JAI MEDICAL SYSTEMS



MEMBER HANDBOOK

Dear Member:

Jai Medical Systems Managed Care Organization, Inc. (Jai Medical Systems) is pleased to welcome you as a new member of our health plan. Jai Medical Systems is a Medicaid Managed Care Organization contracted with the State of Maryland Department of Health to provide health insurance benefits to people enrolled in the Maryland Medicaid HealthChoice program.

Please Make an Appointment to See Your Primary Care Provider Today

As a new member of Jai Medical Systems, it is important that you schedule an office visit with your Primary Care Provider (PCP) as soon as possible but no later than 90 days from when you enrolled. Your PCP's name is listed on the front of your Jai Medical Systems Member Identification Card. Please call your PCP today to schedule your annual visit. Your PCP will provide or help coordinate your health care, including preventive care and specialty care. Your PCP is also available 24 hours a day for urgent medical questions and can be reached by calling the number listed on the front of your Jai Medical Systems Member Identification Card. If you experience a medical emergency*, please call 911 and/or go to the nearest Emergency Room. If you need urgent care, please go to a participating urgent care center.

> **A medical emergency is defined as a health problem that happens suddenly and has symptoms of enough severity, including extreme pain, that the absence of immediate medical attention could reasonably be expected to result in placing your health (or in respect to pregnant women, the health of the woman and her unborn child) in serious jeopardy or serious loss of function to some part of your body.*

New Prescription Drug Co-Payment Requirement

Beginning on May 1, 2024, in accordance with directives from the Maryland Department of Health and to comply with the Mental Health Parity and Addiction Equity Act, all Maryland HealthChoice Managed Care Organizations are required to charge a pharmacy prescription co-payment. Jai Medical Systems is required to charge the following co-payments for prescription drugs:

- $1.00 co-payment on new and refilled preferred brand name and generic drugs and HIV/AIDS drugs.
- $3.00 co-payment on new and refilled non-preferred brand name drugs.

Please note, in accordance with applicable federal and state statutory requirements, individuals under the age of 21, pregnant women, individuals living in long term care facilities, and Native Americans are not required to pay co-payments. Co-payments also do not apply to family planning drugs.

Jai Medical Systems is a licensed Medicaid health insurance company regulated by the Maryland Department of Health and the Maryland Insurance Administration. Jai Medical Systems pays medical claims for authorized health care services according to benefits and limitations and does not employ any physicians who render medical care services or directly provide health care services. Most of the language presented in this handbook has been written by the Maryland Department of Health.

Please note that Jai Medical Systems does not employ the participating physicians and providers in its provider network. The participating providers in Jai Medical Systems Provider Network are not the actual or apparent agents of Jai Medical Systems. The participating providers are independent and not controlled, operated, or directed by Jai Medical Systems. Jai Medical Systems does not own or operate Jai Medical Center, which is an independent primary care medical provider.

As a member of Jai Medical Systems, we want to make sure that you understand the health care benefits to which you are entitled, your Member Rights and Responsibilities, and other important features of your health plan. If you have any questions about any of the information presented in this Handbook, please call our Customer Service Department at 1-888-JAI-1999, Monday through Friday, between the hours of 9:00am to 6:00pm. You may also contact our Customer Service Department for printed versions of our website content. For speech and hearing impaired access, please contact Maryland Relay Service at 711 or 1-800-735-2258.

Please feel free to contact our Customer Service Department with any questions or concerns you may have concerning Jai Medical Systems at 1-888-JAI-1999.

Once again, thank you for joining our health insurance plan and remember, at Jai Medical Systems, We Care About Your Health.

Sincerely,



Joan Mercer-Dunning
Director of Health Equity

Get in Touch

Language Services

Need information in an accessible format or another language? Go to pages 61 to 64.

TTY Users	
Maryland Relay	Call 711
Medical Emergency	
For life-threatening emergency treatment	Call 911
To arrange for emergency or urgent care, call your primary care provider.	
Jai Medical Systems Customer Service Department	
301 International Circle **Hunt Valley, Maryland 21030**	1-888-JAI-1999 1-888-524-1999
Website	www.jaimedicalsystems.com
Special Needs Coordinator	1-888-JAI-1999
After-Hours Services	Call your PCP's Office
24/7 Nurse Advice Line	1-833-359-0170
Customer Service	1-888-JAI-1999
Specialty Behavioral Health / Substance Abuse Services	
Suicide and Crisis Lifeline	Call or text 988
Maryland Public Behavioral Health System	800-888-1965
Dental Services	
Healthy Smiles Dental Program	855-934-9812
Maryland Medicaid	
HealthChoice Helpline	800-284-4510
Pregnant Members and Family Planning Helpline	800-456-8900
Medicaid Beneficiary Services and Pharmacy Access Hotline	410-767-5800 or 800-492-5231
Maryland Health Connection	
To apply for or renew Medicaid, report a change, and for important notices.	
Consumer Support	855-642-8572
Website and find sign in for your account	marylandhealthconnection.gov

If you need someone to be able to call and speak on your behalf

You must make a request in writing. You can complete an Authorized Representative form. This form lets Jai Medical Systems talk to someone other than you. Your authorized representative

can be a family member, a friend, a provider, or a lawyer. Call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) for more information.

Local Health Department Contact Information

County	Main Phone Number	Transportation Phone Number	Administrative Care Coordination Unit (ACCU) Phone Number
Allegany	301-759-5000	301-759-5123	301-759-5094
Anne Arundel	410-222-7095	410-222-7152	410-222-7541
Baltimore City	410-396-4398	410-396-7633	410-649-0500
Baltimore County	410-887-2243	410-887-2828	410-887-8741
Calvert	410-535-5400	410-414-2489	410-535-5400, ext. 360
Caroline	410-479-8000	410-479-8014	410-479-8189
Carroll	410-876-2152	410-876-4813	410-876-4941
Cecil	410-996-5550	410-996-5171	410-996-5130
Charles	301-609-6900	301-609-6923	301-609-6760
Dorchester	410-228-3223	410-901-2426	410-901-8167
Frederick	301-600-1029	301-600-3124	301-600-3124
Garrett	301-334-7777	301-334-7727	301-334-7771
Harford	410-838-1500	410-638-1671	410-942-7999
Howard	410-313-6300	877-312-6571	410-313-7323
Kent	410-778-1350	410-778-7025	410-778-7035
Montgomery	240-777-0311	240-777-5899	240-777-1635
Prince George's	301-883-7879	301-856-9555	301-856-9550
Queen Anne's	410-758-0720	443-262-4462	443-262-4456
St. Mary's	301-475-4330	301-475-4296	301-475-4330

Somerset	443-523-1700	443-523-1722	443-523-1758
Talbot	410-819-5600	410-819-5609	410-819-5600
Washington	240-313-3200	240-313-3264	240-313-3229
Wicomico	410-749-1244	410-548-5142	410-543-6942
Worcester	410-632-1100	410-632-0092	410-629-0614

Getting Started with Jai Medical Systems

You have enrolled in a Maryland Medicaid HealthChoice managed care plan. Although Jai Medical Systems provides comprehensive benefits under this health plan, Maryland Medicaid directly covers some of your benefits – like behavioral health and dental care. Read this handbook carefully to learn more and to learn how to access your benefits.



Other Names for Your Medicaid Health Plan

- HealthChoice
- Health insurance
- Managed care organization, or MCO
- Managed care plan

No matter how you may refer to us, we are Medicaid.

Be sure to pick your primary care provider (PCP) who will help you when you need a referral or preauthorization for a procedure, treatment, or medication.

Before you get services from any health care provider, check to see if that provider is in our network - except in an emergency. Visit Jai Medical Systems Online Provider Directory.

We are always here to help. Call the Jai Medical Systems Customer Service Department at 1-888-JAI-1999 if you have a question or concern about your coverage or your care.

Jai Medical Systems Member ID Card

We will mail you a member ID card. Each member has their own ID number.

You will need your Jai Medical Systems Member ID card and your red and white Medical Assistance card for all health care services. You will also need your cards when picking up a prescription at the pharmacy. Always carry both cards with you.

Show both cards when a provider asks you about your health insurance. If you have any other health insurance coverage, you will need to show that card too. See Other Insurance.

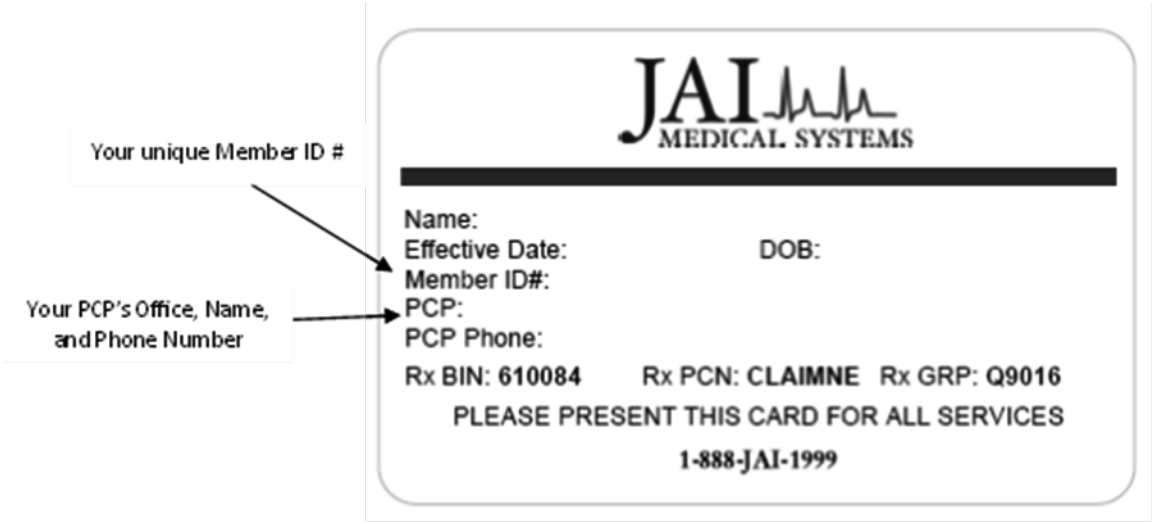
Never allow anyone else to use your Medicaid or Jai Medical Systems Member ID card.

Lost or Stolen Card

Report a lost or stolen Jai Medical Systems Member ID card right away and request a new one. Call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

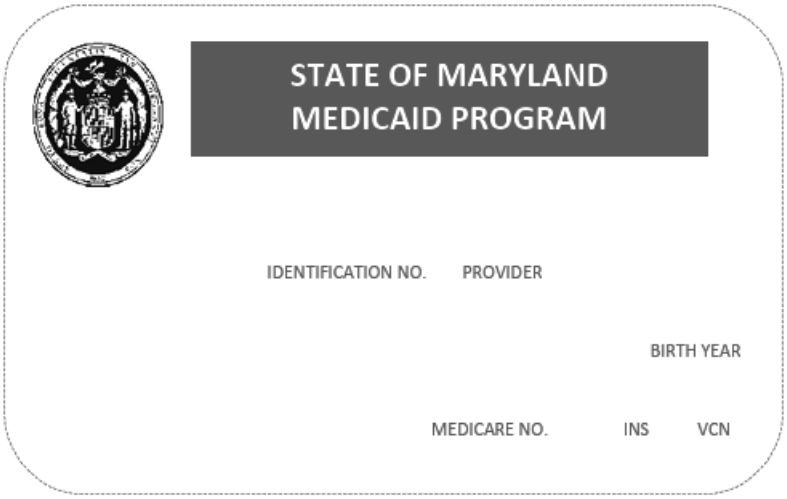
To report a lost or stolen red and white Medicaid ID card, call Beneficiary Services at 1-800-492-5231.

Jai Medical Systems Sample Member ID Card





Medicaid Sample Member ID Card



Register for the Member Portal

Go to Jai Medical Systems Member Portal. You can either sign up to create an account or log in to update your existing account.

Visit our secure member portal to learn more about your benefits, change your primary care provider, search for other providers, view service history, and more.

Pick Your Primary Care Provider (PCP)

When you join Jai Medical Systems, you need to pick a PCP from our provider network. If you do not choose a PCP, we will pick one for you.

Visit Jai Medical Systems Online Provider Directory to find an in-network doctor that is right for you. You can search by

- Name
- Location
- Language
- And more

You and your household members can choose the same PCP or a different one. For members 21 years old and younger, you can choose a certified Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) provider.

If you need help finding a PCP or any provider, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

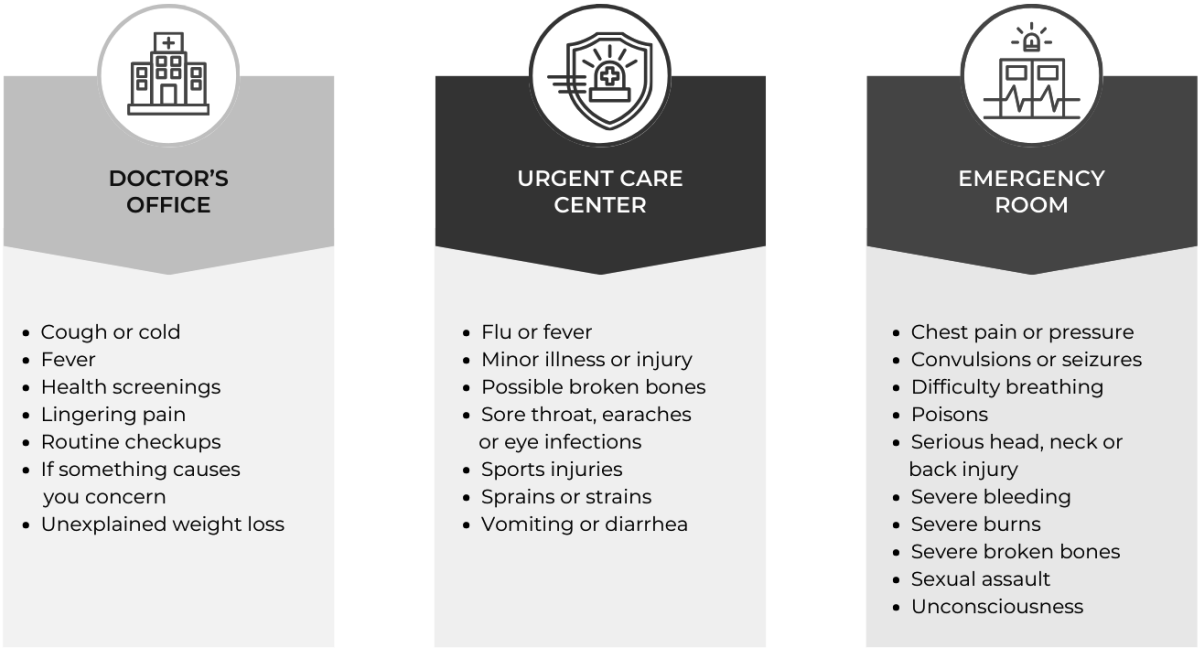
Changing Your Primary Care Provider

You can change your PCP at any time. If you change your PCP, let us know right away. Call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

After Hours, Urgent Care, and Emergency Care

Know Where to Go and When.

Choose the right place for health care based on your needs.



Contents

Get in Touch iii

Language Services iii

If you need someone to be able to call and speak on your behalf iii

Local Health Department Contact Information iv

Getting Started with Jai Medical Systems vi

Jai Medical Systems Member ID Card vi

Lost or Stolen Card vii

Jai Medical Systems Sample Member ID Card vii

Medicaid Sample Member ID Card viii

Register for the Member Portal viii

Pick Your Primary Care Provider (PCP) viii

Changing Your Primary Care Provider ix

After Hours, Urgent Care, and Emergency Care ix

Overview 1

What is Medicaid? 1

Understanding Medicaid and HealthChoice 1

Renewing Your Medicaid Coverage 1

Report Changes 2

Always Keep Your Contact Information Up to Date 3

How to Renew Coverage, Report Changes, or Update your Contact Information with Maryland Health Connection 3

What's Covered 3

Essential Benefits 4

Essential Benefits: All Members 4

Essential Benefits: Members 21 Years old and Younger 8

Essential Benefits: Pregnant Members 11

Essential Benefits: Special Needs Members 17

Other Covered Benefits 19

Other Covered Benefits: All Members 19
Other Covered Benefits: Members 21 Years Old and Younger 21
Value-Added Benefits 22
What's Not Covered 23
Diabetes Prevention and Care Services 25
Benefits for Members with a Diabetes Diagnosis 25
Benefits for Members with a Prediabetes Diagnosis 26
Fertility Preservation 26
Gender Affirming Care 27
HIV/AIDS Services 28
Long Term Care 29
Long Term Care Facility Services 29
Essential Benefits: Long Term Care 30
Other Covered Benefits: Long Term Care 31
Pharmacy and Prescription Drug Services 32
Preferred Drug List 32
Telehealth and New Technology 33
Vision Care Services 34
Adults Aged 21 + ... 34
Children and Young Adults Under Age 21 35
Members with Diabetes 35
Rare and Expensive Case Management (REM) Program 35
Self-Referral 36
Continuity of Care 37
Transferring a Preauthorization 37
Out-of-Service Area Coverage 38
Other Insurance 38
Changing Managed Care Plans 39
Disenrollment 40

When Your Jai Medical Systems Coverage May End 40
When Your Medicaid Coverage May End 41
Explanation of Benefits or Denial of Payment Notice 41
Medicaid Billing Rights and Protections 41
Preventive Care for Adults 42
Adult Preventive Care Recommendations 42
General Health Care 42
Screenings and Procedures* 43
Immunizations** 44
Know Your Family History 44
Access Your Official Immunization Records 44
Well Child Care 45
Blood Lead Poisoning Test 45
Well-Child Visit Schedule 45
CDC Recommend Vaccines for Birth to Age Six 46
Jai Medical Systems Practice Guidelines 47
Rights and Responsibilities 47
Privacy and Confidentially 48
Utilization Management Affirmative Statement 56
File a Complaint, Grievance or Appeal 56
How to Keep Getting Services While Your Appeal or State Fair Hearing Is Pending 57
How to File a Complaint, Grievance or Appeal 57
More Help with a Complaint, Grievance or Appeal 59
When Your Appeal Decision Is in Your Favor 61
Member Feedback 61
Non-Discrimination 61
Limited English Proficiency (LEP) 63
Fraud, Waste and Abuse 64
Glossary of Terms 66

Overview

What is Medicaid?

Medicaid is a public health insurance program. It is free or low-cost health insurance for eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. It is the largest health care program in the United States.

In Maryland, Medicaid covers about 1.6 million people. Nearly one in four Marylanders get their health insurance through Medicaid. Half of those covered are children. Locally, people also call it Medical Assistance.

Understanding Medicaid and HealthChoice

- The **Maryland Department of Health** is the part of the state government that oversees public health.
- **Medicaid** is part of the Maryland Department of Health. Medicaid provides free or low-cost health insurance for those with limited income. Medicaid pays for the health care services that you get from medical providers.
- **HealthChoice** is the name of Maryland Medicaid's managed care program. Only MCOs that are part of the HealthChoice program can work with Medicaid and with you. You can choose your MCO to get your health care – because it is your health and your choice!
- A **Managed Care Organization, or MCO**, is a health care company or health plan. An MCO enters a contract with the Maryland Department of Health to give you covered health services under Medicaid.
- **Maryland Health Connection** is Maryland's official health insurance marketplace. It is where you enroll in Medicaid. Maryland Health Connection takes care of the paperwork you need to get Medicaid. When you sign up for Medicaid through them, you will pick a health care company.
- **MCO Network Providers** are the doctors, hospitals, and other providers who work with the health care plan you choose to give you the care you need.

Renewing Your Medicaid Coverage

You will need to renew your Medicaid coverage every 12 months. When you renew, also known as reapplying, redetermination, or recertification, Medicaid checks your income to be sure you are still eligible. Certain Medicaid programs check your assets too.

- Medicaid will contact you when it is time for you to renew. You will get a notice in the mail or in your online account if you are paperless. You will have 60 days to respond. Renew by the deadline so you do not lose your coverage.
- Most people will renew through Maryland Health Connection. You will renew through DHS if you are aged 65+, blind or disabled or are in a Home and Community-Based Service program.
- Medicaid may be able to auto renew your coverage. You will get a notice to let you know if they do. There is no paperwork for you to fill out and send in when they auto renew you. This is because they were able to verify your eligibility using other sources. If they can't auto renew your coverage, they will send you a letter or email to ask you to apply and tell you how.

Report Changes

Report a change in your income or household within 10 days. You may lose your coverage if you do not. Changes you need to report include:



Family and Household Changes

- Getting married or divorced
- Having a child, adopting a child, or placing a child for adoption or in foster care
- Gaining or losing a dependent
- Change in tax-filing status



Health and Disability Changes

- Getting pregnant
- Having a change in disability status



Income and Financial Changes

- Certain changes in income
- Certain changes in resources for age 65+, blind or disabled



Residency and Citizenship Changes

- Moving to or from Maryland, and a move within Maryland to another county or Baltimore City
- Change of citizenship or immigration status
- Change in status as an American Indian/Alaska Native or tribal status



Legal Changes

- Incarceration or release from incarceration

If you are not sure if you should report a change, call the Maryland Health Connection at 855-642-8572.

Always Keep Your Contact Information Up to Date

A lot can change in a year, like your contact information. Update a change of address, phone number or email right away so you keep getting important information about your Medicaid coverage.

How to Renew Coverage, Report Changes, or Update your Contact Information with Maryland Health Connection

- Log into your Maryland Health Connection account.
- Call 855-642-8572.
- In person at your local Department of Social Services or your Local health department.

What's Covered

There are three types of covered benefits:

1. **Essential Benefits:** All managed care health plans must cover these benefits. You get these no matter which managed care health plan you belong to.
2. **Other Covered Benefits:** Maryland Medicaid covers some benefits directly. No managed health care plan covers these benefits. For more information, see Other Covered Benefits.
3. **Jai Medical Systems Value-Added Benefits:** These are benefits that we offer that are above and beyond the essential benefits and other benefits covered by Maryland Medicaid. For more information, see Value-Added Benefits.

Essential Benefits

All Maryland Medicaid HealthChoice managed care organizations must cover certain essential medical benefits. Some benefits are for all members, while others are only for certain members like those who are 21 years old and younger, are pregnant, or have special needs.

Maryland Medicaid only covers a benefit if it is medically necessary. You should not pay out of your pocket for a medically necessary covered benefit except for prescriptions.

You will use your Jai Medical Systems card when you get these services. Some services may require a referral or preauthorization. See Self- Referral to learn more.

Use the Jai Medical Systems Online Provider Directory to search for a Jai Medical Systems provider to get the care you need near you. For more information or questions, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

For more information on benefits, see Other Covered Benefits and Jai Medical Systems Value-Added Benefits.

Essential Benefits: All Members

Audiology

- Assess and treat hearing loss and ear problems.
- Members 21+ may be eligible for hearing devices. Talk to your provider for more information.

Blood and Blood Products

Blood or parts of blood given to a patient for a variety of reasons and treatments.

Case Management, Case Manager

Medical professionals, known as case managers, can help you and your family assess, plan, coordinate, monitor, and arrange health services to meet your needs for the best possible health. You can choose whether to work with a case manager or not.

Jai Medical Systems may assign you a case manager when you enroll with us or soon after. If you think you need case management services or need help contacting your case manager, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

Your case manager can be a registered nurse, a social worker or other health care professional. Your case manager will:

- Help develop a care plan.

    - A care plan is a form that lists a person's health conditions and current treatments for their care written by their care team.
    - You and the people you allow to help you are part of your care team. This could be a family member, friend, lawyer, or other representative.
- Update your care plan at least every 12 months or as needed.
- Keep track of healthcare services you need and receive.
- Talk to you about your options and what is available to help you.
- Help those who give you treatment to work together.

Clinical Trials

You may be eligible for research studies that test new treatments on patients. It must be an approved clinical trial for the treatment of a life-threatening condition. To learn more, talk to your primary care provider or call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) for more information.

Diabetes Prevention and Care Services

See Diabetes Prevention and Care Services.

Dialysis

A treatment for kidney disease that uses a machine to filter waste and water from your blood like your kidneys did when they were healthy. See Self-Referral.

You may be eligible for the Rare and Expensive Case Management Program (REM) if you are on dialysis.

Durable Medical Equipment (DME) & Disposable Medical Supplies (DMS)

- DME are things like crutches, walkers, and wheelchairs that you use daily or for a long time.
- DMS are things like finger stick supplies, dressings for wounds, and incontinence supplies that are for one time use then thrown away.
- May require preauthorization.

Emergency Care, Emergency Services

For emergency care, go to your nearest hospital's emergency room (ER). If you think the problem is life-threatening, call 911.

- **You do not need preauthorization or a referral for emergency care.**
- You may go to any hospital or emergency facility for emergency care.

- An emergency service is any health care service to evaluate or treat a medical emergency.
- Examples of a medical emergency are:
    - Heart attack symptoms: chest pain, shortness of breath, sweating and nausea
    - Heavy bleeding
    - Bleeding during pregnancy
    - Major burn
    - Loss of consciousness
    - Difficulty breathing
    - Poisoning
    - Severe head pain or dizziness
- See Emergency Medical Transportation and Post-stabilization Care Services.

Family Planning

Family planning coverage includes:

- Office visits
- Lab tests
- Prescription birth control pills and devices
- Latex condoms - from a pharmacy, no prescription needed
- Emergency contraceptives - from a pharmacy, no prescription needed
- Voluntary sterilization – in-network provider and with preauthorization only
    - Sterilization is a medical procedure that leaves you unable to reproduce or get pregnant. For women it is having your tubes tied, also called tubal ligation, or for men it is a vasectomy.
- You do not need a referral when choosing a family planning provider except for sterilization. See Self- Referral.

Hospital Care

- **Inpatient Care**
    - Inpatient care is medical care or treatment in a hospital for one or more nights.
    - Requires preauthorization for scheduled hospital stays and care.
    - **You do not need preauthorization for emergency care**.
    - See Hospital Care, Inpatient Care - Maternity and Long Term Care
- **Outpatient Care**
    - Outpatient care is medical care or treatment in a hospital but with no overnight stay.
    - Some outpatient services may require preauthorization.

- Jai Medical Systems only covers up to 24 hours of observation.

Laboratory & Diagnostic Services

Lab tests and diagnostic services, like an X-ray, to help find out the cause of your health problem.

Oxygen and Respiratory Equipment

Medical equipment for people who have trouble breathing. See Durable Medical Equipment.

Pharmacy and Prescription Drug Services

See Pharmacy and Prescription Drug Services and Jai Medical Systems Preferred Drug List.

Plastic and Restorative Surgery

- Only covers surgery to reconstruct, change or repair a part of your body that is not a normal shape or is oddly shaped due to illness, trauma, that you were born with, or that did not develop in the usual way.
- Does not cover plastic, cosmetic, or reconstructive surgery to make you look better that is not medically necessary.

Podiatry

- Treatment for foot problems or conditions
- Routine foot care for members age 21+ who have vascular disease affecting your body from your hip to your toes.
    - Vascular diseases affect veins, arteries, and capillaries.
- See Diabetes Prevention and Care Services.

Post-Stabilization Care Services

All covered services related to an emergency medical condition given after the patient is stable. See Emergency Care, Emergency Services**.**

Primary Care

Basic health care given by your main provider. Your primary care provider (PCP) can be a doctor, a nurse practitioner, clinical nurse specialist, or a physician assistant. Your PCP also helps you find and get other health care services. See Self- Referral.

Primary Behavioral Health

- Primary behavioral health services are basic mental health services provided by your PCP or another Jai Medical Systems provider.
- For all other mental health services, see Behavioral Health Services.

Specialist Services/Specialty Care

- A specialist has training in a specific area of medicine. Some specialists only treat a certain group of patients.
- You may need a referral from your PCP before you can see a specialist.

Transplants

- A surgical procedure to remove living tissue or an organ from one person, the donor, and place it in another living person, the recipient.
- No experimental transplants.

Urgent Care / Urgent Care Centers

- Go to an urgent care center when you need care right away but for non-life-threatening conditions only. **No referral or preauthorization needed**.
- You must go to an in-network urgent care center, or you may receive a bill for services. See Jai Medical Systems Online Provider Directory for more information.

Vision Care

See Vision Care Services.

Essential Benefits: Members 21 Years old and Younger

All Maryland Medicaid HealthChoice managed care organizations must cover certain essential medical benefits. **These benefits are only for those who are 21 years old and younger.**

Maryland Medicaid only covers a benefit if it is medically necessary. You should not pay out of your pocket for a medically necessary covered benefit. There is no co-pay for covered prescriptions for those who are younger than 21 years old. For more information, see Pharmacy and Prescription Drug Services.

You will use your Jai Medical Systems Member ID card when you get these services. Some services may require a referral or preauthorization. See Self-Referral.

Use the Jai Medical Systems Online Provider Directory to search for a Jai Medical Systems provider to get the care you need near you. For more information or questions, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services to ensure that children and adolescents receive the proper preventive, dental, mental health, and specialty services.

What are EPSDT services?

Early: Assessing and finding problems early.

Periodic: Checking children's health at periodic, age-appropriate intervals.

Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems.

Diagnostic: Performing diagnostic tests to follow up when there is a risk.

Treatment: Control, correct or reduce health problems found.

To see if your child's doctor is an EPSDT-certified provider or to find one, visit the Jai Medical Systems Online Provider Directory or call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

Jai Medical Systems EPSDT Covered Services

- Diagnostic Services
- Hearing Services
- Immunizations
- Lead Screening
- Screening services
- Treatment
- Vision Care Services

EPSDT Services Covered by Maryland Medicaid

- Behavioral Health
- Dental Services
- Occupational Therapy
- Physical Therapy
- Speech Therapy

School-Based Health Center Services

School-based health centers are like having a doctor's office in a school. EPSDT-certified doctors and other health care professionals provide onsite preventive and primary health services. **Not all schools have a school-based health center.** See Self-Referral.

For children who go to schools with a school-based health center, they can receive the following services at the center:

- Well-child care
- Vaccines
- Follow up to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services visits when needed
- Family planning services, see Self-Referral

Children with Special Health Care Needs

Children with special health care needs have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions. They need more and different health and related services than their peers. For more information, see Essential Benefits: Special Needs Members.

A special health care need can include physical, intellectual, and developmental disabilities, as well as long-standing medical conditions, such as asthma, diabetes, a blood disorder, or muscular dystrophy.

These children may also need long term care services or may be eligible for the Rare and Expensive Case Management Program.

Some children may qualify for other Medicaid home and community-based services waivers or programs. For more information, call our special needs coordinator at 1-888-JAI-1999 (1-888-524-1999).

Covered services for children with special health care needs include:

- Case management. See Case Management, Case Manager.
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
- Specialist Services/Specialty Care

Some services may require a referral or preauthorization.

Out-of-Network Providers

Sometimes, children with special health care needs can see a specialist outside of our network. You may be able to use an out-of-network specialty provider:

- **Existing Jai Medical Systems Member:** The parent or guardian of a child requests approval for a specific out-of-network specialty provider. The child must not have a diagnosed special health care need that requires a plan of care when they enrolled with Jai Medical Systems. **We only approve requests when we do not have a local, comparable, and available in-network specialty provider**.

- **New Jai Medical Systems Member**: You must contact us to request to keep seeing your out-of-network provider. For more information, see Continuity of Care. Also note:
    - The specific out-of-network specialty provider must submit the plan of care for review and approval within 30 days of the child's start date with us to continue to provide services.
    - The child must have a diagnosed special health care need that requires a plan of care before joining Jai Medical Systems.
    - We only approve these requests when the child is receiving these services before joining Jai Medical Systems

For help, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) and ask to speak with our special needs coordinator.

Essential Benefits: Pregnant Members

Care for Members Before, During, and After Pregnancy

Are you pregnant or thinking about becoming pregnant? Call us right away. We can help you get the care you need for a healthy pregnancy and your baby to get a healthy start in life.

All Maryland Medicaid HealthChoice managed care organizations must cover certain essential medical benefits. **These benefits, known as maternity services, are only for pregnant members.**

Maryland Medicaid only covers a benefit if it is medically necessary. You should not pay out of your pocket for a medically necessary covered benefit. There is no co-pay for covered prescriptions for pregnant members. For more information, see Pharmacy and Prescription Drug Services.

You will use your Jai Medical Systems card when you get these services. Some services may require a referral or preauthorization. See Self-Referral.

For more information on benefits, see Essential Benefits: Special Needs Members, Other Covered Benefits and Jai Medical Systems Value-Added Benefits.

Use Jai Medical Systems Online Provider Directory to search for a Jai Medical Systems provider to get the care you need near you. For more information or questions, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

For questions or help, call our special needs coordinator at 1-888-JAI-1999 (1-888-524-1999). You can also call Maryland Medicaid's Pregnant Members and Family Planning Helpline at 800-456-8900.

Medicaid Coverage and Pregnancy



If you are only eligible for Medicaid because you are pregnant, your Medicaid and HealthChoice coverage will end one year after the end of your pregnancy. If you get your Medicaid coverage under the Healthy Babies Act, your coverage will end four months after the end of your pregnancy. For more information, call our Customer Service Department at 1-888-JAI-1999.

Dental Care and Pregnancy



Did you know it is safe to go to the dentist at any stage of pregnancy? Taking good care of your teeth and gums is important for you and for your baby's wellness. See Dental for more information about this covered benefit.

Birthing Centers

- A birthing center, or free-standing birthing center, is a free-standing facility that is not associated with a hospital that provides nurse midwife services.
- Our network may include an out-of-state birthing center that borders Maryland.
- See Self-Referral.

Case Management, Case Manager

See Case Management, Case Manager.

CenteringPregnancy

- CenteringPregnancy is care, support, and learning in a group setting - before and after birth.
- It is a new way of getting the care you need as you get ready to give birth.
- Everyone in the group is due around the same time.
- The group talks together, learns together, and supports each other.
- You will spend more time with your provider and care team as part of the group.

Doula Services

- A doula, or birth worker, is a trained professional who provides support and information to you before and after birth, as well as during labor.
- Doulas are non-clinical providers and cannot perform the work of a nurse-midwife, nurse practitioner, or doctor.
- You do not need a referral to see a doula through the end of 2025. See Self-Referral.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services

Pregnant people ages 21 and younger can receive all EPSDT services. See Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services

Emergency Transfer

Transfer for pregnant women, newborns, and infants to a specialty care hospital or medical center.

HIV Counseling and Testing

- Do a risk assessment, that is, gather information from you to find out if there is a chance of having HIV.
- Get professional support and information on how HIV may affect you and your baby.
- See HIV/AIDS Testing and HIV/AIDS Services.

Home Visiting Services

Home Visiting services help you get the care and support you need to have a healthy pregnancy and healthy child. A specially trained professional or a nurse usually provides these services in the home. After pregnancy, your home visitor will continue to support you and your child, up to their second or third birthday, depending on the program that's right for you. The program tailors the type of home visiting services and home visitor to the specific needs of the family. The home visits can teach you about:

- Diet and nutrition
- How your baby grows and learns
- Mental health and stress control
- Parenting skills
- Planning for the future
- Resources available to you in the community
- Self-care

Group-based support is also available.

Hospital Care, Inpatient Care - Maternity

- 48 hours for an uncomplicated vaginal delivery.
- 96 hours for an uncomplicated cesarean delivery.
- If you choose to leave the hospital sooner than the above times, we will provide a home visit. See Baby's First Check-up.
- If you must stay in the hospital after childbirth for medical reasons, ask us to ensure that your newborn can stay too. We will cover up to four days for your newborn to stay with you. For help, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

Lactation Counseling

Lactation counseling is professional help with breastfeeding. A lactation consultant can give you tips, answer questions, and support you. They can help to make breastfeeding easier for you and your baby.

Nutrition Counseling

You can work with a healthcare professional to learn about healthy food choices during and after your pregnancy. Healthcare professionals may include a licensed dietitian or a nutritionist.

Prenatal Care

Care during pregnancy and before birth.

- Regular check-ups with a family practitioner, obstetrician (OB doctor), or certified nurse midwife to check your health and the health of your unborn baby.
- Counseling and education.
- If you are pregnant, Jai Medical Systems will help you schedule an appointment for prenatal care within 10 days of your request.
    - **New Jai Medical Systems Member:** If you are already seeing a provider who is not in our network, you may be able to continue seeing them. See Essential Benefits: Pregnant Members > Out-of-Network Providers and Continuity of Care.

Prenatal Risk Assessment

The Maryland Prenatal Risk Assessment (MPRA) is a form that collects important health information about pregnant Medicaid members. We use this information to refer you to helpful services, like WIC or home visiting. These services help keep you and your baby healthy before and after birth.

Your provider will complete this assessment at your first prenatal care visit. The information goes to the local health department that will connect you with resources and support services in your area. We do not share information about your HIV status.

Postpartum Care

Care after childbirth

- Counseling and education.
- Jai Medical Systems will help you to schedule an appointment for postpartum care within 10 days of your request.

- **New Jai Medical Systems Member:** If you are already seeing a provider who is not in our network, you may be able to continue seeing them. See Essential Benefits: Pregnant Members > Out-of-Network Providers and Continuity of Care.

Smoking Cessation Counseling

Get professional support and information on how to stop smoking.

Substance Use Treatment

We will refer you to the Public Behavioral Health System within 24 hours of requesting treatment. See Behavioral Health Services.

Out-of-Network Providers

You may be able to keep seeing an out-of-network provider through your pregnancy and up to your first visit after the baby is born if:

- You were pregnant when you enrolled with us.
- You had at least one full prenatal visit with the out-of-network provider.
- The out-of-network provider agrees to keep seeing you.

You must contact us to request to keep seeing your out-of-network provider. See Continuity of Care. For help, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

Prenatal Visit Schedule

Prenatal care will help you have a healthy pregnancy and baby. Keep the following appointments with your provider.

When to Go	What to Expect

First Visit - up to 10 Weeks	● Have an ultrasound to confirm pregnancy and figure out due date
	● Review of medical history
	● Get depression screening
	● Get lab work:
	  ○ Blood work
	  ○ STD testing
	● Get a full physical exam and Pap smear
	● Talk about:
	  ○ The health of you and your baby, see Prenatal Risk Assessment
	  ○ Flu vaccine, if needed
	  ○ Genetic screening options

12 Week Visit	● Review lab work ● Check baby's heart rate

	● Do genetic screening - optional ● Get early blood sugar testing for gestational diabetes, if needed
16 Week Visit	● Check baby's heart rate ● Get baby screened for brain, spine, or spinal cord birth defects – called neural tube defects ● Get early blood sugar testing for gestational diabetes, if needed
20 Week Visit	● Have an ultrasound to check that all parts of baby are growing as they should be - called an anatomy ultrasound

24 Week Visit	● Get a check up
	● Measure your belly, or fundal height, to track how baby is growing and baby's position
	● Talk about:
	  ○ Blood sugar testing for gestational diabetes on your next visit
	  ○ Childbirth education, see CenteringPregnancy
	  ○ Doula services

28 Week Visit	● Get a check up
	● Get depression screening
	● Get lab work to check for
	  ○ Gestational diabetes
	  ○ Anemia
	  ○ Infections
	● If Rh-negative blood type, get a shot to protect baby
	● Get Tdap vaccine, if needed

30 Week Visit	● Get a check up ● Review lab work ● Talk about childbirth
32 Week Visit	● Get a check up ● Talk about RSV vaccine, if needed Certain high-risk patients will begin more testing, screening and ultrasounds.

34 Week Visit	● Get a check up
	● Talk about:
	  ○ Labor and pain management
	  ○ Preparing for your baby, including car seats
	  ○ After delivery care for you and baby
	  ○ Choosing your baby's doctor

36 through 40 Week Visits	● Get a checkup and pelvic exam ● Check to see if you are dilating ● Get a Strep B test to check baby's ability to eat and breathe ● Talk about your delivery plan
40 through 42 Week	● Get a checkup and pelvic exam

Visits	● Check baby's heart rate ● Get an ultrasound ● Check to see if you are dilating ● Talk about inducing labor, if needed
Postpartum Visit – after delivery	● Get a check up to see how you are healing ● Check your blood pressure ● Get depression screening ● Talk about birth control

Recommendations for prenatal visits are based on the Source: American College of Obstetricians and Gynecologists (ACOG) guidelines. For the latest information, visit acog.org/womens-health*.*

Getting Ready for Baby's Arrival

It is best to select your baby's doctor before you deliver. We can help find the right pediatric provider for you and your baby. The provider can be a pediatrician, family practitioner, or nurse practitioner.

Maryland Medicaid will automatically enroll your newborn with us. Your newborn must stay a Jai Medical Systems member for the first 90 days. After that time, you can choose another HealthChoice managed care plan. See Changing Managed Care Plans.

Baby's First Check-up

Your baby usually gets their first check-up while still in the hospital. The pediatrician you choose for your newborn will do a newborn exam in your hospital room. See Self-Referral.

You will stay in the hospital to recover for 48 to 96 hours depending on the type of delivery you have. If you choose to leave the hospital sooner, we will provide a home visit within the next 24 hours. You might also get another home visit if your provider thinks it's needed. See Hospital, Inpatient Care - Maternity.

We will schedule your newborn for a follow-up visit with a pediatrician within two weeks after you get out of the hospital. See Well Child Care for more information.

Essential Benefits: Special Needs Members

All Maryland Medicaid HealthChoice managed care organizations must cover certain essential medical benefits. **These benefits are only for those who are special needs members.**

Special needs members can get certain services, supplies and equipment, and see in-network specialists without a referral.

Maryland Medicaid has identified groups of people who may need special health care management, intervention, services, or programs to access the care they need.

Some people may belong to more than one special needs group. Groups include:

1. Children in state-supervised care
2. Children with special health care needs
3. People experiencing homelessness
4. People who are pregnant or who just gave birth
5. People with a developmental disability
6. People with a physical disability
7. People with HIV/AIDS

Children in State-supervised Care

A child in state-supervised care is a child who is in custody of, committed to, or otherwise placed by the local Department of Social Services, Department of Health, Department of Juvenile Services, or private placement agency licensed by the Social Services Administration. This includes foster children and children in the justice system.

We work together with state and local agencies to ensure continuity and coordination of care, especially if the child moves to a new area within Maryland.

For questions or help, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) and ask to speak with our special needs coordinator.

People Experiencing Homelessness

call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) and ask to speak with our special needs coordinator right away if you are experiencing homelessness. We will work with you to connect you with a case manager to get you the help and care you need.

People with a Developmental Disability

Our case managers have the experience and training to provide care for people with developmental disabilities. Talk to your case manager about communications in alternative formats or to ask for a reasonable accommodation.

People with a Physical Disability

We assess the needs of people with physical disabilities to see if they can stay in the community with services that Jai Medical Systems or Maryland Medicaid provides or if they need intermediate or long-term care facility placement. See Long Term Care.

Talk to your case manager about communications in alternative formats or to ask for a reasonable accommodation.

Benefits for special needs members include:

Case Management, Case Manager

Jai Medical Systems will assign you a case manager when you enroll with us or soon after. Your case manager can be a registered nurse, a social worker or other health care professional. See Case Management, Case Manager.

Special Needs Coordinator

A special needs coordinator is your point of contact for healthcare information and referrals. A special needs coordinator helps you and your health care providers understand what is available to address special needs. Special needs coordinators also can answer questions about your rights under the Americans with Disabilities Act.

- See Specialist Services/Specialty Care.
- See Self-Referral.

Other Covered Benefits

Jai Medical Systems does not cover some benefits that Maryland Medicaid covers directly if they are medically necessary. You will use your red and white Medicaid card when you get these services except for Dental. You will get a dental member ID card from the Maryland Healthy Smiles Dental Program. Some services may require a referral or preauthorization.

Use the Provider Finder to search for a Medicaid provider to get the care you need near you.

Go to the Provider Finder now. Type this link exactly as it appears into your phone or computer's address bar: bit.ly/48s6WxC or scan the QR code.

For more information or questions, call the HealthChoice Helpline 800-284-4510.

For more information on benefits, see Essential Benefits and Jai Medical Systems Value-Added Benefits.

Other Covered Benefits: All Members

Abortion

Maryland Medicaid covers this procedure. For help, call the HealthChoice Helpline at 800-284-4510.

Dental

You will use your Maryland Healthy Smiles Dental Program card when you get these services.

For more information on dental benefits and services, visit Maryland Healthy Smiles Dental Program or call 855-934-9812.

Go to Maryland Healthy Smiles Dental Program now. Type this link exactly as it appears into your phone or computer's address bar: bit.ly/3VUnZkC or scan the QR code.

Behavioral Health Services

The Maryland Public Behavioral Health System provides substance use disorder and specialty behavioral health services. No referral needed. For more information, call 800-888-1965.

See Primary Behavioral Health for other covered services.

Contact the Suicide and Crisis Lifeline if you are experiencing a mental health or substance use emergency. It's free and confidential. Call or text 988. Chat with a crisis counselor online at https://988lifeline.org/chat/.

Go to Suicide and Crisis Lifeline now. Type this link exactly as it appears into your phone or computer's address bar: bit.ly/3Dnq2K0 or scan the QR code.

HIV/AIDS Testing

- HIV/AIDS drug resistance testing: genotypic, phenotypic, or other
- Viral load testing
- See HIV/AIDS Services.

Speech Augmenting Devices

Equipment that helps people with speech impairment to communicate.

Transportation Services

- Emergency Medical Transportation
    - Call 911 if you are having a medical emergency.
    - Medical services while transporting the member to a healthcare facility in response to a 911 call.
    - Local fire companies provide this service.
- Non-Emergency Medical Transportation
    - You may request non-emergency medical transportation (NEMT) to and from a Medicaid covered, medically necessary service when you have no other way to get there.
    - To see if you qualify for this service, contact your local health department.
    - For more information, email MDH.askNEMT@maryland.gov.

Jai Medical Systems may cover some non-emergency medical transportation for special reasons. For more information, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

Other Covered Benefits: Members 21 Years Old and Younger

Jai Medical Systems does not cover some benefits that Maryland Medicaid covers directly if they are medically necessary. You will use your red and white Medicaid card when you get these services. **These benefits are only for those who are 21 years old and younger.**

Use the Provider Finder to search for a Medicaid provider to get the care you need near you.

Occupational Therapy

The kind of treatment that helps you relearn everyday activities. For example, handwriting or eye-hand coordination.

Physical Therapy

Treatment of disease, injury, or deformity by physical methods such as massage, heat treatment, and exercise rather than by drugs or surgery.

Speech Therapy

Training to help people with speech and language problems to speak more clearly.

Jai Medical Systems may pay for these services if they are part of home health service or an inpatient hospital stay.

Value-Added Benefits

These are benefits that we offer that are above and beyond the essential benefits and other benefits covered by Maryland Medicaid. You will use your Jai Medical Systems card when you get these services. There are no grievance or appeal rights for these benefits. For more information or questions, call the Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

For more information on benefits, see Essential Benefits and Other Covered Benefits.

Healthy Rewards Program

Earn rewards for receiving preventive health services

Transportation to and from your Primary Care Provider's Office

Jai Medical Systems offers transportation services that will pick you up for your primary care provider appointments. Call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) for more information.

24 Hour Nurse Advice Line

Access to a Registered Nurse, 24 hours, 7 days a week, who can provide general health information about wellness, prevention, and other health care matters. Call 1-833-359-0170 to reach the Nurse Advice Line.

Vision Service for Adults 21 Years and older

- One eye exam per year
- One pair of glasses a year (Frame benefit up to $100)

Healthy Rewards Mom's VIP Program

The Healthy Rewards' Mom's VIP Program is designed to support women during their pregnancy and help to ensure that they receive appropriate prenatal and postpartum care. When a person enrolls in our Health Rewards' Mom's VIP Program, they are immediately eligible to earn healthy rewards.

Healthy Rewards' Mom's VIP Program participants earn healthy rewards by completing the following tasks:

- *Attend your first prenatal visit during the first trimester of your pregnancy* or within the first 42 days of your enrollment if you are a new member of Jai Medical Systems.
- *Attend your postpartum visit with your obstetrician after you have given birth*. (At least one week after delivery but before 12 weeks after delivery.)

If you have any questions about your pregnancy or need any assistance, please feel free to contact one of our Obstetrics Nurse Case Managers. To enroll in the Healthy Rewards' Mom's VIP Program, please call 410-433-5600 or 1-888-JAI-1999 (1-888-524-1999).

Health Education Programs

Jai Medical Systems provides complimentary health education programs and information designed to help members improve their health care. Health information is distributed in the form of pamphlets, brochures, and in the quarterly member newsletter.

To attend any of the health education classes listed below, at no charge, please contact your PCP, Case Manager, or the Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

- Diabetes Education and Management
- Hypertension (High Blood Pressure) Education and Management
- Asthma Education and Management
- Lead Poisoning Awareness and Prevention
- Immunizations (Vaccines)
- Breast Cancer Awareness
- Prostate Cancer
- Weight Management Education and Nutrition
- Sexually Transmitted Diseases (STDs)
- Smoking Cessation
- Men's Health
- Women's Health
- Hepatitis C Treatment

What's Not Covered

There are benefits that Maryland Medicaid does not require any HealthChoice managed care organization to cover. Maryland Medicaid may cover some of these benefits directly if they are medically necessary. A HealthChoice managed care organization may choose to cover some of these benefits, but they do not have to.

Your provider must tell you if Medicaid does not cover a service and if you will be responsible for paying for that service. For more information, see Medicaid Billing Rights and Protections.

These are benefits that Maryland Medicaid does not require any HealthChoice managed care organization to cover:

- Experimental treatment unless you are in an approved clinical trial.
- A service that is not medically necessary**.**
- A service ordered or given by someone who is not a licensed health care provider.
- A service not allowed under the provider's license.
- Non-Emergency Medical Transportation, but they can help you connect to a ride.
- Health services or case management for children when:
    - They are part of the child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).
    - They happen in school or through community-based children's medical program.
- An autopsy.
- Medical care you get **outside the U.S.**
- An abortion.
- A weight loss program or exercise plan.
- Medicine or shots used only to lose weight.
- Help to get pregnant - like in vitro fertilization.
- Surgery to undo sterilization that you chose to have.
- Help to quit smoking, eat healthy, or get fit —unless they choose to cover it.
- Non-medical service for job training, help finding a job, or learning programs.
- A private duty, in-home nurse for an adult 21 or older.
- Care you got **before you joined** their plan.
- Dental or braces.
- Oxygen used only as a backup or once in a while.
- Cosmetic surgery just to change how you look.
- Nutritional drinks, vitamins, or minerals that you take by mouth**.**
- A service that the Maryland Medicaid pays for directly.

For more information on benefits, see Other Covered Benefits and Value-Added Benefits.

If you have other insurance besides Medicaid, they may cover some of these services. Always tell your provider about your other insurance. Give them all your health insurance information when you check in.

For more information or questions, call the HealthChoice Helpline at 800-284-4510.

Diabetes Prevention and Care Services

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit. **These benefits are only for people with a prediabetes or diabetes diagnosis.**

Maryland Medicaid only covers a benefit if it is medically necessary. You should not pay out of your pocket for a medically necessary covered benefit except for prescriptions.

You will use your Jai Medical Systems Member ID card when you get these services. Some services may require a referral or preauthorization. See Self-Referral.

Use Jai Medical Systems Online Provider Directory to search for a Jai Medical Systems provider to get the care you need near you. For more information or questions, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

Benefits for Members with a Diabetes Diagnosis

Benefits include medically necessary special diabetes-related services:

- Diabetes nutrition counseling
    - One initial one-on-one session
    - Four more sessions annually
- Diabetes outpatient education
- Diabetes-related durable medical equipment and disposable medical supplies
    - Blood glucose monitoring supplies
    - Diagnostic reagent strips and tablets
    - Finger-sticking devices for blood glucose testing
    - Blood glucose reflectance meters for home use
- Therapeutic footwear and related services
    - Footwear and services that help improve or heal your condition.
        - Therapeutic footwear, orthopedic shoes
        - Arch supports, orthotic devices, in-shoe supports, elastic support
        - Exam, prescription, fitting, and related services for special footwear to prevent or delay loss of the foot.
- Podiatry
    - Diabetes-related foot care.
    - See Podiatry.
- Diabetes-related vision care
    - See Vision Care Services.

Benefits for Members with a Prediabetes Diagnosis

HealthChoice National Diabetes Prevention Program

If you have prediabetes, the HealthChoice Diabetes Prevention Program lifestyle change program may be for you. It can help you lose weight, become more active, and prevent or delay type 2 diabetes.

To be eligible for the HealthChoice Diabetes Prevention Program, you must meet all the following:

- Be 18 to 64 years old
- Be overweight
- Not be pregnant
- Not diagnosed with type 1 or type 2 diabetes
- Have a recent blood test with results in the prediabetes range or have a history of gestational diabetes

Talk to your primary care provider for more information or call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

For more information about the HealthChoice Diabetes Prevention Program, visit <Jai Medical Systems Diabetes Prevention Program page.

Fertility Preservation

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit. **These benefits are only for people whose medical treatment may cause infertility, such as surgery or chemotherapy.**

Maryland Medicaid only covers a benefit if it is medically necessary. You should not pay out of your pocket for a medically necessary covered benefit except for prescriptions.

You will use your Jai Medical Systems Member ID card when you get these services. **You must have preauthorization for these services.**

Use the Jai Medical System Online Provider Directory to search for a Jai Medical Systems provider to get the care you need near you. For more information or questions, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

To be eligible for fertility preservation, you must meet all the following:

- Get preauthorization for services.

- Be within reproductive age.
- Submit documentation from a reproductive endocrinologist.

Important: Fertility preservation is only for people whose medical treatment may cause infertility and meet the other eligibility criteria above.

Covered services include:

- Fertility consultation
- Gonadal suppression to reduce ovarian insufficiency
- Hormonal treatment and ovulation induction
- Oocyte retrieval and preservation
- Sperm extraction and preservation

Medicaid does not cover in vitro fertilization (IVF), sperm or oocyte donation, and storage of testicular tissue procedures.

Gender Affirming Care

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit.

Maryland Medicaid only covers a benefit if it is medically necessary. You should not pay out of your pocket for a medically necessary covered benefit except for prescriptions.

You will use your Jai Medical Systems Member ID card when you get these services. Some services may require a referral or preauthorization.

Use the Jai Medical Systems Online Provider Directory to search for a Jai Medical Systems provider to get the care you need near you. For more information or questions, call our Customer Service Department at 1-888-JAI-1999.

There is no age limit for care, but members must provide informed consent for all services. Minors must have parental consent according to Maryland Minor Consent Laws.

To be eligible for gender-affirming services, you must:

- Talk to your health care provider about a diagnosis for care.
- Be able to make fully informed decisions and consent to treatment.

Covered services include:

Hormone Therapy

- Cross-Sex Hormone Therapy: This includes hormone replacement and suppression therapy. You can take medications by mouth, as an injection, or on your skin.
- Puberty Suppression Therapy: Slows changes to the body during puberty.
- See Pharmacy and Prescription Drug Services.

Gender-Affirming Surgeries and Therapies

You must get preauthorization for these services.

- Medically necessary surgeries, including genital reassignment and facial procedures.
- Procedures for skin, chest, and voice alterations to align with a person's gender identity.
- Hair removal and hair transplants for gender-related purposes.
- Doctors can revise or reverse gender-affirming surgeries if there are problems or if your gender identity changes.

Post-Transition Services

- Some gender-specific services may be necessary after transitioning, like breast cancer screenings for transgender men or prostate exams for transgender women.
- You do not need preauthorization for post-transition services.

Laboratory Testing

- Routine testing to check hormone therapy. You may need preauthorization for specific tests.
- See Laboratory & Diagnostic Services.

Behavioral Health

Medicaid offers behavioral health services, such as therapy for gender dysphoria. You do not need preauthorization.

- See Behavioral Health Services and Primary Behavioral Health.

HIV/AIDS Services

You will use your Jai Medical Systems Member ID card when you get these services except for testing, which Maryland Medicaid covers directly. See HIV/AIDS testing for more information.

Some services may require a referral or preauthorization. See Self- Referral.

You may choose an HIV/AIDS specialist who will coordinate your care with your primary and other specialty care providers. Talk to your provider about access to clinical trials.

Use Jai Medical Systems Online Provider Directory to search for a Jai Medical Systems provider to get the care you need near you. For more information or questions, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999). See Special Needs Coordinator.

If you are pregnant, see Essential Benefits: Pregnant Members, HIV Counseling and Testing.

For more information, See Essential Benefits: Special Needs Members.

Case Management, Case Manager

- You may ask for case management services at any time, even if you declined them before.
- Your case manager will have special training to help with HIV/AIDS care and resources. Your case manager will not share your information about your HIV status.
- See Case Management, Case Manager.

Diagnostic Evaluation Service (DES)

- One diagnostic and evaluation service (DES) assessment per year.
- The DES includes a medical and psychosocial assessment.
- You must select a DES provider from an approved list of sites, but the provider does not have to be in-network with Jai Medical Systems. See Self-Referral.
- Call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) for help with this service.

Substance Use Treatment

We will refer you to the Public Behavioral Health System within 24 hours of requesting treatment. See Behavioral Health Services.

Long Term Care

Long Term Care Facility Services

All Maryland Medicaid HealthChoice managed care organizations must cover long-term care facility services. However, your managed care organization is only responsible for 90 days of care in a row. After more than 90 days, Maryland Medicaid may directly cover your care.

After 90 days, if you still need long-term care in a facility, you will be disenrolled from Jai Medical Systems. See Disenrollment.

Long term care services are the medical and support services that you need over a long time in a long-term care facility. A long-term care facility can be:

- A chronic hospital
- A chronic rehabilitation hospital
- A nursing facility
    - A nursing facility is state-certified to offer 24-hour medical and skilled nursing care, rehabilitation, or health-related services to people who do not need hospital care.
    - If you lose Medicaid coverage while you are in a nursing facility, you may not be re-enrolled in Jai Medical Systems. If this happens, you will need to apply for Medicaid under long-term care coverage rules.

For more information or questions, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) or the HealthChoice Helpline at 800-284-4510.

Essential Benefits: Long Term Care

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit.

Maryland Medicaid only covers a benefit if it is medically necessary. You should not pay out of your pocket for a medically necessary covered benefit except for prescriptions.

You will use your Jai Medical Systems card when you get these services. Some services may require a referral or preauthorization. See Self-Referral.

Use Jai Medical Systems Online Provider Directory to search for a Jai Medical Systems provider to get the care you need near you. For more information or questions, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

Habilitation Services/Devices
These are health care services that help you keep, learn or improve daily living skills and functions. Services may include:

- Physical therapy
- Occupational therapy
- Speech pathology
- For members 21 years old and younger, see EPSDT.

Home Health Services
These are health care services and supplies you get in your home under your doctor's orders. Services are on a part-time or an as-needed basis. Home health care does not include help with non-medical tasks, such as cooking and cleaning. Services may include:

- Skilled nursing services
- Home health aide services
    - Physical therapy
    - Occupational therapy
    - Speech therapy
- Medical supplies used during the visit. See Durable Medical Supplies and Disposable Medical Supplies.

Hospice Services
Home or inpatient services provide comfort and support for people in the last stages of a terminal illness and their families.

Outpatient Rehabilitation Service and Devices
Health care services that help a person keep, restore, or improve skills and functioning for daily living that they lost or were impaired because a person was sick, hurt or disabled. Services may include:

- Physical therapy
- Occupational therapy
- Speech pathology
- If you are under 21 years old, see EPSDT.

Other Covered Benefits: Long Term Care

Jai Medical Systems does not cover some benefits that Maryland Medicaid covers directly if they are medically necessary. You will use your red and white Medicaid card when you get these services.

For more information, call the HealthChoice Helpline at 800-284-4510.

Intermediate Care Facilities for Individuals with Intellectual Disabilities or Persons with Related Conditions (ICF/IID) services
An intermediate care facility (ICF) is a place that provides long-term care for people who need more help than residential care but less care than a skilled nursing facility. The goal of these services is to help people recover and increase their independence.

Medical Day Care Services
Medical Day Care Services are structured group programs that provide health, social, and related support services to functionally disabled adults, age 16 and older.

The program provides care in a community-based setting, offering people an alternative to nursing facility care. These are state licensed centers.

Skilled Personal Care Services
Skilled personal care services are medical services that only a licensed healthcare professional can give – like a nurse or therapist. These services go beyond the basic daily living help that a non-medical caregiver can provide. Examples of skilled personal care that your doctor may order are wound care, feeding tube changes, and physical therapy.

Pharmacy and Prescription Drug Services

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit.

You will use your Jai Medical Systems Member ID card when you get these services.

Prescription drugs are drugs and medications that by law require a prescription also known as a doctor's order. Your doctor, nurse, or physician assistant who writes your prescription is known as the authorized prescriber.

Prescription drug coverage includes:

- Birth control pills and devices
- Chewable vitamins for children 12 years old and younger
- Coated aspirin for arthritis
- Insulin
- Iron pills (ferrous sulfate)
- Needles and syringes

There is a $1 or $3 co-pay for most prescriptions. There is no co-pay for covered family planning drugs or vaccines. There is no prescription co-pay for those who are younger than 21, pregnant, Native American, or living in long term care.

You can get latex condoms and emergency contraceptives from a pharmacy without a prescription.

Preferred Drug List

The preferred drug list (PDL) is also known as a formulary. It is a list of generic and brand name prescription drugs that we cover. The drugs on this list are the best in terms of safety, effectiveness and cost. Your prescriber will use this list to prescribe your medicine. Some medicines may require preauthorization. Some may have quantity or age limits.

To view our formulary, visit Jai Medical Systems Formulary. If you would like us to mail you a copy of the formulary, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

Call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) if you have any questions about a prescription or co-pay.

Telehealth and New Technology

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit.

Maryland Medicaid only covers a benefit if it is medically necessary. You should not pay out of your pocket for a medically necessary covered benefit except for prescriptions.

You will use your Jai Medical Systems Member ID card when you get these services. Some services may require a referral or preauthorization. See Self-Referral.

A telehealth service is subject to the same coverage rules and preauthorizations as an in-person service. See Self-Referral.

Synchronous telehealth is a two-way, real-time visit where you and your provider interact with each other. You can meet your provider face-to-face during an online video meeting. You can meet from almost anywhere using your computer, phone or tablet. Your provider must meet with you from a private space like they would for an in-person visit. Some telehealth visits may be a phone conversation between you and your provider depending on the service.

A health care service provided by telehealth must:

- Be a service that the provider can offer.
- Be the right service for your medical needs.
- Meet the same standard of care as a service provided in person.

There are some health care services that are not eligible for telehealth.

A telehealth service does not include an email, a fax, or some telephone conversations between a health care provider and a patient.

Other covered telehealth services include remote patient monitoring and store-and-forward technology used in dermatology, ophthalmology, or radiology services. This is known as asynchronous telehealth and does not involve real-time interaction between you and your provider.

For more information or questions, call the Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) or the HealthChoice Helpline at 800-284-4510.

New Technology and Other Advances

Jai Medical Systems has a review process in place to decide how and when to cover advances in medicine. We regularly review new:

- Medical technology.
- Medications.
- Procedures.
- Treatments.

For more information or questions, call our Customer Service Department at 1-888-JAI-1999.

Vision Care Services

Eye Care

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit.

Maryland Medicaid only covers a benefit if it is medically necessary. You should not pay out of your pocket for a medically necessary covered benefit except for prescriptions.

You will use your Jai Medical Systems Member ID card when you get these services. Some services may require a referral or preauthorization. See Self-Referral.

Use the Jai Medical Systems Online Provider Directory to search for a Jai Medical Systems provider to get the care you need near you. For more information or questions, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

Adults Aged 21 +

- One eye exam every two years.
- For more vision benefit information, see Jai Medical Systems Value Added Benefits.

Children and Young Adults Under Age 21

- One eye exam every year.
- One pair of eyeglasses per year.
- Contact lenses if medically necessary.
- See Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services.

Members with Diabetes

- One eye exam every year.
- One pair of eyeglasses per year.

Call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) if you have questions or need help to find a vision care provider.

Rare and Expensive Case Management (REM) Program

The Rare and Expensive Case Management (REM) program provides medical case management and other services for eligible people with specific medical conditions. **This is a voluntary program.**

If you enroll in the REM Program, you will no longer get your health care coverage from Jai Medical Systems or any other HealthChoice managed care organization. You will get all your health care benefits directly through Maryland Medicaid.

To be eligible for the REM Program, you must:

- Be eligible for the HealthChoice managed care program.
- Have at least one rare and expensive condition for your age group.
- Choose to be in the REM program.

Talk to your primary care provider to learn more about the medical conditions that will qualify you for this program. You may also call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) or our special needs coordinator at 1-888-JAI-1999 (1-888-524-1999) for more information.

REM benefits include:

- Case management assessment and services
- Certified Nursing Assistant (CNA) and CNA Certified Medication Technician (CMT) services
- Chiropractic services
- Home Health Aide (HHA) and HHA Certified Medication Technician (CMT) services

- Nutrition counseling and supplements
- Occupational therapy
- Private duty nursing, shift nursing services
- Speech-language pathology

You must apply for the REM Program and Maryland Medicaid must approve you for it. If approved, the program will assign you a REM case manager. Your REM case manager will work with you to transition your coverage from Jai Medical Systems. They will work with you to make a care plan to meet your healthcare needs.

For more information and to learn how to apply, call the REM Program at 800-565-8190.
Go to the REM web page now. Type this link exactly as it appears into your phone or computer's address bar: bit.ly/4dnz45Q or scan the QR code.

Self-Referral

You can get certain healthcare services from a provider who is not part of the Jai Medical Systems network. You will not need a referral from your primary care provider. Jai Medical Systems will cover these services even if the provider is out-of-network. However, the provider must be a participating Medicaid provider.

Self-referral services include:

- Birthing centers
- COVID-19 testing
- Dialysis
- Doula services
- Emergency Care, Emergency Services
- Family planning
- Foster care placement assessment
- HIV/AIDS diagnostic evaluation
- Newborn baby checkup
- Pregnancy, certain conditions
- School-based health centers

- Specialist, children with special needs

Continuity of Care

You may have the right to transfer a preauthorization or keep seeing an out-of-network provider if you are currently getting medical care and

- Are new to HealthChoice
- Changed your HealthChoice managed care organization
- Moved to HealthChoice from another health plan

Time Limit

These rights usually last 90 days from when your new coverage starts or until your treatment ends—whichever is first. If you are pregnant, these rights extend through pregnancy up to the first doctor's visit after birth.

Limitations

These rights do not apply to:

- Dental services
- Mental health services
- Substance use disorder services
- Services provided by Maryland Medicaid fee-for-service, see Other Covered Benefits.

Transferring a Preauthorization

If your former health plan approved surgery or other service, you may not need to get new approval from Jai Medical Systems. Call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) if you want to use that approval. We will need a copy of the preauthorization. If you don't have a copy, contact your prior health plan. They must give you a copy within 10 days.

If you were getting care from a doctor who was in your prior health plan's network but is out of the Jai Medical Systems network, you might be able to keep seeing them temporarily. You must contact us to request this. This right only applies to specific conditions like:

- An acute condition, for example a broken bone
- A serious chronic condition, for example cancer
- Pregnancy
- Other conditions agreed upon by you and your provider

For questions, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) or the HealthChoice Helpline at 800-284-4510.

You have the right to appeal a denial to transfer a preauthorization or to see your prior provider. See File a Complaint, Grievance or Appeal.

Out-of-Service Area Coverage

Jai Medical Systems' provider network offers many care options throughout our service area, which includes Anne Arundel County, Baltimore City, Baltimore County, Carroll County, Frederick County, Harford County, Howard County, Montgomery County, and Prince Geroge's County.

We also cover care in a nearby state only if the provider is in our network or if we arrange your care. See Continuity of Care for exceptions.

We only cover emergency care and post-stabilization care services when you are outside of Maryland.

If you need non-emergency care outside our service area, call your primary care provider or our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) for help.

If you move outside our service area, you can change to another managed care plan. See Changing Managed Care Plans

Other Insurance

Coordination of Benefits

Medicaid coordinates benefits with other insurers as a secondary payer to all other payers. This means that if an insurer and Medicaid both cover a benefit, the other payer is first responsible for making payment. By law, Medicaid is the payer of last resort.

This is known as third party liability. Other sources of coverage, or a third party, may include

- Employer-sponsored health insurance
- Long term care insurance
- Medicare
- Other state and federal programs
- Private health insurance
- Settlement from a liability insurer

- Workers' compensation

Report Other Insurance

You must report if you have other coverage. Call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) to report any other insurance plans or coverage.

Always tell your provider about your other insurance. List your non-Medicaid insurance as your primary insurance.

Third-Party Liability and Work-Related Injury

You must inform Jai Medical Systems if you receive care for an injury from an auto accident or a work-related injury. A third-party insurer is usually responsible for payment. Call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) to make a report.

Changing Managed Care Plans

New Medicaid Members 90 Day Rule

You have 90 days to choose a different managed care health plan for any reason when you first join Medicaid. You may only change your plan once during this time. You must stay with your plan for 12 months before you can make a change except for certain reasons.

Re-Enrolled Medicaid Members

If you lose your Medicaid coverage and re-apply within 120 days, and are eligible, Medicaid will automatically re-enroll you in the same plan.

Change Exceptions

You can change your plan at **any time** if

- You move
    - If you move to a county where your current health plan does not offer care.
- You become homeless
    - If another plan offers care closer to where you stay, making it easier to get to appointments.
- Family in different plans
    - A family with one or more household members in one plan and one or more members in a different plan can move everyone to the same plan. You will use

the “family unification” change reason to do this. There is one exception. A newborn must stay with their parent’s plan for the first 90 days after birth.

- Foster child placement
    - If a foster child joins your family, you can switch the child to your plan if you or other family members are in a different plan.
- Your primary care provider’s contract ends
    - If your plan ends its contract with your primary care provider. You will get a notice to let you know if this happens. You will need to pick a new primary care provider. See Pick Your Primary Care Provider (PCP) for more information.

You may be able to change your plan **if Medicaid approves** when

- You experience poor quality of care.
- You cannot access the services you need with Jai Medical Systems.
- You want to see a provider with experience with your health care needs who is not in the Jai Medical Systems provider network.

You **cannot change** your plan when

- You are in a hospital.
- You are in a nursing facility.

How to Change Your Plan

You must contact the Maryland Health Connection at 855-642-8572 to make a change. **Please note that Jai Medical Systems cannot change your plan.**

Disenrollment

Disenrollment means your coverage ends. If your Medicaid coverage ends, your Jai Medical Systems coverage will also end. Sometimes, your Jai Medical Systems coverage may end, but your Medicaid coverage will continue.

When Your Jai Medical Systems Coverage May End

Medicaid or Jai Medical Systems can disenroll you, that is end your plan coverage – not your Medicaid coverage for certain reasons.

We may disenroll you if:

- You have been in a nursing facility for more than 90 days in a row.
    - You may be eligible for long-term care Medicaid coverage.
- You are now in an intermediate care facility for people with intellectual disabilities.

- You join the Rare and Expensive Case Management (REM) Program.
- Your Medicaid coverage type, known as an assistance category, changes to one not eligible for managed care. An example is you are in long-term care.
- You are 65 years old or older.
- You are in jail or prison.
- You enroll in Medicare before age 65 because of a disability.
    - People in both Medicare and Medicaid do not receive care through a managed care plan.
- You move out of the Jai Medical Systems service area.

Medicaid will disenroll you if enrollment in the managed care plan is in error, and the plan enrollment is not valid. Medicaid will also disenroll a member at the time of their death.

When Your Medicaid Coverage May End

Your Medicaid coverage can end, that is, terminate, for several reasons.

You can lose Medicaid coverage if:

- You are no longer eligible for Medicaid.
- You do not renew your Medicaid coverage.

If your Medicaid coverage ends, your Jai Medical Systems coverage will also end.

If you lose your Medicaid coverage and re-apply within 120 days, and are eligible, Medicaid will automatically re-enroll you with Jai Medical Systems. Your Jai Medical Systems coverage will start again within 10 days.

Explanation of Benefits or Denial of Payment Notice

An Explanation of Benefits (EOB) or Denial of Payment notice shows a summary of the services your doctor billed. It lists the type of service, the date, the amount billed, and the amount paid by Jai Medical Systems. **This is not a bill**. It just tells you what Jai Medical Systems has paid for. If you see a mistake, like a service you didn't get, call our Customer Service Department at 1-888-JAI-1999 right away.

Medicaid Billing Rights and Protections

A Medicaid provider may not bill you for a medically necessary Medicaid covered benefit. You should not pay out of your pocket for these except for prescriptions.

Make sure you see a participating Medicaid provider for your health care. Otherwise, you may have to pay for the service.

Use Jai Medical Systems Online Provider Directory to search by provider name to find a participating Medicaid provider in our network.

Remember you may have to pay for the care that you get from a provider who is not part of Medicaid.

If you get a bill for a covered service, **do not pay it**. Contact the provider who sent the bill for help. If the provider says you did not have coverage on date of the service date or that Jai Medical Systems did not pay, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) for help.

If you still need help, call the HealthChoice Helpline at 800-284-4510.

You may also be able to file a complaint with the Maryland Attorney General. To learn more, visit their Health Education and Advocacy Unit webpage.

Preventive Care for Adults

What is preventive care? It is things that you can do to help keep you well, such as getting a flu shot each year or eating healthy foods. It includes preventive screenings. These are health care services to check your health and well-being. Getting routine preventive care can help you stay well and catch problems early - when they may be easier to treat.

Preventive screening and procedures are based on your age, gender, health condition, family history and other factors. Talk to your primary care provider about the screening and procedures you may need and how often you may need them.

Women can see an OB-GYN or a certified nurse midwife without a referral. This includes routine and preventive care such as a check-up, breast exam, mammogram, and Pap test. Staying up to date on your vaccines is one of the best things you can do to protect your health. If you are pregnant or have a medical condition that puts you at higher risk for infections, talk to your primary care provider about which vaccines are right for you.

Always let your primary care provider know if anything has changed since your last office visit. Always give the most honest and up-to-date information about your physical, social, and mental health so that you can get the care that best meets your needs.

Adult Preventive Care Recommendations

General Health Care

Routine Checkup	Every year

Anxiety and Depression screening	Every year
Dental Checkup and cleanings	See Dental.
Intimate Partner Violence screening	Women of reproductive age
Substance Use/Misuse: Alcohol, Tobacco, Other	18+. Every year, more based on risk.

Screenings and Procedures*

Blood Pressure Monitoring – hypertension	Every year
BRCA-Related Cancer	Women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer, check every year
Breast Cancer Screening	Every other year starting at 40, and continuing through age 75
Cervical Cancer Screening	Every 3 years for members with internal reproductive organs ages 21-29, every 5 years for women ages 30- 65 if also tested for HPV
Cholesterol	Every 5 years starting at age 35 for men and 45 for women, starting at age 20 if at increased risk
Colon Cancer Screening	Age 50-75, frequency depends on test used: stool based – yearly to every 3 years, flexible sigmoidoscopy every 5 years, CT colonography every 5 years, or colonoscopy every 10 years
Prediabetes and Type 2 Diabetes	Yearly for adults aged 35 to 70 years who are overweight or obese
Latent Tuberculosis Infection	18+ at increased risk
Lung Cancer Screening	Yearly for adults aged 50-80 with a 20 pack-year smoking history who are actively smoking or quit smoking less than 15 years ago, screening done using Low Dose CT (LDCT) scan
HIV Human Immunodeficiency Virus (HIV)	Based on risk category
Hepatitis B	Adults at increased risk
Hepatitis C	18+ once, more often for those at increased risk
Chlamydia and Gonorrhea	Yearly for sexually active women 24 years or younger, and in women 25 years or older who are at increased risk of infection
Syphilis Infection	Adults at increased risk

Recommended vaccinations for adults aged 19 years and Older

Immunizations**	
COVID-19	At least one dose of the current COVID-19 vaccine or based on your doctor's advice.
Influenza/Flu	Every year
RSV	One dose ages 60+ or pregnant
Tdap/Td	One booster every 10 years and every pregnancy.
MMR	If aged 66 years or younger, one or two doses
Chickenpox	If U.S. born and aged 43 years or younger, two doses
Shingles	Age 50+, two doses, younger based on your doctor's advice.
HPV	26 years old and younger two or three doses, if 27–45 years based on your doctor's advice.
Pneumonia	Based on risk
Hepatitis A	Based on risk or your doctor's advice.
Hepatitis B	19 to 59 years old, after based on risk or your doctor's advice.
Meningitis	Based on risk or your doctor's advice.
Hib	For adults with certain medical conditions based on your doctor's advice.
Mpox	Based on risk or your doctor's advice.

*Recommendations for screening and procedure are based on the United States Preventive Services Task Force (USPSTF) guidance. For the latest recommendations, visit USPSTF.

**Recommendations for immunizations are based on the U.S. Centers for Disease Control and Prevention (CDC) guidelines. For the latest information, visit the CDC Recommended Vaccinations for Adults.

Know Your Family History

Talk to your family, then your doctor. You can use the CDC's My Family Health Portrait to keep track of your information. Be sure to update this information regularly and share what you've learned with your family and your doctor. Learn more about My Family Health Portrait.

Access Your Official Immunization Records

You can see and print your official immunization record online. It is free, simple and secure. To register or to sign in go to myirmobile.com.

Well Child Care

What is a well-child visit? A well-child visit (also called a checkup) is when you take your child to the doctor to make sure they're healthy and developing normally. This is different from visits for sickness or injury.

Taking your child to their regularly scheduled well-child visit can help them stay well and help catch problems early - when they may be easier to treat.

At a well-child visit, you can talk to your provider and ask questions about how your child is growing and developing. Your child will also get their shots, also called vaccines or immunizations, during their well child visit. Staying up to date on your child's vaccines is one of the best things you can do to protect their health.

If you're worried about your child's health, call your provider right away. Do not wait until your next scheduled visit.

Blood Lead Poisoning Test

A blood lead test is the best way to find out if a child has lead poisoning. Your provider will take a small amount of blood from your child's finger, heel, or arm to test.

Medicaid requires lead testing for all children at ages 12 and 24 months. Medicaid also requires testing for children ages 24–72 months if there is no record of testing.

Well-Child Visit Schedule

How often you will see the doctor, get services, screenings and immunizations depends on what your provider thinks is right for your child.

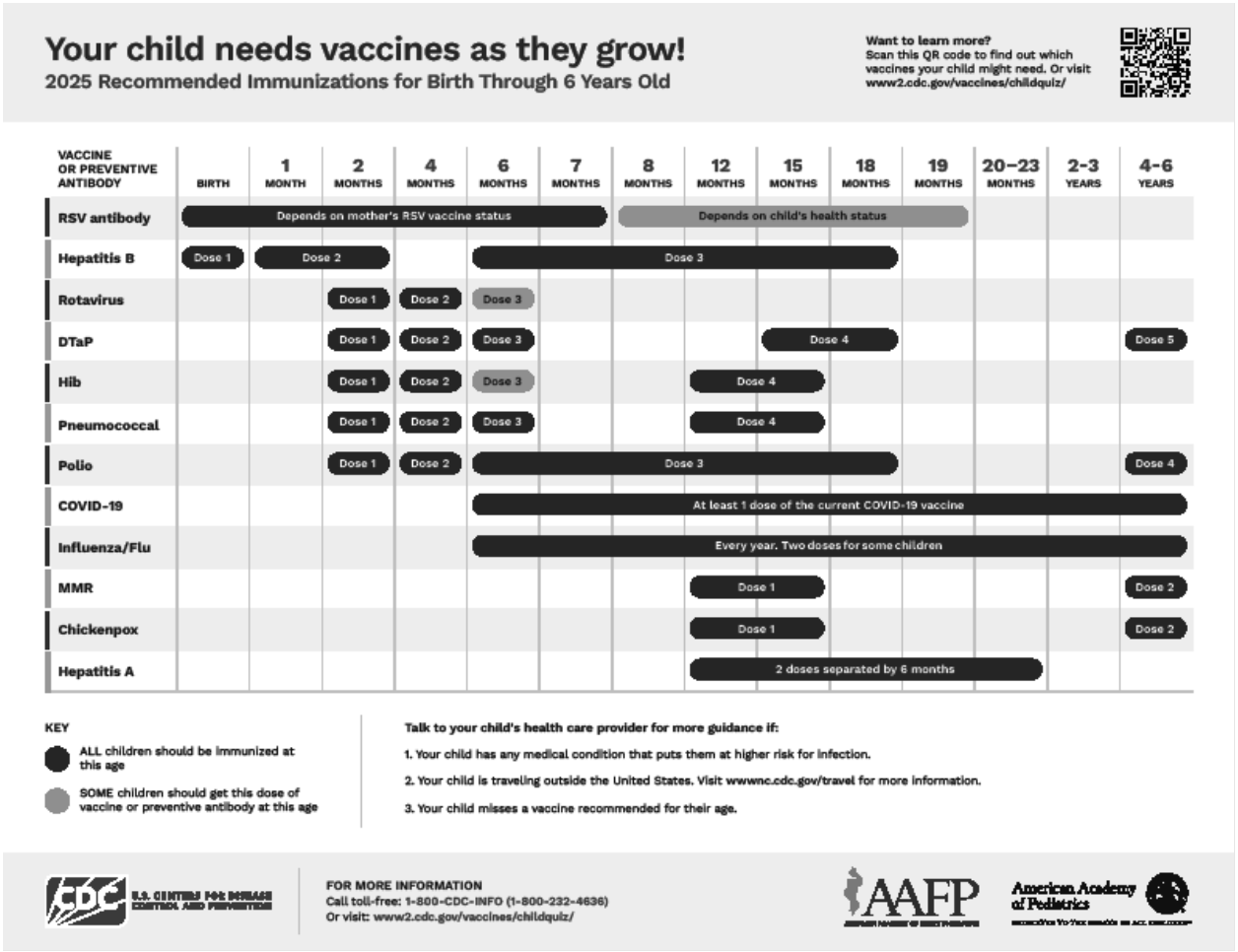
Recommend visits:

- 3 to 5 days old
- 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 2 years old (24 months)
- 2 ½ years old (30 months)

- 3 years old
- 4 years old
- 5 years old
- 6 years old

After the age of six, your child will continue to have a well-child visit once a year. They will get any shots they need for their age group during their visit.

CDC Recommend Vaccines for Birth to Age Six



Source: CDC; Materials developed by CDC.

The Maryland Department of Health and Jai Medical Systems' use of this material does not imply endorsement by CDC, ATSDR, HHS or the United States Government. The material is otherwise available on the CDC website for no charge.

Jai Medical Systems Practice Guidelines

Jai Medical Systems uses practice guidelines to help make sure you get safe, high-quality care. These guidelines are based on medical research and expert advice. They help doctors and other providers know the best ways to treat certain health conditions. The guidelines also consider your needs. Jai Medical Systems uses them when deciding what services to cover, how to manage your care, and how to help you understand your treatment options. We update our practice guidelines as needed. You can ask for a copy of the guidelines at any time. Call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

Rights and Responsibilities

HealthChoice Managed Care Member Rights

- To be treated with respect and dignity and have the right to privacy.
- Get candid and easy-to-understand information about your treatment options – even if they cost more or your plan does not cover them.
- Take part in decisions about your healthcare, including the right to refuse treatment.
- Be free from any form of physical or mental control or left alone to make you agree to something, punish you, or because it is easier for someone else.
- Ask for and get a copy of your medical records. You can also ask for corrections to your record.
- Exercise your rights and to know that the exercise of those rights will not adversely affect the way that the Maryland Department of Health, Jai Medical Systems, or our providers treat you.
- File a complaint, grievance or appeal with Jai Medical Systems.
- Request to continue ongoing benefits while your appeal or State fair hearing is pending. NOTE: You may have to pay for any care you receive during this time if the original decision stands.
- Get a second opinion from another provider in the Jai Medical Systems network if you disagree with your provider's opinion about a service that you need. Call our Customer Service Department at 1-888-JAI-1999 for help with finding another provider.
- Make, or refuse to make, an advance directive for healthcare decisions. For more information, see the Maryland Attorney General's advanced directives web page.
- Ask for and get information about how Jai Medical Systems manages the organization. For more information, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).
- Ask for and get information about the health plan's services, practitioners, providers and member rights and responsibilities.
- Make recommendations about the member rights and responsibilities policy.

HealthChoice Managed Care Member Responsibilities

- Treat all those who work with you with respect and dignity.
- Be on time for your appointment.
- Cancel your appointment right away if you cannot keep it.
- Always Carry your Medicaid and Jai Medical Systems member card with you.
- Never allow anyone else to use your Medicaid or Jai Medical Systems member card.
- Report a lost or stolen member ID card to Jai Medical Systems and get a new card.
- Report other health insurance coverage to your provider and to Jai Medical Systems.
- Work with your primary care provider to create a care plan together.
- Work with your providers and follow plans and instructions for care that you have agreed to with them.
- Ask questions about your care and let your provider know if you do not understand something.
- Give honest, current health information to your providers.
- Use the emergency room only for a medical emergency. Let your primary care provider know as soon as possible after you receive emergency care.
- Tell your caregivers about any change to your advance directive.
- Call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) if you have a problem or a complaint.
- Report required changes to your status within 10 days to the Maryland Health Connection.

Privacy and Confidentially

Jai Medical Systems Notice of Privacy Practices

Safeguarding Your Protected Health Information

Jai Medical Systems Managed Care Organization, Inc. (Jai Medical Systems) is committed to protecting your health information. In order to help coordinate or to pay for your health care, Jai Medical Systems will ask for certain health information. This information will be put into your health information record. Your health information may contain your symptoms, examination and test results, diagnoses, and treatment. This information may also include your race/ethnicity, language(s) spoken, language(s) preferred, gender identity, sexual orientation, social needs, physical accommodations, and auxiliary aids or services. Your health information may be used for a variety of purposes and is regulated by law. Jai Medical Systems protects your protected health information (PHI) in several ways, such as restricting physical and electronic access, by requiring appropriate member authorization for release of information as required by law, and by requiring all employees to sign confidentiality agreements. Jai Medical

Systems is required to maintain the privacy of your oral, written, and electronic health information, to give you this Notice of our legal duties and privacy practices with respect to your health information, and to follow the privacy practices described in this Notice. However, Jai Medical Systems reserves the right to change our privacy practices and the terms of this Notice at any time and to make the new provisions effective for all health information we have about you and any information we receive in the future. You may request a copy of the current Notice from Jai Medical Systems at any time. This Notice can be found in your Member Handbook and is mailed to all members once a year. The current Notice is also posted on our website, and we will mail a copy to you upon request.

How Jai Medical Systems May Use and Disclose Your Protected Health Information

Jai Medical Systems employees will only use your health information to do their jobs. Certain types of protected health information such as race/ethnicity, language, sexual orientation, and gender identity may have additional restrictions for uses and disclosures described later in this notice. For uses and disclosure beyond what Jai Medical Systems normally does (as described in this Notice), Jai Medical Systems must have your written authorization unless the law permits or requires otherwise. Many uses of psychotherapy notes, certain uses and disclosures of your health information for marketing purposes, and any sale of your health information require your authorization. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization. (You also cannot revoke an authorization that was obtained as a condition of obtaining insurance coverage and other law provides Jai Medical Systems with the right to contest a claim under the policy or the policy itself.) The following are some examples of our possible uses and disclosures of your health information:

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

For Treatment: Jai Medical Systems may use or share your health information for the provision, coordination, or management of health care. For example, Jai Medical Systems' employees may need to review your treatment plan with your health care provider for coordination of care.

To Obtain Payment: Jai Medical Systems may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate with our services. For example, your health care provider may send claims for payment of medical services provided to you, or Jai Medical Systems may need to use or

share your health information to determine if your treatment is medically necessary, appropriate, or otherwise covered.

For Health Care Operations: Jai Medical Systems may use and share your health information for health care operations, including to evaluate the quality of services provided, to provide case management and care coordination, to engage in underwriting and enrollment activities, and/or as requested by State or Federal auditors. Jai Medical Systems will not use or share any genetic information about you for underwriting purposes, including determinations of eligibility.

Use of Unsecure Electronic Communications: If you choose to communicate with Jai Medical Systems via unsecure electronic communications, such as regular email or text message, we may respond to you in the same manner in which the communication was received and to the same email address or account from which you sent your original communication. In addition, if you provide your email address or phone number to us, you may receive emails, text messages and/or automated phone calls from us from time to time, including those related to preventative healthcare reminders, surveys, or other general informational communications. For your convenience, these messages may be sent unencrypted. Before using or agreeing to the use of any unsecure electronic communication to communicate with us, note that there are several risks, such as interception by others, misaddressed or misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured portable electronic devices. By choosing to correspond with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks. Additionally, you should understand that use of email or other electronic communication is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Electronic communications such as email or text should never be used in a medical emergency. You may opt out of receiving information in these forms from Jai Medical Systems at any time.

Text: You may "Opt Out" of text message reminders by responding "STOP" to any text message sent by Jai Medical Center.

Email: You may "Unsubscribe" from email reminders by double-clicking on the "Unsubscribe" button at the bottom of any email reminder sent by Jai Medical Systems.

Automated Phone Calls: You may "Opt Out" of automated phone reminders by selecting the option within the automated phone call reminder.

Health Information Exchanges: As permitted or required by law, Jai Medical Systems may participate in health information exchanges (HIEs) to facilitate the secure exchange of your health information among health care providers and other health care entities. For example,

information about your past medical care and current medical conditions can be made available to us or to your other health care providers if they also participate in the HIE. Exchange of health information through HIEs can provide faster access to critical information about your medical condition, improve the coordination of your health care, and assist providers and public health officials in making more informed decisions.

CRISP: Jai Medical Systems has chosen to participate in the Chesapeake Regional Information System for Our Patients (CRISP), a statewide internet-based health information exchange approved but not operated by a State of Maryland agency. As permitted by law, your health information will be shared with this exchange in order to facilitate the secure exchange of your electronic health information between health care providers and other health care entities for your treatment, payment, or other health care operation purposes. Jai Medical Systems will receive notifications when active patients that we have identified experience certain hospital-related encounters (e.g. admissions, discharges, and transfers). You may "opt-out" and prevent the searching of your health information available through CRISP by calling 1-877-952-7477 or by completing and submitting an opt-out form to CRISP by mail or fax or online at www.crisphealth.org. Jai Medical Systems cannot **submit this opt-out form to CRISP on your behalf should you decide to opt-out**.

Other Uses and Disclosures of Health Information Required or Allowed by Law:

Business Associates: Jai Medical Systems may disclose health information to those with whom we contract to provide certain services (called business associates) so that they may perform the job we have asked them to do. Jai Medical Systems requires business associates to appropriately safeguard your information.

Required by Law: Jai Medical Systems may disclose health information when state or federal laws require us to do so. We may also share information with the Department of Health and Human Services if there is a need to verify that we are compliant with privacy laws.

Public Health Activities: Jai Medical Systems may disclose health information for certain public health activities, including when Jai Medical Systems is required to collect or report information about disease or injury or to report vital statistics to public health authorities.

Health Oversight Activities: Jai Medical Systems may disclose your health information to health oversight agencies for oversight activities required by law, including audits, inspections, investigations, and licensure actions.

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

Research Purposes: In certain circumstances, and under supervision of our designated privacy board, Jai Medical Systems may disclose health information to assist medical research.

Avert Threat to Health or Safety: In order to avoid a serious and imminent threat to health or safety, Jai Medical Systems may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Abuse and Neglect: Jai Medical Systems may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence.

Specific Government Functions: Jai Medical Systems may disclose health information for certain specialized government functions, including those relating to military personnel and veterans, correctional institutions, government benefit programs relating to eligibility and enrollment, national security, and protection of the President.

Families, Friends, or Others Involved in Your Care: Jai Medical Systems may share your health information with certain people, including family members, friends, and other identified individuals, as it is directly related to their involvement in your care or payment of your care. Jai Medical Systems may also share health information with certain people, including family members, personal representatives, and entities assisting in disaster relief efforts, to notify them about your location, general condition, or death. Except in emergencies, you have the opportunity to object to these uses and disclosures. If you have a preference on how we share your information, please tell us and we will follow your instructions. If you are not able to tell us your preference, we may share your information if we believe it is in your best interest.

Worker's Compensation: Jai Medical Systems may disclose health information to worker's compensation (or similar) programs that provide benefits for work-related injuries or illnesses without regard to fault as permitted by law.

Patient Directories: The health plan under which you are enrolled does not maintain a directory for disclosure to callers or visitors who ask for you by name. You will not be identified to an unknown caller or visitor without authorization.

Lawsuits, Disputes, and Claims: If you are involved in a lawsuit, a dispute, or a claim, Jai Medical Systems may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement: Jai Medical Systems may disclose your health information to a law enforcement official for certain law enforcement purposes, including when required by law or when asked.

Substance Use Disorder Treatment Programs: Although Jai Medical Systems is not a substance use disorder treatment program (a "SUD Program") that is covered by 42 CFR Part 2, we may receive information from a SUD Program about your treatment. In no event will we use or disclose this information, or testimony that describes the information contained in your SUD Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless (i) we have your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after being given notice and an opportunity to be heard.

Special Note: We will never sell your personal information or use it for certain marketing purposes unless you give us written permission to do so as required by law.

Additional Uses and Disclosures Relating to Race/Ethnicity, Language, Sexual Orientation, and Gender Identity:

Coverage, Services, and Benefits: If provided, your race/ethnicity, language(s) spoken, language(s) preferred, sexual orientation, and gender identity will not be used by Jai Medical Systems for denial of coverage, services, or benefits.

Internal Analysis: If provided, your race/ethnicity, language information, sexual orientation, and gender identity may be used by Jai Medical Systems for internal analysis in order to provide culturally and linguistically appropriate services.

Sharing with providers: Jai Medical Systems may share your preferred or spoken language(s) with your provider to ensure that you have appropriate language services provided to you. Jai Medical Systems will not share your race/ethnicity, sexual orientation, or gender identity with providers, if provided.

CRISP: If provided, Jai Medical Systems will not share your sexual orientation or gender identity with CRISP.

You Have a Right To:

Request Restrictions: You have a right to request a restriction or limitation on the health information that Jai Medical Systems uses or discloses about you for certain purposes. Jai Medical Systems will accommodate your request, if possible, but is not legally required to agree to the requested restriction. If Jai Medical Systems agrees to a restriction, Jai Medical Systems will follow the requested restrictions except in emergency situations.

Request Confidential Communications: You have the right to ask Jai Medical Systems to send your information to another address or by another method. Jai Medical Systems must agree to

your request as long as it is reasonably easy for us to do so and if you clearly state that the disclosure of all or part of the information to which the request pertains could endanger you.

Inspect and Copy: With certain exceptions, you have a right to see and copy your health information upon your written request usually within 30 days. You may request an electronic copy of your health information that Jai Medical Systems maintains in electronic designated record sets, and we will provide access in the electronic form and format requested if it is readily reproducible in that format. If not, Jai Medical Systems will discuss the issue with you and provide a copy in a mutually agreed upon readable electronic form and format, depending on the information and our capabilities at the time. You may also request that Jai Medical Systems send your information directly to a person you designate if your request is in writing, is signed, and clearly identifies the designated person and an address to send the requested information. If you want copies of your health information (or agree to a summary or explanation of the information), you may be charged a fee for the cost of labor for copying the information (in paper or electronic form), supplies for creating the paper copy or electronic media (if you request that the electronic copy be provided on portable media), postage (if you request that the copy, summary, or explanation be mailed) and preparing an explanation or summary of the information (if you agree). You have a right to choose what portions of your information you want copied and to have prior information on the cost. Jai Medical Systems may deny your request to inspect and copy your information in certain limited circumstances. If the denial is subject to review, you can request that the denial be reviewed. A licensed health care professional that we choose (who was not directly involved in the denial) will review your request and the denial. We will comply with the outcome of the review.

Request Amendment: You may request in writing that Jai Medical Systems correct or add information to your health information record if you provide a reason for the request. Jai Medical Systems may deny the request if it is not in writing or does not include a supporting reason, or if Jai Medical Systems determines that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. If we deny your request, we will tell you the reason why your request was denied usually within 60 days. In the event of a denial, you may submit a written statement of disagreement. Jai Medical Systems will distribute your statement (or an accurate summary) with future disclosures of the information to which it relates. If Jai Medical Systems approves the request for amendment, Jai Medical Systems will change the health information and inform you, and may tell others that need to know about the change in the health information.

Accounting of Disclosures: You have a right to request a list of the disclosures made of your health information after April 14, 2003, for a period of up to 6 years from the date of the request. Some exceptions include disclosures of information (1) for treatment, payment, and

operations purposes, (2) made to you, (3) based on your written authorization, (4) for national security, or (5) to law enforcement officials or correctional facilities with lawful custody of you at the time of the disclosure. There will be no charge for the first request made in each 12 month period. Jai Medical Systems may charge a reasonable, cost-based fee for extra requests.

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

Breach: You have the right to receive prompt notice of breaches that compromise the privacy or security of your health information, which Jai Medical Systems will send to our last known address for you.

Legal Guardian/Representative: If you have given someone medical power of attorney or if you have a legal guardian, that person is entitled to make decisions about your health information and its use. We will verify that the party has the authority and can make decisions on your behalf before we take any action.

For More Information

This document is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act. If you have questions and would like more information, you may contact the Privacy Officer at 1-888-JAI-1999 (1-888-524-1999).

To Report a Problem About Our Privacy Practices

If you believe your privacy rights have been violated, you may file a complaint.

1. You can file a complaint with the Jai Medical Systems Managed Care Organization, Inc. Privacy Officer by calling 1-888-JAI-1999 (1-888-524-1999).

2. You can file a complaint with the U. S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Bldg, Washington D.C. 20201, calling 1-877-696-6775, or visiting the Department of Health and Human services website at www.hhs.gov/ocr/privacy/hipaa/complaints/.

Jai Medical Systems Managed Care Organization, Inc will take no retaliatory action against you if you make such complaints.

Effective Date: This notice became effective on April 14, 2003. Updated: 6/2026

Utilization Management Affirmative Statement

Utilization management decisions made by Jai Medical Systems staff are based on the appropriateness of care and the availability of benefit coverage. There are no financial incentives or rewards provided to Jai Medical Systems staff for utilization management decisions, including for denials of coverages or underutilization of coverage benefits.

File a Complaint, Grievance or Appeal

If you are unhappy with a decision about your care, or if you have an issue with a service or provider, you have the right to take action.

Jai Medical Systems has a process for filing a complaint, grievance, or an appeal to address your concern.

Complaint: File a complaint if you have a concern about the quality of your care, the behavior of a provider, or a service-related issue.

Grievance: File a grievance if you are unhappy with how Jai Medical Systems handled your complaint.

Appeal: File an appeal if Jai Medical Systems has denied, reduced, or ended a service you think you need. This is known as an adverse benefits determination. You or your authorized representative can file an appeal on your behalf. You must file an appeal within **60 days** from the date on your denial notice.

How to Keep Getting Services While Your Appeal or State Fair Hearing Is Pending

If Jai Medical Systems notifies you that we plan to reduce or end a service, you may still be able to get that service if:

- You filed an appeal or asked for a state fair hearing by the filing deadline.
- It is a service we previously approved for you.
- The original coverage period for services has not expired.

However, you may have to pay back the cost for any service you got while your appeal or fair hearing is pending if Jai Medical Systems or the administrative law judge upholds the denial. For more information, see When Your Appeal Decision Is in Your Favor.

Request Deadline

The deadline to ask to keep getting services is on or before the latest of these dates:

- Within 10 calendar days of when we sent the denial notice, or
- Before the date when Jai Medical Systems will reduce or end your service.

You can ask to keep services when you file an appeal or ask for a State fair hearing. You can also call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

How to File a Complaint, Grievance or Appeal

Be sure to act quickly, as there are specific timelines for filing. If you need help with filing, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999)

Appeals

If your complaint is about a service you or a provider feels you need but we will not cover, you can ask us to review your request again. This is called an appeal.

If you want to file an appeal, you have to file it within 60 days from the date on the letter saying we would not cover the service you wanted.

You may call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) to file an appeal. You may also send your appeal in writing. We have a simple form you can use to file your appeal. If you have questions about how to file an appeal or need help filing an appeal, please call our Customer Service Department at 1-888-JAI-1999 and a Customer Service Representative will help you.

If you would like to send your appeal in writing, you should send it to:

Jai Medical Systems
301 International Circle
Hunt Valley MD 21030
Attention: Member Appeals

Your doctor can also file an appeal for you if you sign a form giving him or her permission. Other people can also help you file an appeal, like a family member or a lawyer.

When you file an appeal, be sure to let us know any new information that you think will help us make our decision. We will send you a letter letting you know that we have received your appeal within 5 business days. While your appeal is being reviewed, you can still provide us with any additional information that you think will help us make our decision.

While reviewing your appeal, we will:

- Use doctors who know about the type of illness you have.
- Not use the same people who denied your request for a service.
- Make a decision about your appeal within 30 calendar days.

The appeal process may take up to 44 calendar days if you ask for more time to submit information or we need to get additional information from other sources. If the appeal process will be delayed, we will try to call you to notify you of the delay. We will send you a letter if we need additional information.

If your doctor or Jai Medical Systems feels that your appeal should be reviewed quickly due to the seriousness of your condition, you will receive a decision about your appeal within 72 hours after we receive the appeal.

If you request that we review your appeal as an urgent matter but we do not feel that your appeal needs to be reviewed quickly, we will try to call you and send you a letter letting you know that your appeal will be reviewed within 30 days.

If your appeal is about a service that was already authorized and you were already receiving, you may be able to continue getting the service while we review your appeal. Contact us at 1-888-JAI-1999 (1-888-524-1999) if you would like to continue getting services while your appeal is reviewed. If you do not win your appeal, you may have to pay for the services that you received while the appeal was being reviewed.

Once we complete our review, we will send you a letter letting you know our decision. If we decide that you should not receive the denied service, that letter will tell the next steps to take and how to ask for a State Fair Hearing.

Grievances

If your unresolved complaint is about something other than not receiving a service, this is called a grievance. You may file a grievance with Jai Medical Systems at any time. Examples of grievances are not agreeing with the extension timeframe Jai Medical Systems has determined is needed to make a decision, your rights not being respected by someone who works at Jai Medical Systems or at your doctor's office, or not being treated fairly by someone who works at Jai Medical Systems or at your doctor's office.

You may call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) to file a grievance. You may also send your grievance in writing. If you have any questions about how to file a grievance of need help filing a grievance, please call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999) and a Customer Service Department Representative will help you.

If you would like to send your grievance in writing, you should send it to:

Jai Medical Systems
301 International Circle
Hunt Valley, MD 21030
Attn: Customer Service

If your grievance is:

- About an urgent medical problem you are having, a decision will be made within 24 hours.
- About a medical problem but it is not urgent, a decision will be made within 5 calendar days.
- Not about a medical problem, a decision will be made within 30 calendar days.

If you would like a copy of our official complaint procedure or if you need help filing a complaint, please call 1-888-JAI-1999 (1-888-524-1999).

More Help with a Complaint, Grievance or Appeal

Get Help from the HealthChoice Helpline

If you have a question or complaint about your healthcare that Jai Medical Systems has not solved to your satisfaction, you can ask Maryland Medicaid for help. They can help by:

- Working with Jai Medical Systems to resolve your problem.
- Sending your complaint to a Maryland Medicaid nurse consultant to help solve the issue.

- Answering questions about the appeal process and when you can ask for a state fair hearing.

Call the HealthChoice Helpline at 800-284-4510.

Ask Maryland Medicaid to Review Jai Medical Systems' Appeal Decision

If you filed an appeal and Jai Medical Systems upheld our decision, that is not find in your favor, you may ask Maryland Medicaid to review our decision.

Call the HealthChoice Helpline at 800-284-4510 to ask for a review. If they uphold Jai Medical Systems' decision, you can ask for a state fair hearing.

Ask for a State Fair Hearing

A fair hearing is also known as an appeal. You must first go through Jai Medical Systems' appeal process before asking for a state fair hearing.

You have **120 days** from the date on your Jai Medical Systems appeal decision notice to file for a state fair hearing. If you want to keep getting services while your state fair hearing is pending, see How to Keep Getting Services While Your Appeal or State Fair Hearing Is Pending. You can request a state fair hearing online. Go to the online appeals form now. Type this link exactly as it appears into your phone or computer's address bar: https://bit.ly/3C7ThQO or scan the QR code.

An administrative law judge will hear your case. The judge will either find in your favor, that is overturn Jai Medical Systems' decision or uphold our decision, which is not find in your favor.

Call the HealthChoice Helpline at 800-284-4510 for more information.

You can also visit the Office of Administrative Hearings website for more information about a state fair hearing.

When Your Appeal Decision Is in Your Favor

When you win your appeal, Jai Medical Systems must provide you with the denied, limited, or delayed service you asked for. We must provide the service within 72 hours of receiving notice of the decision.

Member Feedback

Call Us

jai Medical Systems wants to hear from you. Do you have an idea about how to improve a process? Or want to bring something to our attention? Call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

Join Jai Medical Systems' Consumer Advisory Board

The Consumer Advisory Board consists of members, members' families, guardians, caregivers, and member representatives. The group meets regularly throughout the year. The Consumer Advisory Board provides us with member input. For more information about the board, call our Customer Service Department at 1-888-JAI-1999 (1-888-524-1999).

Member Feedback Call

We may contact you about a service you received from us. If we do, share detailed information about your experience. This helps us know how we are doing and how we can improve our members' care.

Non-Discrimination

Jai Medical Systems complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Jai Medical Systems does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Jai Medial Systems, upon request:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages
- If you need these services, contact the Jai Medical Systems Customer Service Department.

If you believe that Jai Medial Systems has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

- Jai Medical Systems Non-Discrimination Compliance Coordinator
- Mail: Jai Medical Systems, 301 International Circle, Hunt Valley, MD 21030
- Phone: 1-888-JAI-1999 (1-888-524-1999)
- Fax: 410-433-4615
- Email: customerservice@jaimedical.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Non-Discrimination Compliance Coordinator is available to help you.

You can also file a complaint with the Maryland Department of Health, Office of Equal Opportunity Programs, Equal Access Compliance Unit (EACU) by:

- Mail: Maryland Department of Health, Office of Equal Opportunity Programs, Equal Access Compliance Unit (EACU) 201 West Preston Street, Room 422, Baltimore, Maryland 21201.
- Phone: 410-767-6600, TTY users call 711
- Fax: 410-333-5337
- Email: mdh.oeop@maryland.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://bit.ly/3OEZVAy, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Limited English Proficiency (LEP)

Language Accessibility Statement.

We have translated this statement into each language below: If you speak _____, language assistance services, free of charge, are available to you. Call: 877-463-3464 (TTY: 7-1-1).

Español/Spanish

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al: 877-463-3464 (TTY: 7-1-1).

አማርኛ/Amharic

የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 877-463-3464 (መስማትለተሳናቸው: TTY: 7-1-1).

Arabic/ العربية

ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوافر بالمجان لك. اتصل برقم 877-463-3464 (والبكم الصم هاتف رقم: TTY: 7-1-1).

Ɓàsɔ̀ɔ̂ -wùɖù-po-nyɔ̀(Bassa)

Dè ɖɛ nìà kɛ dyéɖé gbo: Ɔ jǔ ké m̀ [Ɓàsɔ̀ɔ̂ -wùɖù-po-nyɔ̀] jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀bɛ̀ìń m̀ gbo kpáa. Ɖá 877-463-3464 (TTY: 7-1-1)

中文/Chinese

如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 877-463-3464 (TTY: 7-1-1)

Farsi/ فارسی

توجه: اگر به زبان فارس ی گفتگو می کن ی د، تسهی لات زبان ی بصورت رای گان برای شما

دا ری بگی تماس 877-463-3464 (TTY: 7-1-1) با .باشد ی م فراهم

Français/French

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le: 877-463-3464 (ATS: 7-1-1).

kreyòl ayisyen/Haitian Creole

Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 877-463-3464 (TTY: 7-1-1).

Igbo

O buru na asu Ibo asusu, enyemaka diri gi site na call 877-463-3464 (TTY: 7-1-1)

한국어/Korean

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 877-463-3464 (TTY: 7-1-1) 번으로 전화해 주십시오.

Português/Portuguese

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 877-463-3464 (TTY: 7-1-1)

Русский/Russian

Помощь доступна на вашем языке: 877-463-3464 (TTY: 7-1-1). Эти услуги предоставляются бесплатно.

Tagalog

Makakakuha kayo ng tulong sa iyong wika: 877-463-3464 (TTY: 7-1-1). Ang mga serbisyong ito ay libre.

Urdu/اردو

خبردار: اگر آپ اردو بولتے ہ ی ں، تو آپ کو زبان کی مدد کی مفت خدمات ں می دست ی ہ اب ی ں ۔ کری کال ں 877-463-3464. (7-1-1: TTY)

Tiếng Việt/Vietnamese

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 877-463-3464 (TTY: 7-1-1).

Yorùbá/Yoruba

Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 877-463-3464 (TTY: 7-1-1)

Fraud, Waste and Abuse

We are committed to finding and stopping fraud, waste, and abuse. You can help by reporting a potential issue right away. Know what to look for so you can spot a problem.

Fraud happens when someone lies or cheats Medicaid on purpose to get a

benefit or service they should not have.

Waste is when people use Medicaid resources in the wrong way or too much.

Abuse is when someone causes extra costs for Medicaid.

Member Examples

- Lying about your income or property to qualify for Medicaid
- Living in another state but still using Maryland Medicaid
- Letting someone else use your member ID or using someone else's ID to get health services
- Selling or changing a prescription medicine

Provider Examples

- Giving services that the patient did not need
- Charging for services that they did not provide
- Charging for the same service more than once
- Changing medical records to hide fraud

Knowing if something is fraud, waste or abuse depends on the situation, intent, and knowledge. I can be hard to tell the difference between fraud and a mistake. If you are not sure, make a report so the proper agency can investigate it. Not all complaints result in an investigation. Keep in mind that the more information you provide the better.

Reporting will not change how we treat you. You can decide whether you want to give your name or not. Making a report is easy.

Contact Jai Medical Systems, Fraud, Waste, and Abuse Compliance Officer

- Call 1-888-JAI-1999 (1-888-524-1999)
- Write a letter to the Fraud, Waste, and Abuse Compliance Officer
  Jai Medical Systems, 301 International Circle, Hunt Valley, MD 21030

Contact the Maryland Department of Health, Office of the Inspector General

- Submit a MDH OIG Report Fraud online form.
- Call 866-770-7175

Contact the U.S. Department of Health and Human Services, Office of the Inspector General

- Submit a OIG hotline complaint online form
- Call 800-447-8477

Glossary of Terms

Health insurance can be complicated. Our glossary can help simplify it. Find the definitions you need to help better understand your health care.

Appeal: To ask your health plan to review and change a decision to deny a benefit. This process allows you to challenge a decision and have it reviewed to ensure it is fair and correct.

Authorized Representative: Someone who you choose to speak and act on your behalf to make health care-related decisions. An authorized representative can be a family member, a friend, a provider, or a lawyer.

Complaint: To tell your health plan when you are unhappy or have a concern. A complaint may lead to a grievance or an appeal.

Co-pay or Co-payment: A small set amount you pay out of your pocket for a covered benefit. Usually paid at the time of the visit.

Disposable Medical Supplies (DMS): Medically needed items that are for one time use then thrown away.

Durable Medical Equipment (DME): Medically needed items ordered by a provider. Items that can withstand daily or long-term use.

Emergency Medical Condition: Also known as medical emergency. A sudden illness, injury, severe pain, symptom, or condition is so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation: Ambulance service for an emergency medical condition.

Emergency Room Care: Emergency services you get in an emergency room.

Emergency Services: Any health care service to evaluate or treat an emergency medical condition to keep the condition from getting worse.

Excluded Services: Health care services that your health insurance or plan does not pay for or cover.

Formulary: Also known as preferred drug list or prescription drug list. A list of the prescription drugs that your health plan covers.

Grievance: A formal complaint to your health plan when you are unhappy with how they handled an initial complaint.

Habilitation Services and Devices: health care services that help you keep, learn or improve daily living skills and functions.

Health Insurance: A contract or policy between the insurer and you to cover some or all the cost of your health care. Some people buy health insurance directly from a health insurance company. Others buy or get it through an employer as part of a benefits package. Public health insurance is insurance through the government. It is free or at a low cost for eligible people.

Home Health Care: Health care services and supplies you get in your home under your doctor's orders.

Hospice Services: Services that provide comfort and support for people in the last stages of terminal illness and their families.

Hospital Outpatient Care: medical care or treatment in a hospital but with no overnight stay.

Hospitalization: Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

In-network: Also known as a participating provider**.** Doctors, hospitals, and other health care providers who work with your health care plan to give you the care you need. See your health plan's provider directory to find their in-network providers.

Inpatient: Medical care or treatment in a hospital for one or more nights.

Medically Necessary: The most cost-efficient health care services or supplies needed to diagnose or treat an illness, injury, condition, disease. Must meet accepted standards of medical practice.

Network: The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Participating Provider: Also known as out-of-area, or out-of-plan.

Out-of-network: Also known as out-of-area, out-of-plan, or non-participating provider. Doctors, hospitals, and other health care providers who are not part of your health care plan.

Participating Provider: Also known as in-network. A health care provider who has a contract with an insurance company to provide your care.

Physician Services: Health care services a licensed medical physician provides or coordinates.

Plan: A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization: Also known as prior approval or prior authorization. Approval that Medicaid or your health plan requires before you receive certain services or medications to ensure they are medically necessary. Emergency care does not require preauthorization.

Preferred Drug List: Also known as prescription drug list or formulary. A list of the prescription drugs that your health plan covers.

Premium: The amount you pay for your health insurance every month to keep your coverage. HealthChoice does not charge any premiums.

Prescription Drug Coverage: A health plan benefit that helps pay for covered prescription drugs and medications.

Prescription Drugs: A type of medication that by law you can only get with a doctor's order.

Primary Care Physician: A Medical Doctor (M.D.) or a Doctor of Osteopathic Medicine (D.O.) who is your main health care provider who you see for routine care. They help you stay healthy and get better when you are sick. A PCP helps you find and get other health care services.

Primary Care Provider: A Primary Care Provider (PCP) is your main health care provider who you see for routine care. They help you stay healthy and get better when you are sick. A PCP helps you find and get other health care services. A PCP can be a doctor, a nurse practitioner, clinical nurse specialist, or a physician assistant.

Provider: A doctor, other health care professional, hospital, or other health care facility licensed, certified, or accredited as required by Maryland law who takes care of your health.

Rehabilitation Services and Devices: Health care services that help you keep, get back, or improve skills and functioning for daily living that you lost or were impaired because you were sick, hurt, or disabled.

Skilled Nursing Care: Services from a licensed nurse in your own home or in a nursing home.

Specialist: A health care provider who treats a specific type of illness or a specific area of the body. A specialist has training in a specific area of medicine. Some specialists only treat a certain group of patients.

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care.

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