EXHIBIT M

PARTICIPANT HANDBOOK

The CHC-MCO must adhere to the following guidelines and all the requirements in section V.0.4, LEP requirements, V.O.5, Alternative Format Requirements, and V.O.16, Participant handbook. The CHC-MCO must utilize the Participant handbook template provided by the Department. The CHC-MCO must provide a Participant Handbook in the appropriate prevalent language, or alternative format, to all Participants within five (5) business days of being notified of a Participant's Enrollment.

At a minimum, the Participant handbook must include:

1. Information about the CHC-MCO, its Covered Services, excluded services, Network Providers, and the Participant's rights and responsibilities as outlined in Exhibit L, Participant Rights and Responsibilities.

2. Role of the PCP in directing and managing care and as a Participant advocate.

3. Information on the role of the IEB and how to access services, including but not limited to what services it provides to Participants and contact information.

4. Description of services, which should include assistance with changing CHC- MCOs, PCPs, and the right to request an updated Provider Directory.

5. Procedure to access after-hour, non-emergency care.

6. Description of the CHC-MCO ID card and the ACCESS card and their uses.

7. Statement that no balanced billing is allowed, Participants are not to be balanced billed by Providers, and are to be held harmless for any bills the CHC-MCO declines to pay, and a statement of what steps to take in the event the Participant is billed or balance billed.

8. Information about the right to contact the Long-Term Care ombudsman, and about how to contact Protective Services (to assist those at risk for abuse, neglect, financial exploitation, and abandonment).

9. Information about co-payments, Prior Authorization, service limits, and the Covered Services exception process.

10. An explanation of the Participant's financial responsibilities for payment of services provided by an Out-of-Network Provider, when an item or service that requires Prior Authorization is provided without Prior Authorization being obtained, or when an item or service is provided that is not covered by the CHC-MCO.

- An explanation that prescriptions for medications that are written by Out-of-Network Providers (whether or not they are presented at an out-of-network pharmacy) will be the Participant's

  Responsibility, with the following exceptions:

  - The Non-Participating Provider or non-network Provider arrangements were approved in advance by the CHC-MCO and any Prior Authorization requirements (if applicable) were met;
  - The Non-Participating Provider or non-network prescriber and the pharmacy are the Participant's Medicare Providers; or
  - The Participant is covered by a third party carrier, and the Non-Participating Provider or non-network prescriber and the pharmacy is the Participant's third party Provider.

11. Information that the Participant is not liable for payment of authorized Covered Services provided when a Medical Assistance participating Provider does not receive payment from the CHC-MCO.

12. Rights of the Participant regarding confidentiality of his or her medical records.

13. Rights of the Participant to request and receive a copy of his or her medical records and to request that they be corrected or amended as specified in 45 C.F.R. §§164.524 and 164.526.

14. Rights of Participants to receive information regarding the patient payment responsibilities related to NF services.

15. Information on the availability of and how to access or receive assistance in accessing, at no cost to the Participant, oral interpretation services for all services provided by the CHC-MCO in all non-English languages and translated Vital Documents, in prevalent languages identified by the Department.

16. Availability of and information on how to access or receive assistance in accessing, at no cost to the Participant, communication methods including TTY/Videophone and relay services and materials in alternative formats such as Braille, audio tape, large print, compact disc (CD), DVD, computer diskette, and/or electronic communication, including how the CHC-MCO will arrange for providing these alternative format Participant materials.

17. Table of contents.

18. Information about choosing and changing PCPs.

19. Information about choosing a primary dentist, if applicable.

20. Information on how to request a specialist as a PCP or a standing referral to a specialist.

21. Information on availability of specialists.

22. Information about Dual Eligibles' right to access Medicare providers for Medicare services regardless of whether the Medicare providers are in the CHC-MCO network and without having to obtain prior approval from the CHC-MCO for Medicare-covered services.

23. Information about what to do when family size, address, or phone number changes.

24. Information regarding appointment standards.

25. Information regarding Participants' rights and CHC- MCOs' responsibilities per Section 1867 of the SSA.

26. A description of all available Covered Services, including LTSS, and how to access those services, which services require Prior Authorization, and an explanation of any service limitations or exclusions from coverage, specific instructions on how transportation is provided, and a notice stating that the CHC-MCO will be liable only for those services that are the responsibility of the CHC-MCO.

27. A description of the services not covered if the CHC-MCO elects not to provide, reimburse for, or provide coverage of, a counseling or referral service because of an objection on moral or religious grounds and information on how to access the services.

28. Information on how to request guidelines, including utilization review and clinical practice guidelines.

29. An explanation of the procedures for obtaining benefits, including self-referred services, services requiring Prior Authorization, services requiring a Covered Service Limit Exception request, if applicable, and services requiring a referral.

30. Information on how to contact Participant Services, the Nurse Hotline, the Service Coordinator unit and a description of their functions.

31. Information regarding the Complaint, Grievance and DHS Fair Hearing processes, as set forth in the CHC Participant Handbook Template for Complaints, Grievances and Fair Hearings, and the right to interim relief within the relevant time frames of the process,55 Pa. Code § 275.4(d).

32. What to do in case of an Emergency Medical Condition and instructions for receiving advice on care in case of an emergency, including instructions to use the emergency medical services (EMS) available and/or activate EMS by dialing 9-1-1 in a life-threatening situation.

33. Information on how to obtain non-medical transportation, emergency transportation, and non-emergency medical transportation.

34. The names and telephone numbers for county MATP Providers.

35. Information on how and where to access Behavioral Health, Family Planning and vision services.

36. Information on how to obtain prescription drugs, including information on how to request a copy of the CHC-MCO's formulary or PDC, and how to obtain assistance with the benefit of enrolling in a Medicare Part D plan with a zero copay.

37. Information on what to do regarding out-of-county and out-of-state moves.

38. A description of wellness behaviors and activities the Participant can engage in to improve his or her own health, such as diet, exercise, and age-appropriate vaccinations and screenings.

39. Information regarding pregnancies which conveys the importance of prenatal care and continuity of care to promote optimum care for mother and infant, including the concept of remaining with the same CHC-MCO for the entire pregnancy.

40. Notification that the selection of certain PCP sites may result in medical residents, nurse practitioners, and physicians assistants providing care to Participants.

41. Information regarding the availability of second opinions and when and how to access them.

42. Information regarding the right to receive services from an Out-of-Network Provider when the CHC-MCO cannot offer a choice of two (2) qualified specialists, and an explanation of how to request authorization for Out-of-Network services.

43. Information on the availability and process for accessing MA Out-of-Plan Services which are not the responsibility of the CHC-MCO, but are available to Participants.

44. Information regarding the WIC Program (WIC) and how to access the program.

45. Information regarding HIV/AIDS Programs and how to access them.

46. Information on Tobacco Cessation Programs and how to access them.

47. Information about Estate Recovery.

48. Information about Assessment, Reassessment, and PSCP processes.

49. Information about Service Coordination.

50. Information on advance directives (durable healthcare power of attorney and living wills) for adult Participants, including:
    a. The description of State law, if applicable.
    b. The process for notifying the Participant of any changes in applicable State law as soon as possible, but no later than ninety (90) days after the effective date of the change.
    c. Any limitation the CHC-MCO has regarding implementation of advanced directives as a matter of conscience.
    d. The process for Participants to file a Complaint concerning noncompliance with the advanced directive requirements with the CHC-MCO and DOH.
    e. How to request written information on advance directive policies.

51. A statement that all Participants will be treated with respect and due consideration for their dignity and privacy.

52. A statement that Participants may receive, from a Provider, information on available treatment options and alternatives, presented in a manner appropriate to the Participant's condition and ability to understand.

53. A statement that Participants have the right to participate in decisions regarding their healthcare, including the right to refuse treatment.

54. A statement that Participants are guaranteed the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

55. A statement that each Participant is free to exercise his or her rights and that the exercise of those rights does not adversely affect the way the CHC-MCO and its Providers or the Department treat the Participant.

56. An explanation of the CHC-MCO's and Recipient Restriction Program, including how to request a DHS Fair Hearing regarding a restriction action and how to request a change of pharmacy or Provider.

57. A description of the Department's MA Provider Compliance Hotline telephone number.

58. A description of the Expanded Services or Value-Added Services the CHC-MCO has been approved by the Department to provide and the guaranteed period in which those services must be available to participants.

59. Information on how Participants can participate in CHC-MCO advisory

committees.

60. Procedures for disenrolling from the CHC-MCO and policies for transition of care.

61. Procedures for recommending changes in policies and services.