

# Here for You

Member Newsletter | DELAWARE



## FEATURED ARTICLES:

We're here to help you stay healthy.

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Is it time to check your blood pressure?

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What is chronic kidney disease?

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Use the A1c test to stay in your target blood sugar range.

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...And more.



Because Life.™

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# Know these important phone numbers.

## **MEMBER SERVICES**

**1-844-325-6251 (TTY: 711 or**

**1-800-232-5460)**

Monday–Friday, 8 a.m.–8 p.m.

## **24-HOUR NURSE LINE**

**1-844-325-6251**

## **CARE COORDINATION**

**1-844-325-6251**

Monday–Friday, 8 a.m.–5 p.m.

## **BEHAVIORAL HEALTH**

(mental health and substance use disorder)

**1-844-325-6251 (TTY: 711)**

Monday–Friday, 8 a.m.–5 p.m.

## **LTSS MEMBER SERVICES**

**1-855-401-8251**

Monday–Friday, 8 a.m.–5 p.m.

## **MEMBER ADVOCATES**

**1-855-430-9852**

## **FRAUD AND ABUSE HOTLINE**

**1-844-325-6256**

If you cannot see or read information from Highmark Health Options, call Member Services. We can send you information in a different way, including large print, audio, or Braille. Highmark Health Options can also give you information in a different language. These services are free.

Si usted no puede ver o leer las cartas que le envía Highmark Health Options, llámenos servicios a los miembros. También podemos darle información en español o en otro idioma. Highmark Health Options puede enviarle cartas de una manera diferente, incluyendo letra grande, audio o Braille. Estos servicios son gratuitos.

Highmark BCBSD Health Options Inc. d/b/a Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association.

Highmark has not changed its vaccine coverage or medical policies on vaccinations. Members should talk with their doctor about personal health care needs, including vaccines for themselves or their children.

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# We're here to help you stay healthy.

Call Care Management if you have a long-term or complex health problem—or might be at risk for one. You don't have to take care of your health alone. Our Care Management team can help.

## **We can:**

- Check in with you and answer questions about your health or medicines.
- Give you easy-to-read health tips.
- Teach you simple ways to stay healthy.
- Help you work with your doctor or help you find one.
- Connect you with other services or support.

## **You may benefit if you:**

- Go to the hospital or emergency room often.
- Have health problems that are getting worse.
- Are pregnant or have questions about your pregnancy.
- Have behavioral health needs such as mood, stress, or substance use concerns.
- Have diabetes or are at risk for it.
- Have heart disease, high blood pressure, high cholesterol, or other heart conditions.
- Are dealing with kidney, lung, or digestive problems.

We may also reach out based on your health needs or recent hospital visits to see if you could benefit from extra support.

You can join one of our free Care Management Programs if your doctor, caregiver, or family member refers you—or you can call yourself.

We're here to help you every step of the way. If you'd like to join any of these programs or opt out at any time, call Care Management at **1-844-325-6251 (TTY: 711)**, Monday–Friday, 8 a.m.–5 p.m.



# Use the A1c test to stay in your target blood sugar range.

## What is an A1c test?

A glycohemoglobin test, or hemoglobin A1c, is a blood test that checks the amount of sugar (glucose) bound to the hemoglobin in the red blood cells. People who have diabetes or other conditions that increase their blood sugar levels have more glycohemoglobin (sugar bound to hemoglobin) than normal.

An A1c test can be used to diagnose prediabetes or diabetes. The A1c test checks the long-term control of blood sugar levels in people with diabetes. Most doctors think checking an A1c level is the best way to check how well a treatment plan is working. This test can be done with a blood draw from a vein. Sometimes an A1c test can be done with blood from a finger stick.

A home blood sugar test measures the level of blood sugar only at that moment. Blood sugar levels change during the day for many reasons, including medicine, diet, exercise, and insulin levels.

It is useful for a person who has diabetes to have information about the long-term control of blood sugar levels. The A1c test result does not change with any recent changes in diet, exercise, or medicines.

Glucose binds to hemoglobin in red blood cells at a steady rate. Since red blood cells last three to four months, the A1c test shows how much glucose is in the plasma part of blood.

This test shows how well your diabetes has been managed in the last two to three months and whether your diabetes treatment plan needs to be changed. This test may not be accurate for everyone because many things can affect the life span of red blood cells, such as the second or third trimester of pregnancy, a recent blood loss or a blood transfusion, sickle cell disease, hemodialysis, or erythropoietin (ESA) medicine.

The A1c test can also help your doctor see how big your risk is of developing problems from diabetes, such as kidney failure, vision problems, and leg or foot numbness. Keeping your A1c level in your target range can lower your chance for problems.

## Qualify for a Healthy Reward.

**Earn \$15** if you have diabetes and have an A1c screening. To earn rewards, you must sign up for Healthy Rewards.

To sign up for Healthy Rewards, call **1-833-623-2585 (TTY: 711)**, Monday–Friday, 7 a.m.–7 p.m. A Healthy Rewards Specialist can answer any questions you have!

Source: Healthwise



**Watch this short video** to learn more about the A1c test.



# Is it time to check your blood pressure?



## How to check your blood pressure.

A blood pressure monitor is used to screen for high blood pressure. A blood pressure cuff is wrapped around your upper arm. The cuff is then pumped up. The cuff is slowly deflated, and the monitor shows your blood pressure numbers. Either an automatic or manual monitor can be used.

After measuring your blood pressure, your doctor may ask you to test it again when you are home. This is because your blood pressure can change throughout the day. And sometimes blood pressure is high only because you are seeing the doctor. This is called white-coat hypertension.

Your doctor may ask you to monitor your blood pressure at home. You may get an ambulatory blood pressure monitor or a home blood pressure monitor.

## Who should be screened for high blood pressure and how often?

The U.S. Preventive Services Task Force (USPSTF) recommends screening adults age 18 and older for high blood pressure. You can get your blood pressure checked during any routine medical visit.

Your doctor can let you know how often you should get your blood pressure checked. It may depend on what your blood pressure is and your risk for heart disease.

### **Get your blood pressure checked every year if any one of the following is true:**

- You're age 40 or older.
- You're African-American.
- You're at a higher weight or you have obesity.
- Your doctor has recommended checking it based on your blood pressure numbers.

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You can get your blood pressure checked every three to five years if you are not at increased risk for high blood pressure and you have had normal blood pressure readings in the past.

If you are pregnant, you should get your blood pressure checked. Blood pressure checks are done at every prenatal visit to monitor you for high blood pressure, which may be a sign of preeclampsia.

## Checking blood pressure in children and teens.

Children and teens typically have their blood pressure checked during routine checkups. Blood pressure checks typically start at age 3. At age 18, people can follow the adult screening guidelines.

Source: Healthwise



# What is chronic kidney disease?

Chronic kidney disease means your kidneys have not worked right for a while. It most often happens because of damage to your kidneys over many years. But it can also happen quickly.

Your kidneys have an important job. They remove waste and extra fluid from your blood. This waste and fluid goes out of your body in your urine.

When your kidneys do not work as they should, wastes build up in your blood. This makes you sick.

Chronic kidney disease is also called chronic renal failure. Or it may be called chronic renal insufficiency.

## What causes it?

Chronic kidney disease is caused by damage to the kidneys. The most common causes of this damage are many years of uncontrolled high blood pressure or high blood sugar from uncontrolled diabetes. Other things can cause it too, including kidney diseases and long-term use of certain medicines.

## What are the symptoms?

Many people with chronic kidney disease do not have symptoms. If your kidneys get worse and start to fail, you may have symptoms. For example, you may urinate less than normal, feel very tired or sleepy, have swelling and weight gain, or have trouble sleeping.

## How is it diagnosed?

Your doctor will ask you about past kidney problems. You will be asked if you have a family history of kidney disease. Your doctor will also want to know what medicines you take. This includes prescription and over-the-counter medicines.

Your doctor will do blood and urine tests to check how well your kidneys are working. This will help your doctor see how well your kidneys filter your blood.

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You may have an imaging test, such as an ultrasound or computed tomography (CT) scan. These tests let your doctor look at a picture of your kidneys. This can help your doctor measure the size of your kidneys and see if anything is blocking your urine flow.

In some cases, your doctor may take a tiny sample of kidney tissue. This is called a biopsy. It helps the doctor find out what caused the kidney disease.

## How is chronic kidney disease treated?

The first step is to treat the disease that is causing kidney damage. In most cases, this is diabetes or high blood pressure. Managing your blood pressure and blood sugar may slow the damage to your kidneys.

You will probably need to take medicine. Take it as prescribed.

### **Lifestyle changes can help slow kidney disease or improve other problems that make kidney disease worse.**

- Follow a diet that is easy on your kidneys.
- You may need to limit salt (sodium) and protein and watch your fluid intake.
- Be active.
- Do not smoke or use tobacco.
- Limit alcohol and avoid illegal drugs.
- Avoid medicines that can harm your kidneys. Let your doctor know all the prescription and over-the-counter medicines, vitamins, and herbs you take.
- Talk with your doctor before taking anything new.

Source: Healthwise



Find help in  
your community.



Go to [hho.fyi/support](https://hho.fyi/support) and enter your ZIP code to find free or reduced cost services in your community. There, you'll find resources for food, housing, transportation, utility assistance, medical care, job training, and more.



# What is fraud, waste, and abuse?



Imagine you're at a store and someone tries to trick you into paying for something you didn't buy. That's kind of like **fraud** in health care. It's when someone lies or cheats to get money from your health insurance.

**Waste** means using more services than you need, which wastes money. And **abuse** means using services in a way that's not right, like getting a test you don't need. Unnecessary tests waste money.

Fraud, waste, and abuse hurts everyone. And it makes health care more expensive for everyone, including you!

## What are some examples of fraud?

- Getting billed for medicine you didn't get. Or services you didn't receive.
- Someone pretends to be from Highmark Health Options and asks for your personal information. Like your social security number or bank account or credit card information.
- Someone uses your health insurance card without your permission.

## How can you protect yourself?

Here are some tips to protect yourself from fraud, waste, and abuse.

- Keep track of your health care services. Write down the dates of your doctor visits, what services you got, and any tests you had.
- Check your bills and statements carefully. Make sure you're being charged for the right services. Protect your health information. Don't share your health insurance card or medical records with anyone except your doctor or other health care providers. If your health insurance card gets lost or stolen, call Highmark Health Options.
- Report any suspicious activity. If you think someone is trying to cheat your health insurance, tell Highmark Health Options right away.
- Do not sign any blank health care forms. If you have a question about a form, talk to a trusted family member or friend.

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## How do you report fraud, waste, and abuse?

If you suspect fraud, waste, or abuse, tell Highmark Health Options. They have a team of people who investigate these issues. You can report it anonymously, meaning you don't have to give your name.

To report Medicaid fraud, waste, and abuse, contact Highmark Health Options in one of the following ways.

### **By mail:**

Highmark Health Options  
Delivery Code: HHOFRAUD  
Attn: FWA/SIU Unit  
120 Fifth Ave.  
Pittsburgh, PA 15222

### **By email:**

**[SIU\\_HHO@highmark.com](mailto:SIU_HHO@highmark.com)**

### **By phone:**

**1-844-325-6256 (TTY: 711)**

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By being aware and reporting suspicious activity, you can help keep health care honest and affordable for everyone.

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# Get the most out of your benefits.



## Is all your benefit information available online? Yes, it is. And then some!

You can find your Medicaid benefits and coverage by going to the Benefits section of our website. This leads to your Member Handbook and Quick Guide, which has important information about:

- Whether certain medical and prescription benefits are covered.
- Your copays, if any.
- Out-of-network and out-of-area coverage and restrictions.
- How to get primary care, specialist, behavioral health care, emergency, and after-hours services.

- How to file a complaint (grievance) or an appeal.
- How we evaluate new technology.
- How to get help in your language, like interpretation or written materials.
- Extra help with food, housing, transportation, and getting a good education and job.

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You can also request a printed copy of your Member Handbook by calling Member Services at **1-844-325-6251 (TTY: 711 or 1-800-232-5460)**, Monday–Friday, 8 a.m.–8 p.m.

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# Member Rights and Responsibilities

## Member Rights

**Learn about your rights and responsibilities.**

1. Get the help you need to understand this Member Handbook.
2. Learn about us, our services, doctors, and other health care providers.
3. See your medical records as allowed by law.
4. Have your medical records kept private unless you tell us in writing that it is OK for us to share them or it is allowed by law.
5. All facts from your doctor of any information about your medical condition, treatment plan, or ability to look at and offer corrections to your own medical records.
6. Be part of honest talks about your health care needs and treatment options no matter the cost and whether your benefits cover them. Be part of choices that are made by your doctors and other providers about your health care needs.
7. Be told about other treatment choices or plans for care in a way that fits your condition.
8. Get news about how doctors are paid.
9. Find out how we decide if new technology or treatment should be part of a benefit.
10. Be treated with respect, dignity, and the right to privacy all the time.
11. Know that we, your doctors, and your other health care providers cannot treat you in a different way because of your age, sex, race, national origin, language needs, or degree of illness or health condition.
12. Talk to your doctor about private things.
13. Have problems taken care of fast, including things you think are wrong, as well as issues about your coverage, getting an approval from us, or payment of service.
14. Be treated the same as others.
15. Get care that should be done for medical reasons.
16. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
17. Choose your PCP from the PCPs in our Provider Directory that are taking new patients.
18. Use doctors who are in our network.

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19. Get medical care in a timely manner.
20. Get services from doctors outside our network in an emergency.
21. Refuse care from your PCP or other caregivers.
22. Be able to make choices about your health care.
23. Make an advance directive (also called a living will).
24. Tell us your worries about Highmark Health Options and the health care services you get.
25. Question a choice we make about coverage for care you got from your doctor.
26. File a complaint or an appeal about Highmark Health Options, any care you get, or if your language needs are not met.
27. Ask how many grievances and appeals have been filed and why.
28. Tell us what you think about your rights and responsibilities and suggest changes.
29. Ask us about our Quality Improvement program and tell us how you would like to see changes made. Ask us about our utilization review process and give us ideas on how to change it.
30. Know that we only cover health care services that are part of your plan.
31. Know that we can make changes to your health plan benefits as long as we tell you about those changes in writing.
32. Ask for this Member Handbook and other member books and brochures in other formats such as other languages, large print, audio CD, or Braille at no charge to you.
33. Ask for an oral interpreter and translation services at no cost to you.
34. Use interpreters who are not your family members or friends.
35. Know you are not responsible if your health plan becomes bankrupt (broke).
36. Know your provider can object to the denial of service if you agree.
37. Know that you can request a copy of the Member Handbook at any time. You will be told every year of your right to request a Member Handbook.
38. You can get a list of network providers that includes the following details about the doctors: name, specialty, hospitals the doctor can visit, education, language spoken, gender, and office location.

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## Member Responsibilities

1. Tell us, your doctors, and other health care providers what they need to know to treat you.
2. You can ask us to correct your health and claims records if you feel they are incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 calendar days. If we cannot change your records, you may have a statement of your disagreement added to your personal medical information. If you would like to make a request, call Member Services at **1-844-325-6251 (TTY: 711)**.
3. Learn as much as you can about your health issue and work with your doctor to set up treatment goals you agree on with your doctor.
4. Ask questions about any medical issue and make sure you know what your doctor tells you.
5. Follow the care plan and orders that you have agreed on with your doctors or other health care professionals.
6. Do the things that keep you from getting sick. Make and keep medical appointments and tell your doctor at least 24 hours in advance when you cannot make it.
7. Always show your member Highmark Health Options ID card and Delaware Medicaid card when you get health care services.
8. Use the emergency room only in cases of an emergency or as your doctor tells you.
9. If you owe a copay to your pharmacies, pay at the time the services are received.
10. Tell us right away if you get a bill that you should not have gotten or if you have a complaint.
11. Treat all Highmark Health Options staff and doctors with respect and courtesy.
12. Know and follow the rules of your health plan.
13. Know that laws guide your health plan and the services you get.
14. Know that we do not take the place of workers’ compensation insurance.
15. Tell the DHSS Change Report Center and us when you change your address, family status, or other health care coverage.
16. If a minor becomes emancipated, or legally freed from control by his or her parents (age 16 and older), or marries, he or she shall be responsible for following all Highmark Health Options member guidelines set forth above.





Highmark Health Options complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation. Highmark Health Options does not exclude people or treat them differently because of their race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

Highmark Health Options provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in a different way, including large print, audio, and Braille.

Highmark Health Options 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 **Highmark Health Options Member Services at 1-844-325-6251 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m.

If you believe that Highmark Health Options has failed to provide these services or discriminated against you in another way because of your race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation, you can file a complaint with Highmark Health Options or the Delaware Division of Human and Civil Rights by mail, phone, or web form.

Highmark Health Options  
Attn: Appeals and Grievances  
P.O. Box 106004  
Pittsburgh, PA 15230  
1-844-325-6251

Division of Human and Civil Rights  
861 Silver Lake Blvd., Suite 145  
Dover, DE 19904  
302-739-4567  
[hho.fyi/ea-intake](mailto:hho.fyi/ea-intake)

If you need help filing a complaint, Highmark Health Options and the Division of Human and Civil Rights are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights online at [OCRPortal.hhs.gov](https://ocrportal.hhs.gov), and by mail, phone, or email:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
HHH Building Room 509F  
Washington, DC 20201  
1-800-368-1019 (TTY: 1-800-537-7697)  
[OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

A printable version of the complaint form is available at [hho.fyi/complaint-form](https://hho.fyi/complaint-form).

