



NC Health Choice Handbook 2010



1. Choose a doctor.

Be sure he or she accepts **NC Health Choice**.



2. Make an appointment for a check-up.

Get to know your child's doctor and staff. When your child gets sick, you'll have a trusted Medical Home you can turn to!



3. Call the doctor anytime you have questions about your child's health.

But especially before going to the emergency room!



5. Re-enroll next year!

Re-enrollment packages come in the mail, so let the DSS know if you move! Remember, you must re-enroll once a year to keep your child's **NC Health Choice** coverage!

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Welcome to NC Health Choice for Children

NC Health Choice, the State of North Carolina Children's Health Insurance Program, is a program funded by the federal and state governments. NC Health Choice may be stopped or suspended at any time if federal or state money is no longer available. A child who lives in the state of North Carolina, is age 6 through 18 and has no health insurance may be covered depending on the family's income. Departments of social services in each county in the state determine if a child qualifies for coverage under NC Health Choice. To apply for coverage or to ask questions about enrolling or re-enrolling your child, please contact your county department of social services. The telephone number should be in your telephone book under "County Government." You may also call the NC Family Health Resource Line at **1-800-367-2229** for general information about NC Health Choice and to find out the location and phone number of your local department of social services.

Please read this handbook carefully so that you will understand the benefits. If you have questions, ask your child's doctor, county department of social services or county health department for help. You may also call Customer Service at **1-800-422-4658**.

Additional Information:

- The NC Healthy Start Foundation's "Child Health Insurance" for the public Web site at: www.NCHealthyStart.org
- The NC Health Choice section of the Department of Health and Human Services (DHHS) Web site at: www.dhhs.state.nc.us/dma/cpcont.htm
- Link to the NC Health Choice Law:
<http://www.dhhs.state.nc.us/dma/CHIP/nhc2000law.pdf>
- Link to the County Department of Social Services Directory:
www.dhhs.state.nc.us/dss/local/index.htm

Member Services

Member Services provides safe access to information online. You can check claim status and order ID cards online. Go to <http://www.bcbsnc.com/> and register for Member Services.

Privacy

NC Health Choice respects your right to privacy. If you want someone to help you with questions about your child's coverage, such as a friend, lawyer, doctor, or someone at the Department of Social Services or at the county health department, you must fill out and sign an Designation of **Authorized Representative** form.

NC Health Choice uses the release form to make sure that confidential information is given only to authorized people. Confidential information includes medical treatment, whether a claim has been filed or paid or other information about your child.

When calling, you will be asked questions that will help us to confirm who you are and to protect your child's privacy. Custodial and non-custodial parents are allowed to receive the same information about a child. If you have a custodial agreement, please provide legal documentation that includes the custodial parent's name and address.

You may get an Designation of **Authorized Representative** form for:

- Physical Health: Call Customer Service at **1-800-422-4658**.
- Mental Health: Call the Mental Health Case Manager at **1-800-753-3224**.
You and your child will need to sign a special consent form if you wish to give permission for the NC Health Choice Mental Health Case Manager to release your personal information.

Complete the Designation of **Authorized Representative** form.

- Mail or fax the form to:
NC Health Choice-Director's Office
Review Coordinator
2501 Mail Service Center
Raleigh, North Carolina 27699-2501
Fax: (919) 733-6608

Identification (ID) Cards

You will receive one (1) identification (ID) card in the mail for each child enrolled in NC Health Choice. You should always show the ID card when you take your child to a doctor, clinic, hospital or other health care professional for medical care or to the drug store when you buy a prescription drug. If more than one child is covered, please make sure you take the right ID card with you.

The ID card may show that you have a \$5 office/outpatient co-pay, a \$2, \$5, or \$10 prescription drug co-pay, and a \$10 or \$25 emergency room co-pay. This means that you have to pay the first few dollars of a charge when you take your child to the doctor's office, outpatient therapist for counseling, hospital for outpatient care, emergency room or pharmacy.

If you do not show your child's ID card, the person treating your child may not know that he or she is covered under NC Health Choice. You may then be charged for the full cost of treatment or prescription drug.

If the ID card is lost and you need to get a new one, you may call Customer Service at **1-800-422-4658** or request one online through Member Services at <http://www.bcbsnc.com/>.

The front of the ID card has important information such as your child's:

- **name**
- **date of birth**
- **ID number**
- **effective date** (date coverage begins)
- **co-pay information**

Health Choice
for Children

medco

CHILDREN'S HEALTH INSURANCE PLAN

Rx BIN # 610014
Rx GRP # NCDHHS1

Claims Processing Contractor
BlueCross BlueShield of North Carolina
PO Box 30111 Durham, NC 27702-3111

Send Claims other than for Prescription Drugs to:
Claims Processing Contractor
PO Box 30025 • Durham, NC 27702-3025

NC Health Choice (NCHC) is administered by Blue Cross and Blue Shield of North Carolina (BCBSNC), an independent licensee of the Blue Cross and Blue Shield Association. BCBNSC does not set benefits or rates or assume any financial risk for NCHC. No network access is available from Blue Cross and Blue Shield Plans outside of NC.

The back of the ID card has important phone numbers to call **before** your child is admitted to the **hospital for medical care** or receives **mental health, alcohol or drug treatment**. If your child's ID card shows \$0 for certain co-pays, you do not have to help pay for that type of covered medical care. Co-pays must be paid to the doctor, pharmacy, or hospital when the service is provided for your child.

- Eligibility should be verified prior to providing services.
- For further information refer to your NC Health Choice Handbook or call Customer Services at **1-800-422-4658**.
- Mental Health and Chemical Dependency Services must be precertified by calling **1-800-753-3224**, 24 hours a day, 7 days a week.
- Hospital Admissions other than for mental health or chemical dependency must be precertified by calling **1-800-672-7897**, M - F, 8 a.m. to 5 p.m., (after hours leave message).
- Physicians and other medical providers should file claims to the local Blue Cross and/or Blue Shield plan where services are rendered.
- Pharmacy Customer Service: **1-800-466-4115**
- Pharmacy Services Help Desk: **1-800-922-1557**

Make the Most of Your NC Health Choice Benefits

Step 1: Choose a doctor.

Find a doctor that you and your child like. If you need help finding a doctor, call Customer Service at **1-800-422-4658** or your caseworker at the local department of social services. If you already have a doctor, be sure he or she takes NC Health Choice.

Step 2: Make an appointment.

Bring your child in for a well child check-up. That way, problems can be identified early before they become bigger problems. Going for well child check-ups helps the staff get to know you, your child, and your child's health history. They will also make sure that your child continues to get all needed shots (immunizations) on time. When your child gets sick, you'll already have a trusted Medical Home you can turn to.

Step 3: Call the doctor anytime.

Call whenever you have questions about your child's health, but especially before going to the emergency room. Take along this handbook and the ID card when you receive any service for your child. This will help you and your doctor make the right decisions for your child.

Step 4: Read this handbook.

Inside you'll find loads of information on benefits and resources. Learn all you can about your child's health and what kind of doctors, drugs, therapists, equipment or supplies may be needed. Keep your handbook and all of your child's medical information in one place.

Step 5: Re-enroll next year.

Children on NC Health Choice need to re-enroll once a year. Look for your Re-Enrollment Package in the mail. Be sure to let the local Department of Social Services (DSS) know if you move or you will not receive this important mailing. Re-enroll quickly so that your child's coverage will continue uninterrupted.

Coverage at a Glance

This is only a summary of your child's benefits. Although care may be listed as being covered, the care must be medically necessary and there may be limits. These limits can mean that only part of the service is covered. You may also need to get approval before getting certain types of care.

You are responsible for reading this handbook and knowing your child's coverage. If you have questions, call Customer Service at **1-800-422-4658**.

Coverage	Explanation	See Page(s)
Co-pay	<p>You may have to pay the first few dollars of a charge:</p> <ul style="list-style-type: none"> • \$5 office / outpatient co-pay (includes hearing, vision, mental health and chemical dependency) • \$2, \$5, or \$10 prescription drug co-pay • \$10 or 25 ER (emergency room) co-pay <p>Some families only have prescription drug co-pays. Look at your child's ID card to see which co-pays apply to you.</p> <p>Note: There are no co-pays for well child check-ups, age-appropriate immunization services or routine dental check-ups.</p>	<p>5, 10, 12-13, 15-20, 25, 31, 34-35, 40-41</p> <p>10, 18, 19</p> <p>10, 19</p> <p>10, 18</p> <p>5</p>
<p>Doctor Care</p> <ul style="list-style-type: none"> • Office visits • Wellness check-ups • Surgery • Inpatient care 	<p>Covered. (May have a \$5 office / outpatient co-pay.)</p> <p>Covered as follows:</p> <ul style="list-style-type: none"> • yearly physical exams (once every 365 days) • routine shots (immunizations) <p>Covered. Some surgeries need prior approval.</p> <p>Covered.</p>	<p>13</p> <p>13</p> <p>15, 23</p> <p>21</p>
Prescription Drugs	<p>Covered. (May have drug co-pay of \$2, \$5 or \$10.)</p> <p>Some prescription drugs require prior approval. If you have a question about whether a drug may require prior approval, you may call the Pharmacy Benefit Manager, Medco, at 1-800-466-4115.</p>	<p>5, 10, 18, 20, 28, 35, 41, 42</p>
<p>Medical or Surgical Hospital Care</p> <ul style="list-style-type: none"> • Emergency room • Outpatient • Inpatient 	<p>Covered. (May have a \$10 or \$25 emergency room co-pay.)</p> <p>Covered. Some surgeries need prior approval.</p> <p>Covered. Needs preadmission certification and length-of-stay approval before being admitted.</p>	<p>5, 6, 10, 19</p> <p>20, 22, 24</p> <p>21, 22</p>

Coverage at a Glance (continued)

Coverage	Explanation	See Page(s)
Outpatient Surgery	Covered. Some surgeries need prior approval.	20, 24, 25
Ambulance Service	Needs approval for land transport over 50 miles and for all air ambulance. See additional information under the section, "Medical Care with Limits"	26
X-ray, Lab and Radiation Therapy	Covered.	19
Therapy Services	Covered. (May have a \$5 office / outpatient co-pay.) Physical, occupational and respiratory therapies need prior approval when given in the home. Speech therapy needs prior approval when given in the home or office.	10, 12
Durable Medical Equipment	Covered. Must be medically necessary and a covered item. Needs prior approval for all purchases, rentals and repairs over \$1,000.	19
Home Care	Covered when medically necessary for skilled care. Some limits apply. Needs prior approval.	27
Home Health Care	Covered. Limited to skilled nursing visits, home care aides under the direct supervision of a registered nurse (RN) and private duty nursing. Needs prior approval. There are also other limitations (See additional information under the section, "Medical Care with Limits.")	27
Mental Health, Alcohol and Drug Treatment		
<ul style="list-style-type: none"> • Outpatient treatment 	Covered. (May have a \$5 office / outpatient co-pay.) Up to 26 outpatient visits covered in a Plan Year (July 1 – June 30) without getting prior approval. Over 26 visits in a Plan Year (July 1 – June 30) covered only if approved in advance by the Mental Health Case Manager. See covered providers on page 33.	32, 33
<ul style="list-style-type: none"> • Treatment in higher levels of care 	Covered. Inpatient and partial hospitalization, residential treatment, and care in a structured / intensive outpatient program. Preadmission certification for non-emergency admissions is required from the Mental Health Case Manager before being admitted to any of these types of care.	32, 33, 34

Coverage at a Glance (continued)

Coverage	Explanation	See Page(s)
Dental Care <ul style="list-style-type: none"> • Diagnostic services and preventive maintenance • Oral surgery • Accidental injury 	<p>Covered for routine cleaning, polishing, exams and fluoride treatments once every 6 months, sealants for children ages 6 through 15 years old, silver and tooth colored fillings, simple tooth pulling only (pulling impacted teeth or wisdom teeth is not covered), pulpotomy and stainless steel crowns, space maintainers and root canals on permanent front teeth and permanent 1st molars.</p> <p>Covered. Needs prior approval.</p> <p>Covered if your child is covered on the date of the accident. Needs prior approval. Repairs the mouth and teeth to the way they were before the accident.</p>	<p>13, 14, 15</p> <p>15, 23, 24 14</p>
TMJ (temporomandibular joint dysfunction) Treatment	<p>Covered. (May have a \$5 office / outpatient co-pay.) Limited to office visits and tests to diagnose TMJ. Splint therapy and surgery are covered only after an accident when your child was covered on the date of the accident and treatment began within 18 months following the accident.</p> <p>Surgery and splint therapy need prior approval.</p>	<p>15, 16</p> <p>16, 23, 24</p>
Organ Transplants	Covered. Corneal, bone marrow, kidney, liver, heart, lung, heart-lung and pancreas are covered. Cannot be experimental or investigational. Needs prior approval.	23, 25
Hearing Care	Covered. (May have a \$5 office / outpatient co-pay.) Services may include exams, hearing aides, repairs, ear molds, loaners and rentals. Needs prior approval.	16, 24, 25
Vision Care <ul style="list-style-type: none"> • Eye exam • Lenses • Frames 	<p>Covered. (May have a \$5 office / outpatient co-pay.)</p> <p>Covered. Once every 12 months.</p> <p>Covered. Only one set of glasses or contacts every 12 months.</p> <p>Covered. Only one set of frames every 24 months</p>	<p>17</p> <p>17</p> <p>17</p>

Co-pays

Some children enrolled in NC Health Choice have office/outpatient visit, emergency room and prescription drug co-pays. This means that you have to pay the first few dollars of a charge when you take your child to a doctor or therapist, to the hospital for outpatient care, to the emergency room, or when you buy a prescription drug. You can find your co-pay requirements on your child's NC Health Choice ID card.

Your card may show a co-pay for prescription drugs, doctor or other outpatient therapist, outpatient hospital visit, or Emergency Room (ER) visit. If the ID card says there is \$0 co-pay for a specific service, then you pay nothing for that service.

If you have questions about co-pays, take this handbook to your child's doctor or pharmacist and ask him or her to help you. You may also call Customer Service at **1-800-422-4658**. You will get more information about brand and generic drugs under the "When You Buy A Prescription Drug" section of this handbook.

Co-pay	Type of Covered Prescription Drug
\$2.00	Each covered brand drug without a generic substitute available
\$2.00	Each covered generic drug
\$5.00 or \$10.00	Each covered brand drug with a generic substitute available

Co-pay	Type of Covered Service
\$0	There is no co-pay for wellness check-ups, age-appropriate immunization services or preventative dental services.
\$5.00	Each visit to any doctor's office or to any outpatient therapist.
\$5.00	Each outpatient hospital visit.
\$10.00 or \$25.00	Each emergency room (ER) visit.

Children with Special Health Care Needs

Additional Benefits for Children with Special Health Care Needs:

Most children will be able to get all the services they need under the core (basic) plan of NC Health Choice. The core plan is outlined in this handbook. Children who need services that are not covered by the core plan may qualify for additional coverage. This additional coverage is called the Special Needs Plan.

There is a separate booklet that explains the Special Needs Plan. No separate application process or enrollment fee is required to qualify. You do not have to pick one plan over the other. A child with special needs will have access to both plans while enrolled in NC Health Choice. To learn more about the Special Needs Plan, call the Children With Special Health Care Needs Help Line at **1-800-737-3028**. Ask for a Special Needs Booklet, which is a companion piece to this NC Health Choice Benefits Handbook.

A child with special needs is defined as a child with conditions or problems that:

- have lasted or are expected to last for twelve months or more; and,
- interfere with the child's daily routine; and,
- require more medical care and family management than most children need.

Your child's doctor must certify that your child qualifies for the Special Needs Plan. To do so, the doctor completes a Physician Certification form that asks about birth defects, mental or behavioral disorders, long-term or complicated illnesses, acquired illnesses or disorders, or developmental disabilities.

The Physician Certification form:

- may be sent to NC Health Choice by any doctor caring for a child who meets the special needs definition above, or
- may be completed by the doctor at the request of NC Health Choice when a prior approval request or claim has been submitted for services above the core plan and a certification form is not yet on file with NC Health Choice.

You or your child's doctor can obtain a Physician Certification form by calling the Children with Special Health Care Needs Help Line at **1-800-737-3028** or you may access the form at <http://www.ncdhhs.gov/dma/providerhc/physicianform.pdf>.

Going to a Health Care Professional

When your child sees the doctor in an office, urgent care center, hospital outpatient clinic, or in your home, please show your ID card. If the ID card says there is a \$5 office/ outpatient co-pay, you should pay that at the time of the visit. Besides doctors' services, the co-pay is required for physical, speech, occupational and inhalation therapies, for chiropractic visits and for IV (intravenous) therapy. The co-pay does not apply to injected medications, laboratory, pathology and radiology.

Going to a Health Care Professional (continued)

You may take your child to any of the health care professionals listed below who are licensed in the State of North Carolina. The type of care and treatment that these professionals give must also be covered under NC Health Choice in order for them to be paid by the Plan.

If your child gets treatment that is not covered by NC Health Choice, you must pay the entire bill. (See pages 28 through 30)

This is a list of health care professionals whose care or treatment is covered by NC Health Choice. The type of care and treatment provided must also be covered and within the scope of the health professional's license in order for the service to be eligible for benefits. If you have questions, call Customer Service at **1-800-422-4658**.

- Doctor of Medicine (MD)
- Doctor of Osteopathy (DO)
- Doctor of Podiatry (DPM)
- Doctor of Chiropractic (DC)
- Doctor of Dental Surgery (DDS) or (DMD)
- Licensed Physician Assistant (PA)
- Licensed physical, speech, respiratory and occupational therapists
- Nurse (some advanced practice registered nurses, registered nurses and licensed practical nurses)
- Home care aide (under the direct supervision of a registered nurse and employed by a licensed home care agency).

This is a list of health care professionals whose care or treatment is not covered by NC Health Choice. If you have questions, call Customer Service at **1-800-422-4658**.

(This list is not all-inclusive.)

- Person not licensed to practice in North Carolina (or not licensed in the state in which service is rendered)
- Doctor of holistic / naturopathic medicine
- Homeopath
- Acupuncturist
- Doctor of Chinese / Oriental Medicine
- Massage therapist

Your child can also get medical care if a licensed MD (medical doctor) or DO (doctor of osteopathy) either oversees or provides the care at any of the following:

- county health departments
- rural community health centers
- migrant health centers
- Indian health centers

Covered mental health, drug and alcohol treatment professionals are located on page 33.

Going to the Doctor for Wellness Check-ups

NC Health Choice covers routine wellness check-ups and screening tests to find out the health of your child. Routine wellness check-ups can include such things as an exam by the doctor and blood, urine and TB (tuberculosis) tests. These wellness check-ups are done when your child is either healthy or not showing any symptoms or problems.

- NC Health Choice pays for wellness check-ups including yearly physical exams (once every 365 days).
- NC Health Choice pays for routine shots (immunizations) to prevent such diseases as measles or mumps.

You do not have to pay an office visit co-pay for these routine wellness check-ups and there is also no co-pay for routine immunizations.

NC Health Choice does not cover routine check-ups, tests or reports that are needed for such things as school, camp, legal documents, employment, insurance, sports or travel.

A visit to the doctor when your child is sick is different from taking your child to the doctor for a wellness check-up. There is no limit on the number of visits to the doctor when your child is sick.

Going to the Dentist

NC Health Choice covers two (2) routine dental check-ups during the 12-month period that your child is enrolled. You should schedule these visits once every six (6) months to make sure that your child's teeth stay healthy.

You do not have to pay an office visit co-pay for routine dental check-ups.

As part of these routine dental check-ups, NC Health Choice covers:

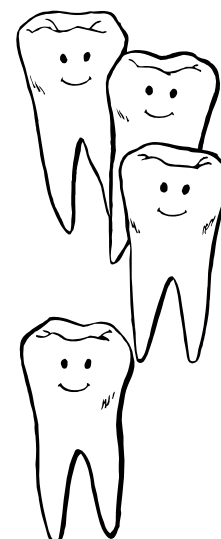
- exams (limited to two within 12 months)
- cleanings and polishing (limited to two within 12 months)
- fluoride treatments (limited to two within 12 months)

NC Health Choice covers x-rays of the teeth:

- back teeth limited to once every 12 months and
- entire mouth limited to once every 5 years

NC Health Choice also covers:

- sealants for children ages 6 through 15 years old for 1st and 2nd molars and 1st and 2nd permanent premolars only
- silver and tooth colored fillings
- Pulpotomy (removing part of the nerve in a tooth)



Going to the Dentist (continued)

- stainless-steel crowns
- minor treatment of dental pain
- simple extractions
- extractions other than impacted teeth or wisdom teeth
- space maintainers
- root canal therapy on permanent front teeth and permanent 1st molars

NC Health Choice does not cover the following:

- pulling impacted teeth or wisdom teeth
- repositioning impacted teeth to help them erupt into the mouth
- sedative, or temporary fillings
- braces
- retainers or other dental appliances (including gold and tooth colored crowns, bridges, inlays, veneers or partial and full dentures)
- dental implants
- root canals on baby teeth, premolars or 2nd & 3rd molars
- treatment of gum disease
- rebuilding gums before getting an appliance
- rebuilding the bone before getting an appliance
- anesthesia reported as a separate charge/service
(**Note:** Anesthesia given in the office is not eligible for separate reimbursement. If billed separately, you are responsible.)
- incidental services that are considered part of the primary dental service

Accident-Related Dental Care

NC Health Choice covers repair of your child's mouth or teeth following an accidental injury (such as injury from a fall) when your child is covered under NC Health Choice on the day that an accident happens and initial treatment is sought within a reasonable period of time (typically within 48 hours). Dental care is covered to repair your child's mouth or teeth as they were before the accident. All accident related dental care must be completed within a reasonable period of time (typically 18 months) following the accident and before your child's coverage ends.

When you take your child to the dentist, please take your child's ID card with you. If the ID card says that there is a \$5 office visit/outpatient co-pay, you should pay that to the dentist at the time of the visit. Note: You do not have to pay a co-pay for preventative dental check-ups.

Going to the Dentist (continued)

The following are some dental services after accidents that are not covered:

- Replacement of a dental appliance that can be fixed when broken in an accident.
- Improvements to the teeth.
- Dental services that are needed because of a chewing or eating accident.
- Dental care (due to decay) that would have been needed even if an accident had not happened.
- Dental treatment recommended prior to your child's enrollment in NC Health Choice.
- Dental services that are needed because of an accident that occurred when your child was not covered under NC Health Choice.

Oral Surgery

NC Health Choice covers some types of oral surgery for your child. You must get prior approval before your child has oral surgery. (See pages 23 through 25)

The following types of oral surgery are covered when approved:

- Surgical removal of tumors and lesions in the mouth unrelated to the teeth.
- Surgical correction of jaw and bone conditions that your child is born with (congenital).
- Surgical correction of the jaw that becomes noticeable as your child grows (developmental) and the condition produces a medical problem (such as problems with speech or nutrition).
- Surgical removal of teeth because they are damaged as the direct result of medical treatment such as chemotherapy.

The following are some oral surgeries that are not covered:

- Surgery to correct the alignment of teeth.
- Surgery to replace missing teeth with dental implants, bridges, partial or full dentures.
- Surgical removal of impacted teeth or wisdom teeth.
- Dental services that are needed because of a chewing or eating accident
- Removal of cysts when other dental procedures are done, including extractions.

Temporomandibular Joint Dysfunction (TMJ)

Temporomandibular Joint Dysfunction (TMJ) is the medical term used to describe problems with the jaw joint (clicking and pain when opening or closing the mouth.) If your child experiences these symptoms, you should take your child to a doctor or dentist to find out if she or he has TMJ dysfunction.

When you take your child to the doctor, please take your child's ID card with you. If the ID card says there is a \$5 office/outpatient co-pay, you should pay that to the dentist at the time of the visit.

Going to the Dentist (continued)

NC Health Choice covers the following treatment for TMJ dysfunction:

- Office visits and tests to find out if your child has TMJ dysfunction.
- Physical therapy by a qualified medical professional.
- Splint therapy after an accident when your child is covered under NC Health Choice on the date of the accident. All accident related treatment must be completed within a reasonable period of time (typically 18 months) following the accident and before your child's coverage ends.
- Prior approval is required for Splint therapy and TMJ surgery.
(see pages 23 through 25)

If you have questions about any dental service or treatment for TMJ dysfunction or prior approval, take this handbook to your child's doctor or dentist and ask him or her to help you. You may also call Healthcare Management and Operations (HM&O) at **1-800-672-7897** for help.

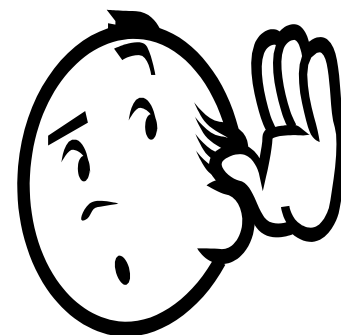
Going for a Hearing Exam

NC Health Choice covers routine hearing exams to find out if your child has a hearing loss. Your child must see a licensed audiologist or an ear, nose and throat (ENT) doctor. If your child needs a hearing aid, you must get prior approval before buying it and you must buy it from a licensed hearing aid specialist. (see pages 23 through 25)

When you take your child to the doctor or audiologist for a hearing exam, please take your child's ID card with you. If the ID card says that there is a \$5 office / outpatient visit co-pay, you should pay that at the time of the visit.

NC Health Choice covers the following items when they are medically necessary. You must get approval before buying them:

- Hearing aids
- Repairs
- Ear Molds
- Loaners
- Rentals



Note: Hearing aids must be fully approved by the Food and Drug Administration (FDA).

If you have questions about getting a hearing aid for your child, take this handbook to your child's doctor or audiologist and ask him or her to help you. You may also call Customer Service at **1-800-422-4658**.

Going for an Eye Exam

NC Health Choice covers routine eye exams to find out if your child's vision requires correction. Your child must go to an eye doctor who is a licensed ophthalmologist or optometrist. If your child needs glasses, contact lenses, contact lens solution or supplies, you must also buy them from a certified optical dispensing lab.

When you take your child to the eye doctor, please take your child's ID card with you. If the ID card says that there is a \$5 office/outpatient co-pay, you should pay that at the time of the visit.

NC Health Choice covers one (1) eye exam every 12 months.

The following services are also covered:

- 1 set of lenses (either glasses or contacts) every 12 months
- 1 set of frames every 24 months

The exception is if the lenses or frames are broken, the doctor must state that the lenses and/or frames cannot be fixed before approval is given for another pair.

NC Health Choice does **not** cover the following:

- radial keratotomy (RK), LASIK or other procedures to correct vision in place of glasses or contacts
- sunglasses
- orthoptics or visual training
- cost of oversized lenses or frames, designer or deluxe frames, tinted glasses or contacts, blended, coated or laminated lenses



Treatment Outside North Carolina

If your child gets medical care or supplies outside of North Carolina, the requirements in this Handbook as well as the following conditions must be met:

- A licensed doctor, eligible professional or hospital must give the medical care. (see page 12)
- Ask the doctor to send the claim for the bill to NC Health Choice through their local Blue Cross and Blue Shield plan. (see page 35)

Payment is made to the doctor unless the claim comes in with proof that the family has already paid.



Treatment Outside the USA

If your child gets medical care, prescription drugs or supplies outside the United States, the following conditions must be met:

- The care that your child gets outside the USA must have full and unrestricted approval in the USA to be covered by NC Health Choice.
- A government-licensed doctor, medical professional or hospital must give the medical care.
- You must pay the bill.
- You must send the claim for the bill to NC Health Choice. (see page 35)
- The charge must be translated into English (you have to send the original charge with the claim.)

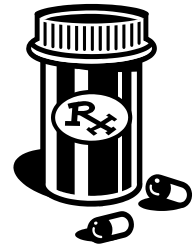


NC Health Choice does **not** cover the cost of translating bills.

Payment is based on the exchange rate in effect on the day services are received for foreign claims. Payment is sent to you.

When You Buy a Prescription Drug

NC Health Choice covers prescription drugs and insulin that you buy for your child from a drug store or mail order drug company. A prescription drug is covered if it can only be bought with a doctor's written prescription. A Pharmacy Benefit Manager (PBM) manages the prescription drug benefit. Medco is the current PBM.



When you buy a prescription drug for your child, please have your child's ID card with you. If the ID card indicates a drug co-pay, you should pay that to the pharmacist. If you do not show your child's ID card, the pharmacist may not know that NC Health Choice covers your child. You may then be charged the full cost of the prescription drug.

Note: If your child is given drugs while a patient in the hospital, you do not have to pay a co-pay. The cost of the drugs is part of the hospital bill.

Some prescription drugs are limited or require prior approval. Some are not covered. For questions related to prescription drug benefits or filing claims, please contact the PBM at **1-800-466-4115**.

Some over the counter drugs are covered by Health Choice if they are prescribed by your doctor.

When You Buy Medical Supplies

NC Health Choice covers some medical supplies (such as insulin needles, diabetic testing supplies, catheters and tracheostomy supplies). There is not a co-pay for covered medical supplies.

For questions about medical supplies, please contact Customer Service at **1-800-422-4658**.

Going to the ER (Emergency Room)

NC Health Choice covers your child's visit to the ER (emergency room) when there is a true emergency.

Please take your child's ID card with you. If the ID card says that there is a \$10 or \$25 emergency room co-pay, you should pay that at the time of the visit. If your child is admitted to the hospital or if there is a true emergency, you may not have to pay the emergency room co-pay.

What is an emergency?

North Carolina Law defines an emergency as:

Medical:

A sudden and unexpected condition requiring urgent medical attention. Examples of emergencies include: life-threatening problems like choking, bleeding that will not stop or broken bones.

Mental Health / Chemical Dependency:

A sudden and unexpected condition of such severity that your child could immediately injure himself or herself or other people unless there is immediate hospitalization.

If your child has a minor problem such as an earache, headache or cold, call your child's doctor if you are not sure if your child needs to go to the ER. If your child's doctor is not available, seek medical attention from another physician before going to the ER.

If your child goes to the emergency room for a minor problem and the ID card says there is a co-pay, you **will** have to pay the \$20 emergency room co-pay.



Going to the Hospital, but Not Being Admitted (Outpatient)

NC Health Choice pays charges for such things as a doctor's visit, lab work, x-rays, therapy, and covered surgery when your child goes to the hospital or ambulatory surgical facility without being admitted (outpatient). When it is necessary for treatment to be received in an outpatient setting because of a child's young age or an existing medical condition that will not allow them to be safely treated in the office, NC Health Choice **may** cover hospital charges, including anesthesia administered by an anesthesiologist. To find out if coverage is available for the outpatient setting and the anesthesiologist, you should have the doctor submit a request for approval. Otherwise, you may have to pay the entire cost.

When you take your child to the hospital as an outpatient (not being admitted to stay overnight) or to an ambulatory surgical facility, please take your child's ID card with you. If the ID card says that there is a \$5 office/outpatient co-pay (and the doctor charges for an office visit), you should pay at the time of the visit. If the ID card says that there is a \$0 office/outpatient co-pay, then you pay nothing.

When you buy prescription drugs at the hospital pharmacy to take home, and you have a drug co-pay, you should pay that to the pharmacist.

If you have questions about hospital or ambulatory surgical facility benefits please call Customer Service at **1-800-422-4658**.

Going to the Hospital

NC Health Choice covers many services for your child's stay in the hospital. Testing before your child is admitted to the hospital is covered if done within 14 days before the admission date. Hospital coverage includes room and board, hospital staff services, and supplies used while in the hospital. NC Health Choice does not cover such things as TV or beauty shop fees.

Drugs that your child may need while in the hospital are also covered; you do not have to pay drug co-pays. These drug charges are part of the hospital bill.

Before your child is admitted to the hospital for inpatient care, you must make sure that NC Health Choice gives you preadmission certification and length-of-stay approval. This is done to make sure that a hospital is the best place for your child to get treatment.

To do this, the doctor or hospital should call the Healthcare Management and Operations (HM&O) department at **1-800-672-7897** before your child is admitted to the hospital for medical treatment.

Hospital employees must also contact the Healthcare Management and Operations (HM&O) department when your child's stay is expected to go beyond the first approval time. They must provide more information as to why a lengthier stay is needed.

The Healthcare Management and Operations (HM&O) staff will give decisions within three (3) business days after getting all the needed information.

If your child is admitted to the hospital in an emergency during the weekend, holiday or after regular business hours, the doctor or hospital has 48 hours or until the next work day to get preadmission certification and length-of-stay approval.

Hospital admissions for mental health, alcohol and drug treatment also require preadmission certification and length-of-stay approval. (See pages 32 through 34 for telephone number and procedure.)

If Your Child Needs Short-Term Rehabilitation for Medical Reasons

Rehabilitation facility employees are responsible for contacting the Healthcare Management and Operations (HM&O) staff prior to admission for approval. When a stay is expected to go beyond the initial approval period, the Healthcare Management and Operations (HM&O) staff will contact the facility to get more information to see if a lengthier stay can be approved.

The Healthcare Management and Operations (HM&O) staff will give approval decisions within three (3) business days after getting all the needed information.

If Your Child Needs Surgery

NC Health Choice covers most kinds of surgery that your child may need.

This includes:

- Doctor's charges.
- Visits before and after the surgery.
- Assistant surgeons (when necessary).
- Anesthesia received in a hospital setting.

If your child needs surgery, please keep in mind the following:

- Some surgeries may require that you or your child's doctor get prior approval. (see page 25)
- If your child is admitted to the hospital, you or your child's doctor will need to get preadmission certification and length-of-stay approval. (see page 21)
- The surgery must be covered and considered medically necessary by NC Health Choice
- The surgery cannot be cosmetic (to improve appearance).
- The surgery cannot be experimental or investigational.

If you have questions about any surgery, take this handbook to your child's doctor and ask him or her to help you. You may also call Healthcare Management and Operations (HM&O) at **1-800-672-7897** for help.

Getting Prior Approval Before Starting Certain Services or Getting Equipment

NC Health Choice offers limited coverage for certain services and medical equipment as long as you or your child's doctor first gets prior approval. If prior approval is needed, be sure to check with your child's doctor to make sure prior approval has been received. If you do not get approval when required, you may have to pay the entire cost.

Medical records and a letter from the doctor stating why your child needs any of the services, procedures or medical equipment listed on pages 24 and 25 should be sent to the following address:

NC Health Choice
Healthcare Management and Operations (HM&O) Department
PO Box 30111
Durham NC 27702-3111
Fax 1-919-765-4890
Phone 1-800-672-7897

The Healthcare Management and Operations (HM&O) staff will give prior approval decisions within three (3) business days after getting all needed information.

Please note: If your child needs services that require prior approval in an emergency on weekends, at night or during holidays, please ask your child's doctor to request prior approval the next workday.

The Healthcare Management and Operations (HM&O) staff will give you and your child's doctor the decision.

In order to be considered for retrospective review, NC Health Choice must get requests within six months (180 days) of the last date of service. Requests received after 180 days of the last date of service will not be approved, even if the services were medically necessary.

If you have questions about anything needing prior approval, take this handbook to your child's doctor and ask him or her to help you. You may also call Healthcare Management and Operations (HM&O) at **1-800-672-7897** for help.

Getting Prior Approval Before Starting Certain Services or Getting Equipment (continued)

Services and Equipment

You or your child's doctor must ask for approval before your child gets the following services or equipment:

- **Private duty nursing**
- **Skilled nursing visits**
- **Home care aides**
(must be directly supervised by a registered nurse (RN) and employed by a licensed home care agency)
- **Skilled nursing facility care**
- **Speech therapy**
(unless given while in the hospital)
- **Hospice Care**
- **Home IV (intravenous) Therapy**
- **Physical and occupational therapies**
(given in the home)
- **Some surgeries**
(see page 25)
- **Oral surgery and treatment of TMJ dysfunction**
- **Licensed ambulance** over 50 miles
- **Air ambulance**
- **Hearing aids, repairs, ear molds, loaners and rentals**
- **Buying, renting, or repairing durable medical equipment** if it costs over \$1,000
(must be medically necessary and normally used in a hospital)

Services provided in the home or in a skilled nursing facility are for short-term skilled care to medically stabilize your child. All services have limitations and approval is based on your child's medical condition.

Getting Prior Approval Before Surgery

NC Health Choice covers many surgeries for your child. Prior approval is needed before your child has any of the surgeries listed below. If you do not get prior approval when required, you may have to pay the entire cost.

Description	Surgery
Plastic surgery to the stomach (abdomen)	Abdominoplasty
Removing skin over the eye to help a person see better	Blepharoplasty
Inserting a hearing device to help with hearing	Cochlear Implant
Removing large breasts in males	Excision of gynecomastia
Corrective surgery to fallopian tubes	Fimbrioplasty
Stomach or intestinal surgery for morbid obesity to help reduce weight	Gastric surgery
Correction when both ovaries and testicles are present	Hermaphroditism surgery
Removing scar tissue	Keloid excision
Surgery to the nose to help a person breathe	Nasal surgery
Dental care or surgery to treat an injury	Oral surgery
Surgery to correct a condition of the jaw determined congenital or developmental in nature	Orthognathic surgery
Reducing the size of breasts in females	Reduction mammoplasty
Injecting filling material into the skin	Subcutaneous injection
Removing fat deposits by suctioning	Suction lipectomy
Correction of TMJ with splint or surgery	TMJ surgery
Taking the organ or tissue of one person and surgically implanting into another. Must be a covered transplant.	Transplant
Repairing fallopian tubes	Tubotubal anastomosis
Surgery (including injections) to treat varicose veins	Varicose vein surgery

If you have questions about anything needing prior approval, take this handbook to your child's doctor and ask him or her to help you. You may also call Healthcare Management and Operations (HM&O) at **1-800-672-7897** for help.

Medical Care With Limits

NC Health Choice covers the following medical care with some limits for your child. This is only a partial list.

Acupuncture

Must be provided by an MD (medical doctor) or a DO (doctor of osteopathy) and is only covered for treatment of nausea associated with surgery or chemotherapy.

Ambulance Transportation

Licensed air ambulance requires prior approval

Licensed land ambulance transportation is covered in the following situations:

- 50 miles or less and one of the following:
 - to or from a hospital for inpatient care or outpatient emergency care
 - from a hospital to the nearest facility which is prepared to accept your child and is able to provide needed services not available at the first hospital
 - from a hospital to a skilled nursing facility
- 50 or more miles requires prior approval.

The following is not covered: Non-emergent transport to or from home, skilled nursing facility or alternate care facility to an outpatient setting. (For example: renal dialysis).

Cardiac rehabilitation programs

Coverage limited to \$1,800 or 90 days each Plan year. Must be medically necessary and started within 6 months of your child's heart illness. Program must be provided in a medically supervised facility certified by the NC Department of Health and Human Services.

Chiropractic care

Limited to \$2,000 each Plan year for covered services, which are limited to alignment of the spine, release of pressure by manipulation and X-rays of the spine. Chiropractors are not eligible to provide medications, drugs or nutritional supplements. If foot orthotics or other appliances are needed, they must be purchased from an appliance supplier. Unless your child's card shows no co-pay, there is a \$5 co-pay for each visit.

Diabetic self-care programs

Limited to \$300 each Plan year. Limited to diabetic counseling and instruction at a medically supervised facility. Must meet the standards of the National Diabetes Advisory Board.

Medical Care With Limits (continued)

Home care

Must be homebound or a child with special needs for care in the home to be covered. For home nursing care (skilled nursing visits and private duty nursing), the child's condition must require care from a licensed nurse for an unstable medical condition. Benefits for private duty nursing are limited to twelve hours per day for children on ventilators and to four hours per day for other children.

Home health care aide services

Coverage is limited to four hours per day. The home health aide must be under the supervision of a licensed health care professional and employed by a licensed home care agency. Only home health aide services that are an extension of skilled services are eligible for coverage (for example, assisting a nurse with wound care). Assisting with bathing, feeding, taking medications and other personal care is not covered.

Therapeutic shoes

Coverage is limited to \$350 and to one pair every year. May be covered for conditions such as diabetes or peripheral vascular disease.

Transplant

Requires prior approval for the following covered transplants: corneal, bone marrow, kidney, liver, heart, lung, heart-lung, and pancreas. NC Health Choice will not cover transplants that are experimental or investigational.

If you have questions about medical care with limits, take this handbook to your child's doctor and ask him or her to help you. You may also call Customer Service at **1-800-422-4658** for help.

Care That is Not Covered

NC Health Choice only covers standard services or treatments commonly recommended for a specific condition. If your child chooses a service that is not standard, you are responsible for the difference in the cost.

NC Health Choice does not cover the following services, equipment or supplies for your child (see list below).

If your child gets any of these services, equipment or supplies, you must pay for the entire cost.

If a service, equipment or supply is not listed on pages 28 through 31, do not assume that it is covered. This is only a partial list.

If you have a child with special health care needs, some services, equipment or supplies that are not typically covered by this plan may be covered. See "Children with Special Health Care Needs" section of this handbook (page 11).

Non-Covered Services (this is partial list):

- Taxi, bus, gasoline or other personal transportation costs
- Any services received prior to the effective date of your child's coverage or after your child's coverage ends
- Treatment of disease/injury as a result of military service or a declared or undeclared war
- Services that are not medically necessary
- Care related to conditions or treatment not covered by NC Health Choice
- Experimental/investigational procedures and any direct or indirect complications
- Surgical/medical procedures specifically listed by the American Medical Association or the North Carolina Medical Society as having questionable or no medical value.
- Nonskilled services
- Custodial care
- Drugs or devices not given unrestricted market approval by the FDA (Food and Drug Administration)
- Care provided by an ineligible provider
- Services provided in a facility not appropriately licensed or accredited
- Dental implants, dentures, crowns, bridges, onlays, inlays, braces and/or pulling impacted teeth and / or repositioning impacted teeth (**Note:** Dentures, crowns and bridges can be covered if accident-related)
- Braces and orthodontics for TMJ (even in the presence of an accident)
- Dental services that are the result of an accident that occurred while your child was eating or drinking

Care That is Not Covered (continued)

- Anesthesia administered by the doctor in an office setting
- Dental services that are the result of an accidental injury that occurred prior to members coverage effective date
- Telephone consultations or services
- Durable Medical Equipment (DME) set up and dispensing fees
- Charges for services related to on-the-job injuries
- Care provided by more than one doctor for the same condition on the same day
- Assistant surgeon when there is no medical necessity or if there are hospital-employed surgeons or doctors in training available but not used
- Cosmetic services / surgery and complications from previous cosmetic surgery
- Health club memberships
- Vitamins, food supplements or replacements, nutritional supplements, formulas or special foods of any kind unless they require a physician's prescription to purchase and are for the treatment of certain medical conditions.
- Radial keratotomy or other procedures to correct vision in place of corrective lenses
- Orthoptics or visual training exercises
- Maternity care or any other services related to pregnancy, whether the mother keeps the baby or not
- Sterilization or reversal of sterilization
- Sex change surgery and related services and complications
- Personal services (telephone, TV, laundry, hairdresser, etc.)
- Administrative costs including writing and getting together reports
- Complications from non-covered services
- Sperm analysis and storage
- Egg Harvesting and storage

See pages 32 through 34 for a list of mental health or alcohol/drug treatment services which are non-covered or which have limits.

If you have questions about anything that is not covered, take this handbook to your child's doctor and ask him or her to help you. You may also call Customer Service at **1-800-422-4658** for help. If your child needs a service that is not listed as a covered service in this handbook, call the Children with Special Health Care Needs Help Line at **1-800-737-3028** to see if it can be covered under the Special Needs Plan.

Care That is Not Covered (continued)

Non-covered Equipment and Supplies

NC Health Choice does not provide benefits for certain supplies and equipment. You are responsible for the cost of these non-covered items or services if you choose to purchase them.

NC Health Choice does not cover the delivery and/or set up for equipment considered part of rental or purchase allowance that is billed separately.

Do not assume that an item, service or procedure is covered if it is not listed in this Handbook.

Contact Customer Service at **1-800-422-4658** if you have questions. If your child has special health care needs, call the Children with Special Health care Needs Help Line at **1-800-737-3028**.

Non-Covered Equipment and Supplies (This is a partial list.)

Air conditioners, air filtration systems, air cleaners and filters	Elevator
Bed, residential-type	Heat lamps
Bed board	Intercoms (communicators)
Bath, including jacuzzi, sauna, sitz, whirlpool, and tub and shower accessories (including bath chair systems)	Mattress (except with hospital bed)
Chairs, including recliner, "Roll-away," and Auto-tilt	Medical alert equipment/services
Clothing	Scales (food or weight)
Computers	Telephone Alert System
Humidifiers, dehumidifiers, and vaporizers	Vacuum cleaners
Exercise, sports and massage equipment, (regardless of the reason) including exercise bicycle, gravity inversion equipment, muscle stimulator/massager, treadmill exerciser, weights, weight bench, swimming pool, parallel bars, massage devices and vibration unit	
Safety equipment, including restraints (padding) and grab bars, (including bathroom rails)	
Sick room supplies, including bed bath, pillows (cervical or lumbar), emesis basin, heating pad, ice blanket, lambs wool pad, lap tray, surgical face mask and table	
Wheelchair accessories, including basket/tote bag, beverage holder, bumper wheels, curb ramp, curb ramp holder, custom handle, lap tray, lift (van), lifting handle, power seat lift, ramps and structural modifications, luggage rack and auto wheelchair carrier	
Youth equipment, including adaptive clothing, air mat, balls, beams, blocks, bolster, classroom aids, cognitive or developmental supplies, crawling aids, cylinders, feeding utensils, grooming supplies, ramps, swings, tables, toys (adaptive/educational) and Tyke-Hike	
Youth seating equipment, including car seat, classroom chair, high chair (feeder chair), infant relaxers, pony seats, stools and straddle chairs	
Bath, paraffin	Fracture cast sock
Biomechanical orthotic device	Hand controls, automobile
Blood pressure cuff/kit,	Hydrocollator
Cast impressions	Molded shoe
Cranial prosthesis (wig)	Neuro aides/pads
Cryo cuff/cold therapy	Nightguards or athletic mouthguards
Dentures (unless due to accident)	Orthotic stabilizers
Diathermy machine	Postural drainage board
Electrostatic machine	Pre-set Portable Oxygen Center
Electrical continence aid	Rectal dilator
Electrocardiocorder	Speech teaching machines
Extend-A-Hand	Spinal-pelvic stabilizers
Fiberglass stabilizers	Temporomandibular joint appliance (unless due to accident)

If you have questions about anything that is not covered, take this handbook to your child's doctor and ask him or her to help you. You may also call Customer Service at **1-800-422-4658** for help.

Going to the Doctor or Counselor for Mental Health, Alcohol or Drug Treatment

When you take your child to the doctor or counselor, please take your child's ID card with you. If the ID card shows a \$5 office/outpatient co-pay, you should pay that amount at the time of the visit. If the ID card shows a \$0 office/outpatient co-pay, then you pay nothing.

Outpatient Visits

If your child needs outpatient visits for mental health, alcohol or drug treatment:

1. Choose one of the types of doctors or counselors listed on page 33 of this handbook. The doctor or counselor may work in a private office, in a local mental health center, or in some other setting.
2. No preauthorization is required for the first 26 combined visits for mental health and alcohol or drug treatment beginning July 1st of each year. The 26 visits are the total visits for mental health and alcohol or drug treatment. You do not receive 26 visits for mental health and another 26 visits for alcohol and drug treatment. If your child is already getting treatment when he or she enrolls, make sure that your child's type of doctor or counselor is listed on page 33.
3. If your child is expected to need 27 or more visits during the Plan year (July 1 through June 30), you or your child's doctor or counselor must call the Mental Health Case Manager at the 18th visit to request an Outpatient Request Form 2 (ORF2) if your doctor or counselor does not already have one. To get this form, call the Mental Health Case Manager at **1-800-753-3224**.
4. The Mental Health Case Manager must receive the completed Outpatient Request Form 2 prior to visit 27.

If you have concerns about your child's mental or emotional health and he or she is not currently receiving treatment, NC Health Choice offers six (6) outpatient visits per year for assessment and early intervention.

You may take your child to an eligible doctor or counselor to evaluate if he or she is at risk of developing a mental health, alcohol or drug problem. In addition to evaluation, your child may receive individual and group counseling sessions. Ask your child's doctor or counselor to call the Mental Health Case Manager to ask about special claims filing requirements prior to filing a claim for these services. The Mental Health Case Manager may be reached at **1-800-753-3224**. When you call this number, please request to speak with someone in the Account Services Department for NC Health Choice.

- The evaluation and counseling must not total more than six visits each year from July 1 through June 30. These visits will count toward the 26 combined visits that do not require preauthorization (see #2 above).
- Providers of these six visits must have the same credentials as currently required by the Plan for outpatient therapy (see next page).

Going to the Doctor or Counselor for Mental Health, Alcohol or Drug Treatment (continued)

- Providers may see your child in a school-based health center, health department, private office, outpatient clinic, or some other setting.
- Other than these six visits, a mental illness or alcohol/drug diagnosis is required for payment.

The following professionals can provide mental health as well as alcohol and drug treatment services covered by NC Health Choice. If you are seeking services for your child, please make sure care is given by a professional listed below.

- Licensed psychiatrist (MD) or (DO)
- Licensed psychologist (PhD), (EdD) or (PsyD)
- Certified clinical social worker (CCSW)
- Licensed clinical social worker (LCSW)
- Licensed professional counselor (LPC)
- Licensed marriage and family therapist (LMFT)
- Certified fee-based pastoral counselor (PhD)
- Licensed psychological associate (LPA)
- Licensed physician assistant; must be supervised and employed by a psychiatrist
- Certified clinical specialist in psychiatric and mental health nursing (RN, certified by the American Nurses Credentialing Committee which now certifies clinical specialists as Advanced Practice Registered Nurses, Board Certified)
- Registered nurse (RN) or (RN-C); must be supervised and employed by a licensed psychiatrist or licensed psychologist

The following list may only provide care for alcohol and drug treatment.

- Certified substance abuse counselor (CSAC)
- Physician (MD) or (DO) licensed as an MD or DO in the state in which services are provided and be certified by the American Society of Addiction Medicine
- Certified clinical supervisors (CCS)
- Licensed clinical additions specialists (LCAS).

Inpatient And Other Higher Levels Of Care

The following mental health, alcohol and drug treatments are covered in addition to outpatient visits:

- Inpatient hospital care
- Partial hospitalization
- Residential treatment at several levels

Going to the Doctor or Counselor for Mental Health, Alcohol or Drug Treatment (continued)

- Detoxification
- Various treatments that are community-based
- Various treatments that are community-based
- Emergency respite (relief) care
- Care in a structured or intensive outpatient program (minimum nine hours per week, multiple staff, various treatment approaches)
- Psychological testing (other than in the first 26 outpatient visits)

You must follow the steps below before getting the covered services listed above:

1. Ask your child's doctor or counselor to call the Mental Health Case Manager before getting treatment. If your child's doctor or counselor does not obtain preauthorization when it is required, you may be responsible for the entire cost.
2. If your child is already getting treatment when he or she enrolls, have your child's doctor or counselor call the Mental Health Case Manager immediately.
3. In an emergency, take your child to the nearest doctor or hospital. Have the doctor or hospital call the Mental Health Case Manager as soon as possible but no later than two business days after admission. Hospital employees are responsible for contacting the Mental Health Case Manager when your child is admitted and when a stay is expected to go beyond the first approval time. The hospital employees give more information to see if a longer stay can be approved.

The Mental Health Case Manager will give a decision about whether or not care can be approved within three (3) business days after getting all needed information. The Mental Health Case Manager may be reached at **1-800-753-3224**.

The following is a list of non-covered mental health, alcohol or drug services:
(This is only a partial list.)

- Testing done only to determine educational or learning problems.
- Court ordered treatment except when pre-certified by the Mental Health Case Manager as medically necessary.
- Two or more psychotherapy visits in the same day.
- Any type of service provided over the telephone.
- Any non-covered medical service delivered in a mental health, alcohol or drug treatment setting.

How to File a Claim

In the state of North Carolina most hospitals will file claims for your child. Generally, most doctors, many drug stores and mail order drug companies will also file claims. You should show your child's ID card when you take your child to the doctor, hospital or buy a prescription drug and ask that the claim be filed with NC Health Choice.

Providers, who accept your child as a patient, must accept the NC Health Choice reimbursement as payment in full and cannot bill you for the remaining cost. They can charge you for co-pays and non-covered services.

Providers submit claims to Blue Cross and Blue Shield of North Carolina* (BCBSNC) for processing. Any licensed provider in North Carolina can provide services for NC Health Choice recipients. It is not necessary for providers to enroll with BCBSNC to provide services and submit claims, but claims submitted by BCBSNC participating providers generally process for payment quicker than claims submitted by providers who are not enrolled with BCBSNC.

When a doctor or other medical provider will not file a claim, you will have to file the claim yourself. Claim forms are available from Customer Service.

You are responsible for making sure that all claims for covered services are filed within 18 months from the date of service. NC Health Choice will not pay claims that are not received within the 18-month time limit.

Claims for medical, mental health, alcohol and drug treatment:

For questions related to claims filing, contact Customer Service at **1-800-422-4658**. Complete the form and attach a copy of the doctor's charges. The doctor's charges must have:

- Doctor's name
- Date of service
- Itemized charges
- Complaint or symptom (diagnosis)
- Doctor's signature

Mail these types of claims to:

NC Health Choice
PO Box 30025
Durham NC 27702-3025

* an independent licensee of the Blue Cross and Blue Shield Association

What Happens After Your Claim is Processed?

Each week, NC Health Choice sends a report called an Explanation of Benefits (EOB) to enrollees if claims were processed for them during the preceding seven (7) day period. If the processing of a claim resulted in payment, a check will be sent to the health care professional.

YOUR EOB IS NOT A BILL. The EOB contains information about the nature of each claim submitted on behalf of your child. If the EOB shows your co-pay, it was what you paid to the health care professional at the time of your visit. You should not pay NC Health Choice. Also, do not pay your child's health care professional unless you receive a bill directly. You can use the EOB to keep up with your co-pays.

The back of the EOB shows your child's name and address. It also shows information about your right to appeal claim decisions. You can also find the address for Customer Service on the back of the EOB.

If You Have Questions About Your Child's Benefits or Claims

If you have questions about claims or covered medical care for your child, please call Customer Service at **1-800-422-4658**. You may also write to the following address:

**NC Health Choice
PO Box 30111
Durham NC 27702-3111**

If you have questions about prescription drugs, please call the Pharmacy Benefit Manager at **1-800-466-4115**.

If you have questions about mental health, alcohol or drug treatment for your child, please call the Mental Health Case Manager at **1-800-753-3224**. You may also write to the following address:

**NC Health Choice
Mental Health Case Manager
PO Box 12438
Research Triangle Park NC 27709-2438**

Fraud

It is a crime to knowingly and willfully apply for, obtain coverage or to request and receive medical treatment by:

- making a false statement, not giving full and correct information or misrepresenting information;
- helping another person either directly or indirectly to attempt or to actually get money, services or anything of value through NC Health Choice; or
- misusing the NC Health Choice card by selling, changing information or letting another person use the card.

If a person commits fraud, he or she will face criminal charges and the child may be dropped from coverage.

Help Stop Fraud

Always review your Explanation of Benefits for correct information about the items or services your child received. If you suspect a fraudulent act has been committed against NC Health Choice, please report this incident to the Special Investigations Unit by calling the Fraud Hotline toll free at **1-800-324-4963**.

How to Request a Review

If you have questions or concerns about a decision to delay, deny, reduce, terminate or suspend your child's Health Choice services, you may contact Customer Service as indicated below. It may be possible that you and Customer Service can resolve your questions and/or concerns.

- For medical services contact Customer Service at **1-800-422-4658**
- For mental health, alcohol or drug treatment services, contact Customer Service at **1-800-753-3224**
- For pharmacy services, contact Customer Service at **1-800-753-2851**.

You also have the right to request an internal first level review of the decision with the North Carolina Department of Health and Human Services (DHHS) followed by an external second level review with the DHHS Hearing Office. Both reviews must be completed within 90 calendar days of the date of receipt of the internal first level review request.

To Request a Review:

- You may request an internal first level review by writing a letter or filling out an Internal First Level Request for Review Form **within 30 days of the date of the notice, even if you contact Customer Service.**
- If you disagree with the internal first level review decision, you may request an external second level review with the DHHS Hearing Office by writing a letter or filling out an External Second Level Review Request Form.
- You may obtain a copy of these request forms by calling the CARE-LINE, Information and Referral Service at **1-800-662-7030** (English/Spanish) or **1-877-452-2514** (TTY number for deaf or hearing impaired callers). In the Triangle area, call **919-855-4400** (English/Spanish) or **919-733-4851** (TTY for hearing impaired). The CARE-LINE is open from 8:00 a.m. until 5:00 p.m., Monday - Friday.
- You may also obtain the forms by visiting our web site at: **<http://www.ncdhhs.gov/dma/healthchoice/index.htm>**.
- If you request a review by writing a letter, please include the **following** information:
 - Child's name
 - Child's Health Choice identification number
 - Your telephone number
 - Your address
 - Date the service was provided
 - Name(s) of the provider(s) of the service

How to Request a Review (continued)

- Reason for review request
- Copy of the Explanation of Benefits (EOB) or letter about the benefit decision
- Documentation, if needed (such as medical records, letters from a doctor, etc.)
- Name of the representative in Customer Service who handled the inquiry
- If you have a lawyer or other representative you would like to assist you in the review process, please include the name, telephone number, and address of the person you would like to be your representative. By designating a representative, you authorize the Division of Medical Assistance to release any and all medical records, other documents, and confidential information which may pertain to the review of this decision to your representative.
- Your signature and date on the letter.
- Mail or fax your request to:
NC Health Choice-Directors Office
Review Coordinator
2501 Mail Service Center
Raleigh, North Carolina 27699-2501
Fax: (919) 733-6608

Review Process:

The review process consists of two levels as described below. Both levels of review must be completed within 90 calendar days of the date of receipt of the internal first level review request.

Internal First Level Review:

You have the right to an internal first level review by the Clinical Medical Director of the Division of Medical Assistance or clinical designee, who will review the determination and any other information you submit.

- You must submit the request for an internal first level review within 30 days of the date of this notice.
- You will receive a written decision by certified mail.
- The internal decision notice will provide further information about how you may request a second level review.

How to Request a Review (continued)

External Second Level Review:

If you are not satisfied with the internal first level review decision, you may request an external second level review by the DHHS Hearing Office.

- You must request this review within 15 days of the date of the first level review decision.
- The DHHS Hearing Office will conduct a hearing in Raleigh, which you may attend in person or by telephone.
- At the hearing, you may represent yourself or have a representative, including an attorney at your expense.
- You will receive a written decision by certified mail.

Expedited Review:

If your child's physician determines that the standard 90-day time frame could seriously jeopardize your child's life or health or ability to attain, maintain, or regain maximum function, you may request that the review be completed within an expedited time frame. Under the expedited time frame, each level of review must be completed within 72 hours unless you request additional time (no more than 14 days may be allowed).

Review Decisions:

All review decisions are based on coverage noted in the North Carolina General Statutes and in the NC Health Choice medical policies.

When a Review Will Not Be Held:

A review will not be held if the sole basis of the decision is a provision in the Federal or State law requiring automatic change in coverage for a NC Health Choice enrollees without regard to individual circumstances.

Services Provided During the Review Process:

If the decision is to decrease the amount of service previously authorized, the service shall be covered at the amount authorized in the decision, unless and until the decision is overturned in the review process. If the decision is to deny or terminate a service, the service will not be covered, unless and until the decision is overturned in the review process.

Enrollment:

Your child will remain enrolled in the Health Choice program during the review process as long as he or she is eligible.

Commonly Used Terms

Brand Name Prescription Drug

A “brand name” prescription drug is the “brand” or “trade” name for a drug produced by one company. To reduce the amount of your co-pay, ask your physician if a “generic” drug substitute would be a good choice. (See definition of “Generic Prescription Drug” below.)

Child

A person age six (6) through 18 who lives in the state of North Carolina and qualifies for NC Health Choice as determined by county departments of social services.

Child with Special Health Care Needs

A child with special health care needs enrolled in NC Health Choice who has a medical or mental health condition or a problem with alcohol or drug abuse, that has lasted or is expected to last for twelve (12) or more months, interferes with the child’s daily routine, and requires more medical care and family management than most children need.

Coverage

Benefits that are paid by NC Health Choice for covered medical care, mental health, alcohol and drug treatment and prescription drugs.

Co-pay

Part of the charge that a covered child’s family or guardian may have to pay for covered treatment. This payment is made to the health care professional at the time your child receives the service.

Covered Service

Medical, dental, mental health, alcohol and drug treatment that can be covered under NC Health Choice.



Customer Service

Office that answers questions about NC Health Choice and gives help with processing claims.

Durable Medical Equipment (DME)

Standard equipment which normally is used in an institutional setting, can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.

Commonly Used Terms (continued)

Generic Prescription Drug

A “generic” prescription drug is a drug that is made by more than one company. If your physician allows the pharmacist to choose a “generic” drug, he is free to choose a less expensive drug. This will save both you and the Health Choice Program money. “Generic” drugs are often an effective substitute for brand name drugs. The co-pay for a “generic” drug is less.

Letter of Medical Necessity

A statement or medical records submitted and signed by a physician to support the need for the requested service, equipment or supply.

Limits

When a service may be covered but only a certain number of visits or amount of money may be paid, or only a certain kind of doctor or medical professional can give the care.

Medical Necessity

Necessary for and appropriate to the diagnosis, treatment, cure or relief of a health condition, illness, injury, disease or its symptoms.

Healthcare Management and Operations (HM&O)

Healthcare Management and Operations administers the medical necessity process, which includes the preadmission certification of inpatient hospital admissions and certain procedures and surgeries that require prior approval.

Mental Health Case Manager

The Mental Health Case Manager is responsible for determining medical necessity for mental health services. (For specifics about when to call the Mental Health Case Manager refer to the section, “Going to the Doctor or Counselor for Mental Health, Alcohol or Drug Treatment.” See pages 32 through 34.)

NC Department of Health and Human Services (NC DHHS)

State agency that runs NC Health Choice and handles prior approval of some services for children with special health care needs.

Non-Covered Services

Any care, treatment, service or supply that cannot be paid by NC Health Choice.

Commonly Used Terms (continued)

Pharmacy Benefit Manager (PBM)

The company with which the State of North Carolina contracts to manage the prescription drug benefit. The PBM is currently Medco.

Plan Year

Same as the State of North Carolina's fiscal year (July 1 through June 30).

Preadmission Certification and Length-of-Stay Approval

This process makes sure that hospital admissions and the number of days spent in the hospital are right for a child's condition. This includes facilities and programs for medical, mental health, alcohol and drug treatment. This is different from prior approval or calling Customer Service for information.

Prescription Drug

A drug approved by the Food and Drug Administration (FDA) that can be bought only with a doctor's written prescription. A drug that can be bought without a doctor's written prescription is not covered.

Prior Approval

Process that makes sure that certain covered medical care and services are medically necessary to treat a child's condition. This is different from calling Customer Service for information or getting preadmission certification and length-of-stay approval for a hospital stay.

Provider

A licensed professional, hospital, clinic or pharmacy that is eligible to provide services under the terms of the Plan. Must be certified/licensed in the state in which covered services are provided. The term "Provider" may also be used for a supplier of durable medical equipment.

Retrospective Review

When NC Health Choice is being asked to approve services for your child that have already been provided, the review is considered "retrospective."

Wellness

Doctor visits when your child is not sick or hurt.

Year

The time period that a county department of social services says a child can be covered under NC Health Choice (not to go beyond 12 months).



Important Telephone Numbers and Addresses

- ▶ North Carolina Family Health Resource Line
(To find out general information or to apply for NC Health Choice coverage)
1-800-367-2229

- ▶ Customer Service
(For general information and questions about claims)
1-800-422-4658
1-800-442-7028 (TTY line)
1-919-765-7080 (Fax #)
NC Health Choice
Customer Service
PO Box 30111
Durham NC 27702-3111

- ▶ Prior Approval
(For general information and questions about prior approval)
1-800-672-7897
1-919-765-4890 (Fax #)
NC Health Choice
Healthcare Management and Operations (HM&O)
PO Box 30111
Durham NC 27702-3111

- ▶ Inpatient Hospital Admission for Medical / Surgical Treatment
(To get a hospital stay approved)
1-800-672-7897
1-919-765-4890 (Fax #)

- ▶ Mental Health, Alcohol, and Drug Treatment
(For general information and questions)
1-800-753-3224
1-919-379-9035 (Fax #)
Mental Health Case Manager
PO Box 12438
Research Triangle Park NC 27709-0438

Important Telephone Numbers and Addresses (continued)

▶ **Children With Special Health Care Needs Help Line**

(For general information and questions about services for children with special health care needs)

1-800-737-3028

▶ **Pharmacy Benefit Manager (Medco)**

(For questions about prescription drug benefits and claims)

1-800-466-4115

NC Health Choice
Pharmacy Benefit Manager
PO Box 30493
Tampa FL 22520-3493

▶ **Dental Prior Approval**

(For general information and questions about prior approvals)

1-800-672-7897

1-919-765-4890 (Fax #)

NC Health Choice Dental Analyst
PO Box 610
Durham NC 27702-0610

▶ **Filing All Claims (Except Prescription Drugs)**

(To have your child's doctor file claims)

NC Health Choice
PO Box 30025
Durham NC 27702-3025

▶ **Reviews**

NC Health Choice - Director's Office
Review Coordinator
2501 Mail Service Center
Raleigh, North Carolina 27699-2501
Fax: **919-733-6608**

CARE-LINE Information and Referral Service **1-800-662-7030** (English/Spanish) or **1-877-452-2514** (TTY number) to request a Review Request Form.

Notice of Privacy Practices

Notice of Privacy Practices

North Carolina Health Choice for Children

Original Effective Date: April 14, 2003, Revised Effective Date: July 1, 2010

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.

Responsibilities of North Carolina Health Choice for Children

North Carolina (NC) Health Choice for Children (Health Choice) is a state-supported health plan that insures children, ages 6 through 19. NC Health Choice collects and maintains health information about you. Typically, unless you are age 18, a personal representative such as your parent or legal guardian will handle your health plan benefits on your behalf.

NC Health Choice is required by law to protect the privacy of your protected health information (“health information”) and to provide you with this [Notice of Privacy Practices](#) describing our legal duties and privacy practices with respect to your health information.

This [Notice](#) describes how NC Health Choice may use and share your health information and explains your privacy rights. NC Health Choice is required to use or disclose your health information only as described in this [Notice](#). We do, however, reserve the right to change our privacy practices and the terms of this [Notice](#) and to make new notice provisions effective for all health information that we maintain. Notice of any revision will be sent to you, including the internet address of where to find the new [Notice](#) and instructions about how to receive a paper copy. We will not change our privacy practices before you are sent a notice of the revision, unless the change is required by law.

When you were approved for NC Health Choice, the County Department of Social Services sent your health information to the Division of Medical Assistance so that NC Health Choice could pay for your health care. This information included your name, address, birth date, phone number, Social Security number, Medicare number (if applicable) and health insurance policy information. It may also have included information about your health condition.

Notice of Privacy Practices (continued)

When your health care providers send claims to NC Health Choice for payment, these claims include your diagnoses and the medical treatment and supplies you have received. For certain medical treatments, your health care provider must send additional medical information such as doctor's statements, x-rays or lab test results.

If at any time you have questions or concerns about the information in this Notice or about our agency's privacy policies, procedures or practices, you may contact the NC Health Choice Privacy Official. (See contact information on the last page.)

Use and Disclosure of Health Information Without Your Authorization

NC Health Choice performs some functions through contracts with other agencies such as your County Department of Social Services and through contractors or business associates that process your health care provider claims. When services are contracted, NC Health Choice must share enough information about you with its contractors or business associates so that the contractors or business associates can perform the job that NC Health Choice has asked them to do.

To protect your health information further, NC Health Choice will only disclose your health information after making sure in writing that its contractors or business associates will safeguard your information the same way that NC Health Choice does. They agree to use your information appropriately and are required by law to do so.

The Division of Medical Assistance may use or disclose your health information to provide NC Health Choice services to you **FOR**:

Treatment:

Information about your health and the services you have received may also be disclosed to your doctor(s) to help in coordinating your care and treating you.

(EXAMPLE: NC Health Choice may provide to physicians a list of what medicines you have received, so they can consider those when prescribing additional medications).

Payment:

NC Health Choice may use or disclose your health information to its contractors or business associates who provide payment or payment-related services for NC Health Choice. We may use or disclose your health information to pay for your health care, or to otherwise meet our responsibilities for coverage and benefits. How we may use or disclose your health information for payment purposes includes, but is not limited to: making decisions relating to coverage and payment for your treatment, determining if charges for treatment are correct and reasonable and if your treatment is covered by the Plan (including determination of medical necessity);

Notice of Privacy Practices (continued)

providing reimbursement for your treatment; deciding if you are eligible for coverage with the Plan; coordinating benefits with other insurers; reviewing claims; determining if we can give you a precertification or preauthorization to receive treatment; preparing your Explanation of Benefit Summary Notice; or, for adjudicating claims.

(EXAMPLE 1: In order for your health care provider's claim to be paid, the contractor or business associate which processes claims for payment must have enough health information about you to verify and pay for the services you have received).

(EXAMPLE 2: To determine if your treatment is medically necessary and is covered under NC Health Choice, we may disclose your health information to other health care professionals).

Health Care Operations:

NC Health Choice may use or disclose your health information to perform a variety of business activities that we call "health care operations."

(EXAMPLE: We may contract with a private company to review the care and services our clients have received to ensure that a doctor or other health service agency provided them with quality care).

Other "operations" that may require that your health information be shared include functions **TO**:

- Review and evaluate the skills, qualifications and performance of health care providers that are taking care of you;
- Improve the quality of your care through processes such as identifying groups of individuals with special needs or by sharing information with a case manager who helps to coordinate your care;
- Reduce health care costs;
- Contact health care providers with information about treatment alternatives;
- Underwrite, premium rate and other activities relating to the creation, renewal or replacement of health benefits;
- Conduct or arrange for medical review, legal services, and auditing;
- Provide training programs for students, trainees, professional and non-professional staff to allow them to use under supervision the skills they have learned;
- Provide information to certifying and licensing agencies so that staff may fulfill professional requirements;
- Plan our agency's future operations;
- Enhance investigations conducted by administration whenever a staff member within our agency files a grievance, or protests a particular issue; and

Notice of Privacy Practices (continued)

- Provide information to other health plans and federal agencies to determine if you are enrolled as their member or covered by them.

Other Circumstances:

NC Health Choice may disclose your health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

- Required by law;
- For public health activities (i.e., disclose health information to public health authorities to report a communicable disease outbreak);
- Regarding abuse, neglect or domestic violence victims;
- For health oversight activities conducted by state or federal agencies;
- For law enforcement purposes unless otherwise prohibited by state or federal law;
- For court proceedings such as court orders to appear in court;
- Related to the donation of organ(s), eye(s) or tissue;
- To avert a serious threat to the health or safety of a person or the public;
- Related to specialized government activities such as national security;
- To correctional institutions or other law enforcement officials when you are in their custody;
- For Worker's Compensation matters;
- For research purposes; and
- To business associates which receive your health information, in order to perform functions on behalf of NC Health Choice, and which give satisfactory assurances that they will safeguard your health information.

More Stringent Laws

We will evaluate whether your protected health information is governed by more stringent laws or regulations prior to our use or disclosure. There are other more stringent laws and rules, such as the federal substance abuse confidentiality regulations, the NC Mental Health confidentiality statute(s), the NC Public Health confidentiality provisions, and state minor consent statute(s), governing status (i.e., emancipation, marital status, etc.) or type of treatment (abortion, sexually-transmitted disease, birth control, etc.), that may affect how we handle your information.

Notice of Privacy Practices (continued)

Disclosure of Your Health Information That Requires Your Authorization

NC Health Choice will not use, communicate or disclose your protected health information without your authorization except as allowed in the circumstances mentioned above. Other uses and disclosures will be made only with your written authorization. You may cancel such authorization by notifying our agency Privacy Official. You will be asked to sign and date the Authorization Revocation section of your original authorization. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you cancelled your authorization will be legal and binding.

Generally, an individual deemed a “personal representative” of yours may authorize disclosures on your behalf until such time as you reach the age of 18. At the age of 18, you must authorize your personal representative to handle your health benefits on your behalf. However, if you have consented to treatment for services regarding the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; or emotional disturbance, you may have the right to authorize disclosure of your health information, even if you are a minor.

In order to obtain information from school districts to pay for your health related services, we need your authorization. By you or your personal representative signing the Medicaid application, you give your authorization for the school district that provides Medicaid-covered services to you to release to Medicaid information from your educational records in order for Medicaid to make payments for these services. The information that will be released each time payment is made may include your name, date of birth, and the type and amount of services that were provided. Your authorization is voluntary and may be rescinded at any time by contacting the school district. If you rescind your authorization, the school district will continue providing services to you at no cost to you.

Your Rights Regarding Your Protected Health Information

NC Health Choice recipients have certain rights regarding their protected health information. Unless otherwise noted, please contact either the NC Health Choice Privacy Official or staff to request the following actions below:

YOU HAVE THE RIGHT TO:

- **Receive a paper copy of this Notice upon request:** You have a right to a paper copy of this Notice upon request. You may also obtain a copy of this Notice by accessing NC Health Choice’s web site at <http://www.dhhs.state.nc.us/dma>. **Click** the link under “Privacy.”

Notice of Privacy Practices (continued)

- **Request confidential communications:** You have a right to request that NC Health Choice communicate with you in a certain way or at a certain location, such as calling you on your cell phone rather than at home.
- **Inspect and copy:** You have a right to request in writing to see your records and obtain a copy within 30 days at a reasonable fee. There are some exceptions to this right such as impending court actions. If this right is denied, you will be notified in writing of the reason for the denial and your right to request review of the denial.
- **Request amendment:** You have a right to request in writing that portions of your NC Health Choice records be corrected when you feel information is incorrect or incomplete. We may deny your request if the information was not created by this agency or if we believe the information is accurate. You may then file a statement of disagreement that will be included in any future disclosures if you request it.
- **An accounting of disclosures:** You have the right to request in writing and receive a written list of certain disclosures of your protected health information made after April 14, 2003. Exceptions from this list include those disclosures regarding treatment, payment or other health care operations or disclosures allowed by certain laws, or disclosures authorized by you.
- **Request restrictions on uses and disclosures of your protected health information:** You have a right to request restrictions on the information NC Health Choice uses or discloses about you. NC Health Choice is not required to agree to your requested restriction, but it will consider your request and the possibility of accommodating it.
- **File a Complaint:** If you feel we have violated your privacy rights, you may contact the NC Health Choice Privacy Official (see contact information below) or either of the agencies listed below. If you file a complaint, we will not take any adverse action against you, change your treatment, or deny treatment to you.

Complaint Addresses

NC Department of Health and Human Services

Operates an information and referral service located in the Office of Citizen Services, known as **CARE-LINE**, which receives and documents complaints and concerns regarding the privacy practices, policies and procedures related to the protection of individually identifiable health information.

Notice of Privacy Practices (continued)

Contact information is as follows:

NC Health Choice Privacy Official c/o CARE-LINE

Email: care.line@dhhs.nc.gov

2012 Mail Service Center

Raleigh, NC 27699-2012

Voice Phone: **1-800-662-7030** (Toll Free English/Spanish)

855-4400 (Raleigh local area English/Spanish)

TTY: **1-877-452-2514**; **(919) 733-4851** (Raleigh local area)

OR

NC Health Choice Privacy Official

NC Division of Medical Assistance

2501 Mail Service Center

Raleigh, NC 27699-2501

Main Office **(919) 855-4100**

Secretary, US Department of Health & Human Services

You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. Contact information is as follows:

Office for Civil Rights

U.S. Department of Health & Human Services

Atlanta Federal Center, Suite 3B70

61 Forsyth Street, S.W., Atlanta, GA 30303-8909

Voice Phone **(404) 562-7886**

FAX **(404) 562-7881**

TDD **(404) 331-2867**

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Medicaid Eligibility Unit
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27669-2501

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of your NC Health Choice
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