefit

www.planfirst.org

Department of Medical Assistance Services

600 East Broad Street

Richmond, Virginia 23219-1857

Our mission is to provide a system of high quality comprehensive health services to qualifying Virginians and their families.

PLAN FIRST COVERAGE

Plan First – Virginia’s Family Planning (Birth Control) Services Program

Men and women who meet the income requirements but do not qualify for a full-benefit Medicaid program may be eligible for the limited benefit Plan First.

Plan First covers:

- Annual physical exam for family planning (birth control) purposes, including PAP test (if appropriate), and sexually transmitted infection (STI) testing;
- Family planning education & counseling;
- Birth control methods provided by a clinician or obtained with a prescription such as contraceptive implants, ring, patch, IUDs, birth control pills, diaphragms, and Depo Provera
- Sterilizations for members over age 21, including tubal ligation or vasectomy, if that is your choice; and
- Non-emergency transportation to family planning services.

Plan First only pays for family planning services. Coverage of Plan First services is limited to family planning and does not include services to increase fertility. If you become sick or need help for preventive care or other medical conditions not related to family planning, you will have to pay for the costs of seeing a doctor and/or getting treatment. Low cost or no cost providers may include: Community Health Centers that provide medical care for a fee based on your income, Free Clinics and/or local Health Departments. For information on medical providers in your locality, call 2-1-1.

VIRGINIA PLAN FIRST CARD

When you enroll in Plan First, the limited benefit that covers family planning services, you will receive a green and white plastic Plan First ID card in the mail that with your name and ID number printed on it. You must show this card to the doctor or clinic you are getting your family planning services from when you go for your visits. Before you go, make sure the doctor or clinic accepts payment from Virginia Plan First. You can request a replacement card from the local DSS or through Cover Virginia (Toll Free 1-855-242-8282) if your card is lost, stolen or destroyed. It is important to report the loss of your Plan First ID card to the local DSS or Cover Virginia right away.



Using Your Plan First ID Card

Show your Plan First ID card to the doctor or clinic office staff each time you go for family planning services to be sure they accept payment from the Virginia Plan First program. **Remember that Plan First only covers family planning services. If you have another Virginia Medical Assistance card because you were enrolled in a different Medicaid program at an earlier time, that card is no longer valid.**

USING YOUR PLAN FIRST BENEFITS

Plan First Coverage

If you do not have a doctor, you can choose any provider as long as the provider accepts payments from the Virginia Plan First program. If you had Virginia Medicaid coverage before, do not assume that the doctor or clinic you previously went to will accept Plan First; always check! If you receive services from a doctor or clinic who does not accept payment from Plan First, you will have to pay the bill yourself. DMAS will not pay you back for medical bills you have paid. Try to use one family planning doctor and one pharmacy for most of your care.

If you need help finding a provider who accepts Plan First, check the DMAS Provider Search Engine, <https://www.viriniamedicaid.dmas.virginia.gov/wps/portal/SearchForProviders>. If a provider type you are looking for is not listed, contact the Member Helpline at 804-786-6145.

Transportation

Non-Emergency ONLY – Transportation services are covered when necessary, to help individuals access Plan First family planning services. For non-emergency medical appointments, services are provided through a transportation broker; call the reservation line at **Toll Free 1-866-386-8331 at least five business days (5 days) prior to the scheduled appointment**. Please have your Plan First ID number, appointment address and telephone number available when you call.

Additional Non-Emergency Medicaid Transportation information may be found at:

<http://transportation.dmas.virginia.gov/>

Remember: Trips must be for a Plan First covered service. Coverage is limited to doctor appointments and pharmacy for family planning. The transportation broker may verify your Plan First covered appointment with the provider.

Prescription Contraceptives Filled At The Pharmacy

Each prescription for family planning drugs or supplies are limited to those on the DMAS Preferred Drug List and are limited to a 34-day supply at a time at a participating pharmacy. When available, generic drugs are provided unless the doctor specifies that a particular brand name is medically necessary.

Physician Administered Contraception

Contraception that requires insertion, such as IUDs or Contraceptive Implants, must be provided by your medical provider and billed directly to Virginia Medicaid. Your pharmacy is not able to supply these types of contraceptives.

For more information about what types of contraceptives are covered and how to get them, please contact the DMAS Member Helpline at 804-786-6145.

CO-PAYMENTS

Plan First does not charge a co-payment for covered family planning services.

PLAN FIRST AND OTHER INSURANCE

You can still be eligible for Plan First if you already have health insurance. The other insurance will be billed before Plan First, but Plan First will pay for covered services if the other insurance does not.

Under Plan First, family planning services are covered at no cost to you. However, if you lose your other health insurance coverage or enroll in a different health insurance plan, tell your eligibility worker at your local Department of Social Services (DSS) or contact Cover Virginia (Toll Free 1-855-242-8282). If insurance coverage changes and is not reported, payment for medical bills could be delayed.

Sometimes Plan First pays bills for family planning services that are later found to have been paid by another source, such as commercial insurance or Medicare. In this situation, the Department of Medical Assistance Services (DMAS) will try to take back the money from the other source. If an insurance company pays you after Plan First has already paid the same bill, you must send that money to DMAS.

PATIENT PROTECTION AND AFFORDABLE CARE ACT

Most individuals who do not receive full Medicaid benefits must sign up for health insurance starting in 2014 or pay a penalty. The federal government helps some individuals pay for the costs of insurance, with a tax subsidy or Advanced Premium Credit. If you need help applying for Medicaid or other insurance, go to the Cover Virginia website www.coverva.org or call Toll Free: 1-855-242-8282 • TDD: 1-888-221-1590. To apply directly for health insurance, subsidies, or the Advance Premium Tax Credit (APTC), go to the Federal Health Insurance Marketplace at www.healthcare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325).

YOUR RIGHTS AND RESPONSIBILITIES

You have the right to ...

- File an application for medical assistance.
- Receive written information about specific eligibility policies.
- Have a decision made promptly.
- Receive a written notice of the decision.
- Have your personal and health information kept private.
- Have advance notice of actions that end or reduce your coverage
- Appeal any action, such as:
 - any decision denying, terminating or reducing Plan First eligibility;
 - any unreasonable period of time taken to decide if you are eligible; or
 - any decision denying, ending or reducing Plan First-covered medical services.

You have the responsibility to...

- Complete the application and renewal forms fully and accurately.
- Supply requested information, or to tell your eligibility worker or Cover Virginia about any problems you are having getting the necessary information.
- Inform your eligibility worker or Cover Virginia of any other medical insurance that may cover some of your bills.
- **Immediately report** changes in your circumstances to your worker or Cover Virginia such as:
 - Change of address, birth of a child, death of a family member, marriage, new employment, adding or dropping other health insurance or any change in household arrangements.
 - Changes in your financial condition (which includes both earned and unearned income such as Social Security, SSI, going to work, changes in employment, transfers of assets or inheritance).
 - Any new medical insurance that may cover some of your bills.
 - Filing a personal injury claim due to an accident.
- Keep scheduled appointments.
- Show your medical provider your Plan First ID card and other medical insurance card(s) when you go for care.

FRAUD AND OTHER RECOVERIES

Medicaid fraud means deliberately withholding or hiding information or giving false information to get Medicaid benefits or if a member allows another person to use his/her Medicaid number to get medical care for someone who has not been determined eligible for Medicaid benefits. Medicaid fraud also occurs when a provider bills Medicaid for services that were not delivered to a Medicaid member.

Anyone convicted of Medicaid fraud in a criminal court must repay the Medicaid program for all losses (paid claims and managed care premiums) and cannot receive Medicaid benefits for one year after conviction. In addition, the sentence could include a fine up to \$25,000 and/or up to 20 years in prison. You may also have to repay the Medicaid program for any claims and managed care premiums paid during periods you were not eligible for Medicaid due to acts not considered criminal. Fraud and abuse should be reported to your local Department of Social Services or to the DMAS Recipient Audit Unit at (804) 786-0156. Additional numbers for reporting suspected fraud and abuse are (804) 786-1066 (local) and toll free 1-866-486-1971. Fraud and abuse can also be reported by e-mail to recipientfraud@dmas.virginia.gov.

Medicaid can also recover payments made for services received by, or managed care premiums paid on behalf of, ineligible members who did not intend to commit fraud. **This also includes recovery for medical expenses paid on your behalf during the appeal process if the agency's action (decision to take back money) is upheld.** There is no time limit for Medicaid recoveries.

Third Party Liability and Personal Injury Claims

If you have been injured in any type of accident and have a personal injury claim, you must inform your eligibility worker so that Medicaid may recover payment from the person responsible for the accident. The agency will need information such as the date of the accident/injury, type of accident and the name of the attorney or insurance company, if any.

WHEN AND HOW TO FILE AN APPEAL

You have the right to request an appeal of any adverse action related to initial or continued eligibility for Plan First. This includes delayed processing of your application, actions to deny your request for medical services, or actions to reduce or terminate coverage after your eligibility has been determined.

To request an appeal, notify DMAS in writing of the action you disagree with within 30 days of receipt of the agency's notice about the action. You may complete an Appeal Request Form or write a letter. Appeal Request Forms are available online at www.dmas.virginia.gov (under Client Services).

Please be specific about what action or decision you wish to appeal and include a copy of the notice about the action if you have it. Be sure to sign the form or letter. Appeal requests can be mailed to: Appeals Division, Department of Medical Assistance Services, 600 E. Broad Street, Richmond, Virginia 23219. Telephone: (804) 371-8488. Fax: (804) 612-0036.

If you are appealing reduction or termination of coverage and your request is made before the effective date of the action, or within 10 days of the notice date, your coverage may continue pending the outcome of the appeal. You may, however, have to repay the Medicaid program for medical expenses paid on your behalf during the continued coverage period if the agency's action is upheld.

After you file your appeal, you will be notified of the date, time, and location of the scheduled hearing. Most hearings can be done by telephone.

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

PRIVACY INFORMATION

When you receive health care services from an agency like DMAS, that agency may get medical (health) information about you. Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, your health information is protected. Health information includes any information that relates to: (1) your past, present or future physical or mental health or condition, (2) providing health care to you, or (3) the past, present or future payment of your health care.

Your Information. Your Rights. Our Responsibilities.

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

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information

- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share or sell your information for marketing purposes.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.

- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information

see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- **We are required by law to maintain the privacy and security of your protected health information.**

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request or on our website.