HIGHMARK. Delaware HEALTH OPTIONS

IMPORTANT INFORMATION ABOUT YOUR BENEFITS

Change in benefits effective January 1, 2018. Please review the changes below.

Chiropractic benefits in 2018:

- One manipulation per day with a maximum of 20 manipulations per calendar year
- One X-ray or PART (diagnostic) exam each year to detect spinal subluxation
- One PART exam each calendar year to determine progress. More than one per calendar year is included if medically necessary.
- X-rays to determine progress only if medically necessary.
- Manipulation and Adjunctive therapy for neck, back, pelvis or sacrum pain, or dysfunction, and chiropractic supportive care.
- Treatment is not included for conditions not related to a diagnosis of subluxation or pain of the neck, back, pelvis, and sacrum.

Updated Appeals and Grievances Process in 2018:

- A Notice of Action will be referred to as a Notice of Adverse Benefit Determination
- A grievance may be filed at any time orally or in writing
- You may request an appeal by phone or in writing. Unless you are requesting a fast appeal, a verbal request must be followed up in writing.
- You or your representative must file your appeal within sixty (60) calendar days from the date of the "Notice of Adverse Benefit Determination" (Notice of Action) letter
- If we extend the timeframe for resolving an appeal, we will call you and send you a written notice with the reason why
- Fast appeals will be resolved within 72 hours and we will call you and send written notice of the decision.
- You may ask to continue to receive services during the appeal process if:
    - You file the request for the appeal timely
    - If we are terminating, suspending, or reducing previously approved services
    - The services were ordered by a doctor
    - The original time period covered by the original authorization has not run out
    - You ask to continue receiving services within ten (10) calendar days of us sending the Notice of Adverse Benefit Determination (Notice of Action)
- If we continue your services during the appeal process, we will cover these services until:
    - You or your representative withdraws the appeal
    - You or your representative requests a State Fair Hearing
    - You or your representative fail to request a State Fair Hearing and to continue getting services with ten (10) calendar days of us sending the Notice of Adverse Benefit Determination (Notice of Action)
    - You receive a decision from the State Fair Hearing officer that was not in your favor
- A State Fair Hearing may be asked for within 120 days from the date of the notice of resolution upholding the Adverse Benefit Determination.

Highmark Health Options is an independent licensee of the Blue Cross and Blue Shield Association.

The following updates have been made in the handbook:

- **Section "How Can I Change My Doctor?" has an updated paragraph on page 3**: You can find a complete listing of our doctors by visiting our website at www.highmarkhealthoptions.com. The list will include name, address, phone numbers, specialty and board certification status. If you wish to learn more about a doctor's education, residency, and qualifications please contact member services. You can receive a mailed provider directory by calling the Member Services Department at 1-844-325-6251 or TTY 711 or 1-800-232-5460, Monday through Friday between the hours of 8 a.m. and 8 p.m.
- **Section "Safe and Effective Drug Management" has two new paragraphs on pages 12-13**: A drug that is **not** included on the Highmark Health Options PDL or Supplemental Formulary is called a non-formulary drug. If you are on a non-formulary drug, talk to you doctor to see if your drug can be switched to a drug from the PDL or Supplemental Formulary that has the same or similar effect. If your doctor feels that the drug you take now is medically necessary and cannot be switched, you or your doctor can call Highmark Health Options to request an exception. You can also request an exception on the Member Portal. If the exception request is approved, Highmark Health Options will cover your current drug.

  We will notify you and your doctor in writing if your request for a formulary exception is approved or denied. If the request is denied, the written notice will have information on how to file an appeal with Highmark Health Options. It will also have information on how to ask for a State Fair Hearing with the Delaware Division of Medicaid & Medical Assistance.
- **Section "New Technology" has a new paragraph on page 23**: Doctors at Highmark Health Options will review research, like medical articles and scientific studies, to see if the new technology has been shown to be safe and helpful to people. If the research shows that the new technology is safe and has been shown to help people, then the doctors will submit the new technology to a committee of health care professionals at Highmark Health Options for approval to be a covered benefit for Health Options' members.
- **Chapter "Member Portal" (Website) has updated wording on page 25**: Advantages to using the member portal:
  - Pharmacy tools:
    - Find a pharmacy
    - Start the exception process
    - Look up potential drug-drug interactions, side effects and risks, and availability of generic substitutes
    - Look up drug copays and pricing

If you have any questions about this letter or your benefits, please call Member Services at 1-844-325-6251 or TTY 711/1-800-232-5460, Monday through Friday between the hours of 8:00 a.m. and 8:00 p.m.

Sincerely,
Highmark Health Options

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