



Annual Notices

MVP Nonpublic Personal Financial Information Policy

MVP Health Plan, Inc., MVP Health Services Corp., MVP Health Insurance Company, MVP Health Plan of New Hampshire, Inc., MVP Health Insurance Company of New Hampshire, Inc., and Preferred Assurance Company, Inc. (collectively "MVP")

Your privacy is important to MVP

MVP is committed to safeguarding your information.

MVP's Nonpublic Personal Financial Information Policy

We want you to understand what information we may gather and how we may share it. This Nonpublic Personal Financial Information Policy (the "Policy") explains MVP's collection, use, retention and security of nonpublic personal financial information about you. Examples of nonpublic personal financial information are: your Social Security number, your payment history, your date of birth and your status as a MVP member.

How MVP collects information

We collect nonpublic personal financial information about you from the following sources:

- your applications and other forms;
- your transactions with us, our affiliates, and others; and
- consumer reporting agencies, in some cases.

Sharing your information

We do not disclose any nonpublic personal financial information about our members or former members to anyone, except as permitted by law. We may disclose the following information to companies that perform marketing services on our behalf or to other companies with which we have joint marketing agreements:

- information we receive from you on applications or other forms, such as your name, address or status as an MVP member;
- information about your transactions with us, our affiliates or others, such as your health plan coverage, premium, and payment history.

Our former members

Even if you are no longer an MVP member, our policy will continue to apply to you.

Our security practices and information accuracy

We also take steps to safeguard member information. We restrict access to the nonpublic personal financial information of our members to those MVP employees who need to know that information in the course of their job responsibilities. We maintain physical, electronic, and procedural safeguards that comply with federal and state standards to protect member information. We also have internal controls to keep member information as accurate and complete as we can. If you believe that any information about you is not accurate, please let us know.

Other information

This Policy applies to products or services that are purchased or obtained from MVP. We reserve the right to change this policy, and any of the policies described above, at any time. The examples contained within this policy are illustrations; they are not intended to be exclusive or exhaustive.

Members can obtain a copy of our Privacy Notice by visiting our Web site (www.mvphealthcare.com) and clicking on the Privacy Notice link at the bottom of the home page or by calling the Member Services department toll-free at:

Rochester and Buffalo Regions: (800) 950-3224

All Other Regions: (888) 687-6277

Emergency Care Policy

If you or a member of your family have an emergency that requires immediate medical care, you should go to the nearest hospital emergency room, or call your local emergency number for medical assistance.

An emergency is a sudden and surprising illness or condition with such bad symptoms, including very bad pain, that not getting help right away could reasonably be expected by a prudent layperson with an average knowledge of health and medicine to:

- 1) Place your physical or mental health in serious danger; or
- 2) Cause serious limits to bodily functions; or
- 3) Cause serious dysfunction of any bodily organ or part.

Emergency Services or Care means Covered Services needed to evaluate and treat an emergency.

If MVP determines that the care you received did not meet this standard, MVP will not pay for the care.

Financial Incentives Relating to Utilization Management Policy

It is the policy of all of the operating subsidiaries of MVP Health Care, Inc. to facilitate the delivery of appropriate health care to our members and to monitor the impact of the Plan's Utilization Management program to detect and correct potential under- and over-utilization of services.

MVP's Utilization Management Program does not provide financial incentives to employees, providers, or practitioners who make utilization management decisions that would encourage barriers to care and services.

Utilization management decisions are based only on appropriateness of care and the benefits provisions of the member's coverage.

MVP does not specifically reward practitioners, providers or staff, including Medical Directors and UM staff, for issuing denials of requested care.

Financial incentives, such as annual salary reviews and/or incentive payments do not encourage decisions that result in underutilization.

Transition Care

If your practitioner leaves the MVP network, MVP will send you a letter to notify you. If you are undergoing treatment for a life-threatening, disabling, or degenerative condition, you may be able to continue to see that practitioner for covered services for 60 days from the date you received the letter. If you are in your second or third trimester of pregnancy, you may continue to receive care from your practitioner throughout your pregnancy, delivery and through the completion of your post-partum care.

You cannot do this if the provider was dropped from the MVP network for the following reasons:

- Concern of imminent harm to patients
- A determination of fraud
- A final disciplinary action by a state licensing board that impairs the provider's ability to practice Transition care also applies when you are a new member.

If you are seeing a non-participating provider when you join MVP, you must switch to a participating provider. However, if you have a life-threatening, disabling, or degenerative condition, you may be able to continue to see that practitioner for covered services for 90 days from your date of enrollment. If you are in your second or third trimester of pregnancy, you may stay with your practitioner throughout your pregnancy, delivery and through the completion of your post-partum care.

In either situation, the provider must agree to:

- accept MVP's reimbursement or payment in full
- provide MVP with medical information related to your care
- adhere to MVP's policies and procedures

Women's Health and Cancer Rights Act of 1998, Annual Notice

As required by the Women's Health and Cancer Rights Act of 1998, Preferred Assurance Company, Inc. ("MVP") provides benefits for mastectomy related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment of complications resulting from a mastectomy including lymphedema. To obtain a detailed description of the mastectomy-related benefits available through MVP, please refer to your Certificate of Coverage.

How MVP assesses new technology

MVP draws upon the knowledge of its medical directors, participating physicians and allied health professionals to research new technologies, medical products, behavioral health treatments and pharmaceuticals for inclusion as benefits covered by the health insurer.

MVP regularly reviews new technologies, and new applications of existing technologies, for inclusion as covered benefits. The research process includes a review of information from appropriate government regulatory bodies as well as published scientific evidence. Draft policies are reviewed by physicians and other health care professionals across MVP's service area, as well as by staff in several MVP departments, to decide whether the technologies will be included as covered benefits. MVP's Quality Improvement Committee gives final approval.

A comprehensive review of all policies is performed.

How to Obtain Behavioral Health Services

All it takes is a simple phone call to request to see a psychiatrist, psychologist, social worker or substance abuse counselor. That phone call can come from you, the behavioral health provider or your Primary Care Physician (PCP) prior to a behavioral health visit.

ValueOptions® is your own customer service line for mental health and substance abuse care issues. If you don't know what provider to see, ValueOptions® has specially trained clinical intake specialists to help you with your selection. They have profiled all of the behavioral health providers in each network and can match your problem and location to a provider that will meet your needs. Give them a call when you need help. Call the number on the back of your ID card and follow the prompts for behavioral health care to be connected to ValueOptions®.

How to reach the Utilization Management Department

You may reach the Utilization Management Department regarding authorizations for care during working hours and after working hours by calling MVP Member Services toll-free at **(888) 687-6277**.

Resolving problems with MVP

MVP Health Care wants to solve any problems you may have with us fairly and in a friendly manner. We want you to get quality care and excellent service. Call Member Services at **(800) 950-3224** if you have a problem with MVP Health Care. TTY users may call **(800) 252-2452**. A Member Services Representative can often resolve your problem on the spot.

Filing a complaint or grievance

If the Member Service Representative cannot resolve your problem, you or your representative may file a complaint or grievance by contacting the Member Appeals Department:

Preferred Assurance Company, Inc.
Appeals Department
220 Alexander Street, Rochester, NY 14607

A **complaint** is a written or verbal expression of dissatisfaction. Examples of complaints are problems scheduling appointments with providers, or timeliness of claim payment issues. A **grievance** is a request from a member for MVP to change a decision it has made. It may concern whether or not a requested service is a benefit covered by MVP, or the way a complaint has been resolved.

Medical complaints and grievances are handled by a licensed health care professional who is qualified to review the issue at hand. In a grievance, the reviewer must not have been involved in making MVP's original decision.

If your complaint or grievance concerns an administrative matter, it will be handled by a member of the senior administrative staff with the necessary education and background to resolve the matter.

MVP will never retaliate or take any discriminatory action against a member should he or she file a complaint or grievance.

Refer to your Certificate of Coverage for complete information, including time frames in which to initiate an appeal.

Formulary and Exceptions Policy

If your MVP Health Care benefits include prescription drug coverage, that coverage is subject to the MVP Prescription Drug Formulary, our list of covered drugs.

New prescription drugs are introduced all the time. Before MVP will cover a newly-introduced prescription drug, a committee of MVP physicians and pharmacists review the available data concerning the effectiveness and safety of the new drug to determine if the drug represents a significant improvement over existing covered medications. If a drug meets the committee's criteria, MVP approves that drug for coverage.

If your doctor believes that a prescription drug that is not on MVP's Formulary is medically necessary for you and you do not have coverage for non-formulary drugs, your doctor can request an exception from MVP.

To find out if MVP covers a specific drug, or if MVP covers a drug with certain conditions such as Prior Approval or with Quantity Limits, log on to our Web site (www.mvphealthcare.com) or contact MVP Member Services at (800) 950-3224.

How to obtain information on the Web about practitioners who participate with MVP

New York State makes information available to consumers who would like to know more about their physicians, with easy online searches. The New York State Physician Profile Web site (www.nydoctorprofile.com) was created with the passage of the New York Patient Health Information and Quality Improvement Act of 2000. Using this New York Web site, MVP members may find information about the doctor's medical education, translation services at the doctor's office and information about legal actions taken against the doctor.

To see all the information that is available for each doctor, search on any doctor's name. This Web site offers information to the public at no charge and can be accessed via the *Members' Home* page of MVP's Web site, www.mvphealthcare.com. If you do not have access to the Internet and would like to receive a printed report from either of these sites for a specific practitioner, please contact MVP Member Services at (800) 950-3224.

MVP Health Care's Member Privacy Policy

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.

MVP Health Plan, Inc., MVP Health Services Corp., MVP Health Insurance Company, MVP Health Plan of New Hampshire, Inc. and MVP Health Insurance Company of New Hampshire, Inc., and Preferred Care Assurance Company, Inc., (collectively "MVP") respects the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information,

provide you with this notice of our privacy practices and legal duties and to abide by the terms of this notice.

In compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and New York State laws and regulations regarding the confidentiality of health information, MVP provides this notice to explain how we may use and disclose your health information to carry out payment and health care operations and for other purposes permitted or required by law. "Health information" is defined as enrollment, eligibility, benefit, claim, and any other information that relates to your past, present or future physical or mental health.

MVP's duties regarding your health information

MVP is required by law to:

- Maintain the privacy of information about your health in all forms including oral, written, and electronic;
- Provide you with this notice of our legal duties and health information privacy rules; and
- Abide by the terms of this notice.

We reserve the right to change the terms of this notice at any time, consistent with applicable law, and to make those changes effective for health information we already have about you. Once revised, we will provide the new notice to you by mail and post it on our Web site (www.mvphealthcare.com).

How we use or disclose your health information

As a member, you agree to let MVP share information about you for treatment, payment, and health care operations. The following are ways we may use or disclose your health information:

For Treatment: We may share your health information with a physician or other health care provider in order for them to provide you with treatment.

For Payment: We may use and disclose your health information to collect premium payments, determine benefit coverage, or to provide payment to health care providers who render treatment on your behalf.

For Health Care Operations: We may use or disclose your health information for health care operations that are necessary to enable us to arrange for the provision of health benefits, the payment of health claims, and to ensure that our members receive quality service. For example, we may use and disclose your health information to conduct quality assessment and improvement activities, case management and care coordination, licensing, credentialing, underwriting, premium rating, fraud and abuse detection, medical review and legal services.

Appointment Reminders: We may use or disclose your health information to send you a reminder that you have an appointment with your doctor for treatment or medical care.

Health-Related Benefits and Services: We may use or disclose your health information to tell you about alternative medical treatments and programs or about health related products and services that may be of interest to you.

Disclosures to a Business Associate: We may disclose your health information to other companies that perform certain functions on our behalf. These companies are called "Business Associates." These Business Associates must agree in writing to protect your privacy and follow the same rules we do.

Disclosures to a Plan Sponsor: We may disclose your health information to the plan sponsor of your group health plan (usually your employer) so that the plan sponsor may obtain premium bids, modify, amend or terminate your group health plan and perform enrollment functions on your behalf.

Disclosures to a Third Party Representative: We may disclose to a Third Party Representative (family member, relative, friend, etc.) health information that is directly relevant to that person's involvement with your care or payment for care if we can reasonably infer that the person is involved in your care or payment for care and that you would not object.

Disclosures Authorized by You: We can accept an Authorization to Disclose Information Form if you would like us to share your health information with someone for a reason we have not stated above. Using this form, you can designate who you would like us to share information with, what information you would like us to share, and how long you want us to be able to share your information with that individual. A copy of this form is available by calling Member Services or logging on to the MVP web site at www.mvphealthcare.com. You must complete this form and send it to the address or fax it to the fax number on the form. You can cancel this Authorization at any time in writing and per the requirements on the form.

Special use and disclosure situations

Under certain circumstances, as required by law, MVP would be required to share your information without your permission. Some circumstances include:

Uses and Disclosures required by law: We may use and disclose health information about you when we are required to do so by federal, state or local law.

Public Health: We may disclose your health information for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births or deaths; or reporting reactions to medications or problems with medical products or to notify people of recalls of products they have been using.

Health Oversight: We may disclose your health information to a health oversight agency that monitors the health care system and government programs for designated oversight activities.

Legal Proceedings: We may disclose your 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 situations, in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose your health information, so long as applicable legal requirements are met, for law enforcement purposes.

Abuse or Neglect: We may disclose your health information to a public health authority, or other government authority authorized by law to receive reports of child abuse, neglect or domestic violence consistent with the requirements of applicable federal and state laws.

Coroners, Funeral Directors and Organ Donation: We may disclose your health information to a coroner or medical examiner to identify a deceased person, determine a cause of death or as authorized by law. We may also disclose your health information to funeral directors as necessary to carry out their duties. If you are an organ donor, we may release your health information for procurement, banking or transplantation.

Research Purposes: In certain circumstances, we may use and disclose your health information for research purposes.

Criminal Activity: We may disclose your health information when necessary to prevent or lessen serious and imminent threat to the health and safety of a person or the public.

Military Activity: We may disclose your health information to authorized federal officials if you are a member of the military (or a veteran of the military).

National Security: We may disclose your health information to authorized federal officials for national security, intelligence activities and to enable them to provide protective services for the President and others.

Workers' Compensation: We may disclose your health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

What are your rights

The following are your rights with respect to your health information. Requests for restrictions, confidential communications, accounting of disclosures, amendments to your health information, to inspect or copy your health information, or questions about this notice can be made by using the Contact Information at the end of this notice.

Right to Request Restrictions: You have the right to request a restriction or limitation on your health information we disclose for payment or health care operations. You also have the right to request a limit on the information we disclose about your health to someone who is involved in your care or the payment for your care, like a family member, relative, or friend. While we will try to honor your request, we are not legally required to agree to restrictions or limitations. If we agree, we will comply with your request or limitations except in emergency situations.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health information in a certain way or at a certain location if the disclosure of information could endanger you. We will require the reason for the request and will accommodate all reasonable requests.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures of your health information made by us other than those necessary to carry out treatment, payment, and health care operations, disclosures made to you or authorized by you, or in certain other situations.

Right to Inspect and Obtain Copies of Your Health Information: You have the right to inspect and obtain a copy of certain health information that we maintain. In limited circumstances, we may deny your request to inspect or obtain a copy of your health information. If we deny your request, we will notify you in writing of the reason for the denial and if applicable the right to have the denial reviewed.

Right to Amend: If you feel that the health information we maintain about you is incomplete or inaccurate, you may ask us to amend the information. In certain circumstances we may deny your request. If we deny the request, we will explain your right to file a written statement of disagreement. If we approve your request, we will include the change in your health information and tell others that need to know about your changes.

Right to a Copy of the Notice of Privacy Practices: You have the right to obtain a copy of this notice at any time.

Exercising your rights

Unless you provide us with a written authorization, we will not use or disclose your health information in any manner not covered by this notice. If you authorize us in writing to use or disclose your health information in a manner other than described in this notice, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your authorization; however, we will not reverse any uses or disclosures already made in reliance on your authorization before it was revoked.

You have a right to receive a paper copy of this notice at any time. You can also view this notice on our Web site at www.mvphealthcare.com.

If you believe that your privacy rights have been violated, you may file a written complaint by contacting the Quality Coordinator at the address or number indicated on the Contact Information at the end of this notice.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem. We will provide you with this address upon request.

We will not take any action against you for filing a complaint

We will not retaliate in any way if you choose to file a complaint in good faith with us or with the U.S. Department of Health and Human Services. We support your right to the privacy of your medical information.

Contact Information

MEDICARE MEMBERS	REGION	MEMBER SERVICE PHONE #	ADDRESS
Preferred Gold & GoldAnywhere	Rochester region	(800) 665-7924 TTY users call: (800) 252-2452	220 Alexander Street Rochester, NY 14607
	All other regions	(800)-209-3945 TTY users call: (800) 662-1220	
USA Care	All regions	(888) 597-4419 TTY users call: (800) 252-2452	
ALL OTHER MEMBERS	REGION	MEMBER SERVICE PHONE #	ADDRESS
All other products	Rochester and Buffalo region	(800) 950-3224 TTY users call: (800) 252-2452	220 Alexander Street Rochester, NY 14607
	All other regions	(888) 687-6277 TTY users call: (800)-662-1220	625 State Street P.O. Box 2207 Schenectady, NY 12301

Care Management Programs

MVP Health Care is here to help you take on life and live well, no matter what your health status. That’s why we have a team of nurses, respiratory therapists, social workers and other health care professionals to help you. If you are living with a serious physical health concern, one of our care management programs may be right for you.

Working together, we can:

- find and help you get the medical services you may need;
- teach you how to take the best care of yourself;
- refer you to classes and services through the MVP Health Care Wellness Center;
- locate other useful community resources; and
- work as a partner with you and your doctor.

We'll also supply you with personalized mailings and newsletters with the latest health information!

Our programs are available to you at no cost as a MVP Health Care plan member.

For more information visit www.mvphealthcare.com or call MVP Health Care at the number listed below for the program in which you are interested.

Representatives are available to assist you Monday – Friday from 8:30 a.m. to 5:00 p.m. (Eastern time). TTY users may call **(800) 252-2452** for information about any program.

CASE MANAGEMENT

(585) 327-2543 or (800) 933-3920, ext. 2543

CONDITION CASE MANAGEMENT (DISEASE MANAGEMENT)

(585) 327-2401 or (800) 933-3920, ext. 2401

- Asthma and COPD
- Heart Failure
- Cancer
- Dialysis Support
- Diabetes

HEALTH MANAGEMENT

(888) 357-4687, ext. 2310 or ext. 2275

- Back Care (for low back pain)
- Depression

Now available!

The MVP Health Insurance Company *Participating Provider Listing*

Send me the most recent *Participating Provider Listing*

To receive your Listing, fill out this form and mail to:

Preferred Insurance Company, Inc.

Attn: Corporate Communications Dept./EPO/PPO Listing

P.O. Box 1076, Schenectady, N.Y. 12301-1076

A Listing will be mailed to the address on this form. Please allow 4 to 8 weeks for delivery. Your Listing will arrive via return mail.

Name _____

Address _____

City _____ State _____ Zip _____

Member ID# _____



www.mvphealthcare.com