

Making HEALTHY LIVING Easy

Fall 2013 Member Newsletter

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**Disponible
en español**

PREPARING FOR FLU SEASON

Should my family get the flu vaccine?

Virginia Premier Health Plan wants you and your family to be healthy this flu season. Vaccination is the best way to prevent influenza infection and complications from the flu. If you are in one of the categories below, we recommend you get the flu vaccine:

- Children younger than 5, but especially children 6 months to 2 years old
- Pregnant women
- People 65 and older
- People who have other chronic medical conditions such as COPD, cancer, diabetes, heart disease, kidney or liver disorders or AIDS.

The flu vaccine doesn't protect you against the seasonal flu. You should still get the seasonal flu vaccination. In addition to getting the flu shot, the following categories of people should also get the pneumococcal vaccination to guard against seasonal flu:

- Infants and Children under 2 years of age — this is routinely given to children.
- Children 2 — 4 years of age who didn't get the vaccination as a baby
- All adults 65 years of age and older

We encourage you to talk to your primary care provider (PCP) if you have questions about any of these vaccinations.

What are the symptoms of the flu?

- Symptoms typically show up 48 to 72 hours after a person has come into contact with the virus. Symptoms include sudden onset of weakness, body aches, cough, sore throat, runny or stuffy nose, fever, headache, chills, sometimes diarrhea and vomiting. You may not experience all of these symptoms.

What are some things I can do to stay well and not spread the flu virus:

- Stay away from people who are sick.
- Stay home from work, school and other public places if you are sick.
- Cover your mouth and nose when you cough or sneeze. Cough into your sleeve or use a tissue.
- Wash your hands often and thoroughly.
- Avoid touching your eyes, nose or mouth. Germs can be spread by touching something with germs and then putting your hands in your eyes, nose or mouth.

What should I do if someone in my family has flu symptoms:

- Call your PCP. Your PCP will decide the best course of treatment.
- Call your local public health department for guidance.
- Check any of the following web sites for updated news and information:
www.cdc.gov/flu/, www.vdh.state.va.us/index.htm



SMILES FOR CHILDREN: FIRST DENTAL VISIT BY AGE ONE

Your child should have their first dental visit within six months of getting their first tooth or by age one, whichever comes first. This first visit allows the dentist to check your child for cavities or other problems that can affect their health.

At the first visit, the dentist or office staff will ask about your child's overall health. They will do a dental exam, give you directions on how to take care of your child's teeth and talk with you about normal tooth growth.

Dental services for children enrolled in Virginia Medicaid, FAMIS or FAMIS Plus are provided through the *Smiles For Children* program. This program is administered by DentaQuest. There is no cost for dental care services for members enrolled in the *Smiles For Children* program.

If your child has Virginia Medicaid, FAMIS or FAMIS Plus and you need help finding a dentist that accepts *Smiles for Children*, you may call DentaQuest at 1-888-912-3456, visit the website at www.DentaQuest.com or download the My DentaQuest app on your smart phone.

IMMUNIZATION SCHEDULE

It is very important that you keep your child's immunizations (shots) up to date. Here is the list of necessary shots and the age your child needs them. Make sure that you don't miss a doctor's visit. That way you will know that your child has all of the necessary shots.

Child's Age	Immunization	Child's Age	Immunization
Birth	Hep B (hepatitis B)	12-15 Months	Hib MMR (measles, mumps & rubella) PCV Chickenpox (Varicella)
1-2 Months	Hep B	12-23 Months	Hep A (hepatitis A), 2 doses needed at least 6 months apart
2 Months	DTaP (diphtheria, tetanus and pertussis) IPV (polio) Hib (Haemophilus influenzae type b) PCV (pneumococcal disease) RV (rotavirus)	12-24 Months	Lead Screening (at age 1 and 2 years)
4 Months	DTaP IPV Hib PCV RV	15-18 Months	DTaP
6 Months	DTaP Hib (consult need with your doctor) PCV RV	4-6 Years (prior to starting school)	MMR DTaP IPV Varicella
6-18 Months	Hep B IPV	11-12 Years	MCV4 (meningococcal disease) Tdap (tetanus, diphtheria & pertussis) HPV (human papillomavirus- 3 doses), 1 month follow-up dose, 2 month follow-up dose & 6 month follow up dose (6 months from first shot) Recommended for both boys and girls
6 Months- 18 Years Old (Yearly Vaccine)	Flu Shot (influenza)	16 Years	MCV4

COMPLIANCE CORNER

Due to recent changes to the Health Insurance Portability and Accountability Act (HIPAA), VPHP is required to publish a new *Notice of Privacy Practices*. Please refer to the end of the newsletter for your copy of the Notice. The *Notice of Privacy Practices* describes how VPHP may use and disclose medical information about you to assist providers with treatment, pay providers for rendering services to you, or carry out internal health care operations. The notice also provides information about how you can access this information.

DISEASE MANAGEMENT FALL FOCUS ON ASTHMA

Fall is in the air! The weather is changing, schools are back in session, but it also starts the cold and flu season. Colds, flu, and other viruses are asthma triggers and spread easily in school settings. For parents of a child with asthma, now is the time for extra planning to make sure that your child's asthma stays well controlled. Your child's school staff plays an important role. Make sure teachers, school nurses, coaches, and others know that your child has asthma and what to do to help manage it.

Before school starts:

- Make sure that your child's asthma is well managed. Warning signs that his or her asthma is NOT well controlled include coughing at night or not being able to keep up with other children's physical activity.
- Schedule a doctor visit and talk about any warning signs you see.
- If your child is using their short acting inhaler or nebulizer treatment more than twice per week, ask the doctor if your child could benefit from taking a long acting controller medication. Controller medications can help prevent asthma symptoms.
- Make sure all asthma prescriptions are current and filled.
- Work with your child's doctor to develop a written Asthma Action Plan for home as well as for school and talk with your child about it.

- The plan should include details about your child's: Triggers, Medicines, Physical activity (for example, using an inhaler before exercise if appropriate), Emergency plan, including what to do if your child has trouble breathing and the rescue medication is not working

At school:

- Schedule a time to meet with your child's school nurse or clinic attendant to discuss the asthma action plan, medications, and the forms that you and your doctor will have to sign.
- Make sure your child's teachers are aware that he or she has asthma and that they may need to visit the clinic if they are having symptoms of an asthma flare up.

Flu Shot:

Talk to your doctor about when your family should get a flu shot. For people with Asthma, preventing the flu may reduce asthma symptoms.

If you or your child has Asthma; the Disease Management Program has information to help. Call and ask to speak with any of our Disease Management nurses. Additionally nurses are available to help if you have Heart Disease, Heart Failure, COPD, Diabetes, End Stage Renal Disease, Bipolar, Schizophrenia, or Child Hood Weight Management and Nutrition concerns. Our nurses can be reached at: 1-866-243-0937.

CASE MANAGEMENT SERVICES

Did you know Virginia Premier has a free Medical and Behavioral Health Case Management Program?

Want to talk with a caring healthcare specialist who can help you understand your diagnosis and medications, work with your doctors, and help you manage your health more successfully?

Then **call** to speak with a Virginia Premier Case Manager today:

Central Virginia: 800-727-7536
Tidewater: 800-828-7989
Roanoke: 888-338-4579

Follow the prompts:
Press 3 (Medical Management)
Then press 4 (Case Management)

You can also reach us on our Virginia Premier Health Plan web site at www.vapremier.com



REFER YOURSELF TODAY and START FEELING BETTER!

OUR WEBSITE

If you have not used the Virginia Premier website, please visit us at www.virginiapremier.com. You can search for providers, hospitals, and can now search for a doctor using one or more of the following:

- Name
- Gender
- Specialty
- Hospital they serve
- Medical Group
- Languages spoken
- Address
- City
- County

Contact our Member Services Department for assistance at (800) 727-7536.

Coming Soon- A New Website!

This fall, Virginia Premier will launch a new and improved website that will support our mission of making healthy living easy for members. Visitors to the site (www.vapremier.com) will be able to easily and quickly find important information about plan benefits.

If you would like to help test the new website and/or share your ideas, please email Rebecca Jones at rjones@vapremier.com.

TRANSPORTATION CHANGE FOR MEMBERS WITH ACCESS TO PUBLIC TRANSPORTATION

Virginia Premier Health Plan, Inc. (VPH) currently offers several modes of transportation including tickets for bus transports. Public transportation is cost effective and is an approved method of transport by the Department of Medical Assistance Services. VPH is dedicated to providing timely and cost effective transportation service to all members. Going forward VPH is planning on making bus transport the primary mode of travel for those members with access to the public bus line. VPH understands that certain medical conditions prevent this type of travel. We will strive to accommodate all members, and have clearly defined criteria for those members unable to ride the bus.

All transports will be scheduled as normal by calling VPH Member Services. During the scheduling process, the VPH Member Service Representative will notify you if your scheduled trip qualifies for bus transport. Bus tickets will be mailed to your home within 72 hours, in time for your scheduled appointment. Instructions on how to ride the bus and bus routes will be available upon request. **Member Services can be reached by calling (800)727-7536; the hours are Monday thru Friday 8AM to 5PM.**

HEDIS NEWS

What is HEDIS?

Health Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures. HEDIS® measures are derived from a number of health issues including cancer, heart disease, smoking, diabetes, and asthma. Some other measures are related to prenatal care, well child visits, and immunizations.

What is it used for?

VPH uses the data to determine how well the health plan is serving its members, as well as, supporting and measuring the effectiveness of preventive health programs. Data collection and reporting is required as part of accreditation by the National Committee for Quality Assurance (NCQA), and regulations by the Department of Medical Assistance Services (DMAS).

What can I (the Member) do?

Make an appointment to see your doctor. Your doctor can tell you what services you need based on you and/or your child's age and other factors. Once you see your doctor, you may qualify to win a Wal-Mart Gift card, a Wii or Xbox Console, and much more.

HEDIS Outcomes

To stay healthy, please make sure that you and/or your child go to the doctor to get the following needed services in 2013:

- Childhood Immunizations
- Lead Screenings
- Breast, Cervical, and Chlamydia Screenings
- Nutrition & Weight Counseling
- Correct Asthma Medications
- Diabetic Care
- Behavioral Health Care , if needed
- Cholesterol <100
- Cholesterol Screening
- High Blood Pressure checks
- Immunizations (i.e. Hepatitis B)
- Well Child Checks

NOTE: You may not need all services listed above. So, please talk to your PCP and s/he can tell you what you need.

Don't miss out on being healthy!

MEMBER BEREAVEMENT PROGRAM

The loss of a love one has a profound impact on the entire family. In an effort to ensure that member/families are considered during this time of grief, Virginia Premier has developed a Bereavement program to help member/families cope with their loss. The goal of the program is to provide support, assessments and services if needed. Upon notification of the death of a child or fetal demise, Virginia Premier sends a packet of material to member/families that contain the following:

- A sympathy card;
- "Living With Loss" Magazine;
- "Coping With Grief/Loss Situational" Booklets; and
- Virginia Premier Bereavement Program brochure with contact numbers.

If anyone in the family is a Virginia Premier member, a Case Manager will contact the bereaved family in approximately 1 month to:

- Provide support and answer questions;
- Assess need for counseling services or other needs; and
- Assist with any indicated referrals for behavioral health services.



You are invited to attend the VPHP Member Advisory Committee (MAC) Meeting

This meeting is a way for you to tell us how you feel about Virginia Premier Health Plan and how we can better serve you.

Fourth Quarter:

Discussion Topics: Mental Health, Holiday Depression & Domestic Violence

Tidewater	Oct 16th, 2013	11:00am
Francine Santiago	(800) 828-7989	Ext 55578
Richmond	Nov 14th, 2013	11:00am
Janice Flowers	(800) 727-7536	Ext. 55265
Roanoke	Dec 12th, 2013	11:00am
Johanna Morales	(800) 727-7536	Ext. 55592



Need a ride? – We'll pick you up!

Refreshments will be served



Para asistencia en español, llame al 1-800-727-7536 y oprima la opción numero 7

MEMBER RIGHTS

VIRGINIA PREMIER HEALTH PLAN MEMBERS HAVE THE RIGHT TO:

- a. Timely access to their PCP and referrals to specialists when medically necessary or as needed and timely access to all covered services, both clinical and non-clinical.
- b. Treatment with quality care, respect and dignity regardless of their race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion or their national origin, cultural or educational background, economic or health status, English proficiency, reading skills or source of payment for your care.
- c. Have healthcare services twenty-four (24) hours a day, three hundred and sixty-five (365) days a year, including urgent, emergency and post stabilization services.
- d. Choose their personal VPHP doctor/Primary Care Physician (PCP).
- e. Change their personal VPHP doctor and choose another one from VPHP's Provider Directory.
- f. Make their own doctor/PCP appointments to be seen in their private office at their convenience.
- g. Not to be treated against their will.
- h. To see their doctor/PCP, get covered services; get their prescriptions filled within a reasonable period of time. They should not be afraid to ask their doctor/PCP questions.
- i. Call Member Services to file a complaint/grievance about VPHP or file an appeal if they are not happy with the answer to their inquiry (question), complaint/grievance, or care given.
- j. To privacy and to have your medical records and personal health information kept private unless they sign a permission form.
- k. Have timely access to their medical records in accordance with applicable State and Federal laws. They may be required to sign for release of those records.
- l. Participate with their doctor in making decisions about their health care, give their consent for all care, and make decisions to accept or refuse medical care to the extent permitted by law and be made aware of the medical consequences of such action.
- m. Have their doctor tell them about all treatment options and alternatives, presented in a manner that can be easily understood, regardless of the cost or benefit coverage. They can also receive a second opinion from VPHP's network of providers.
- n. Be free from any form of restraint or seclusion used as means of coercion, discipline, convenience, or retaliation, as specified in Federal regulations on the use of restraints and seclusion.
- o. Free exercise of rights and the exercise of those rights that does not adversely affect the way VPHP and its providers treat their members
- p. Receive information about VPHP, its services, costs, providers, network pharmacies, drugs, and Members' Rights and Responsibilities.
- q. To know the names and qualifications of the physicians and health care professionals involved in their medical treatment.
- r. Make suggestions regarding VPHP's Member Rights and Responsibilities statement, which is found in the member handbook.
- s. To use Advance Directives (such as a Living Will or a Power of Attorney).

NOTICE OF PRIVACY PRACTICES

Office of Privacy and Compliance • Virginia Premier Health Plan, Inc.

P. O. Box 5307 • Richmond, VA 23220-0307

(800) 727-7536

This notice becomes effective on August 1, 2013

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice, please contact the Office of Privacy and Compliance at P.O. Box 5307, Richmond, VA 23220-0307 or at (800) 727-7536 extension 5173.

It is the policy of the **Virginia Premier Health Plan, Inc. (VPHP)** to provide you with a privacy notice that explains how your health care information is being used or disclosed. VPHP is required to maintain the privacy of your information and provide a notice of duties and privacy practices pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act).

This Notice of Privacy Practices describes how VPHP may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by state or federal law. It also describes your rights to access and control your protected health information. "Protected health information" is information collected from you or created or received by VPHP that relates to your past, present or future physical or mental health or condition and related health care services, including demographics that may identify you.

VPHP is required to abide by the terms of this Notice of Privacy Practices currently in effect. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time and will be sent to you within 60 days of the change. We retain prior versions of the Notice of Privacy Practices for six (6) years from the revision date.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

This Notice of Privacy Practices will tell you the ways in which VPHP may use and disclose medical information about you. We will also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

- **For Treatment:** We may use medical information about you to provide you with medical treatment or services and to work with your doctors to plan for quality care. For example, in a case of diabetes, we would work with your provider to get and give you dietary education and/or home health nursing as needed. Different departments of VPHP also may share medical information about you in order to coordinate the different things you need, such as authorization review. We also may disclose medical information about you to people outside VPHP who may be involved with your medical care.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at a treatment facility may be billed and payment made. For example, we may use your medical information from a surgery you received at the hospital so that the hospital can be paid. We may also use your information to approve or decline your eligibility for treatment you may receive.
- **For Health Care Operations:** We may use and disclose medical information about you for medical operations. These uses and disclosures are necessary to make sure all patients receive quality care. For example, we may use medical information to review your treatment and services and to evaluate the performance of the staff caring for you. We may also combine medical information about many patients to decide what additional services should be covered, what services are not needed, and whether certain new treatments are effective.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may also use or disclose your protected health information in the following situations without your consent or authorization:

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Business associates: We may use or disclose your protected health information to the business associates that provide services to our organization. Examples include legal services, financial auditing, and administrators of health plan subcontracts (prescriptions, vision, dental). When these services are contracted, we may disclose your protected health information to our business associate so that they can perform the job we've asked them to do and file your claims for services rendered. To protect your health information, however, we require the business associate to agree in writing to appropriately safeguard your information.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Coroners, Medical Examiners, and Funeral Directors: We may disclose protected health information to a coroner or medical examiner for identification purposes, cause of death determinations or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to funeral directors, as authorized by law, in order to carry out funeral-related duties. We may disclose such information in reasonable anticipation of death. **Organ and Tissue Donation:** Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, biologic product deviations, product defects or problems; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

Health Oversight: We may disclose protected health information to a health oversight agency, such as the Virginia Department of Health, for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and we created or received your protected health information in the course of providing and coordinating services to you.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and purposes otherwise required by law, (2) limited information requests for identification and location purposes, (3) treating victims of a crime, and (4) suspicion that death has occurred as a result of criminal conduct.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority, such as the Centers for Disease Control (CDC), which is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Required Uses and Disclosures: Under the law, we must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 C.F.R. Section 164.500 et. seq.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. **Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

2. MEMBERSHIPS

VPHP is solely owned by Virginia Commonwealth University Health System (VCUHS). The Medical College of Virginia Hospitals (MCVH) and the Medical College of Virginia Physicians (MCVP) are also owned by VCUHS. These three groups participate together in an organized health care arrangement for payment activities, utilization review, and quality assessment activities. Additionally, VPHP functions as a business partner of the Virginia Department of Medical Assistance Services (DMAS). Members of VCUHS and DMAS may also use your protected health information solely for your treatment, payment and/or for the health care operations permitted by HIPAA.

3. YOUR RIGHTS

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your benefits. Usually, this includes medical and billing records but does not include behavioral health management notes.

To inspect and copy your medical information, you must submit your request in writing to the VPHP Office of Privacy and Compliance at the address on the front of this Notice. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, and other supplies associated with your request. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request. If the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed by submitting a written request to the address on the front of this Notice. For more information, call the VPHP Office of Privacy and Compliance at (800) 727-7536 extension 5173.

Right to Amend. If you feel that medical information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for VPHP. To request an amendment, your request must be made in writing and submitted to the VPHP Office of Privacy and Compliance at the address on the front of this Notice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for VPHP;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is already accurate and complete.

If we deny your request, you have a right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. This is a list of the disclosures we made of medical information about you. To request this list, you must submit your request in writing to the VPHP Office of Privacy and Compliance at the address on the front of this Notice. Your request must state a time period for the disclosures, which may not be longer than six (6) years before the date of the request. Your request should indicate in what form you want the list (for example, on paper, or electronically). The first accounting you request within a 12-month period will be provided free of charge. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limit on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. For example, you can ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the VPHP Office of Privacy and Compliance at the address on the front of this Notice. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the VPHP Office of Privacy and Compliance at the address on the front of this Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or our business associate) discover a breach of your unsecured protected health information.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, call the VPHP Office of Privacy and Compliance at (800) 727-7536 extension 5173. This notice is posted on our website and can be downloaded at: www.virginiapremier.com.

4. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with VPHP or with the **Secretary of the U.S. Department of Health and Human Services**. You will not be penalized for filing a complaint.

All complaints must be submitted in writing. To file a complaint with VPHP, send an e-mail to privacyoffice@vopremier.com or U.S. mail to the address on the front of this Notice.

To file a complaint with the Secretary, send an e-mail to www.ocrcomplaint@hhs.gov or U.S. mail to: The U.S. Department of Health and Human Services 150 S. Independence Mall West, Suite 372 Philadelphia, PA 19106-3499

5. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.

6. CHANGES TO THIS NOTICE

VPHP is required to abide by the terms of this Notice of Privacy Practices currently in effect. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time and will be sent to you within 60 days of the change. We retain prior versions of the Notice of Privacy Practices for six (6) years from the revision date.

Si desea una copia en español, por favor llame al 1-800-727-7536 y oprima la opción numero 7. Avísele al representante que desea una copia del boletín de noticias en español. Gracias.



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CULTURAL COMPETENCY TRAINING - ALERT: ALL PRACTITIONERS PLEASE COMPLETE

Virginia Premier is very pleased to announce the continuation of a network-wide quality initiative—Cultural Competency Training. With a patient-based focus, this training will strengthen each practitioner's skill set regarding the delivery of quality care to culturally diverse populations. The American's Health Insurance Plans (AHIP) Association, a national association representing nearly 1,300 companies providing health insurance coverage to more than 200 million Americans, including Medicaid recipients, has partnered with Virginia Premier to administer this training. Like AHIP, Virginia Premier's goals include expanding access to high quality and cost effective health care to all Americans. AHIP has also developed a Continuing Medical Education Course (1.0 Category, 1 Credit toward AMA's Physician Recognition Award) that addresses Cultural Competency.

Please find the specifics below:

- The course is **FREE**.
- The Course takes 20 minutes.
- Please access the website:
<http://qualityinteractions.org/ahip/index.html>

You will learn how to:

- Communicate effectively across cultures
- Identify issues related to health disparities

- Define common terms related to cross-cultural communication
- Review three business, medical, and legal reasons for improving cultural competency
- Assess key concepts on cross-cultural care

Virginia Premier strongly encourages each participating practitioner to complete this course. Once you have completed the course and received your CME Certificate, please mail a copy of your CME Certificate to Virginia Premier at the address below to be included in your credentialing file:

Credentialing Department
Virginia Premier Health Plan, Inc.
P.O. Box 5307
Richmond, VA 23220-0307

If you have questions regarding this network-wide quality initiative, please feel free to contact Kimberly Paige, Credentialing Manager at 800-727-7536 ext. 55352 or via email at kpaige@vapremier.com.