Chapter 2: Important phone numbers and resources

Introduction

This chapter gives you contact information for important resources that can help you answer your questions about <plan name> and your health care benefits. You can also use this chapter to get information about how to contact your [care coordinator/care manager (plan’s preference)]and other people who can help you. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

[If applicable, plans should modify this chapter to include contact information for other health services.]

[Plans should refer members to other parts of the handbook using the appropriate chapter number and section. For example, "refer to Chapter 9, Section A." An instruction [plans may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

[*Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.*]

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# How to contact <plan name> Member Services

| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| --- | --- |
| TTY | <TTY phone number> This call is free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | [URL is optional.] |

## A1. When to contact Member Services

* questions about the plan
* questions about claims, billing or Member ID Cards

[If plans have different numbers for the functions listed below, plans should insert separate charts with the additional contact information.]

* coverage decisions about your health care
* A coverage decision about your health care is a decision about:
  + - your benefits and covered services, **or**
    - the amount we will pay for your health services.
* Call us if you have questions about a coverage decision about health care.
* To learn more about coverage decisions, refer to Chapter 9 [plans may insert reference, as applicable].
* appeals about your health care
* An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake.
* To learn more about making an appeal, refer to Chapter 9 [plans may insert reference, as applicable].
* complaints about your health care
* You can make a complaint about us or any provider (including a non-network or network provider). A network provider is a provider who works with the health plan. You can also make a complaint to us or to the Quality Improvement Organization about the quality of the care you received (refer to Section F below [plans may insert reference, as applicable]).
* If your complaint is about a coverage decision about your health care, you can make an appeal (refer to the section above [plans may insert reference, as applicable]).
* You can send a complaint about <plan name> right to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* To learn more about making a complaint about your health care, refer to Chapter 9 [plans may insert reference, as applicable].
* coverage decisions about your drugs
* A coverage decision about your drugs is a decision about:
  + - your benefits and covered drugs, **or**
    - the amount we will pay for your drugs.
* This applies to your Medicare prescription drugs, Healthy Connections Medicaid prescription drugs, and Healthy Connections Medicaid over-the-counter drugs.
* For more on coverage decisions about your prescription drugs, refer to Chapter 9 [plans may insert reference, as applicable].
* appeals about your drugs
* An appeal is a formal way to ask us to change a coverage decision.

[Plans should include contact information for appealing Healthy Connections Medicaid drugs and Part D drugs. If the contact information is the same, plans should modify the information so only one number is given to appeal all drugs. If applicable, explain how Healthy Connections Medicaid drugs are labeled in the Drug List.]

* For more on making an appeal about your prescription drugs, refer to Chapter 9 [plans may insert reference, as applicable].
* complaints about your drugs
* You can make a complaint about us or any pharmacy. This includes a complaint about your prescription drugs.
* If your complaint is about a coverage decision about your prescription drugs, you can make an appeal. (Refer to the section above[plans may insert reference, as applicable].)
* You can send a complaint about <plan name> right to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* For more on making a complaint about your prescription drugs, refer to Chapter 9 [plans may insert reference, as applicable].
* payment for health care or drugs you already paid for
* For more on how to ask us to pay you back, or to pay a bill you got, refer to Chapter 7 [plans may insert reference, as applicable].
* If you ask us to pay a bill and we deny any part of your request, you can appeal our decision. Refer to Chapter 9 [plans may insert reference, as applicable] for more on appeals.

# How to contact your [Care Coordinator/Care Manager *(plan’s* *preference)*]

[Plans should include information explaining what a [care coordinator/care manager (plan’s preference)] is, how members can get a [care coordinator/care manager (plan’s preference)], how they can contact the [care coordinator/care manager (plan’s preference)], and how they can change their [care coordinator/care manager (plan’s preference)].]

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number> This call is free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | [URL is optional.] |

## B1. When to contact your [care coordinator/care manager *(plan’s preference)*]

* questions about your health care
* help with scheduling appointments
* questions about getting behavioral health services, transportation, and long-term services and supports (LTSS)

[Plans should include information on eligibility requirements for LTSS.]

Sometimes you can get help with your daily health care and living needs. [Plans should revise this section as necessary to list the specific services that are available.] You might be able to get these services:

* personal care attendant
* home health care
* adult day care
* companion services
* speech therapy
* medical social services

# How to contact the Nurse Advice Call Line

[Plans should include a brief description and information about what the Nurse Advice Call Line is.]

| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| --- | --- |
| TTY | <TTY phone number> This call is [insert if applicable: not] free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

## C1. When to contact the Nurse Advice Call Line

* questions about your health care

# How to contact the Behavioral Health Crisis Line

[*Plans should only include the Behavioral Health Crisis Line if it is applicable.* *If plans include a Behavioral Health Crisis Line, they should also briefly describe what it is.*]

| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| --- | --- |
| TTY | <TTY phone number> This call is [insert if applicable: not] free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

## D1. When to contact the Behavioral Health Crisis Line

* questions about behavioral health services
* [*Insert when applicable:* questions about substance use disorder services]

# How to contact the State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) gives free health insurance counseling to people with Medicare.In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. I-CARE is not connected with any insurance company or health plan.

Information about the I-CARE program is available through the Department on Aging.

|  |  |
| --- | --- |
| CALL | 1-800-868-9095 This call is free.  Office hours are Monday through Friday from 8:30 a.m. to 5:00 p.m. |
| TTY | TTY: 711 This call is free.  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WRITE | Department on Aging  1301 Gervais Street, Suite 350  Columbia, SC 29201 |
| EMAIL | [askus@aging.sc.gov](mailto:askus@aging.sc.gov) |
| WEBSITE | [www.aging.sc.gov/programs-initiatives/medicare-and-medicare-fraud](http://www.aging.sc.gov/programs-initiatives/medicare-and-medicare-fraud) |

## E1. When to contact I-CARE

* questions about your Medicarehealth insurance
* I-CARE counselors can help you:
  + - answer your questions about changing to a new plan;
    - understand your rights,
    - understand your plan choices,
    - make complaints about your health care or treatment, **and**
    - straighten out problems with your bills.

# How to contact the Quality Improvement Organization (QIO)

The QIO is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. In South Carolina, the QIO is a company called KEPRO. KEPRO is not connected with our plan.

| CALL | 1-888-317-0751 This call is free.  KEPRO team members are available 9:00 a.m. to 5:00 p.m. Monday through Friday and from 11:00 a.m. to 3:00 p.m. on Saturdays, Sundays, and holidays. You can also leave a message 24 hours a day, 7 days a week.  Translation services are available for members and caregivers who do not speak English. |
| --- | --- |
| TTY | 1-855-843-4776 This call is free.  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WRITE | KEPRO  5201 W. Kennedy Blvd., Suite 900  Tampa, FL 33609 |
| WEBSITE | [www.keproqio.com/](http://www.keproqio.com/) |

## F1. When to contact KEPRO

* questions about your health care
* You can make a complaint about the care you got if you:
  + - have a problem with the quality of care,
    - think your hospital stay is ending too soon, **or**
    - think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

# How to contact Medicare

Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services, or CMS.

|  |  |
| --- | --- |
| CALL | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| TTY | 1-877-486-2048 This call is free.  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WEBSITE | [www.medicare.gov](http://www.medicare.gov)  This is the official website for Medicare. It gives you up-to-date information about Medicare. It also has information about hospitals, nursing homes, doctors, home health agencies, dialysis facilities, inpatient rehabilitation facilities, and hospices.  It includes helpful websites and phone numbers. It also has booklets you can print right from your computer. If you don’t have a computer, your local library or senior center may be able to help you visit this website using their computer. Or, you can call Medicare at the number above and tell them what you are looking for. They will find the information on the website, print it out, and send it to you. |

# How to contact Healthy Connections Medicaid

[Plans must adapt this generic discussion of Healthy Connections Medicaid to reflect the name or features of the Healthy Connections Medicaid program in the plan’s state or states.]

[Plans must, as appropriate, include additional telephone numbers for Healthy Connections Medicaid program assistance.]

Healthy Connections Medicaid helps with medical and long-term services and supports costs for people with limited incomes and resources.

You are enrolled in Medicare and in Healthy Connections Medicaid. If you have questions about the help you get from Healthy Connections Medicaid, call Healthy Connections Medicaid.

|  |  |
| --- | --- |
| CALL | 1-888-549-0820 This call is free.  This number is available Monday through Friday from 8:00 a.m. to 6:00 p.m. |
| TTY | 1-888-842-3620 This call is free.  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WRITE | South Carolina Department of Health and Human Services  P.O. Box 8206  Columbia, SC 29202 |
| WEBSITE | [www.scdhhs.gov](https://www.scdhhs.gov/) |

# How to contact the Healthy Connections Prime Advocate

The Healthy Connections Prime Advocate is the ombudsman for people enrolled in Healthy Connections Prime. An ombudsman is an office in your state that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do. The Healthy Connections Prime Advocate also helps people enrolled in Healthy Connections Prime with service or billing problems. They are not connected with our plan or with any insurance company or health plan. Their services are free.

|  |  |
| --- | --- |
| CALL | 1-844-477-4632  Office hours are Monday through Friday from 8:30 a.m. to 5:00 p.m. |
| TTY | TTY: 711 This call is free.  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| FAX | 1-803-734-9988 |
| WRITE | Healthy Connections Prime Advocate  Department on Aging  1301 Gervais Street, Suite 350  Columbia, SC 29201 |
| EMAIL | [primeadvocate@aging.sc.gov](mailto:primeadvocate@aging.sc.gov) |
| WEBSITE | [www.healthyconnectionsprimeadvocate.com](http://healthyconnectionsprimeadvocate.com/) |

# How to contact the South Carolina Long Term Care Ombudsman

The South Carolina Long Term Care Ombudsman is an ombudsman program that helps people learn about nursing homes and other long-term care settings. It also helps solve problems between these settings and residents or their families.

Information about the South Carolina Long Term Care Ombudsman is available through the Department on Aging.

|  |  |
| --- | --- |
| CALL | 1-800-868-9095 This call is free.  Office hours are Monday through Friday from 8:30 a.m. to 5:00 p.m. |
| WRITE | Long Term Care Ombudsman  Department on Aging  1301 Gervais St., Suite 350  Columbia, SC 29201 |
| EMAIL | [ltcombudsman@aging.sc.gov](mailto:ltcombudsman@aging.sc.gov) |
| WEBSITE | [www.aging.sc.gov](http://www.aging.sc.gov) |

# Other resources

[Plans may insert this section to provide additional information resources, such as county aging and disability resource centers, choice counselors, enrollment brokers, or area agencies on aging. Plans should format consistently with other sections and include a brief description and information about any other resources they add.]