Outgrowing the Pediatrician
Question: What is a mammogram?

Answer: A mammogram is an X-ray picture of the breast. These pictures are used to look for early signs of breast cancer.

Question: When should I have a mammogram?

Answer: We recommend that women should have mammograms every two years from age 50 to 74. Talk to your provider if you notice any changes in your breasts or if breast cancer runs in your family. He or she may want you to have mammograms before you turn 50 years old or have them more often.

Question: How long does a mammogram take?

Answer: The mammogram itself usually only takes 10 to 15 minutes. There can also be a short wait at the clinic.

Question: How do I schedule a mammogram?

Answer: To find a clinic where you can have a mammogram, you can visit ppmco.org and go to “I Want To” > “Find a Doctor”. Search for a “Radiology and Lab” provider close to where you live. Call the provider. If you are 52 to 64 years old, you can call the mammogram team at 410-762-5272 or 410-762-1586 for help setting up an appointment.

Meet our Mammogram Team.
From left to right: Barbara Koonz, Karen French, Tanya Illery, LaKendra Williams and Mary Collier.

Priority Partners hosts monthly mammogram clinics. If you are 52 to 64 years old, you qualify to attend our mammogram clinic. Each member who attends a clinic day will receive round-trip transportation and a $25 Visa gift card the day they attend. Please call 410-762-5272 or 410-762-1586 to schedule your mammogram today.

Your Health Matters is published three times a year for Priority Partners members. Priority Partners (PPMCO) is a state-wide Medicaid Managed Care Organization offered through partnership between Johns Hopkins HealthCare and the Maryland Community Health System, a group of eight federally qualified health centers. For information or to submit story ideas: Priority Partners MCO, 6704 Curtis Court, Glen Burnie, MD 21060 or email dchase@jhhc.com. Your Health Matters, Volume I, Edition I, was printed and distributed in October 2015.

Customer Service
800-654-9728

Health Education
800-957-9760

Mental Health and Substance Abuse Services
800-888-1965

Vision Benefits
800-428-8789

DentaQuest Benefits
888-696-9596

Nurse Chat Line
877-839-5414

Priority Partners Website
www.ppmco.org
As a parent, you have made all of the health care decisions for your child since (and before) birth. But when they are teens, it’s time to help them start making their own decisions and find them a provider who can care for their changing needs.

The health care transition (HCT) process can start as early as 12 years old. At this age, you should bring up the topic of transition with your child’s pediatrician. You and your child’s provider should start a plan when they are 14 or 15 years old. Many pediatricians will care for patients until they are 21 years old, but many patients decide to find an adult care provider sooner. The age that your child makes this change depends on what you and your child’s pediatrician think is best. If your child sees a family provider instead of a pediatrician, they do not need to change doctors unless they want to.

When your child turns 18, you will no longer be able to make medical decisions for them or get information about their care without their written permission. Have them practice setting up their own appointments and refilling their medications in the years before they turn 18.

It is important to help your child take on this great responsibility. Talk to your child’s pediatrician for more help during this time.

**WHY DOES MY CHILD NEED AN ADULT CARE PROVIDER?**

As your child gets older, their bodies change and they have different concerns than they did when they were young. Just like a pediatrician knows how to keep children healthy, an adult care provider knows how to keep your young adult healthy. Both types of providers are able to provide quality care, but they have a different focus.
How can Customer Service help you?
If you have questions or concerns, please call 800-654-9728.

ATTENTION NEW MOTHERS:
DON’T MISS THIS APPOINTMENT

Have your postpartum visit to make sure your body is healing the way it should.

As a pregnant mother, you go to many doctor’s appointments before your baby is born. But there is one more appointment that is very important after you give birth – your “postpartum” visit.

Postpartum is the time after you give birth. During this time, your body is going through a lot of changes. Your postpartum visit makes sure that your body is recovering and healing the way it should.

You should have your postpartum visit between three and eight weeks (21 to 56 days) after giving birth. At this visit, your provider will check your weight and blood pressure, look at any cuts from your delivery and look at your cervix and uterus to make sure they are returning to normal. Your provider may also talk about birth control, eating and nutrition.

Even if you feel well after giving birth, your body may not be healing right. Make sure that you schedule your postpartum visit.

JUDY’S CHALLENGES MADE EASY WITH PRIORITY PARTNERS

Judy Harris knew it was going to be a challenge to raise her grandson Dezino when he came to live with her when he was 4 years old.

“I had to change my whole lifestyle,” Judy said. “For me, it was a drastic change. But it was a good change.”

And the situation only got harder. When Judy tried working with Dezino on his ABCs, she noticed something. He did not repeat back any sounds. He did not seem to follow anything.

“He would just sit there in a daze,” Judy said. “I said, ‘This is not normal.’”

Dezino was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). ADHD is a common disorder that affects the way the brain develops. For Dezino, the disorder made it hard for him to pay attention and to be organized. That’s the “daze” that Judy mentioned.

To get Dezino the care he needed, Judy needed a lot of help. That’s where Priority Partners came in. Judy chose Priority Partners for Dezino’s insurance because she thought it offered the best coverage for his health concerns.

And every year, she keeps coming back.

“Every time I called, I had very positive feedback,” Judy said. “Customer service was very nice and very helpful.”

Now, Dezino is 12 years old and is a “very good student”. Judy says he has a creative mind and he works hard. He’s also more independent. Last year, he went on a week-long school trip without Judy.

“It’s awesome,” Judy said. “I didn’t think he would ever be able to do that.”

Priority Partners helped Judy Harris raise her grandson, who was diagnosed with ADHD when he was 4 years old.

ATTENTION NEW MOTHERS:
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Even if you feel well after giving birth, your body may not be healing right. Make sure that you schedule your postpartum visit.
**Your Health Matters.** If you have questions regarding fraud or suspected fraudulent activities involving a Priority Partners member, provider or employee, contact the Corporate Compliance Department at 410-424-4996 or by email at compliance@jhhc.com. You can also send a fax to 410-762-1527. All information will be kept confidential.

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**Question:** A duck, a frog and a skunk wanted to go to the movies. The cost was one dollar. Which one of the three couldn’t afford to go?

*Answer:* The skunk. The duck had a bill. The frog had a greenback. But the skunk only had a scent.

**Question:** What is the only thing you can break when you say its name?

*Answer:* Silence.

**Question:** Where can everyone always find money when they look for it?

*Answer:* In the dictionary.
QUALITY IMPROVEMENT

The Quality Improvement Program focuses on improving the quality of care and services delivered to our Priority Partners members, network providers and purchasers. You can obtain more information about our programs, or about our progress toward improvement goals, by calling 800-654-9728. Or you can access that information from our website at ppmco.org. Review your member newsletter throughout the year for updates on various measures, such as member satisfaction surveys and monitoring the quality of care you receive.

CARE MANAGEMENT: HOW TO SELF-REFER

The Care Management team has a variety of programs to help Priority Partners members manage chronic health conditions, recover from serious illness and make healthy lifestyle changes. Our Care Management services are voluntary and are provided at no cost to the member. While members identified with certain needs may be automatically enrolled in the program, they are not obligated to participate in these programs. Details regarding the programs are located on our website.

If you have questions about the programs, or believe you or a loved one would benefit from these services, call 410-762-5206 or toll free at 800-557-6916. We are available Monday through Friday from 8:30 a.m. to 5 p.m. Any voicemail messages received after normal business hours will be addressed the following business day. We can also be contacted via e-mail at populationhealth@jhhc.com

UTILIZATION MANAGEMENT

The Priority Partners Utilization Management (UM) Program is designed to ensure that our members receive the right care at the right time in the right setting. Priority Partners’ UM decisions are based on appropriate care and existence of coverage. Priority Partners does not have financial incentives for staff that reward denials or promote under-utilization of services.

Please note that Priority Partners does not make decisions about hiring, promoting or terminating providers or Priority Partners staff based on the likelihood that the provider or staff member supports denial of benefits.

If you would like to reach a UM representative, please call 410-424-4480 or 800-261-2461 with your request. UM staff is available to provide assistance Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays).

To request an interpreter, contact the Special Needs Coordinator at 410-424-4906, or toll free at 800-261-2396, ext. 4906.

For hearing impaired members, a TTY line is available from 8 a.m. and 5 p.m., Monday through Friday. The Maryland Relay Operator number is 800-201-7165.

PHARMACY UPDATE

A variety of pharmacy information and resources are available to you on the Priority Partners member website. Resources include pharmacy formulary information, which is a list of medications that are covered by Priority Partners. It explains limits, use of generic medications and how you or your provider can request approval for medications that are not listed on the pharmacy formulary. The formulary is updated quarterly or as determined by the Pharmacy and Therapeutics Committee to include new medications and safety information. Look for updates to the pharmacy formulary at ppmco.org. You can also contact Customer Service at 800-654-9728 with any questions about pharmacy benefits.

We are committed to covering safe, effective, and affordable medications for our members, so we regularly review and update our drug formularies (list of covered drugs). We may add/remove drugs from the formulary or add rules about whether and when certain drugs are covered during the year. The formulary was updated on May 1, 2015. You may view the formulary by visiting our website at ppmco.org.

WHAT'S IN YOUR HANDBOOK

Information about how to use your health benefit plan can be found in your Priority Partners member handbook, which is mailed to you after your enrollment. The same information can be located on the Priority Partners website at ppmco.org. It includes:

> How to access care and obtain primary care services
> Benefits and services included/excluded from your coverage
> Information on ability to self-refer for some services
> Information about your financial responsibilities for health care services
> Information about coverage and how to obtain care when out of the service area
> Prescription plan and pharmacy information
> How to submit a claim if you receive a bill you don’t think you have to pay
> Your rights and responsibilities as a health plan member
> Information about our network providers, including their qualifications

(Cont. on page 2)
WE CARE ABOUT YOUR PRIVACY

Priority Partners is committed to respecting your privacy. The purpose of this information is to describe how your Protected Health Information (PHI) may be used and disclosed and how you can access this information. Please review your Notice of Privacy Practices (NPP) carefully.

HIPAA is a federal law that deals with, among other things, the privacy of your health information. HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. It protects you against the misuse of your PHI, when the PHI is in the hands of a covered health care provider (doctor, hospital, laboratory, etc.) or health plan such as Priority Partners.

What is PHI?

PHI is individually identifiable health information about a person’s health, the treatment of his or her health condition, or billing or payment for a person’s health care services. PHI that is written on paper, contained in email, a fax or a computer or spoken is protected by HIPAA.

Internal Protection of PHI

Priority Partners has put together internal policies and procedures that address how we protect oral (spoken), written and electronic use of PHI. For your protection, Priority Partners always verifies the identities of both the member and the requestor before responding to a request for a member’s PHI. Examples of such contact are:

1. Questions about your treatment or payment activities
2. Requests to look at, copy, or amend your Priority Partners plan records
3. Requests to obtain a list of Priority Partners plan disclosures of your health information

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Safeguarding Your PHI

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

How PPMCO May Use and Disclose Your PHI

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

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

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

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

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

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION REQUIRED OR ALLOWED BY LAW:

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

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

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

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

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

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

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

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

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

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

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

Law enforcement: PPMCO may disclose your health information to a law enforcement official for a law enforcement investigation. PPMCO may disclose your health information to worker’s compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.

Law enforcement: PPMCO may disclose your health information to law enforcement officials for a law enforcement investigation. PPMCO may disclose your health information to worker’s compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.

Law enforcement: PPMCO may disclose your health information to a law enforcement official for a law enforcement investigation. PPMCO may disclose your health information to worker’s compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.
Genetic information: PPMCO will not use or share any genetic information about you for underwriting purposes or deciding if you are eligible to participate in PPMCO.

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

YOU HAVE A RIGHT TO:

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

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

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

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

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

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

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

FOR MORE INFORMATION

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

EXERCISE OF RIGHTS, QUESTIONS, OR COMPLAINTS

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

> Priority Partners MCO
c/o Johns Hopkins HealthCare LLC
Compliance Department
6704 Curtis Court
Glen Burnie MD 21060
Phone: 410-424-4996

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

> Johns Hopkins Privacy Office
5801 Smith Avenue
McAuley Hall, Suite 310
Baltimore, MD 21209
Phone: 410-735-6509
Fax: 410-735-6521
Email: hipaa@jhmi.edu

Effective Date: This notice became effective on September 23, 2013.

WHAT YOU SHOULD KNOW

It has been estimated that over $60 billion a year is spent on health care fraud. Fraud is any dishonest act that a person commits, or commits on behalf of someone else, which results in benefits that he or she is not entitled to. Priority Partners wants to find and stop health care fraud. Some examples of health care fraud are:

> Using someone else’s medical assistance card or medical assistance number to get health care services.
> Loaning your medical assistance card to another person so they can receive health care services.
> Using someone else’s name, social security number, or other personal information to be eligible for the medical assistance program.
> Hiding income and assets to qualify for the medical assistance program.
> Living in another state while getting Maryland medical assistance benefits.
> Selling prescription medicine or items provided to you under the medical assistance program.
> Obtaining many prescriptions for the same drug from several doctors during the same time period.
> Forging or changing prescription forms.

The Priority Partners Compliance Department investigates charges of actual or suspected health care fraud. These results are then reported to the Maryland Department of Health and Mental Hygiene (DHMH). DHMH may perform its own investigation and take action against people who are found to have committed fraud.

What Happens To Me If I Report A Concern?

Priority Partners takes its responsibility to protect your “right to report” seriously. No Priority Partners employee may threaten, coerce, harass, retaliate, or discriminate against any individual who reports a compliance concern. To support this effort, Priority Partners has enacted zero-tolerance policies and annually trains all personnel on their obligation to uphold the highest integrity when handling compliance related matters. Any individual who reports a compliance concern has the “right” to remain nameless and Priority Partners is committed to enforcing this “right.”

How Can I Report Fraud?

Reporting is simple. You may report through the Managed Care Organization (MCO), the Department of Mental Health and Hygiene (DHMH), or the Department of Social Services (DSS). You can contact the Priority Partners Compliance Department by one of the following:

> Call: 410-424-4996 or 800-654-9728 and ask for the Compliance Department
> Write to: Priority Partners Compliance Department, 6704 Curtis Ct, Glen Burnie, MD, 21060
> Email: Compliance@jhbc.com
> Fax: 410-762-1527

You can contact DHMH by one of the following:

> Call: DHMH directly at 800-284-4510 or the Maryland Office of Inspector General 866-770-7175
> Write to: DHMH Program Integrity Unit, 201 West Preston Street, Baltimore, MD 21201
> Email: www.dhmh.state.md.us/oig/fraud/reportfraud.htm

How Can I Help?

You can help reduce health care fraud by following these simple rules:

> Never loan your medical assistance card to anyone.
> Guard your medical assistance number as you would your social security number.
> Follow all medical assistance rules.
> Report all suspicions of fraud.
> Report lost or stolen medical assistance cards to the Priority Partners Customer Service Department at 800-654-9728.

Remember, health care fraud affects everyone. If you believe someone is committing fraud against Priority Partners or the Maryland Medical Assistance Program, please report the act to Priority Partners, DHMH or the Department of Social Services (DSS). You can remain nameless, and all reports of fraud are kept confidential. Priority Partners is committed to following all applicable laws and regulations, in particular those that address health care fraud, waste and abuse and the improper billing of health care services.
We are glad that you chose Priority Partners, so if you are ever unhappy with our services, we want to know right away. What you tell us is important because it makes our services better for you and all of our members. If you have a complaint, you can call us Monday through Friday from 8 a.m. to 5 p.m. at 800-645-9728. If customer service cannot resolve your complaint, ask to speak with a representative in the Complaints and Grievance Department. If you need interpretive services or TTY, those services are available to you.

If you have a complaint about a service that you or your provider believes you need, but we will not cover, you can ask us to review again. That is called an appeal. For more information on the appeal process, please review the Priority Partners member handbook, or call Priority Partners for a paper copy of your appeal rights.

If you have a question or complaint about your health care that Priority Partners has not resolved to your satisfaction, you can ask for help from the Maryland HealthChoice Help Line. You can call the Help Line Monday through Friday from 7:30 a.m. to 5:30 p.m. at 800-284-4510.