

Model Member Handbook

When submitting a handbook for review please include this completed form with the submission to help streamline review.

● = Required ○ = As Needed

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoc/ No SBH	DBPM-EPST	DBPM- Adult Dental	Found on page
Please indicate the intended population.									
Managed Care Entity									
Submission Date									
Section Title (Preferred text - appears in ToC)									
Paragraph Title (Suggested text - appears in ToC)									
Required Content									
Required Text									
<MCE> <Population> Member Handbook		●	●	●	●	●	●	●	
<MCE> Service Hours and Contact Information	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>Member Services (number and hours)</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>Nurse Line (number and hours)</i>	42 CFR § 438.10 (g)	●	●	●	●	●			
<i>Crisis Line (number and hours)</i>	42 CFR § 438.10 (g)	●	●	●	●	●			

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<i>DBPMs (numbers and hours) Include the DBM that manages VABs for the MCO</i>	42 CFR § 438.10 (g)	●	●	●	●	●			
<i>Managed Care Organizations (numbers and hours)</i>	42 CFR § 438.10 (g)						●	●	
<i>Pharmacy Benefit Manager (number and hours) Include mobile app information, if there is one</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.3	●	●			●			
<i>Fee For Service Pharmacy contact information</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.3			●	●				
<i>Transportation Broker (number and hours) Include mobile app information, if there is one</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.23	●	●	●	●	●	●	●	
<i>Any other unit providing services directly to enrollees</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>Fraud Reporting (list contact numbers for both the MCE and LDH)</i>	42 CFR § 438.10 (g) MCO Statement of Work 15	●	●	●	●	●	●	●	
<i>Labeled space for Enrollee to write <PCP/PDP> Information</i>	Marketing and Member Education Companion Guide	●	●			●	●		
<i>Labeled spaces for Enrollee to write specialist information</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	○		
<i>Mobile App Information</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●	
Table of Contents		●	●	●	●	●	●	●	
Welcome		●	●	●	●	●	●	●	
<i>Welcome Statement</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●	

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What is Managed Care	42 CFR § 438.10(e)	●	●	●	●	●	●	●	
Role of the <Health Plan/Dental Plan/Prescription Plan>	42 CFR § 438.10(e)	●	●	●	●	●	●	●	
<Primary Care Provider (PCP)/ Primary Dental Provider (PDP)/Pharmacist>'s Role	42 CFR § 438.10 (g)	●	●	●	●	●	●		
Member, Parent or Legal Guardian's Role		●	●	●	●	●	●		
Member Rights and Responsibilities	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to Receive Information</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to be treated with respect</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Non-discrimination policy information</i>		●	●	●	●	●	●	●	
<i>Right to participate in decision regarding healthcare</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to be free from restraint or seclusion</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to receive a copy of medical records</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
Getting Care	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
How to choose a <PCP/PCD/Pharmacist>	42 CFR § 438.10 (g)	●	●	●	●	●	●		
How to Make, Change or Cancel Appointments		●	●	●	●	●	●	●	
How long it might take to get an appointment		●	●	●	●	●	●	●	

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How to Access After Hours Care		●	●	●	●	●	●		
What to do in an Emergency or Crisis		●	●	●	●	●	●	●	
Services your <PCP/PCD/Pharmacist> provides		●	●	●	●	●	●	●	
Specialty Care	42 CFR § 438.10 (g)	●	●	●	●	●	●		
How to Change Providers	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>(Restrictions on freedom of choice)</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
Rides to Appointments	42 CFR § 438.10 (g) MCO Statement of Work 6.23	●	●	●	●	●	●	●	
Getting Help in a Different Language or Format	42 CFR § 438.10 (g) MCO Statement of Work 12.22 DBPM Statement of Work 2.9.2	●	●	●	●	●	●	●	
Pharmacy	42 CFR § 438.10 (g) MCO Statement of Work 6.3	●	●	●	●	●	●	●	
<i>(Co-pay information)</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.3	●	●	●	●	●			
Prior Authorization	42 CFR § 438.10 (g) MCO Statement of Work 8.4	●	●	●	●	●	●	●	
<i>Define prior authorization</i>		●	●	●	●	●	●	●	
<i>Specify what services require authorization</i>		●	●	●	●	●	●	●	
<i>How to obtain authorization</i>		●	●	●	●	●	●	●	
Lock-In Program	42 CFR § 438.10 (g) MCO Statement of Work 8.9	●	●	●	●	●			

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Advanced Directives	42 CFR § 422.128(b)	●	●	●	●	●			
What We Pay For		●	●	●	●	●	●	●	
Benefit details	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>Description of coverage, including cost sharing for each category</i>	45 CFR § 147.200 (a)(2)	●	●	●	●	●	●	●	
<i>Exceptions, reductions and limitations to coverage</i>	45 CFR § 147.200 (a)(2)	●	●	●	●	●	●	●	
<i>Coverage example to illustrate benefits for pregnancy</i>	45 CFR § 147.200 (a)(2)	●	●			●			
<i>Coverage example to illustrate benefits for hypertension</i>	45 CFR § 147.200 (a)(2)	●	●			●			
<i>Coverage example to illustrate benefits for diabetes</i>	45 CFR § 147.200 (a)(2)	●	●			●			
<i>Coverage example to illustrate benefits for HIV/AIDS</i>	45 CFR § 147.200 (a)(2)	●	●			●			
<i>Coverage example to illustrate benefits for asthma</i>	45 CFR § 147.200 (a)(2)	●	●			●			
Value-Added Benefits	Marketing and Member Education Companion Guide MCO Statement of Work 6.26 DBPM Statement of Work 2.4.3	●	●	●	●	●	●	●	
<i>How to access VABs</i>		●	●	●	●	●	●	●	
<i>Include any restrictions in coverage</i>									
<i>Possibility of dental related value-added benefits from the member's MCO</i>		●	●	●	●	●	●	●	
<i>DBPM/MCO coordination policies and referral processes (if any)</i>		○	○	○	○	○	●		

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<i>Possibility of pharmacy transportation related value-added benefits from the member's MCO</i>									
Services not covered by the <Health Plan/Dental Plan/Prescription Plan>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>How to access benefits covered by the State Plan</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>How to access services not covered due to moral or religious objections</i>	42 CFR § 438.10 (g)	○	○	○	○	○	○		
Member Satisfaction		●	●	●	●	●	●	●	
How to File a Grievance or Appeal	42 CFR § 438.10 (g) MCO Statement of Work 13 DBPM Statement of Work 2.10	●	●	●	●	●	●	●	
<i>Reconsideration request information</i>							●	●	
<i>State Fair Hearing process</i>		●	●	●	●	●	●	●	
What to do if you get a bill for a covered service	MCO Statement of Work 12.12.1.36	●	●	●	●	●	●	●	
When and how to report fraud	42 CFR § 438.10 (g) MCO Statement of Work 15 DBPM Statement of Work 2.12.1.1	●	●	●	●	●	●	●	
<i>Reporting to the MCE</i>		●	●	●	●	●	●	●	
<i>Reporting to LDH</i>		●	●	●	●	●	●	●	
<i>Examples of fraud and why it is bad</i>		●	●	●	●	●	●	●	
Member Advisory Committee	Marketing and Member Education Companion Guide MCO Statement of Work 14.5	●	●	●	●	●			

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<i>What it is</i>		●	●	●	●	●			
<i>How to join</i>		●	●	●	●	●			
Quality Improvement	42 CFR § 438.10 (e) MCO Statement of Work 14 DBPM Statement of Work 2.11	●	●	●	●	●	●	●	
Helping You Be Healthy	MCO Statement of Work 12.12.1.8	●	●	●	●	●	●	●	
Chronic Care Management	MCO Statement of Work 6. 28	●	●	●	●	●	●		
Case Management	MCO Statement of Work 6. 28	●	●	●	●	●	●		
Health/Oral Health Education		●	●	●	●	●	●	●	
Oral hygiene							●	●	
Tobacco Cessation	MCO Statement of Work 6.31	●	●	●	●	●			
Problem Gambling	MCO Statement of Work 6.31	●	●	●	●	●			
Other Plan Details		●	●	●	●	●	●	●	
Member Privacy	45 CFR § 164.520(a)	●	●	●	●	●	●	●	
Third Party Liability	Marketing and Member Education Companion Guide MCO Statement of Work 5.13 DBPM Statement of Work 2.14.5	●	●	●	●	●	●	●	
<i>Explanation of third party liability</i>		●	●	●	●	●	●	●	
<i>Notification of a claim</i>		●	●	●	●	●	●	●	
<i>Inform MCE of other insurance</i>		●	●	●	●	●	●	●	

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How to ask for <Medical/Dental/Pharmacy> records	42 CFR §438.100 MCO Statement of Work 12.12	●	●	●	●	●	●	●	
How to Change Plans	42 CFR § 438.10(e) MCO Statement of Work 11.8	●	●	●	●	●	●	●	
How to Disenroll from Managed Care	42 CFR § 438.10(e) MCO Statement of Work 11.6	●	●	●	●	●	●	●	
How to report a Marketing Violation	Marketing and Member Education Companion Guide MCO Statement of Work 12.12	●	●	●	●	●	●	●	
<i>Examples of marketing violations</i>		●	●	●	●	●	●	●	
Medicaid Related		●	●	●	●	●	●	●	
Medicaid Eligibility	Marketing and Member Education Companion Guide MCO Statement of Work 11.7	●	●	●	●	●	●	●	
Reporting Changes in Contact Information or Family Size	MCO Statement of Work 12.12	●	●	●	●	●	●	●	
<i>Toll free</i>		●	●	●	●	●	●	●	
<i>Website</i>		●	●	●	●	●	●	●	
<i>Local office</i>		●	●	●	●	●	●	●	
Glossary	45 CFR §147.200 (a)	●	●	●	●	●	●	●	
<i>Information on how to obtain a paper copy of the glossary, including a web address</i>		●	●	●	●	●	●	●	
Appeal		●	●	●	●	●	●	●	
Behavioral Health Services		●	●	●	●	●			

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Co-Payment		●	●	●	●	●			
Continuity of Care		●	●	●	●	●	●	●	
Care Coordination		●	●	●	●	●	●	●	
Dental Plan		●	●	●	●	●	●	●	
Durable Medical Equipment		●	●	●	●	●			
Emergency Medical Condition		●	●	●	●	●	●	●	
Emergency Dental condition		●	●	●	●	●	●	●	
Emergency Medical Transportation		●	●	●	●	●	●	●	
Emergency Room Care		●	●	●	●	●	●	●	
Emergency Services		●	●	●	●	●	●	●	
Excluded Services		●	●	●	●	●	●	●	
Grievance		●	●	●	●	●	●	●	
Habilitation Services and Devices		●	●	●	●	●	●	●	
Health Insurance		●	●	●	●	●	●	●	
Health Plan		●	●	●	●	●	●	●	
Health Needs Assessment		●	●	●	●	●	●	●	
Home Health Care		●	●	●	●	●			

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Hospice Services		●	●	●	●	●			
Hospitalization		●	●	●	●	●	●	●	
Hospital Outpatient Care		●	●	●	●	●	●	●	
Medically Necessary		●	●	●	●	●	●	●	
Network or Provider Network		●	●	●	●	●	●	●	
Non-Participating Provider		●	●	●	●	●	●	●	
Physician Services		●	●	●	●	●	●	●	
Plan		●	●	●	●	●	●	●	
Preauthorization		●	●	●	●	●	●	●	
Participating Provider		●	●	●	●	●	●	●	
Premium		●	●	●	●	●			
Prescription Drug Coverage		●	●	●	●	●	●	●	
Prescription Drugs		●	●	●	●	●	●	●	
Primary Care Physician		●	●	●	●	●	●	●	
Primary Care Dentist		●	●	●	●	●	●	●	
Primary Care Provider		●	●	●	●	●	●	●	
Provider		●	●	●	●	●	●	●	

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Rehabilitation Services and Devices		●	●	●	●	●	●	●	
Skilled Nursing Care		●	●	●	●	●			
Specialist		●	●	●	●	●	●	●	
Urgent Care		●	●	●	●	●	●	●	
FAQ/Index	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●	
What do I do If...		●	●	●	●	●	●	●	
...I have other insurance now?		●	●	●	●	●	●	●	
... I had an accident and was insured?		●	●	●	●	●	●	●	
... I moved?		●	●	●	●	●	●	●	
... I don't like my <PCP/PCD/Pharmacist>?		●	●	●	●	●	●	●	
... Someone at the provider's office treated me poorly?		●	●	●	●	●	●	●	
... a health/dental plan representative treated me poorly?		●	●	●	●	●	●	●	
... I don't want the treatment my doctor/dentist suggests?		●	●	●	●	●	●	●	
... I don't have a way to get to my appointments?		●	●	●	●	●	●	●	
... I get a bill?		●	●	●	●	●	●	●	
... I can't find a <doctor/dentist/pharmacy> that takes		●	●	●	●	●	●	●	

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my plan?									
... I think a provider is billing for services they didn't give?		●	●	●	●	●	●	●	
... I think a provider is <doing fraudulent things>?									
... I think a provider is requesting tests I don't need?		●	●	●	●	●	●	●	
... I think a provider is making a fake diagnosis?		●	●	●	●	●	●	●	
... I think a provider is doing something that seems illegal?		●	●	●	●	●	●	●	
... I have a pending lawsuit about medical claims?		●	●	●	●	●	●	●	
... I think I'm having an emergency?		●	●	●	●	●	●	●	
... I'm having an emergency?		●	●	●	●	●	●	●	
... I disagree with a provider's recommendation?		●	●	●	●	●	●	●	
... I'm worried about being sick or unconscious and not able to make my own decisions?		●	●	●	●	●			
... I need to see a doctor?		●	●	●	●	●	●	●	
... I'm in an accident?		●	●	●	●	●	●	●	
... I can't make a doctor's appointment?		●	●	●	●	●	●	●	
... my PCP's office is closed and I think I need help right away?		●	●	●	●	●	●		

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... I want to help a family member cope with behavioral health conditions?		●	●	●	●	●			
... I'm feeling overwhelmed by things going on in my life?		●	●	●	●	●			
... I'm thinking about hurting myself or someone else?		●	●	●	●	●	●	●	
...I am out of town or out of the country and need to see a doctor/dentist?		●	●	●	●	●	●	●	
... I am out of town or out of the country and need to fill a prescription?		●	●			●			
...the weather is bad and I need to see a doctor/dentist?		●	●	●	●	●	●	●	
... the weather is bad and I need to fill a prescription?		●	●			●			
How Do I...		●	●	●	●	●	●	●	
...contact Member Services?		●	●	●	●	●	●	●	
...talk to someone in my language at Member Services?		●	●	●	●	●	●	●	
... see a specialist?		●	●	●	●	●	●		
... get in touch with Medicaid representatives?		●	●	●	●	●	●	●	
...get an interpreter to help me at appointments with providers?		●	●	●	●	●	●	●	
... get information from the <health plan/dental plan/prescription plan> in a different language?		●	●	●	●	●	●	●	

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... get information from the <health plan/dental plan/prescription plan> in large type?		●	●	●	●	●	●	●	
... get information about how the <health plan/dental plan/prescription plan> rewards providers?		●	●	●	●	●	●	●	
... report marketing violations?		●	●	●	●	●	●	●	
... get care from a behavioral health provider?		●	●	●	●	●			
... find out more about behavioral health conditions?		●	●	●	●	●			
... find out if my medication is covered?		●	●	●	●	●	●	●	
... stop smoking on my own?		●	●	●	●	●			
... get free nicotine packages?		●	●	●	●	●			
... pick a doctor or other provider?		●	●	●	●	●	●	●	
... find out if a medication I'm taking is covered?		●	●	●	●	●	●	●	
...find a doctor or other provider near me?		●	●	●	●	●	●	●	
Can I...		●	●	●	●	●	●	●	
... change <health plan/dental plan>s?		●	●	●	●	●	●	●	
... change PCPs?		●	●	●	●	●	●	●	
... choose a different provider?		●	●	●	●	●	●	●	
... choose any provider that is in the network?		●	●	●	●	●	●	●	

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... get information in my Language?		●	●	●	●	●	●	●	
... have Medicaid pay for my medical expenses without being in a <health plan/dental plan/prescription plan>?		●	●	●	●	●			
... decide what behavioral health information is shared with my family members?		●	●	●	●	●			
...get a replacement Medicaid card?		●	●	●	●	●	●	●	
What does...		●	●	●	●	●	●	●	
... a PCP do?		●	●	●	●	●	●	●	
... a <health plan/dental plan/prescription plan> do?		●	●	●	●	●	●	●	
... Member Services do?		●	●	●	●	●	●	●	
... Medicaid Call center do?		●	●	●	●	●	●	●	
... the <health plan/dental plan/prescription plan> pay for?		●	●	●	●	●	●	●	
... behavioral health mean?		●	●	●	●	●			
... behavioral health coverage help me with?		●	●	●	●	●			
When should I ...		●	●	●	●	●	●	●	
... see my PCP?		●	●	●	●	●	●	●	
... call Member Services?		●	●	●	●	●	●	●	

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... go to urgent care?		●	●	●	●	●			
... go to the emergency room?		●	●	●	●	●	●	●	
... call the crisis line?		●	●	●	●	●			
... take my child to the dentist for the first time?							●		
What happens...		●	●	●	●	●	●	●	
... after I'm treated for an emergency?		●	●	●	●	●	●	●	
... if I need to see a specialist?		●	●	●	●	●	●		
... if I don't pick a PCP?		●	●	●	●	●	●		
... if the <health plan/dental plan/prescription plan> doesn't cover a service?		●	●	●	●	●	●	●	
... if I go to the emergency room and the doctors there don't think it was an emergency?		●	●	●	●	●	●	●	
... if a medication I'm taking is no longer covered?		●	●	●	●	●	●	●	
... I go to an out of network provider?		●	●	●	●	●	●	●	
... if my current provider is not in-network?		●	●	●	●	●	●	●	
...if I lose my dentures?							●	●	
... if my dentures no longer fit?							●	●	
I need...		●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSDT	DBPM- Adult Dental	Found on page
... an ASL interpreter, how to schedule one?		●	●	●	●	●	●	●	
... information in a different language, how do I get it?		●	●	●	●	●	●	●	
... information in a different format (like Braille or large print), how do I get it?		●	●	●	●	●	●	●	
... to go to the doctor/dentist, how do I find one near me?		●	●	●	●	●	●	●	
What are...		●	●	●	●	●	●	●	
... my rights as a member?		●	●	●	●	●	●	●	
... my responsibilities as a member?		●	●	●	●	●	●	●	
... behavioral health services?		●	●	●	●	●			
... the warning signs of a gambling problem?		●	●	●	●	●			
How much...		●	●	●	●	●	●	●	
... will my medications cost?		●	●	●	●	●	●	●	
... will I have to pay for services?		●	●	●	●	●	●	●	
... behavioral health information is shared with my family members?		●	●	●	●	●			
Do I need...		●	●	●	●	●	●	●	
... prior authorization?		●	●	●	●	●	●	●	
... three cards?		●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPST	DBPM- Adult Dental	Found on page
... a separate dental/pharmacy insurance card?							●	●	
... special permission for my medication?		●	●	●	●	●	●	●	
What should I ...		●	●	●	●	●	●	●	
... expect during a visit?		●	●	●	●	●	●	●	
... take with me to an appointment?		●	●	●	●	●	●	●	
<i>Top 5/10 FAQ from Member Services not covered.</i>		●	●	●	●	●	●	●	