

Important Notices for D-SNP Members

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Disease Management Programs

Managing a long-term health problem, or chronic condition, can be challenging. But Highmark Health Options Duals is here to help. Our Disease Management Programs are designed to keep you healthy and reduce your hospital visits.

By joining a program, you'll work with our Care Management team. They'll help you connect with the right doctors, set realistic health goals, and learn practical ways to better manage your condition. We'll also work with you to address your specific needs and concerns.

To enroll in a program, call Care Management at **1-855-401-8251 (TTY: 711)**, Monday–Friday, 8:30 a.m.–4:30 p.m.

We currently offer support for these conditions:

- Congestive Heart Failure (CHF)
- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Inflammatory Bowel Disease (IBD)
- Diabetes
- Prediabetes
- Hypertension
- Hyperlipidemia

And we're adding more programs all the time.

These programs are completely free and voluntary. You can join whenever you're ready. You can decide to leave or rejoin your program at any time. It's your health journey, and we're here to support you every step of the way.

If at any time you'd like to leave your program, call **1-855-401-8251 (TTY: 711)**, Monday–Friday, 8:30 a.m.–4:30 p.m.

Ensuring Quality Care and Service

Highmark Health Options Duals wants to make sure you get the best health care possible. The Quality Improvement (QI) Program wants to know how well we are doing. We are always working to help you:

- **Stay healthy:** Get checkups and prevent illness.
- **Manage health problems:** Get the right care for ongoing health issues.
- **Understand your medicines:** Know what your medicines do and how to take them.
- **Stay out of the hospital:** Get the care you need to avoid hospital stays.
- **See a doctor:** Have easy access to doctors.
- **Go to your appointments:** Make and keep your doctor visits.
- **Talk to your doctor:** Share important health information.
- **Get care that fits you:** Receive care that respects your background and beliefs.

The Quality Program uses tools to see how we are doing and to help set goals for the future. Some of these tools include looking at survey results, medical record reviews, and using the Healthcare Effectiveness Data Information Set (HEDIS®), which is the way to measure health care quality nationally. We also work closely with doctors to make sure you're getting the best care and figure out what we can do to be better.

Highmark has a QI Work Plan that tracks all the things that happen in our Quality Program. We check this Work Plan every three months to find ways to improve. Every year, we also review the whole program to see what we did well and where we can do better.

Please call the number on the back of your member ID card (**TTY: 711**) if you would like to request more information about our QI Program.

Last Revised: 4/16/2025

Continuity of Care and You

Keeping Your Doctors in the Know

It's super important that your doctors talk to each other. Think of it like a team working together to keep you healthy. When your main doctor (we call them your primary care physician, or PCP) and other doctors (specialists) share information, they can make the best choices for your health. You can help them by being a health detective!

Be a Health Detective

To make sure your doctors know everything they need to, tell them about:

- **All your health problems:** Even little things you think might not matter.
- **All your medicines:** What pills or liquids you take that a doctor prescribed.
- **Any surgeries you've had:** Big or small.

Keeping Your Doctors in the Know

We want to help you work with your doctors too. Every year, we ask you to fill out a Yearly Health Survey. It's like a fun quiz that helps us understand how we can best help you.

Based on your answers, we'll create a special plan just for you called a care plan. It's like a roadmap to help you reach your health goals. You can see your care plan anytime by logging into your Member Portal account.

We also share your care plan with your doctor. We want to make sure you're getting the best care, so we can even set up meetings with you, your doctor, and a Care Coordinator. Think of it as a team huddle to discuss your health.

Learn More

If you want to take your Yearly Health Survey, see your care plan, or schedule a care team meeting, just call us! We're here to help.

Call the number on the back of your member ID card (**TTY: 711**). We're available Monday–Friday, 8 a.m.–5 p.m.

Clinical Practice and Preventive Health Guidelines

Highmark Health Options Duals helps doctors make sure you get the best care every time. We have guidelines that help you stay healthy, such as annual screenings and adult well-visits. There are guidelines for certain conditions like asthma, diabetes, heart disease, depression, and COPD.

It is also important for your health care providers, like your primary care physician (PCP) or specialists, to share information with one another. Talking with each other helps your PCP stay informed about the care you get from other providers. Your provider can take care of you best when they know about all of your care. Play an active role in your health!

Be sure to tell your PCP about any of the following:

- Illnesses and health problems you have.
- Any other doctors you have seen since your last visit.
- Medicines prescribed by any other doctors.
- Any surgeries you have had.

This will help your doctors give you the best care possible. To see the complete listing of physical health and behavioral health guidelines, go to **HighmarkHealthOptions.com**.

For a paper copy, please call the number on the back of your member ID card (**TTY: 711**).

Last Revised: 5/5/2025

Highmark Health Options Practitioner Excellence Program

At Highmark Health Options Duals, we value the role our providers play in caring for our members. The Highmark Health Options Practitioner Excellence (HHOPE) Program helps us make sure our members receive quality health care. We support and reward the providers who give the best health care to our members.

Who is included in the HHOPE Program?

- Primary Care Doctors including Family Practice, Internal Medicine, Certified Registered Nurse Practitioners (CRNP), Physician Assistants, and Pediatrics.

If you want more information on the program, please reach out to Member Services or ask your primary care doctor.

Last Revised: 4/23/2025

Member Rights and Responsibilities

There are things you have a right to and things you must do as a member of Highmark Health Options Duals. Those things are listed in a “Rights and Responsibilities” statement, which Highmark Health Options Duals looks at and updates every year.

Highmark Health Options Duals and its doctors are not allowed to deny care based on your race, color, where you are from, religion, gender, who you like, gender identity, disability, language, or age.

As a Highmark Health Options Duals Member, you have the right to:

- Receive information from Highmark in a way that works for you (in languages other than English, in Braille, in large print, or other alternate formats, etc.).
- Be treated with respect and dignity.
- Receive timely access to your covered services and drugs.
- Have your personal health information kept private and confidential.
- Receive information from Highmark about the Plan, our network of providers, and your covered services.
- Have Highmark support your right to participate with practitioners in making decisions about your health care.
- Understand your treatment options and participate in decisions about your health care.
- Give instructions about what is to be done if you are not able to make medical decisions for yourself.
- File a complaint and/or to ask Highmark to reconsider decisions the Plan has made by filing an appeal, including complaints about the quality of your care.
- Receive more information about your rights.
- Make recommendations regarding the organization’s Member Rights and Responsibilities policy.
- Your choice to exercise these rights will not adversely affect the way Highmark, its providers, or any state or federal agency will treat you.
- Request and/or participate in a scheduled Interdisciplinary Care Team (ICT) meeting which may include your assigned Highmark Case Manager, your PCP, caregiver, and any other pertinent personnel directly included in your care.
- Access and have direct input into your individualized care plan (ICP). Your care plan is available on your portal page or can be mailed to you upon request.

As a Highmark Health Options Duals Member, you have the responsibility to:

- Get familiar with your covered services and the rules you must follow to get these covered services.
- Inform Highmark if you have any other health insurance coverage or prescription drug coverage in addition to your Highmark plan.
- Tell your doctor and other health care providers that you are enrolled in a Highmark plan.
- Help your doctors and other providers help you by giving them information, asking questions, and following through on your care.
- Respect the rights of other patients and to act in a way that helps your doctor's office, hospitals, and other offices run smoothly.
- Pay your Medicare premiums and any applicable copayments or late enrollment penalties.
- Notify Highmark if you move, regardless of whether it is outside or inside of Highmark's service area.
- Call Member Services for help if you have questions or concerns.

Member Rights and Responsibilities can be found in your **Evidence of Coverage**. For more information, please call the Member Services Department at **1-855-401-8251 (TTY: 711)**.

Last Revised:4/2/2025

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR HEALTH AND FINANCIAL INFORMATION MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Highmark Health Options Duals is required by law to protect the privacy of your health information and non-public personal (financial) information. This protection extends to all forms of communication (oral, written, and electronic) of this information. Also, Highmark Health Options Duals is required to give you this notice about how it uses or shares (“discloses”) your health and personal (“non-public”) information. We are required to notify you if you are affected by a breach of unsecured health information.

To provide services to you, Highmark Health Options Duals will share your health information with:

- You or someone who acts for you.
- Doctors and health care providers who care for you.
- Our contracted vendors who help us provide services to you (such as member services support and pharmacy benefit management).
- Other government programs such as Medicare and Medicaid to manage your benefits and payments.
- State and federal agencies that have the legal right to receive such data.
- The U.S. Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

Highmark Health Options Duals will use your health information to:

- Coordinate and manage your care.
- Determine your eligibility for your plan benefits.
- Pay for your health care.
- Contact you about new or changed benefits.
- Contact you for appointment reminders, medication management, or disease management programs and alternative treatments that may interest you.
- Check the quality of our services and make improvements where required.
- Conduct or arrange for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs.
- Plan and carry out our business activities, management and general administration.
- Give you information about health-related benefits and services that may be of interest to you.

Highmark Health Options Duals may also use or share your health information:

- For public health activities (such as reporting disease outbreaks; child abuse and neglect; reporting domestic violence; preventing or controlling disease, injury or disability).
- For government health care oversight activities (such as fraud investigations, audits, and activities related to oversight of the health care system).
- For judicial and administrative proceedings (such as in response to a court order).
- For law enforcement purposes or when required by law, for example, locating a suspect, fugitive, material witness or missing person; complying with a court order or subpoena; and other law enforcement purposes.
- For purposes of national security.
- To comply with worker's compensation or similar laws.
- For research studies that meet all privacy law requirements such as research related to the prevention of disease or disability.
- To avoid a serious and likely threat to health or safety.
- To create a collection of information that can no longer be traced back to you.
- To group health plans, to coordinate plans and to permit the plan to administer benefits.
- To coroners, medical examiners, funeral directors, and organ donations.
- To your school when proof of immunization is required by law.
- To others involved in your health care (if you are not present or able to agree to these disclosures of your health information, we may use our professional judgment to determine whether the disclosure is in your best interest).
- For underwriting purposes if needed, however, we are not allowed to use or share your genetic information to decide whether coverage can be given or at what price.

Marketing

If we receive compensation from another company for providing you with information about other products or services (other than drug refill reminders or generic drug availability), we will obtain your authorization to share information with this other company.

Sharing Information for Other Purposes

Highmark Health Options Duals must have your written permission (an “authorization”) to use or give out your health and claims information for any purpose that is not listed in this notice. Giving us permission to use or give out your health and claims information will not be a condition for getting health care and will not be used to determine your eligibility for enrollment or benefits, or for paying claims. You may take back (“revoke”) your written permission at any time, except if Highmark Health Options Duals already acted based on your permission.

Some examples of when we need your permission to use or give out your information are:

- For fundraising.
- For selling your protected health information (PHI).

You have the right to:

- **Get a copy of your health and claims information.** You can ask to see or get a copy of your health or claims records and other health information we have about you. We will provide a copy or a summary of your health or claims records within 10 calendar days of your request.
- **Ask us to correct health and claims records.** You can ask us to change your health and claims records if you feel they are incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days. If Highmark Health Options Duals cannot change your records, you may have a statement of your disagreement added to your personal medical information.
- **Get a list of those with whom we’ve shared information.** You can ask for a list (called “an accounting”) of the times we’ve shared your health information within the last six years. You must tell Highmark Health Options Duals the dates for which you are requesting the list. The list will not cover information that was given to you or your personal representative, or information given for health care payments, for Highmark Health Options Duals business operations, or for law enforcement needs.
- **Request confidential communications.** You can ask us to contact you in a specific way, for example, on a home or office phone or at a different address. We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.
- **Ask us to limit what we use or share.** You can ask us not to share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- **Choose someone to act for you.** If you have given someone medical power of attorney, or if someone is your legal guardian, that person can act for you and make choices about your health information. We will make sure the person has this authority before we take any action.
- **Get a copy of this privacy notice.** Contact us for a separate paper copy or e-mail copy of this Notice.

What is the non-public information that Highmark Health Options Duals collects and shares about you?

- It is personal information but is non-medical, for example, the information you completed on your enrollment application that identifies who you are and how you can be contacted.
- Also, it is information collected for a request for services by you or your doctor.
- Also, it is information collected to answer a question or concern from you.

With whom does Highmark Health Options Duals share your non-public information?

- With health care providers, for example, physicians, hospitals, long term care agencies, durable medical equipment providers, and pharmacies.
- With those who plan your benefits and your care, for example, for utilization reviews; external reviews; and case management.

How does Highmark Health Options Duals protect your non-public information?

- Highmark Health Options Duals does not make your non-public information available to anyone other than those necessary to provide medical or health plan services to you.
- Highmark Health Options Duals does not give out your non-public information, except if required or permitted by law.
- Highmark Health Options Duals does not give out your non-public information to anyone unrelated to providing your care under the health plan unless you or your representative gives permission.
- You have the right to give or withhold permission for other uses or disclosures of this information, except as required by law.

Questions and Complaints

If you have a question about this notice or believe Highmark Health Options Duals has violated your privacy rights as stated in this notice, you can file a complaint by contacting:

Highmark Health Options Duals
Attn: Privacy Office
P.O. Box 1991
Wilmington, DE 19899-8835

For more information on filing a complaint or your rights stated in this notice, call Member Services at **1-855-401-8251 (TTY: 711 or 1-800-232-5460)**. Filing a complaint will not affect your benefits. Translations services are available at no cost to you.

Change to the Terms of This Notice

Highmark Health Options Duals is required to follow the terms in this privacy notice. Highmark Health Options Duals has the right to change the way your medical information is used and given out and to apply those changes to all the information we maintain about you. If Highmark Health Options Duals makes any material changes, they will be posted on our website, and you will be notified within sixty (60) days of the change.

These privacy practices were revised Jan. 1, 2024.

Important Phone Numbers

MEMBER SERVICES

1-855-401-8251 (TTY: 711)

April 1–September 30:

Monday–Friday, 8 a.m.–8 p.m.

October 1–March 31:

7 days a week, 8 a.m.–8 p.m.

MEMBER PROGRAMS

1-855-401-8251 (TTY: 711)

Monday–Friday, 8:30 a.m.–4:30 p.m.

- Care Management
- Disease Management Programs

ALC (Transportation Services)

1-855-401-8251 (TTY: 711) and select prompt #5

Monday–Friday, 8 a.m.–5 p.m.

Saturday 9 a.m.–1 p.m.

FRAUD, WASTE, AND ABUSE HOTLINE

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



Highmark Health Options Duals 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 Duals 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 Duals 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 Duals 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 Duals Member Services at 1-855-401-8251 (TTY: 711 or 1-800-232-5460), Monday – Friday, 8 a.m. – 8 p.m.

If you believe that Highmark Health Options Duals 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 Duals or the Delaware Division of Human and Civil Rights by mail, phone, or web form.

Highmark Health Options Duals
Attn: Appeals and Grievances
P.O. Box 890416
Camp Hill, PA 17089-0416
1-855-401-8251

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

If you need help filing a complaint, Highmark Health Options Duals 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, 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

A printable version of the complaint form is available at hho.fyi/complaint-form.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-401-8251 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-401-8251. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-401-8251。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-401-8251。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-401-8251. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-401-8251. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-401-8251 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-401-8251. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-401-8251번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-401-8251. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-401-8251. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-401-8251 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-401-8251. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-401-8251. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-401-8251. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-401-8251. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-401-8251 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。