



AbsoluteCare FIDA Plan (Medicare-Medicaid Plan)

2019 Summary of Benefits

January 1, 2019–December 31, 2019

New York City, and Nassau and Westchester counties

INTRODUCTION

This document is a brief summary of the benefits and services covered by Healthfirst AbsoluteCare FIDA Plan (Medicare-Medicaid Plan). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a Participant of Healthfirst AbsoluteCare FIDA Plan. Key terms and their definitions appear in alphabetical order in the last chapter of the Participant Handbook.

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A. DISCLAIMERS

This is a summary of health services covered by **Healthfirst AbsoluteCare FIDA Plan for 2019**. This is only a summary. Please read the Participant Handbook for the full list of benefits.

- Healthfirst AbsoluteCare FIDA Plan (Medicare-Medicaid Plan) is a managed care plan that contracts with both Medicare and the New York State Department of Health (Medicaid) to provide benefits of both programs to Participants through the Fully Integrated Duals Advantage (FIDA) Demonstration.
- Under Healthfirst AbsoluteCare FIDA Plan, you can get your Medicare and Medicaid services in one managed care plan called a FIDA Plan. A Healthfirst AbsoluteCare FIDA Plan Care Manager will help manage your care needs.
- This is not a complete list. The benefit information is a brief summary, not a complete description, of benefits. For more information, contact the plan or read the Participant Handbook.
- Limitations and restrictions may apply. For more information, call Healthfirst AbsoluteCare FIDA Plan Participant Services or read the Healthfirst AbsoluteCare FIDA Plan Participant Handbook. This means that you need to follow certain rules to have Healthfirst AbsoluteCare FIDA Plan pay for your services.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits may change on January 1 of each year.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-675-7630, TTY 711, 7 days a week, 8am–8pm. The call is free. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-675-7630, TTY 711, los 7 días de la semana de 8:00 a.m. a 8:00 p.m. La llamada es gratuita. 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-855-675-7630, 聽力語言殘障服務專線TTY 711, 服務時間 每週七天, 每天上午8時至晚上8時。以上均為免費電話。



A. DISCLAIMERS *(continued)*

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-675-7630 or TTY: 711, 7 days a week, from 8am to 8pm. The call is free.
- If you are not receiving your materials in your preferred language, you may contact Healthfirst AbsoluteCare FIDA Plan at any time to tell us which language you would like us to use for plan materials. We will use that language for all future mailings. To request a language change or for your materials to come in another format, call 1-855-675-7630 and TTY/TDD 711, 7 days a week from 8 am to 8 pm. The call is free.
- The State of New York has created a participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by Healthfirst AbsoluteCare FIDA Plan. ICAN may be reached toll-free at 1-844-614-8800 or online at icannys.org. (TTY users call 711, then follow the prompts to dial 1-844-614-8800.)



B. FREQUENTLY ASKED QUESTIONS

The following chart lists frequently asked questions.

FREQUENTLY ASKED QUESTIONS (FAQ)	ANSWERS
<p>What is a Fully Integrated Duals Advantage (FIDA) Plan?</p>	<p>A Fully Integrated Duals Advantage (FIDA) Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Managers and Interdisciplinary Teams to help you plan and manage all your providers and services. They all work together to provide the care you need. Healthfirst AbsoluteCare FIDA Plan is a FIDA Plan that provides benefits of Medicaid and Medicare to Participants in the FIDA Demonstration.</p>
<p>What is a Healthfirst AbsoluteCare FIDA Plan Care Manager and Interdisciplinary Team (IDT)?</p>	<p>A Healthfirst AbsoluteCare FIDA Plan Care Manager is one main person that you may contact. This person helps manage all your providers and services and makes sure you get what you need. This person is part of your Interdisciplinary Team (IDT), which also includes you and your designee(s). You may also choose to have any of the following people participate in any or all of your IDT meetings:</p> <ul style="list-style-type: none"> • Your Primary Care Provider (PCP) or a designee from your PCP's office (or practice) who has clinical experience and knowledge of your needs; • Your Behavioral Health (BH) Professional, if you have one, or a designee from your BH Professional's office (or practice) who has clinical experience and knowledge of your needs; • Your home care aide(s), or a designee with clinical experience from the home care agency who has knowledge of your needs, if you are getting home care; • A clinical representative from your nursing facility, if you are getting nursing facility care; and • Additional individuals, including: <ul style="list-style-type: none"> o Other providers either as asked for by you or your designee, or as recommended by the IDT members as necessary for adequate care planning and approved by you or your designee; or o The registered nurse (RN) who completed your assessment.



B. FREQUENTLY ASKED QUESTIONS *(continued)*

FREQUENTLY ASKED QUESTIONS (FAQ)	ANSWERS
<p>What are long-term services and supports?</p>	<p>Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing facility or hospital.</p>
<p>Can I direct my own care or hire my own aides?</p>	<p>You have the right to choose to direct your own care by selecting Consumer Directed Personal Assistance Services (CDPAS). Through CDPAS, you can hire your own aides and make other decisions about how to get services.</p>
<p>Will you get the same Medicare and Medicaid benefits in Healthfirst AbsoluteCare FIDA Plan that you get now?</p>	<p>You will get your covered Medicare and Medicaid benefits directly from Healthfirst AbsoluteCare FIDA Plan. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Medicaid benefits directly from Healthfirst AbsoluteCare FIDA Plan, but you will get four benefits the same way you do now, outside of the plan. These benefits include: Hospice Services, Out-of-Network Family Planning Services, Methadone Maintenance Treatment Program, and Directly Observed Therapy for Tuberculosis Disease.</p> <p>When you enroll in Healthfirst AbsoluteCare FIDA Plan, you and your Interdisciplinary Team (IDT) will work together to develop a Person-Centered Service Plan (PCSP) to address your health and support needs. When you first enroll in Healthfirst AbsoluteCare FIDA Plan, you can keep seeing your doctors and getting your current services for 90 days, or until your PCSP is complete, whichever is later. When you join our plan, if you are taking any Medicare Part D prescription drugs that Healthfirst AbsoluteCare FIDA Plan does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Healthfirst AbsoluteCare FIDA Plan to cover your drug, if medically necessary.</p>



B. FREQUENTLY ASKED QUESTIONS *(continued)*

FREQUENTLY ASKED QUESTIONS (FAQ)	ANSWERS
<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Healthfirst AbsoluteCare FIDA Plan and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in Healthfirst AbsoluteCare FIDA Plan’s network, unless Healthfirst AbsoluteCare FIDA Plan or your IDT has authorized you to see an out-of-network provider. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Healthfirst AbsoluteCare FIDA Plan’s network. <p>To find out if your doctors are in the plan’s network, call Participant Services or read Healthfirst AbsoluteCare FIDA Plan’s Provider and Pharmacy Directory.</p> <p>If Healthfirst AbsoluteCare FIDA Plan is new for you, you can continue seeing the doctors you go to now for 90 days or until your Person-Centered Service Plan is complete, whichever is later. If you currently get behavioral health services, your Interdisciplinary Team (IDT) will review your current episode of care to decide if you can continue the services with the same provider you see now. If they decide you can see the same provider you see now, you will be able to see that provider for 24 months following your enrollment in Healthfirst AbsoluteCare FIDA Plan.</p>
<p>Can you remain in the same nursing facility you live in now?</p>	<p>Yes. If you live in a nursing facility when you enroll in Healthfirst Absolute Care FIDA Plan, you can remain in that nursing facility for the entire time that you are in a FIDA Plan like Healthfirst AbsoluteCare FIDA Plan, even if that nursing facility is out-of-network and does not participate with Healthfirst Absolute Care FIDA Plan.</p>
<p>What happens if you need a service but no one in Healthfirst AbsoluteCare FIDA Plan’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Healthfirst AbsoluteCare FIDA Plan will pay for the cost of an out-of-network provider.</p>
<p>Where is Healthfirst AbsoluteCare FIDA Plan available?</p>	<p>The service area for this plan includes Bronx, Kings, Queens, New York, Richmond, Nassau, and Westchester counties. You must live in one of these counties to join the plan.</p>



B. FREQUENTLY ASKED QUESTIONS *(continued)*

FREQUENTLY ASKED QUESTIONS (FAQ)	ANSWERS
Do you pay a monthly amount (also called a premium) under Healthfirst AbsoluteCare FIDA Plan?	You will not pay any monthly premiums to Healthfirst AbsoluteCare FIDA Plan for your coverage. You also will not have any copays or other costs when you get care from network providers.
What is prior authorization?	<p>Prior authorization means that you must get approval from Healthfirst AbsoluteCare FIDA Plan or your Interdisciplinary Team (IDT) before you can get a specific service, item, or drug or before you can see an out-of-network provider.</p> <ul style="list-style-type: none"> • Healthfirst AbsoluteCare FIDA Plan may not cover the service, item, or drug if you don't get approval from Healthfirst AbsoluteCare FIDA Plan or your IDT. A small number of services require prior authorization by a specialist and not by Healthfirst AbsoluteCare FIDA Plan or your IDT. • Please refer to Chapter 4 of your Participant Handbook for more information. • Healthfirst AbsoluteCare FIDA Plan can also provide you with a list of services or procedures that require you to get prior authorization from a provider other than your IDT. <p>Some services do not require any prior authorization, such as emergency or urgently needed care, out-of-area dialysis services, primary care provider visits, and women's health specialist services. For the full list of services that do not require prior authorization, please see Chapter 4 of your Participant Handbook or call Healthfirst AbsoluteCare FIDA Plan to learn which services require prior authorization.</p>
What is a referral?	A referral means that your Primary Care Provider gives you approval to see someone that is not your Primary Care Provider. Referrals are not necessary in Healthfirst AbsoluteCare FIDA Plan and will not be required. However, prior authorization rules must be followed



B. FREQUENTLY ASKED QUESTIONS *(continued)*

FREQUENTLY ASKED QUESTIONS (FAQ)	ANSWERS
<p>Who should you contact if you have questions or need help?</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or Participant ID cards, please call Healthfirst AbsoluteCare FIDA Plan Participant Services:</p> <p>CALL 1-855-675-7630 Calls to this number are free 7 days a week, 8am–8pm. Participant Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free 7 days a week, 8am–8pm</p>
	<p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL 1-844-867-7344 Calls to this number are free 24 hours a day, 7 days a week.</p> <p>TTY 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free 24 hours a day, 7 days a week</p>



C. OVERVIEW OF SERVICES

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

HEALTH NEED OR PROBLEM	SERVICES YOU MAY NEED	YOUR COSTS FOR IN NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, AND BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You want to see a doctor	Visits to treat an injury or illness	\$0	No authorization is required.
	Wellness visits, such as a physical	\$0	No authorization is required.
	Transportation to a doctor's office	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Specialist care	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Care to keep you from getting sick, such as flu shots	\$0	No authorization is required.
	"Welcome to Medicare" preventive visit (one time only)	\$0	No authorization is required.
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization is needed from Healthfirst or your IDT.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Screening tests, such as tests to check for cancer	\$0	No authorization is required.



If you have questions, please call Healthfirst AbsoluteCare FIDA Plan at **1-855-675-7630** (TTY 711), 7 days a week, 8am–8pm. The call is free. For more information, visit www.healthfirst.org/mmp.

C. OVERVIEW OF SERVICES *(continued)*

HEALTH NEED OR PROBLEM	SERVICES YOU MAY NEED	YOUR COSTS FOR IN NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, AND BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need drugs to treat your illness or condition	Generic drugs (no brand name)	\$0 for a 30-day supply. \$0 for a 90-day supply.	There may be limitations on the types of drugs covered. Please see Healthfirst AbsoluteCare FIDA Plan's List of Covered Drugs (Drug List) for more information. Extended-day supplies are available at retail and mail-order pharmacy locations.
	Brand name drugs	\$0 for a 30-day supply. \$0 for a 90-day supply.	There may be limitations on the types of drugs covered. Please see Healthfirst AbsoluteCare FIDA Plan's List of Covered Drugs (Drug List) for more information. Extended-day supplies are available at retail and mail-order pharmacy locations.
	Over-the-counter (OTC) drugs	\$0	Healthfirst AbsoluteCare FIDA Plan covers some OTC drugs when they are written as prescriptions by your provider. Please see Healthfirst AbsoluteCare FIDA Plan's List of Covered Drugs (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Participant Handbook for more information on these drugs.



C. OVERVIEW OF SERVICES *(continued)*

HEALTH NEED OR PROBLEM	SERVICES YOU MAY NEED	YOUR COSTS FOR IN NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, AND BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	<p>Prior authorization is needed from Healthfirst or your IDT.</p> <p>Occupational and speech therapy services are limited to 20 visits a year for each therapy.</p> <p>Physical therapy services are limited to 40 visits a year for each therapy.</p>
You need emergency care	Emergency room services	\$0	<p>No authorization is required.</p> <p>You may access emergency care out-of-network.</p> <p>Emergency care is not covered outside of the United States.</p>
	Ambulance services	\$0	<p>Prior authorization is not required for emergency services.</p>
	Urgent care	\$0	<p>No authorization is required.</p> <p>You may access urgent care out-of-network.</p> <p>Urgent care is not covered outside of the United States.</p>
You need hospital care	Hospital stay	\$0	<p>Prior authorization is needed from Healthfirst or your IDT</p>
	Doctor or surgeon care	\$0	<p>Prior authorization is needed from Healthfirst or your IDT.</p>



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C. OVERVIEW OF SERVICES *(continued)*

HEALTH NEED OR PROBLEM	SERVICES YOU MAY NEED	YOUR COSTS FOR IN NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, AND BENEFIT INFORMATION (RULES ABOUT BENEFITS)
<p>You need help getting better or have special health needs</p>	Rehabilitation services	\$0	<p>This service is initially limited to 36 visits (2–3 per week) over 12–18 weeks, but it can be renewed.</p> <p>You do not need authorization for the first course of treatment for cardiac and pulmonary rehabilitation services, but prior authorization by a physician or nurse practitioner is needed for additional services.</p> <p>Prior authorization is needed from Healthfirst or your IDT for other rehabilitation services.</p>
	Medical equipment for home care	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Skilled nursing care	\$0	Prior authorization is needed from Healthfirst or your IDT.
<p>You need eye care (This service is continued on the next page)</p>	Eye exams	\$0	<p>Routine eye exams are limited to 1 every 2 years.</p> <p>Prior authorization is needed from Healthfirst or your IDT, but vision services provided through Article 28 clinics that provide optometry services and are affiliated with the College of Optometry of the State University of New York do not require prior authorization.</p>



C. OVERVIEW OF SERVICES *(continued)*

HEALTH NEED OR PROBLEM	SERVICES YOU MAY NEED	YOUR COSTS FOR IN NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, AND BENEFIT INFORMATION (RULES ABOUT BENEFITS)
<p>You need eye care (Continued from previous page)</p>	<p>Glasses or contact lenses</p>	<p>\$0</p>	<p>Glasses or contact lenses are limited to 1 every 2 years for each item.</p> <p>Prior authorization by an optometrist or ophthalmologist is required, but vision services provided through Article 28 clinics that provide optometry services and are affiliated with the College of Optometry of the State University of New York do not require prior authorization.</p>
<p>You need dental care</p>	<p>Dental checkups</p>	<p>\$0</p>	<p>Oral exams, cleanings, and dental X-rays are limited to 1 every 6 months for each service.</p> <p>Prior authorization is needed from Healthfirst or your IDT for oral exams and cleanings.</p> <p>Prior authorization by your dentist is needed for dental X-rays.</p> <p>Dental services provided through Article 28 clinics operated by Academic Dental Centers do not require prior authorization.</p>
<p>You need hearing/auditory services</p>	<p>Hearing screenings</p>	<p>\$0</p>	<p>Prior authorization is needed from Healthfirst or your IDT.</p>
	<p>Hearing aids</p>	<p>\$0</p>	<p>Prior authorization is needed from Healthfirst or your IDT.</p>



If you have questions, please call Healthfirst AbsoluteCare FIDA Plan at **1-855-675-7630** (TTY 711), 7 days a week, 8am–8pm. The call is free. For more information, visit www.healthfirst.org/mmp.

C. OVERVIEW OF SERVICES *(continued)*

HEALTH NEED OR PROBLEM	SERVICES YOU MAY NEED	YOUR COSTS FOR IN NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, AND BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Diabetes supplies and services	\$0	Prior authorization is needed from Healthfirst or your IDT.
You have a mental health condition	Mental or behavioral health services	\$0	Prior authorization is needed from Healthfirst or your IDT.
You have a substance abuse problem	Substance abuse services	\$0	Prior authorization is needed from Healthfirst or your IDT.
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior authorization is needed from Healthfirst or your IDT.
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Nebulizers	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Crutches	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Walkers	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Oxygen equipment and supplies	\$0	Prior authorization is needed from Healthfirst or your IDT.



If you have questions, please call Healthfirst AbsoluteCare FIDA Plan at **1-855-675-7630** (TTY 711), 7 days a week, 8am–8pm. The call is free. For more information, visit www.healthfirst.org/mmp.

C. OVERVIEW OF SERVICES *(continued)*

HEALTH NEED OR PROBLEM	SERVICES YOU MAY NEED	YOUR COSTS FOR IN NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, AND BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need help living at home	Meals brought to your home	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Home services, such as cleaning or housekeeping	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Changes to your home, such as ramps and wheelchair access	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Personal care assistant (You may be able to employ your own assistant. Call Participant Services for more information.)	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Training to help you get paid or unpaid jobs	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Services to help you live on your own	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Adult day services or other support services	\$0	Prior authorization is needed from Healthfirst or your IDT.



C. OVERVIEW OF SERVICES *(continued)*

HEALTH NEED OR PROBLEM	SERVICES YOU MAY NEED	YOUR COSTS FOR IN NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, AND BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need a place to live with people available to help youW	Assisted living or other housing services	\$0	Prior authorization is needed from Healthfirst or your IDT.
	Nursing facility care	\$0	Prior authorization is needed from Healthfirst or your IDT.
Your caregiver needs some time off	Respite care	\$0	Prior authorization is needed from Healthfirst or your IDT.

D. OTHER SERVICES THAT HEALTHFIRST ABSOLUTECARE FIDA PLAN COVERS

This is not a complete list. Call Participant Services or read the Participant Handbook to find out about other covered services.

OTHER SERVICES COVERED BY HEALTHFIRST ABSOLUTECARE FIDA PLAN	YOUR COSTS FOR IN NETWORK PROVIDERS
Chiropractic Services	\$0
Podiatry	\$0
Medication Therapy Management	\$0
Health, Wellness, and Nutrition Education	\$0
Comprehensive Dental	\$0
Supervised Exercise Therapy (SET)	\$0
Activity of Daily Living (ADL) and Instrumental Activity of Daily Living (IADL) skill acquisition, maintenance, and enhancement	\$0



If you have questions, please call Healthfirst AbsoluteCare FIDA Plan at **1-855-675-7630** (TTY 711), 7 days a week, 8am–8pm. The call is free. For more information, visit www.healthfirst.org/mmp.

E. BENEFITS COVERED OUTSIDE OF HEALTHFIRST ABSOLUTE CARE FIDA PLAN

This is not a complete list. Call Participant Services to find out about other services not covered by Healthfirst AbsoluteCare FIDA Plan but available through Medicare or Medicaid.

OTHER SERVICES COVERED BY MEDICARE OR MEDICAID	YOUR COSTS
Day Treatment	\$0
Freestanding Birth Center Services	\$0
Out-of-Network Family Planning Services	\$0
Methadone Maintenance Treatment Program (MMTP)	\$0
Directly Observed Therapy for Tuberculosis (TB)	\$0
Hospice Services	\$0



If you have questions, please call Healthfirst AbsoluteCare FIDA Plan at **1-855-675-7630** (TTY 711), 7 days a week, 8am–8pm. The call is free. For more information, visit www.healthfirst.org/mmp.

F. SERVICES THAT HEALTHFIRST ABSOLUTECARE FIDA PLAN, MEDICARE, AND MEDICAID DO NOT COVER

This is not a complete list. Call Participant Services to find out about other excluded services.

SERVICES NOT COVERED BY HEALTHFIRST ABSOLUTECARE FIDA PLAN, MEDICARE, AND MEDICAID

A private room in a hospital, except when it is medically needed

Radial keratotomy, LASIK surgery, vision therapy, and other low-vision aids

Naturopath services (the use of natural or alternative treatments)

Personal items in your room at a hospital or a nursing facility, such as a telephone or a television

Reversal of sterilization procedures and nonprescription contraceptive supplies

Fees charged by your immediate relatives or members of your household



G. YOUR RIGHTS AS A PARTICIPANT OF THE PLAN

As a Participant of Healthfirst AbsoluteCare FIDA Plan, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your services from Healthfirst AbsoluteCare FIDA Plan. We will tell you about your rights at least once a year. For more information on your rights, please read the **Participant Handbook**. This is not a complete list of all your rights. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.**

This includes the right to:

- Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
- Ask for information in other formats (e.g., large print, braille, or audio).
- Be free from any form of physical restraint or seclusion
- Not be billed by network providers
- Have your questions and concerns answered completely and courteously
- Freely apply your rights without any negative effect on the way Healthfirst AbsoluteCare FIDA Plan or your provider treats you

- **You have the right to get information about your healthcare.**

This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:

- Description of the services we cover
- How to get services
- How much services will cost you
- Names of providers and care managers

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:

- Choose a Primary Care Provider (PCP) and to change that PCP at any time
- Participate in Interdisciplinary Team meetings about your care
- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they are covered
- Refuse treatment, even if your doctor advises against it
- Stop taking medicine
- Ask for a second opinion. Healthfirst AbsoluteCare FIDA Plan will pay for the cost of your second-opinion visit
- Create and apply an advance directive, such as a living will or healthcare proxy



G. YOUR RIGHTS AS A PARTICIPANT OF THE PLAN *(continued)*

- **You have the right to timely access to care that does not have any communication or physical access barriers.**

This includes the right to:

- Get timely medical care
- Get in and out of a healthcare provider's office.
This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your doctors and your health plan

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:

- Get emergency services without prior approval in an emergency
- See an out-of-network urgent or emergency care provider when necessary

- **You have a right to confidentiality and privacy.**

This includes the right to:

- Ask for and get a copy of your medical records in a way that you can understand and ask for your records to be changed or corrected
- Have your personal health information kept private
- Direct your own care or hire your own aides through Consumer-Directed Personal Assistance Services

- **You have the right to make complaints about your covered services or care.** This includes the right to:

- File a complaint or grievance against us or our providers
- Get a detailed reason for why services were denied



H. HOW TO FILE A COMPLAINT OR APPEAL A DENIED SERVICE

If you have a complaint or think Healthfirst AbsoluteCare FIDA Plan should cover something we denied, call Healthfirst AbsoluteCare FIDA Plan at 1-855-675-7630. You may be able to appeal our decision.

For questions about grievances (complaints) and appeals, you can read Chapter 9 of the Healthfirst AbsoluteCare FIDA Plan Participant Handbook. You can also call Healthfirst AbsoluteCare FIDA Plan Participant Services.

Additionally, you can get help from the Independent Consumer Advocacy Network (ICAN). ICAN can give you free, confidential assistance on any services offered by Healthfirst AbsoluteCare FIDA Plan, including any problems getting quality care. ICAN may be reached at **1-844-614-8800** or online at icannys.org. (TTY users call 711, then follow the prompts to dial 1-844-614-8800.)

APPEALS FOR MEDICAL CARE	
CALL	<p>For standard appeals: 1-855-675-7630 Call 7 days a week, 8am–8pm.</p> <p>For expedited (fast) appeals: 1-877-779-2959 Monday to Friday, 8:30am–5:30pm. Calls to these numbers are free.</p>
TTY	<p>711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free 7 days a week, 8am–8pm.</p>
WRITE	<p>Healthfirst AbsoluteCare FIDA Plan FIDA Appeals and Grievances Unit P.O. Box 5166 New York, NY 10274-5166</p>
WEBSITE	<p>www.healthfirst.org/mmp</p>



If you have questions, please call Healthfirst AbsoluteCare FIDA Plan at **1-855-675-7630** (TTY 711), 7 days a week, 8am–8pm. The call is free. For more information, visit www.healthfirst.org/mmp.

H. HOW TO FILE A COMPLAINT OR APPEAL A DENIED SERVICE *(continued)*

COMPLAINTS ABOUT MEDICAL CARE	
CALL	<p>For standard complaints: 1-855-675-7630 Call 7 days a week, 8am–8pm.</p> <p>For expedited (fast) complaints: 1-877-779-2959 Monday to Friday, 8:30am–5:30pm. Calls to these numbers are free.</p>
TTY	<p>711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free 7 days a week, 8am–8pm.</p>
WRITE	<p>Healthfirst AbsoluteCare FIDA Plan FIDA Appeals and Grievances Unit P.O. Box 5166 New York, NY 10274-5166</p>
MEDICARE WEBSITE	<p>You can submit a complaint about Healthfirst AbsoluteCare FIDA Plan directly to Medicare, go to www.medicare.gov/MedicareComplaintForm/home.aspx.</p>

APPEALS FOR PART D PRESCRIPTION DRUGS	
CALL	<p>1-855-675-7630 Call 7 days a week, 8am–8pm.</p>
TTY	<p>711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free 7 days a week, 8am–8pm.</p>



If you have questions, please call Healthfirst AbsoluteCare FIDA Plan at **1-855-675-7630** (TTY 711), 7 days a week, 8am–8pm. The call is free. For more information, visit **www.healthfirst.org/mmp**.

H. HOW TO FILE A COMPLAINT OR APPEAL A DENIED SERVICE *(continued)*

APPEALS FOR PART D PRESCRIPTION DRUGS <i>(continued)</i>	
FAX	1-855-633-7673
WRITE	CVS Caremark Part D Services MC 109 P.O. Box 52000 Phoenix, AZ 85072-2000
WEBSITE	www.healthfirst.org/medicare

COMPLAINTS ABOUT PART D PRESCRIPTION DRUGS	
CALL	1-855-675-7630 Calls to this number are free 24 hours a day, 7 days a week.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free 7 days a week, 8am–8pm.
FAX	1-866-217-3353
WRITE	CVS Caremark Medicare Part D Grievance Department P.O. Box 30016 Pittsburgh, PA 15222-0330
MEDICARE WEBSITE	You can submit a complaint about Healthfirst AbsoluteCare FIDA Plan directly to Medicare, go to www.medicare.gov/MedicareComplaintForm/home.aspx .



If you have questions, please call Healthfirst AbsoluteCare FIDA Plan at **1-855-675-7630** (TTY 711), 7 days a week, 8am–8pm. The call is free. For more information, visit **www.healthfirst.org/mmp**.

I. IF YOU SUSPECT FRAUD

Most healthcare professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest. If you think a doctor, hospital, or other pharmacy is doing something wrong, please contact us.

- Call us at Healthfirst AbsoluteCare FIDA Plan Participant Services. Phone numbers are on the cover of this summary.
- Or call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



Notice of Non-Discrimination

Healthfirst complies with Federal civil rights laws. **Healthfirst** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Healthfirst provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **Healthfirst** at **1-866-305-0408**.
For TTY/TDD services, call **1-888-542-3821**.

If you believe that **Healthfirst** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Healthfirst by:

- **Mail:** Healthfirst Participant Services, P.O. Box 5165, New York, NY, 10274-5165
- **Phone:** **1-866-305-0408** (for TTY/TDD services, call 1-888-542-3821)
- **Fax:** 1-212-801-3250
- **In person:** 100 Church Street, New York, NY 10007
- **Email:** <http://healthfirst.org/members/contact/>

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- **Web:** Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **Mail:** U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- **Phone:** **1-800-368-1019** (TTY/TDD 800-537-7697)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-305-0408, TTY/TDD: 1-888-867-4132.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-305-0408，TTY/TDD: 1-888-542-3821。

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم العناية بالعملاء 1-866-305-0408 (لخدمات الهاتف النصي/جهاز التواصل عن بعد للصم، اتصل برقم 1-888-542-3821).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-305-0408, TTY/TDD: 1-888-542-3821 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-305-0408, телетайп: 1-888-542-3821.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-305-0408, TTY/TDD: 1-888-542-3821.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-305-0408, TTY/TDD: 1-888-542-3821.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-305-0408, TTY/TDD: 1-888-542-3821.

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-866-305-0408 TTY/TDD: 1-888-542-3821.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-305-0408, TTY/TDD: 1-888-542-3821.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-305-0408, TTY/TDD: 1-888-542-3821.

দৃষ্টি আকর্ষণ: যদি আপনি বাংলায় কথা বলেন তাহলে বিনামূল্যে ভাষা বিষয়ক সহায়তা আপনার জন্য উপলব্ধ রয়েছে। গ্রাহক সেবায় 1-866-305-0408 (TTY/TDD পরিষেবার জন্য, 1-888-542-3821 নম্বরে ফোন করুন) নম্বরে ফোন করুন।

KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-305-0408, TTY/TDD: 1-888-542-3821.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-305-0408, Γραφομηχανή τηλεφώνου (TTY) / Συσκευή τηλεπικοινωνιών για κωφούς (TDD): 1-888-542-3821.

توجہ: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کسٹمر کیئر سے گفتگو کرنے کے لئے اس نمبر (1-866-305-0408) پر اور TTY/TDD کے لئے (1-888-542-3821) پر رابطہ کریں۔

