



Personal Wellness Plan

Member Handbook



This handbook will tell you how to use your Healthfirst plan.
Keep this handbook where you can find it when you need it.

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 **1-855-659-5971**. For TTY 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 our **Civil Rights Coordination** team by:

- **Mail:** Member Services, P.O. Box 5165, New York, NY 10007
- **Phone:** 1-855-659-5971 (for TTY services, call 1-888-542-3821)
- **Fax:** 1-212-801-3250
- **In person:** 100 Church St. New York, NY 10007
- **Internet:** Contact Healthfirst via our website by submitting an inquiry or grievance at 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:

- **Internet:** Office for Civil Rights Complaint Portal at ocrportal.hhs.gov/ocr/portal/lobby.jsf

■ **Mail:** U.S. Department of Health and Human Services
200 Independence Ave. SW
Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at hhs.gov/ocr/office/file/index.html

■ **Phone:** 1-800-368-1019
(TTY 1-800-537-7697)

This handbook is available in Spanish and Chinese.

Este manual está disponible en español.

本手冊可用西班牙文與中文提供。

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-659-5971 (TTY 1-888-867-4132).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-659-5971 (TTY 1-888-542-3821).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-659-5971 (TTY 1-888-542-3821).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-659-5971 (TTY 1-888-542-3821).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-659-5971 (TTY 1-888-542-3821).

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 1-855-659-5971 (TTY 1-888-542-3821)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-855-659-5971 (TTY 1-888-542-3821). 번으로 전화해 주십시오.

Welcome To Health Insurance That's Here for You

Thank you for choosing Healthfirst. We're here for you with access to a wide range of care and services to fit your needs and budget, including our large network of doctors and specialists at many top hospitals and medical centers in New York City and on Long Island. Also, we offer in-network urgent care centers to give you extra convenience. Plus, our community wellness events are designed around members just like you. Need answers to your health questions? Healthfirst is here for you from virtually anywhere—online, in person, and over the phone.

Did you know your Healthfirst plan is also the only 5-star-rated (out of five) Medicaid plan in NYC and Long Island four years in a row?*

More stars means better plan performance, so you can trust Healthfirst to provide you with access to quality care and service.

This Member Handbook gives you important information—including your benefits, online tools, and more—to help you get to know your new health plan. We also included the following member material in your **Welcome Kit**:

■ **Quick Reference Drug List:**

A list of the most commonly prescribed medications covered under your plan

■ **Looking for a doctor in the Healthfirst network?**

Check our Provider Directory. Visit **MyHFNY.org** to view it online, call Member Services to have a copy mailed to you, or return the enclosed card in the postage-paid envelope to: Healthfirst Provider Directory, P.O. Box 5165, New York, NY 10275-0308.

■ **Ready to get started?**

Continue reading to learn more about your health plan and benefits. You have two ways to register your secure Healthfirst account and get the information you need, including a complete list of plan benefits and coverage:

- Visit **MyHFNY.org** from your computer or smartphone
- Call Member Services at **1-855-659-5971** (TTY 1-888-542-3821), 24 hours a day, 7 days a week, for assistance

■ **IMPORTANT:**

You need to renew your Healthfirst Personal Wellness Plan every year to keep your health coverage. Please write down your plan's start date and remember to renew with Healthfirst around the same time next year.

*Ratings are based on a five-star scale from indicators chosen by the New York State Department of Health and are published in its 2014 through and 2017 publications of *A Consumer's Guide to Medicaid Managed Care in NYC and on Long Island*.

Let's Get Started

As a new Healthfirst member, you should have already received:

- Your Member ID Card with Primary Care Provider (PCP) assignment.** It identifies you as a Healthfirst member and shows the PCP assigned to you. Of course, you can choose at any time to switch to another doctor in the Healthfirst network. Your card helps you receive care at doctor offices, specialists, urgent care centers, hospitals, and pharmacies in the Healthfirst network. Please carry it with you at all times. If you haven't received it yet, call Member Services at **1-855-659-5971**.

What you can do in the next 30 days to help you get the most from your Healthfirst health plan:

- Schedule your annual checkup** with your PCP. Make an appointment with your PCP for your free annual checkup.
- Choose your dentist*** by calling **1-800-508-2047**, and make an appointment for your annual free dental checkup and cleanings.
- Choose your eye doctor**** by calling **1-800-753-3311**, and make an appointment for your annual free vision checkup.
- Visit **MyHFNY.org** to sign up for your own secure Healthfirst account. For steps to set up an account, see page V. Or call Member Services and we'll set up your online account for you.
- Complete your **Annual Health Assessment**. It's a simple survey that helps us get to know your health needs better. Your survey will arrive in the mail in two to three weeks, or you can complete it online at **MyHFNY.org**.
- Decide whether you want to switch from your assigned PCP to another doctor in the Healthfirst network. Visit **HFDocFinder.org** to search for doctors in our network, and go to **MyHFNY.org** to update your PCP yourself or call our Member Services to make the change.
- Call and join a **Health Home** for help coordinating your healthcare services. See page III for more information.
- Find a Healthfirst Community Office** near you so you can get answers to your health insurance questions in person. Are you more comfortable speaking a language other than English? No problem. Our Member Services reps speak many languages.

*Dental care benefits are administered by DentaQuest.

**Vision care benefits are administered by Davis Vision.

What Should I Know About My Health Plan?

Your Healthfirst Personal Wellness Plan offers you access to health benefits including:



Primary Care Services with your PCP (or main doctor) for most of your healthcare needs, such as checkups and health screenings. See page IV for details.



Specialist Services with doctors or nurses who specialize in treating certain conditions, such as hypertension, diabetes, asthma, and arthritis.



Urgent care and ER visits.



Hospital Services with inpatient (requires overnight stay or longer) and outpatient (does not require an overnight stay) care.



Dental Care with comprehensive dental treatment.



Vision Care with routine eye exams and glasses.



Family Planning that helps you manage the timing of pregnancies.



Maternity and Pregnancy Care that includes doctor visits before and after your baby is born, plus hospital stays. Your baby will also be automatically enrolled into Medicaid.



Well-Child Visits that cover immunizations.



Pharmacy benefits that cover prescription and non-prescription drugs.



Lab tests and imaging (including blood tests and X-rays) to find the cause of illness.



Transportation to help you get to your doctor appointments.

How Else Does Healthfirst Help Me Stay Healthy?

Health Home Care Management

We encourage you to join a Health Home to better coordinate your health services. You'll be assigned a Health Home Care Manager who can help make appointments, help you get social services, set up a Plan of Care that is designed for you, and more. Someone from your Health Home will be available 24 hours a day, 7 days a week. Call **1-855-659-5971** to learn more.

Behavioral Health Home- and Community-Based (BH-HCBS)

These services provide you with support for living in your community. They can also help you with getting a job, returning to school, finding a safe place to stay, family support, and other areas of your life. You'll need to complete a brief assessment with a Health Home Care Manager or Recovery Coordinator to see if you can benefit from these services. Call us at **1-855-659-5971** for more information.

Access To Many Types of Care

Your Healthfirst Personal Wellness Plan gives you access to different types of care. If you're not sure where to go for healthcare, here's a general guide:

- For primary care such as checkups and vaccinations, you should see your PCP (main doctor)
- For specialty care, like skincare or foot care, you should see a specialist
- When your PCP is not available and you have an immediate but non-life-threatening health problem, you should go to an urgent care center

Primary Care

Your PCP is the doctor you go to for your healthcare needs. Your PCP can be a general doctor, an OB/GYN, or (in some cases) a specialist.

Specialty Care

As a Healthfirst member, you do not need to get referrals from your PCP to see in-network specialists. However, it is recommended that you talk with your PCP before going to a specialist. Your PCP can help guide you to the most appropriate specialty care for your specific health concern and also recommend specialists to you.

Important: Whether you need access to preventive medical services (like a flu shot) or to an urgent care center, you can trust your Healthfirst health insurance plan to be there for you.

Please make sure your doctor, specialist(s), urgent care center, hospital, or lab is in-network before making an appointment. This can help you to avoid any surprise costs when you need care. Why? Because your plan's coverage doesn't include out-of-network benefits (except for emergency or urgent care situations, or for out-of-network renal dialysis or other services).

For a complete list of all your covered medical services, please see pages 9–15. You may also call Member Services at **1-855-659-5971** or visit **MyHFNY.org**. Once there, just sign up for your secure Healthfirst account to view your plan details. Our website is mobile-friendly, so you can access your online account on your smartphone or any mobile device.

Urgent Care

With access to a robust network of urgent care centers, you can get immediate, non-emergency care whenever your doctor's office is closed. This can help save you time and money. Urgent care centers are walk-in medical facilities (no advance appointment needed) equipped to handle minor health issues like infections, upset stomach, fevers, sprains, minor fractures and broken bones, stitches, X-rays, and more.

Visit **HFDocFinder.org** to find an urgent care center near you.

Emergency Care

If you have an emergency, always call 911 or visit the nearest emergency room, especially if you think waiting will worsen your condition. Emergencies are things like uncontrollable bleeding, chest pain, poisoning, and severe allergic reaction.

Did you know? You don't need preauthorization if you need immediate emergency care. However, please call Healthfirst within 48 hours to let us know you've been treated in an emergency room.

What Kind of Online Tools Are Available?

Whether you want to find a doctor, view or print a temporary Member ID card, or learn about all your plan benefits, you can easily do it online 24/7—using your computer, tablet, or even your smartphone. Our website is available in English, Spanish, and Chinese.

Activate your secure Healthfirst account today. Here's how:

Step 1

- Visit **MyHFNY.org**
- Click "New Users -- Sign Up"
- Read the License Agreement, and click "Agree"

Step 2

- Fill out your personal information, including your Healthfirst Member ID number. Click "Next"
- Create your Username, Password, and enter your email address. Click "Next"

Step 3

- Select your security questions and fill in the answers. Click "Next"
- Verify your information. Click "Complete"

And you're all set!

Enjoy 24/7 online access to your secure Healthfirst account:

- Search for a doctor, pharmacy, urgent care center, or clinic in our network
- Print out a temporary Member ID card
- View recent medical services and authorizations
- Review your plan benefits
- Change your PCP
- Take an online Annual Health Assessment survey
- Access pharmacy benefits
- See a complete list of prescription drugs covered under your plan

If you're a member under the age of 18, please call Member Services for special instructions on setting up your secure Healthfirst account.

Having trouble getting online?

You can always call our Member Services for assistance. We'll set up your online account for you and help you with anything else.

Need a new doctor or want to see if your current doctor is in our network?

Use our easy-to-use online provider directory to get the information you need—including office hours, locations, and hospital affiliation.

Visit **HFDocFinder.org** and select your Healthfirst health plan to access our directory. Besides finding Primary Care Providers (PCPs) in our network, you can also search for specialists, dentists, pharmacies, behavioral health providers, hospitals, urgent care centers, and more.

Step 1

- Visit **HFDocFinder.org**
- Choose your language from the top-right corner (English and Spanish available)
- Select your plan from the list of options: Healthfirst Personal Wellness Plan

Step 2

- Use the search box to find a doctor by name, specialty, facility, and more, or click on the shortcuts to search by category

Step 3

Narrow the list of results by:

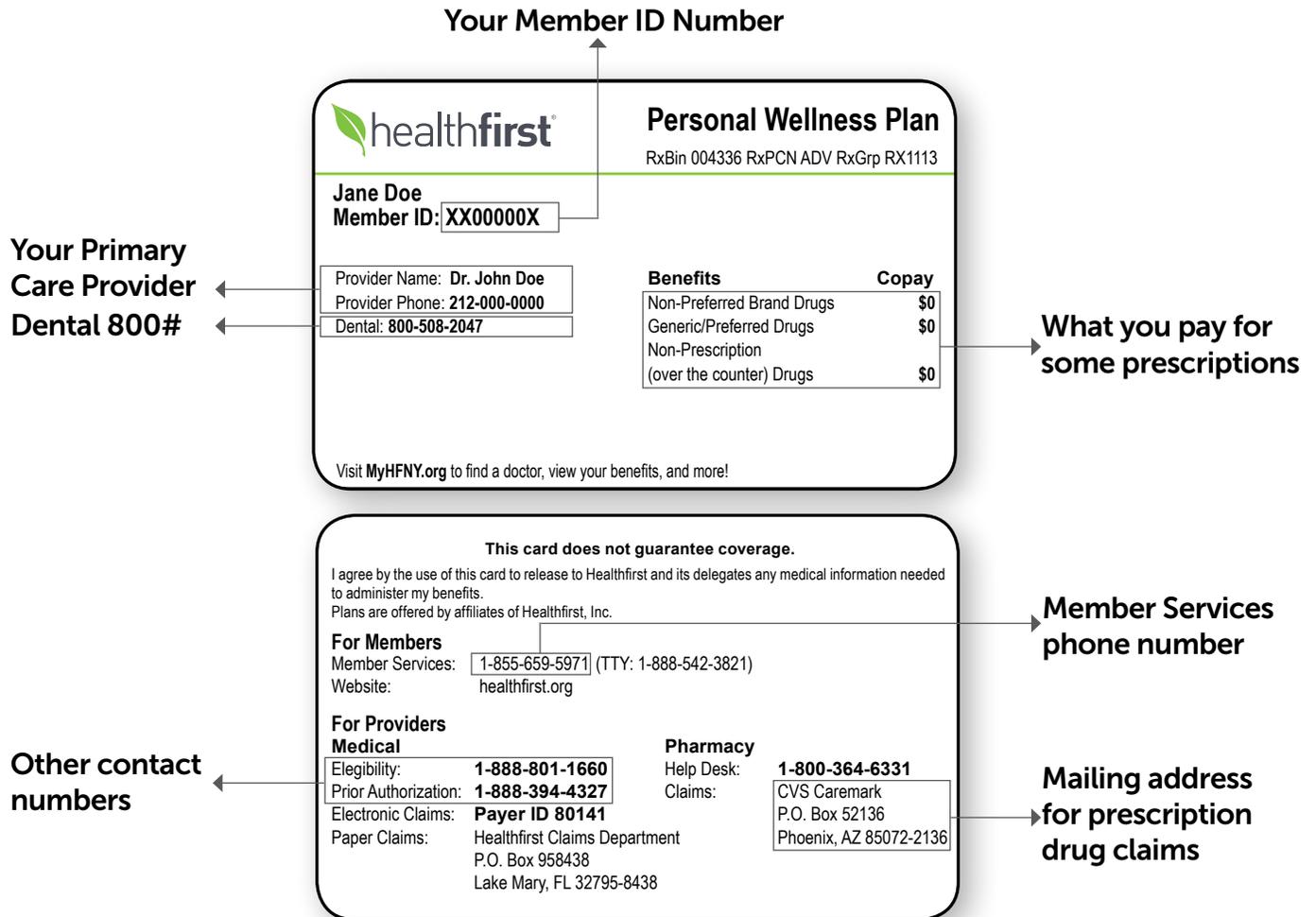
- Entering your zip code to find the closest doctor
- Selecting a specialty
- Selecting doctors who are accepting new patients
- Selecting a preferred gender, or
- Selecting other search options

Manage your prescriptions conveniently and easily online.

Register your account at **caremark.com** to quickly order refills, get prescription alerts, check order status, get your medicine mailed to you, and more.

What Information Is on My Member ID Card?

Please remember to keep your Healthfirst Member ID card handy so you can get access to care when you need it. And be sure to show it when you receive healthcare services from a doctor or hospital, or when you get a prescription. **If you haven't received your card in the mail yet, please call Member Services.**



What if I lose my Member ID card?

Don't worry. You're still covered! We've made it easy for you to get a replacement Member ID card as soon as possible:

1. The fastest way is to go online at **MyHFNY.org** (your secure Healthfirst account) and request a replacement Member ID card (turn to page V for more information), or
2. Call Member Services at **1-855-659-5971**, 24 hours a day, 7 days a week.

Print a temporary ID card

If you need to see a doctor before you get your replacement Member ID card, just visit **MyHFNY.org** to print a temporary card or pull up an image of your Member ID card on your smartphone or tablet.

You can also call Member Services and they can give you the information you need to give to your doctor.

IMPORTANT: Please make sure we have your correct mailing address in our system. If not, please call Member Services or contact NY State of Health to update your information.

Frequently Asked Questions (FAQs) About Renewing Your Medicaid Managed Care Plan

Your Healthfirst Personal Wellness Plan is a type of Medicaid Managed Care Plan, so you will need to renew it each year. The easiest way to renew your Healthfirst Personal Wellness Plan is to call us at **1-844-201-8346**, so please contact us when it's time to renew your coverage. You can make an appointment by phone, visit us at one of our community offices, or schedule a convenient in-home visit and we'll come to you. Here are some answers to frequently asked questions about renewing Medicaid coverage:

Do I need to renew my Medicaid Managed Care plan?

Yes. Your Medicaid Managed Care plan generally expires **one year after you signed up**, and you need to renew your health plan every year.

Will I be notified before my coverage expires?

You will receive a notice from either NY State of Health (NYSOH), the Human Resources Administration (HRA), or your local Department of Social Services (LDSS) before your anniversary date. Make sure you open and read the notice to get all the details about renewing your health insurance plan! The easiest way to renew is to call us at **1-844-201-8346** or come to one of our community offices. **Your coverage will be cancelled if you don't renew by the requested date.**

Important: If you move, please contact Healthfirst and LDSS/HRA/NYSOH to update your mailing address. If any mail is returned undeliverable, your health coverage will automatically be cancelled.

When should I renew my Medicaid Managed Care plan?

It's important to renew your Medicaid coverage once your renewal period starts. You should receive a letter from either NYSOH, HRA, or your local Department of Social Services (LDSS) approximately 60–90 days before your renewal date, or you may receive an email from the NYSOH approximately 45 days before your renewal date. **Just follow the instructions in your reminder notice. If you don't receive your reminder notice, call us and we will help you.**

How do I renew my Medicaid Managed Care plan?

The easiest way to renew your Medicaid Managed Care plan is to call us at **1-844-201-8346** when it's time to renew your coverage. You can also carefully follow the instructions in your notification letter and handle it yourself.

If you originally enrolled through the NY State of Health website or marketplace, you can renew your coverage through their website.

If you originally enrolled through a paper application, you may be asked to renew by paper application or through the NY State of Health website.

What happens if you don't renew?

Your Medicaid coverage **will expire** and you will be without health insurance. If you get sick or injured, you won't have health coverage—even in an emergency—and you will have to pay for any care received.

Here's Where To Find Information You Want

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Welcome to the Healthfirst Personal Wellness Plan

We are glad that you enrolled in the Healthfirst Personal Wellness Plan. The Healthfirst Personal Wellness Plan is a Health and Recovery Plan, or HARP, approved by New York State. HARPs are a new kind of plan that provide Medicaid members with their healthcare, plus care for behavioral health. In this handbook, behavioral health means mental health, substance use disorder, and rehabilitation.

We are a special healthcare plan with providers who have a great deal of experience treating persons who may need mental health and/or substance use care to stay healthy. We also provide care management services to help you and your healthcare team to work together to keep you as healthy as possible.

This handbook will be your guide to the full range of healthcare services available to you.

We want to be sure you get off to a good start as a new member of the Healthfirst Personal Wellness Plan. In order to get to know you better, we will get in touch with you in the next two weeks. You can ask us any questions you have, or get help making appointments. If you want to speak with us sooner, just call **1-855-659-5971** (TTY 1-888-542-3821), **7 days a week, 24 hours a day**. You can also visit our website at **healthfirst.org** to get more information about the Healthfirst Personal Wellness Plan.

How Health and Recovery Plans Work

The Plan, Our Providers, and You

You may have seen or heard about the changes in healthcare. Many consumers get their health benefits through managed care, which provides a central home for your care. If you were getting behavioral health services using your Medicaid card, now those services may be available through the Healthfirst Personal Wellness Plan.

As a member of the Healthfirst Personal Wellness Plan, you will have all the benefits available in regular Medicaid, plus you can get specialty services to help you reach your health goals. We offer extended services to help you get and stay healthy, and help with your recovery.

The Healthfirst Personal Wellness Plan offers new services, called **Behavioral Health Home- and Community-Based Services (BH-HCBS)**, to members who qualify.

BH-HCBS may help you:

- Find housing
- Live independently
- Return to school
- Find a job
- Get help from people who have been there
- Manage stress
- Prevent crises

As a member of the Healthfirst Personal Wellness Plan, you will also have a Health Home Care Manager who will work with all your physical and behavioral health providers to pay special attention to your whole healthcare needs. The Health Home Care Manager will help make sure you get the medical, behavioral health, and social services you may need, such as help to get housing and food assistance.

You may be using your Medicaid card to get a behavioral health service that is now available through the Healthfirst Personal Wellness Plan. To find out if a service you already get is now provided by the Healthfirst Personal Wellness Plan, contact Member Services at **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day.

- You and your healthcare team will work together to make sure you enjoy the best physical and emotional health possible. You can get special services for healthy living, such as nutrition classes and help to stop smoking.

- The Healthfirst Personal Wellness Plan has a contract with the New York State Department of Health to meet the healthcare needs of people with Medicaid. In turn, we choose a group of healthcare, mental health, and substance use providers to help us meet your needs. These doctors and specialists, hospitals, clinics, labs, case managers, and other healthcare facilities make up our provider network. You will find a list of them in our provider directory. If you do not have a provider directory, call Member Services at **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day, to get a copy, or visit our website at **HDdocFinder.org**.
- When you join the Healthfirst Personal Wellness Plan, one of our providers will take care of you. Most of the time that person will be your Primary Care Provider (PCP). You may want to choose a PCP from your mental health or substance use clinic. If you need to have a test, to see another specialist, or to go into the hospital, your PCP will arrange it.
- Your Primary Care Provider is available to you every day, day and night. If you need to speak to him or her after hours or on weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible. Even though your PCP is your main source for healthcare, in some cases you can self-refer to certain doctors for some services.
- You may be restricted to certain plan providers if you are:
 - Getting care from several doctors for the same problem
 - Getting medical care more often than needed
 - Using prescription medicine in a way that may be dangerous to your health
 - Allowing someone other than yourself to use your plan ID card

Confidentiality

We respect your right to privacy. The Healthfirst Personal Wellness Plan recognizes the trust needed between you, your family, your doctors, and other care providers. The Healthfirst Personal Wellness Plan will never give out your medical or behavioral health history without your written approval. The only persons that will have your clinical information will be the Healthfirst Personal Wellness Plan, your Primary Care Provider, your Health Home Care Manager, other providers who give you care, and your authorized representative. The Healthfirst Personal Wellness Plan staff have been trained in keeping strict member confidentiality.

How To Use This Handbook

- This handbook will tell you how your new healthcare plan will work and how you can get the most from the Healthfirst Personal Wellness Plan. This handbook is your guide to health and wellness services. It tells you the steps to take to make the plan work for you.
- The first several pages will tell you what you need to know right away. The rest of the handbook can wait until you need it. Use it for reference or check it out a bit at a time. When you have a question, check this handbook or call our Member Services Representatives at **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day. You can also call the New York Medicaid Choice Helpline at **1-800-505-5678**.

Help from Member Services

If you are in crisis and need to talk to someone right away, there is someone to help you at Member Services 24 hours a day, 7 days a week. Call **1-855-659-5971** (TTY 1-888-542-3821).

- You can call Member Services to get help **any time you have a question**. You may call us to choose or change your Primary Care Provider (PCP for short), to ask about benefits and services, to get help with referrals, to replace a lost ID card, to report your pregnancy or the birth of a new baby, or to ask about any change that might affect your benefits.

■ **If you do not speak English**, we can help. We want you to know how to use your healthcare plan, no matter what language you speak. Just call us and we will find a way to talk to you in your own language. We have translators on staff. We will also help you find a PCP (Primary Care Provider) who can speak to you in your language.

■ **For people with disabilities:** If you use a wheelchair, or are visually impaired, or have trouble hearing or understanding, call us if you need extra help. We can tell you if a particular provider's office is wheelchair accessible or is equipped with special communications devices. Also, we have services like:

- TTY service: 1-888-542-3821
- Information in large print
- Case Management
- Help in making or getting to appointments
- Names and addresses of providers who specialize in your disability

■ **If you are getting care in your home now**, your nurse or attendant may not know you have joined our plan. Call us right away to make sure your home care does not stop unexpectedly.

Your Member ID Card

After you enroll, we will send you a **welcome letter**. Your Healthfirst Personal Wellness Plan ID card should arrive within 14 days after your enrollment date. Your card has your Primary Care Provider's (PCP's) name and phone number on it. It will also have your Client Identification Number (CIN). If any information is incorrect on your Healthfirst Personal Wellness Plan ID card, call us right away. Your ID card does not show that you have Medicaid or that Healthfirst Personal Wellness Plan is a special type of health plan.

Carry your ID card at all times and show it each time you go for care. If you need care before the card comes, your welcome letter is proof that you are a Healthfirst Personal Wellness Plan

member. You should also keep your Medicaid benefit card, as you will need it to get services that the Healthfirst Personal Wellness Plan does not cover.

Part I — First Things You Should Know

How to Choose Your Primary Care Provider (PCP)

You may have already picked your Primary Care Provider (PCP). Your PCP will serve as your regular doctor. This person could be a doctor or a nurse practitioner. If you have not chosen a PCP, please call Member Services. **If you have not chosen a PCP, you should do so right away.** If you do not choose a doctor within 30 days, we will choose one for you. Healthfirst Member Services can check to see if you already have a PCP or help you choose a PCP. **You may also be able to choose a PCP at your behavioral health clinic.** You may call Member Services at **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day.

■ To access our online Provider Directory, visit **HFDocFinder.org**. To request a hard copy, call Member Services at **1-855-659-5971**. The directory lists all the doctors, clinics, hospitals, labs, and other medical providers who work with Healthfirst. It lists the address, phone, special training of the doctors, and will indicate which doctors are accepting new patients. You can also get a list of providers on our website by activating your secure Healthfirst account at **MyHFNY.org**.

■ With this handbook, you should have a provider directory card that describes the many ways you can look up a Healthfirst provider that accepts the Healthfirst Personal Wellness Plan. You may want to find a doctor:

- Whom you have seen before,
- Who understands your health problems,
- Who is taking new patients,
- Who can serve you in your language, or
- Who is easy to get to

- For women’s health issues, you can access an OB/GYN specialist without a PCP referral. An OB/GYN does routine checkups, follow-up care, and regular care during pregnancy.
 - Federally Qualified Health Centers (FQHCs) provide primary and specialty care. You have the option to see a PCP at one of the Healthfirst-contracted FQHCs. For a list of FQHCs in your area, visit **HFDocFinder.org** or call Member Services at **1-855-659-5971**.
 - In almost all cases, your doctors will be Healthfirst Personal Wellness Plan providers. There are four instances when you can still see another provider that you had before you joined the Healthfirst Personal Wellness Plan. In these cases, your provider must agree to work with Healthfirst. You can continue to see your provider if:
 - You are more than three months pregnant when you join the Healthfirst Personal Wellness Plan and you are getting prenatal care. In that case, you can keep your doctor until after your delivery through postpartum care.
 - At the time you join the Healthfirst Personal Wellness Plan, you have a life-threatening disease or condition that gets worse with time. In that case, you can ask to keep your provider for up to 60 days.
 - At the time you join the Healthfirst Personal Wellness Plan, you are being treated for a behavioral health condition. In that case, you can ask to keep your provider through treatment for up to two years.
 - At the time you join the Healthfirst Personal Wellness Plan, regular Medicaid paid for your home care and you need to keep getting that care for at least 120 days. In that case, you can keep your same home care agency, nurse, or attendant, and the same amount of home care, for at least 90 days. The Healthfirst Personal Wellness Plan must tell you about any changes to your home care before the changes take effect.
 - You can change your PCP in the first 30 days after your first appointment with your PCP. After that, you can change without cause or more often if you have a good reason. You can also change your OB/GYN or a specialist to whom your PCP has referred you.
 - If any of these conditions applies to you, check with your PCP or call Member Services at **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day.
 - If your provider leaves the Healthfirst network, we will inform you within 15 days from when Healthfirst Personal Wellness Plan is notified. You may continue to see the provider if you are more than three months pregnant or receiving ongoing treatment for a condition. If you are pregnant, you may continue to see your doctor for up to 60 days after delivery. If you are seeing a doctor regularly for an ongoing condition, you may continue your present course of treatment for up to 90 days. Your doctor must agree to work with the plan during this time.
- If any of these conditions apply to you, check with your PCP or call Member Services at **1-855-659-5971**.

Health Home Care Management

The Healthfirst Personal Wellness Plan is responsible for providing and coordinating your physical healthcare and your behavioral health services. We use Health Homes to coordinate services for our members. It is your choice if you want to join a Health Home, and we encourage you to join one for your Care Management.

The Healthfirst Personal Wellness Plan can help you enroll with a Health Home that will assign you a personal Health Home Care Manager. Your Health Home Care Manager can help you make appointments, help you get social services, and keep track of your progress.

Your Health Home is responsible for giving you an assessment to see what Behavioral Health Home- and Community-Based Services you may need. Using the assessment, you and your

Health Home Care Manager will work together to make a plan of care that is designed especially for you.

Your Health Home Care Manager can:

- Work with your PCP and other providers to coordinate all of your physical and behavioral healthcare;
- Work with the people you trust, like family members or friends, to help you plan and get your care;
- Support your getting social services, like SNAP (food stamps) and other social service benefits;
- Develop a plan of care with you to help identify your needs and goals;
- Help with appointments with your PCP and other providers;
- Help manage ongoing medical issues like diabetes, asthma, and high blood pressure;
- Help you find services to help with weight loss, healthy eating, and exercise and to stop smoking;
- Support you during treatment;
- Identify resources you need that are located in your community;
- Help you with finding or applying for stable housing;
- Help you safely return home after a hospital stay; and
- Make sure you get follow-up care, medications, and other needed services.

Your Health Home Care Manager will be in touch with you right away to find out what care you need and to help you with appointments. Your Health Home Care Manager or someone from your Health Home provider is available to you 24 hours a day, 7 days a week, at **1-855-659-5971**.

If you are in crisis and need to talk to someone right away, call **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day.

How To Get Regular Healthcare

Regular medical care means exams, routine checkups, shots, or other treatments to keep you well. It also means providing you with medical advice when you need it and referring you to hospitals or specialists when necessary.

Your PCP will work with you to get you the care you need. If you have a medical question or concern, you need to call your PCP. If you call after hours or on weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how your health plan works.

- Your healthcare will include regular checkups for all your medical needs. New members are strongly encouraged to see their PCP for a first medical visit soon after enrolling in the Healthfirst Personal Wellness Plan. This will give you a chance to talk with your PCP about your past health issues, the medicines you take, and any questions that you have.
- Day or night, your PCP is only a phone call away. Be sure to call your PCP whenever you have a medical question or concern. If you call after hours or weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how your health plan works.
- You can call the Healthfirst Personal Wellness Plan Member Services Representative 24 hours a day, 7 days a week at **1-855-659-5791** if you have questions about getting services or if, for some reason, you cannot reach your PCP.
- Your care must be **medically necessary**—the services you get must be needed to:
 - Prevent, or diagnose and correct what could cause more suffering, or
 - Deal with a danger to your life, or
 - Deal with a problem that could cause illness, or
 - Deal with something that could limit your normal activities.

- Your PCP will take care of most of your healthcare needs. You should have an appointment to see your PCP. If ever you can't keep an appointment, call to let your PCP know.
- As soon as you choose a PCP, call to make a first appointment. If you can, prepare for your first appointment. Your PCP will need to know as much about your medical history as you can tell him or her. Make a list of your medical background, any problems you have now, any medications you are taking, and the questions you want to ask your PCP. In most cases, your first visit should be within four weeks of your joining the plan. If you have the need for treatment over the coming weeks, make your first appointment in the first week of joining the Healthfirst Personal Wellness Plan. Your Health Home Care Manager can help you make and get ready for your first appointment.
- **If you need care before your first appointment**, call your PCP's office to explain your situation. He or she will give you an earlier appointment for this concern. (You should still keep your first appointment to discuss your medical history and ask questions.)
- Use the following list as a guide for the longest time you may have to wait after you ask for an appointment. Your Care Manager can also help you make or get appointments.
 - Urgent care: within 24 hours
 - Non-urgent sick visits: within 3 days
 - Routine, preventive care: within 4 weeks
 - First prenatal visit: within 3 weeks during 1st trimester (2 weeks during 2nd, 1 week during 3rd)
 - First family planning visit: within 2 weeks
 - Follow-up visit after mental health/ substance use ER or inpatient visit: 5 days
 - Non-urgent mental health or substance use specialist visit: within 2 weeks
 - Adult baseline and routine physicals: within 4 weeks

Behavioral Health and Home- and Community-Based (BH-HCBS)

Behavioral Health includes mental health and substance use treatment services. You have access to services that can help you with emotional health. You can also get help with alcohol or other substance use issues.

If you need help to support your living in the community, the Healthfirst Personal Wellness Plan provides additional services, called Behavioral Health Home- and Community-Based (BH-HCBS). These services can help you stay out of the hospital and live in the community. Some services can help you reach life goals for employment, school, or for other areas of your life you might like to work on.

To be eligible for these services, you will need to get an assessment. To find out more, call us at the Healthfirst Personal Wellness Plan or ask your Care Manager about these services.

See page 16 of this Handbook for more information about these services and how to get them.

How To Get Specialty Care

You do not need to get referrals from your PCP to see in-network specialists. However, it is recommended that you talk with your PCP before going to a specialist for any specialty care. This way, your PCP can be aware of your health needs.

- If you need care that your PCP cannot provide, he or she can suggest a specialist who can.
- If you think a specialist does not meet your needs, ask your PCP if he or she can help you find a different specialist.
- If we do not have a specialist in our provider network who can give you the care you need, we will get you the care you need from a specialist outside our plan. This is called an out-of-network referral. You, your PCP, or plan provider must ask Healthfirst Personal Wellness Plan for approval before you can get an **out-of-network referral**. If your PCP or plan

provider refers you to a provider who is not in our network, you are not responsible for any of the costs except copayments, as described in this handbook.

- ▶ Sometimes we may not approve an out-of-network referral because we have a provider in the Healthfirst Personal Wellness Plan network that can treat you. If you think our plan provider does not have the right training or experience to treat you, you can ask us to check if your out-of-network referral is medically needed. You will need to ask for a Plan Appeal. See the Plan Appeal section in this handbook to find out how.
- ▶ Sometimes, we may not approve an out-of-network referral for a specific treatment because you asked for care that is not very different from what you can get from a Healthfirst Personal Wellness Plan provider. You can ask us to check if your out-of-network referral for the treatment you want is medically needed. You will need to ask for a Plan Appeal. See the Plan Appeal section to find out how.
- If you need to see a specialist for ongoing care, your PCP may be able to refer you for a specified number of visits or length of time (a **standing referral**). If you have a standing referral, you will not need a new referral for each time you need care.
- *If you have a long-term disease or a disabling illness that gets worse over time, your PCP may be able to arrange for:*
 - ▶ your specialist to act as your PCP; or
 - ▶ a referral to a specialty care center that deals with the treatment of your illness.

You can also call Member Services for help in getting access to a specialty care center.

Get These Services from Our Plan Without a Referral

For some services, you can choose where to get the care. You can get these services by using your Healthfirst Member ID card. You can also go to providers who will take your Medicaid benefit card. You do not need a referral from your PCP to get these services. If you have questions, call the Healthfirst Personal Wellness Plan Member Services representative at **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day.

Women's Healthcare

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can visit any Healthfirst Personal Wellness Plan family planning providers as well. It's always good to let your PCP know if there are any changes to your health, and especially if you:

- Are pregnant, or
- Need OB/GYN services, or
- Need family planning services, or
- Want to see a midwife, or
- Need to have a breast or pelvic exam.

Family Planning

- You can get the following family planning services: advice about birth control, birth control prescriptions, male and female condoms, pregnancy tests, sterilization, or an abortion. During your visits for these things, you can also get tests for sexually transmitted infections, a breast cancer exam, or a pelvic exam.
- Or, you can use your Medicaid card if you want to go to a doctor or clinic outside our plan. Ask your PCP or call a Healthfirst Member Services representative at **1-855-659-5971** for a list of places to go to get these services. You can also call the New York State Growing Up Healthy Hotline at **1-800-522-5006** for the names of family planning providers near you.

HIV and STI Screening and Counseling

Everyone should know their HIV status. HIV and sexually transmitted infection (STI) screenings are part of your regular healthcare.

- You can get an HIV or STI test any time you have an office or clinic visit. You do not need a referral from your PCP (Primary Care Provider). Just make an appointment with any family planning provider. For help in finding either a plan provider or a Medicaid provider for family planning services, call Member Services at **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day.

Everyone should talk to their doctor about having an HIV test. To get free HIV testing or testing where your name isn't given, call **1-800-541-AIDS** (English) or **1-800-233-SIDA** (Spanish).

Or, if you'd rather not see one of our Healthfirst Personal Wellness Plan providers, you can use your Medicaid card to see a family planning provider outside of the Healthfirst Personal Wellness Plan network. For help in finding either a plan provider or a Medicaid provider for family planning services, call Member Services at **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day.

Some tests are "rapid tests," and the results are prepared while you wait. The provider who gives you the test will explain the results and arrange for follow-up care if needed. You will also learn how to protect your partner. If your test is negative, we can help you learn to stay that way.

HIV Prevention Services

Many HIV prevention services are available to you. We will talk with you about any activities that might put you or others at risk of transmitting HIV or getting sexually transmitted diseases. We can help you learn how to protect yourself. We can also help you get free male and female condoms and clean syringes.

If you are HIV positive, we can help you talk to your partners. We can help you talk to your

family and friends and help them understand HIV and AIDS and how to get treatment. If you need help talking about your HIV status with future partners, Healthfirst Personal Wellness Plan staff will assist you. We can even help you talk to your children about HIV.

Eye Care

The covered service includes the needed services of an ophthalmologist, optometrist, and an ophthalmic dispenser and includes an eye exam and pair of eyeglasses, if needed. Generally, you can get these once every two years, or more often if medically needed. Enrollees diagnosed with diabetes may self-refer for a dilated eye (retinal) examination once in any 12-month period. You just choose one of our participating providers.

New eyeglasses, with Medicaid-approved frames, are usually provided once every two years. New lenses may be ordered more often if, for example, your vision changes more than one-half diopter. If you break your glasses, they can be repaired. Lost eyeglasses or broken eyeglasses that can't be fixed will be replaced with the same prescription and style of frames. If you need to see an eye specialist for care of an eye disease or defect, your PCP will refer you.

Behavioral Health (Mental Health and Substance Use)

We want to help you get the mental health and substance use services that you may need.

If at any time you think you need help with mental health or substance use, you can see behavioral health providers in our network to see what services you may need. This includes services like clinic and detox services.

You do not need a referral from your PCP.

Smoking Cessation

You can get medication, supplies, and counseling if you want help to quit smoking. You do not need a referral from your PCP to get these services.

Maternal Depression Screening

If you are pregnant and think you need help with depression, you can get a screening to see what services you may need. You do not need a referral from your PCP. You can get a screening during pregnancy and for up to a year after your delivery.

Emergencies

You are always covered for emergencies. In New York State, an emergency means a medical or behavioral condition:

- That comes on all of a sudden, and
- Has pain or other symptoms.

An emergency would make a person with an average knowledge of health be afraid that someone will suffer serious harm to body parts or functions or serious disfigurement without care right away. Examples of an emergency are:

- A heart attack or severe chest pain
- Bleeding that won't stop or a bad burn
- Broken bones
- Trouble breathing, convulsions, or loss of consciousness
- When you feel you might hurt yourself or others
- If you are pregnant and have signs like pain, bleeding, fever, or vomiting
- Drug overdose

Examples of **non-emergencies** are: colds, sore throat, upset stomach, minor cuts and bruises, or sprained muscles.

Non-emergencies may also be family issues, a break up, or wanting to use alcohol or other drugs. These may feel like an emergency, but they are not a reason to go to the emergency room.

If you have an emergency, here's what to do:

- If you believe you have an **emergency**, call 911 or go to the emergency room. You do not need the Healthfirst Personal Wellness Plan or your PCP's approval before getting emergency care, and you are not required to use our hospitals or doctors.
- **If you're not sure**, call your PCP or a Healthfirst Personal Wellness Plan Member Services representative.

Tell the person you speak with what is happening. Your PCP or the Healthfirst Personal Wellness Plan representative will:

- Tell you what to do at home, or
- Tell you to come to the PCP's office,
- Tell you about community services you can get, like 12 step meetings or a shelter, or
- Tell you to go to the nearest emergency room.

- **You can also contact the Healthfirst Personal Wellness Plan Member Services representatives at 1-855-659-5971 (TTY 1-888-542-3821), 24 hours a day, 7 days a week, if you are in crisis or need help with a mental health or drug use situation.**

- If you are **out of the area** when you have an emergency:
 - Go to the nearest emergency room or call 911.
 - Call Healthfirst Personal Wellness Plan as soon as you can (within 48 hours if you can).

Urgent Care

You may have an injury or an illness that is not an emergency but still needs prompt care.

- This could be the flu or if you need stitches.
- It could be a sprained ankle, or a bad splinter you can't remove.

You can get an appointment for an urgent care visit for the same or next day. If you are at home or away, call your PCP any time, day or night.

If you cannot reach your PCP, call us at **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day. Tell the person who answers what is happening. They will tell you what to do.

Remember

You do not need prior approval for emergency services.

Use the emergency room only if you have a **TRUE EMERGENCY**.

It should NOT be used for problems like flu, sore throats, or ear infections.

If you have questions, call your PCP or our plan at **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day.

Care Outside of the United States

If you travel outside of the United States, you can get urgent and emergency care only in the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa. If you need medical care while in any other country (including Canada and Mexico), you will have to pay for it.

We Want To Keep You Healthy

Besides the regular checkups and the shots you need, here are some other services we provide and ways to keep you in good health:

- Stop-smoking classes
- Prenatal care and nutrition
- Grief/Loss support

- Breastfeeding and baby care
- Stress management
- Weight control
- Cholesterol control
- Diabetes counseling and self-management training
- Asthma counseling and self-management training
- Sexually Transmitted Infection (STI) testing and protecting yourself from STIs
- Domestic violence services

Call Member Services at **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day, or visit our website at **healthfirst.org** to find out more and get a list of upcoming classes.

PART II — Your Benefits and Plan Procedures

The rest of this handbook is for your information when you need it. It lists the covered and the non-covered services. If you have a complaint, the handbook tells you what to do.

The handbook has other information you may find useful. Keep this handbook handy for when you need it.

Benefits

Health and Recovery Plans provide a number of services you get in addition to those you get with regular Medicaid. We will provide or arrange for most services that you will need. You can get a few services, however, without going through your PCP. These include emergency care; family planning; HIV testing; mobile crisis services; and specific self-referral services, including those you can get from within the Healthfirst Personal Wellness Plan and some that you can choose to go to any Medicaid provider of the service for.

Services Covered by Our Plan

You must get these services from the providers who are in our plan. All services must be medically or clinically necessary and provided or referred by your PCP (primary care provider).

Please call Member Services at **1-855-659-5971** if you have any questions or need help with any of the services below.

Regular Medical Care

- Office visits with your PCP
- Referrals to specialists
- Eye/hearing exams
- Help staying on schedule with medicines
- Coordination of care and benefits

Preventive Care

- Regular checkups
- Access to free needles and syringes
- Smoking cessation counseling
- HIV education and risk reduction
- Referral to Community-Based Organizations (CBOs) for supportive care
- Smoking cessation care

Maternity Care

- Pregnancy care
- Doctors/midwife and hospital services
- Screening for depression during pregnancy and up to a year after birth

Home Healthcare

- Must be medically needed and arranged by the Healthfirst Personal Wellness Plan
- One medically necessary postpartum home health visit; additional visits as medically necessary for high-risk women
- Other home healthcare visits as needed and ordered by your PCP/specialist

Personal Care/Home Attendant/Consumer Directed Personal Assistance Services (CDPAS)

- Must be medically needed and arranged by the Healthfirst Personal Wellness Plan
- **Personal Care/Home Attendant** — Provide some or total assistance with personal

hygiene, dressing and feeding, and assist in preparing meals and housekeeping

- **CDPAS** — Provide some or total assistance with personal hygiene, dressing and feeding, assistance in preparing meals and housekeeping, as well as home health aide and nursing tasks. This is provided by an aide chosen and directed by you. To speak with a Healthfirst Personal Wellness Plan Member Services representative call **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day.

Personal Emergency Response System (PERS)

This is a piece of equipment you wear to get help if you have an emergency. In order to qualify and receive this service, you must be receiving personal care/home attendant or CDPAS.

Adult Day Healthcare

- Must be recommended by your Primary Care Provider (PCP).

Provides some or all of the following: health education; nutrition; interdisciplinary care planning; nursing and social services; assistance and supervision with the activities of daily living; restorative, rehabilitative, and maintenance therapy; planned therapeutic or recreational activities; pharmaceutical services; referrals for necessary dental services and other specialty care.

Therapy for Tuberculosis (TB)

- This is help with taking your medication for TB and follow-up care.

Hospice Care

- The Healthfirst Personal Wellness Plan will provide the hospice benefit. This service must be medically needed and arranged by the Healthfirst Personal Wellness Plan.
- Hospice care provides noncurative medical and support services for members certified by a physician to be terminally ill with a life expectancy of one (1) year or less. Hospice may be provided in your home or in an inpatient setting.

- Hospice programs provide patients and their families with palliative and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses experienced during the final stages of illness and during dying and bereavement. Provides support services and some medical services to patients who are ill and expect to live for one year or less.
- You can get these services in your home or in a hospital or nursing home.

If you have any questions about these services, you can call Member Services at **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day.

Dental Care

The Healthfirst Personal Wellness Plan believes that providing you with good dental care is important to your overall healthcare. We offer dental care through contracts with individual dentists and with DentaQuest, an expert in providing high-quality dental services. Covered services include regular and routine dental services such as preventive dental checkups, cleaning, X-rays, fillings, and other services to check for any changes or abnormalities that may require treatment and/or follow-up care for you. You do not need a referral from your PCP to see a dentist.

How to Access Dental Services

If you need to find a dentist or to change your dentist, please call **1-800-508-2047** or a Healthfirst Personal Wellness Plan Member Services representative at **1-855-859-5971** to help you. Our reps speak many languages and can also connect you with a translator from a language line service contracted with Healthfirst.

You can use your Healthfirst Member ID card to receive dental care.

You do not need a referral from your PCP to see a dentist, or to a dental clinic that is run by an academic dental center.

Call Member Services for a list of academic dental clinics within a 30-mile radius.

You can also go to a dental clinic that is run by an academic dental center.

Vision Care

- Services of an ophthalmologist, ophthalmic dispenser, and optometrist.
- Coverage for contact lenses, polycarbonate lenses, artificial eyes, and/or replacement of lost or destroyed glasses, including repairs, when medically necessary. Artificial eyes are covered as ordered by a plan provider.
- Eye exams, generally every two years, unless medically needed more often
- Glasses, with new pair of Medicaid-approved frames every two years, or more often if medically needed.
- Low vision exam and vision aids ordered by your doctor.

The Healthfirst Personal Wellness Plan has arranged for Davis Vision to provide you with vision services. Call **1-800-753-3311**, Monday to Friday, from 8am to 11pm; Saturday, from 9am to 4pm; Sunday, from 12pm to 4pm, to find a vision care provider.

Pharmacy

- Prescription drugs
- Over-the-counter (OTC) medicines
- Insulin and diabetic supplies
- Smoking cessation agents, including OTC products
- Hearing aid batteries
- Emergency contraception (six per calendar year)
- Medical and surgical supplies

A pharmacy copayment may be required for some people, for some medications and pharmacy items. There are no copayments for the following members or services:

- Consumers who are pregnant: during pregnancy and for the two months after the month in which the pregnancy ends.
- Family Planning drugs and supplies like birth control pills, male or female condoms, syringes, and needles.
- Consumers in a Comprehensive Medicaid Care Management (CMCM) or Service Coordination Program.
- Consumers in an OMH or OPWDD Home and Community Based Services (HCBS) Waiver Program.
- Consumers in a DOH HCBS Waiver Program for persons with Traumatic Brain Injury (TBI).
- Generic copays, if applicable
- Drugs to treat mental illness (psychotropic) and tuberculosis

PRESCRIPTION ITEM	COPAYMENT AMOUNT	COPAYMENT DETAILS
Brand name prescription drugs	\$3.00/\$1.00	1 copay charge for each new prescription and each refill
Generic prescription drugs	\$1.00	
Over-the-counter drugs, such as for smoking cessation and diabetes	\$0.50	

- If you have a copay, there is a copayment for each new prescription and each refill.
- If you have a copay, you are responsible for a maximum of \$200 each calendar year.
- If you transferred to a new plan during the calendar year, keep your receipts as proof of your copayments or you may request proof of paid copayments from your pharmacy. You will need to give a copy to your new plan.
- Certain drugs may require that your doctor get prior authorization before writing your prescription. Your doctor can work with the Healthfirst Personal Wellness Plan to make sure you get the medications that you need. Learn more about prior authorization later in this handbook.
- You have a choice in where you fill your prescriptions. You can go to any pharmacy that participates with our plan or you can fill your prescriptions by using a mail-order pharmacy. For more information on your options, please contact CVS/caremark, your in-network pharmacy vendor, at **1-866-463-6743**.

Hospital Care

- Inpatient care
- Outpatient care
- Lab, X-ray, other tests

Emergency Care

- Emergency care services are procedures, treatments, or services needed to evaluate or stabilize an emergency.
- After you have received emergency care, you may need other care to make sure you remain in stable condition. Depending on your need, you may be treated in the emergency room, in an inpatient hospital room, or in another setting. This is called Post Stabilization Services.
- For more about emergency services, see page 10.

Specialty Care

Includes the services of other practitioners, including

- Physical therapist – Limited to 40 visits per calendar year
- Occupational and speech therapists – Limited to 20 visits each per calendar year
- Audiologists
- Midwives
- Cardiac rehabilitation
- Podiatrists if you are diabetic
- Other specialty care

Limits for physical, occupational, and speech therapists do not apply if you are under age 21, if you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.

To learn more about these services, call Member Services at **1-855-659-5971**.

Residential Healthcare Facility Care (Nursing Home)

- Includes short-term, or rehab, stays and long-term care;
- Must be ordered by a physician and authorized by the Healthfirst Personal Wellness Plan;

- Covered nursing home services include medical supervision, 24-hour nursing care, assistance with daily living, physical therapy, occupational therapy, and speech-language pathology.

If you are in need of long-term placement in a nursing home, your local Department of Social Services must determine if you meet certain Medicaid income requirements. The Healthfirst Personal Wellness Plan and the nursing home can help you apply.

You must get this care from a nursing home that is in the Healthfirst Personal Wellness Plan's provider network. If you choose a nursing home outside of the Healthfirst Personal Wellness Plan's network, you may have to transfer to another plan. Call New York Medicaid Choice at **1-800-505-5678** for help with questions about nursing home providers and plan networks.

Call **1-855-659-5971** for help finding a nursing home in the Healthfirst network.

Behavioral Healthcare

Behavioral Healthcare includes mental health and substance use (alcohol and drugs) treatment and rehabilitation services. All our members have access to services to help with emotional health, or to help with alcohol or other substance use issues. These services include:

Mental Healthcare

- Intensive psychiatric rehab treatment (IPRT)
- Clinic
- Inpatient mental health treatment
- Partial hospital care
- Continuing day treatment
- Personalized Recovery Oriented Services (PROS)
- Assertive Community Treatment Services (ACT)
- Individual and group counseling
- Crisis intervention services

Substance Use Disorder Services

- Inpatient and outpatient substance use disorder (alcohol and drug) treatment
- Inpatient detoxification services
- Opioid, including Methadone Maintenance treatment
- Residential Substance Use Disorder Treatment
- Outpatient alcohol and drug treatment services
- Detox services

Harm-Reduction Services

If you're in need of help related to substance use disorder, harm-reduction services can offer a complete, patient-oriented approach to your health and well-being. Healthfirst covers services that may help reduce substance use and other related harms. These services include:

- A plan of care developed by a person experienced in working with substance users
- Individual supportive counseling that assists in achieving your goals
- Group supportive counseling in the form of a safe space to talk with others about issues that affect your health and well-being
- Counseling to help you with taking your prescribed medication and continuing treatment
- Support groups to help you better understand substance use and identify coping techniques and skills that will work for you

To learn more about these services, call Member Services at **1-855-659-5971**.

Behavioral Health Home and Community Based Services

Behavioral Health Home and Community Based Services (BHHCBS) can help you achieve life goals such as employment, education, or other areas of your life you want to work on. An assessment is conducted by your Health Home Care Manager or Recovery Coordinator and used to determine your whole health needs,

life goals, and the BHHCBS you're eligible for. A Health Home Care Manager or Recovery Coordinator will help you to identify which BHHCBS you may benefit from and connect you to those services.

BHHCBS includes:

- Psychosocial Rehabilitation (PSR) – helps you improve your skills to reach your goals.
- Community Psychiatric Support and Treatment (CPST) – is a way to get treatment services you need for a short time at a location of your choosing, such as your own home. CPST helps connect you with a licensed treatment program.
- Habilitation Services – helps you learn new skills in order to live independently in the community.
- Family Support and Training – teaches skills to the people in your life so they can help support you in your recovery.
- Short-Term Respite – gives you a safe place to go when you need to leave a stressful situation.
- Intensive Respite – helps you stay out of the hospital when you are having a crisis by providing a safe place to stay that can offer you treatment.
- Education Support Services – helps you find ways to return to school to get education and training that will help you get a job.
- Pre-Vocational Services – helps you with skills needed to prepare for employment.
- Transitional Employment Services – gives you support for a short time while trying out different jobs. This includes on-the-job training to strengthen work skills to help keep a job at or above minimum wage.
- Intensive Supported Employment Services – helps you find a job at or above minimum wage and keep it.
- Ongoing Supported Employment Services – helps you keep your job and be successful at it.

- Empowerment Services-Peer Supports – people who have been there help you reach your recovery goals.
- Non-Medical Transportation – transportation to non-medical activities related to a goal in your plan of care.

Other Covered Services

- Durable medical equipment (DME)/hearing aids/prosthetics/orthotics
- Court-ordered services
- Case management
- Help getting social support services
- Federally Qualified Health Center (FQHC)
- Family planning

Benefits You Can Get from Our Plan or with Your Medicaid Card

For some services, you can choose where to get your care. You can get these services by using your Healthfirst Personal Wellness Plan ID card. You can also go to providers who will take your Medicaid Benefit card. Call a Healthfirst Member Services representative if you have questions at **1-855-659-5971**.

Family Planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services.

Or you can visit one of our family planning providers. Either way, you do not need a referral from your PCP.

You can get birth control drugs, birth control devices (IUDs and diaphragms) that are available with a prescription, plus emergency contraception, sterilization, pregnancy testing, prenatal care, and abortion services. You can also see a family planning provider for HIV and sexually transmitted infection (STI) testing and treatment and counseling related to your test results. Screenings for cancer and other related conditions are also included in family planning visits.

HIV and STI Screening

You can get this service any time from your PCP or Healthfirst Personal Wellness Plan doctors. When you get this service as part of a family planning visit, you can go to any doctor or clinic that takes Medicaid and offers family planning services.

Everyone should talk to their doctor about having an HIV test. To access free HIV testing or testing where your name isn't given, call **1-800-541-AIDS (English)** or **1-800-233-SIDA (Spanish)**.

TB Diagnosis and Treatment

You can choose to go either to your PCP or to the county public health agency for diagnosis and/or treatment.

Benefits Using Your Medicaid Card Only

There are some services the Healthfirst Personal Wellness Plan does not provide. You can get these services from any provider who takes Medicaid by using your Medicaid Benefit card.

Developmental Disabilities

- Long-term therapies
- Day treatment
- Housing services
- Medicaid Service Coordination (MSC) program
- Services received under the Home and Community-Based Services Waiver
- Medical Model (Care-at-Home) Waiver Services

Transportation

Emergency: If you need emergency transportation, call 911.

Non-Emergency: Non-emergency medical transportation will be covered by regular Medicaid. To get non-emergency transportation, you or your provider must call Medical Answering Services for NYC residents at **1-844-666-6270**, or LogistiCare Solutions for Long Island residents at **1-844-678-1103**. If possible, you or your provider should call

for non-emergency transportation at least three days before your medical appointment and provide your Medicaid identification number (example: AB12345C). Non-emergency medical transportation includes bus, taxi, ambulette, and public transportation.

If you require an attendant to go with you to your doctor's appointment or if your child is the member of the plan, transportation is also covered for the attendant or parent or guardian.

If you have questions about transportation, please call Medical Answering Services if you live in NYC, or call LogistiCare if you live in Long Island.

If you have an emergency and need an ambulance, you must call 911.

Services NOT Covered

These services are **not available** from Healthfirst Personal Wellness Plan or Medicaid. If you get any of these services, you may have to pay the bill.

- Cosmetic surgery if not medically needed
- Services of a podiatrist (unless you are a diabetic)
- Personal and comfort items
- Infertility treatments
- Services from a provider that is not part of the Healthfirst Personal Wellness Plan, unless it is a provider you are allowed to see as described elsewhere in this handbook, or the Healthfirst Personal Wellness Plan or your PCP sends you to that provider.

You may have to pay for any out-of-network service that your PCP does not approve. Or, if you agree to be a "private pay" or "self-pay" patient before you get a service, you will have to pay for the service.

This includes:

- Non-covered services (listed above),
- Unauthorized services,
- Services provided by providers not part of the Healthfirst Personal Wellness Plan

If You Get a Bill

If you get a bill for a treatment or service you do not think you should pay for, do not ignore it. Call Healthfirst Personal Wellness Plan at **1-855-659-5971** right away. Healthfirst Personal Wellness Plan Member Services representatives can help you understand why you may have gotten a bill. If you are not responsible for a payment, the Healthfirst Personal Wellness Plan will contact the provider and help fix the problem for you.

You have the right to ask for fair a hearing if you think you are being asked to pay for something Medicaid or Healthfirst Personal Wellness Plan should cover. See the Fair Hearing section later in this handbook.

If you have any questions, call Healthfirst Member Services at **1-855-659-5971** (TTY 1-888-542-3821), 7 days a week, 24 hours a day.

Service Authorization

Prior Authorization:

There are some treatments and services that you need to get approval for before you receive them or in order to be able to continue receiving them. This is called **prior authorization**. You or someone you trust can ask for this. The following treatments and services must be approved before you get them:

- **All Out-of-Network Services** (non-emergent services)
- **Acute Rehabilitation Admissions**
- **All Cosmetic Surgery** (medically necessary)
- **All Elective Admissions to a Hospital**
- **Air Ambulance**
- **Inpatient Behavioral Health Services**
- **DME** (diabetic and dressing supplies do not require authorization)
- **EMG/Nerve Conduction Studies**
- **Home Health Services**
- **Home Care IntelliHealth Monitoring**
- **Pain Management Services**

- **Physical Therapy/Occupational Therapy/ Speech Therapy**
- **Procedures and Equipment for Erectile Dysfunction**
- **Skilled Nursing Facility Admissions**
- **Transplant**
- **Injectable** (through our Specialty Pharmacy network)
- **Dental** (please remember that for you to receive this service, your provider will have to contact DentaQuest at **1-800-508-2047**)
- **Vision/Glasses** (please remember that for you to receive this service, your provider will have to contact Davis Vision at **1-800-753-3311**)

Asking for approval of a treatment or service is called a **service authorization request**. To get approval for these treatments or services you need to:

For preauthorization or to notify Healthfirst Personal Wellness Plan of an admission, please contact the:

Healthfirst Medical Management Department
Phone: 1-888-394-4327;
Fax: 1-646-313-4603
Monday to Friday,
8:30am–5:30pm

You will also need to get prior authorization if you are getting one of these services now but need to continue or get more of the care. This is called **concurrent review**.

What happens after we get your service authorization request:

The health plan has a review team to be sure you get the services we promise. We check that the service you are asking for is covered under your health plan. Doctors and nurses are on the review team. Their job is to be sure the treatment or service you asked for is medically needed and right for you. They do this by checking your treatment plan against medically acceptable standards.

We may decide to deny a service authorization request or to approve it for an amount that is less than requested. These decisions will be made by a qualified healthcare professional.

If we decide that the requested service is not medically necessary, the decision will be made by a clinical peer reviewer, who may be a doctor or may be a healthcare professional who typically provides the care you requested. You can request the specific medical standards, called **clinical review criteria**, we use to make decisions about medical necessity.

After we get your request we will review it under a **standard** or **fast-track** process. You or your doctor can ask for a fast-track review if it is believed that a delay will cause serious harm to your health. If your request for a fast-track review is denied, we will tell you and your case will be handled under the standard review process.

We will fast-track your review if:

- A delay will seriously risk your health, life, or ability to function;
- Your provider says the review must be faster;
- You are asking for more of a service you are getting right now

In all cases, we will review your request as fast as your medical condition requires us to, but no later than mentioned below.

We will tell you and your provider both by phone and in writing if your request is approved or denied. We will also tell you the reason for the decision. We will explain what options for appeals or fair hearings you will have if you don't agree with our decision. (See also the Plan Appeals and Fair Hearing sections later in this handbook.)

Timeframes for prior authorization requests:

- **Standard review:** We will make a decision about your request within three (3) workdays of when we have all the information we need, but you will hear from us no later than 14 days after we receive your request. We will tell you by the 14th day if we need more information.
- **Fast-track review:** We will make a decision and you will hear from us within 72 hours. We will tell you within 72 hours if we need more information.

Timeframes for concurrent review requests:

- **Standard review:** We will make a decision within one (1) work day of when we have all the information we need, but you will hear from us no later than 14 days after we received your request. We will tell you by the 14th day if we need more information.
- **Fast-track review:** We will make a decision within one (1) workday of when we have all the information we need. You will hear from us no later than 72 hours after we received your request. We will tell you within one (1) work day if we need more information.

Special timeframes for other requests:

- If you are in the hospital or have just left the hospital and you are asking for home health care, we will make a decision within 72 hours of your request.
- If you are getting inpatient substance use disorder treatment and you ask for more services at least 24 hours before you are to be discharged, we will make a decision within 24 hours of your request.
- If you are asking for mental health or substance use disorder services that may be related to a court appearance, we will make a decision within 72 hours of your request.
- If you are asking for an outpatient prescription drug, we will make a decision within 24 hours of your request.
- A step therapy protocol means we require you to try another drug before we will approve the drug you are requesting. If you are asking for approval to override a step therapy protocol, we will make a decision with 24 hours for outpatient prescription drugs. For other drugs, we will make a decision within 14 days of your request.

If we need more information to make either a standard or fast-track decision about your service request we will:

- Write and tell you what information is needed. If your request is in a fast-track review, we will call you right away and send a written notice later.
- Tell you why the delay is in your best interest.

- Make a decision no later than 14 days from the day we asked for more information.

You, your provider, or someone you trust may also ask us to take more time to make a decision. This may be because you have more information to give the plan to help decide your case. This can be done by calling the Healthfirst Medical Management department at **1-888-394-4327** or by writing to:

Healthfirst
P.O. Box 5166
New York, NY 10274-5166
Attention: Medical Management Department

You or your representative can file a complaint with the plan if you don't agree with our decision to take more time to review your request. You or someone you trust can also file a complaint about the review time with the New York State Department of Health by calling **1-800-206-8125**.

We will notify you by the date our time for review has expired. But if for some reason you do not hear from us by that date, it is the same as if we denied your service authorization request. If we do not respond to a request to override a step therapy protocol on time, your request will be approved.

If you think our decision to deny your service authorization request is wrong, you have the right to file a Plan Appeal with us. See the Plan Appeal section later in this handbook.

Other Decisions About Your Care:

Sometimes we will do a concurrent review on the care you are receiving to see if you still need the care. We may also review other treatments and services you have already received. This is called **retrospective review**. We will tell you if we make these decisions.

Timeframes for other decisions about your care:

- In most cases, if we make a decision to reduce, suspend, or stop a service we have already approved and you are now getting, we must tell you at least 10 days before we change the service.

- We must tell you at least 10 days before we make any decision about long-term services and supports, such as home health care, personal care, CDPAS, adult day health care, and nursing home care.
- If we are checking care that has been given in the past, we will make a decision about paying for it within 30 days of receiving all information we need for the retrospective review. If we deny payment for a service, we will send a notice to you and your provider the day the payment is denied. These notices are not bills. **You will not have to pay for any care you received that was covered by the plan or by Medicaid even if we later deny payment to the provider.**

You can also call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, complaints, and appeals' options. They can help you manage the appeal process.

Contact ICAN to learn more about their services:

Phone: 1-844-614-8800
(TTY Relay Service: 711)

Web: icannys.org | Email: ican@cssny.org

How Our Providers Are Paid

You have the right to ask us whether we have any special financial arrangement with our physicians that might affect your use of Healthcare services. You can call Member Services at **1-855-659-5971** if you have specific concerns. We also want you to know that most of our providers are paid in one or more of the following ways.

- If our PCPs work in a clinic or health center, they probably get a salary. The number of patients they see does not affect this.
- Our PCPs who work from their own offices may get a set fee each month for each patient for whom they are the patient's PCP. The fee stays the same whether the patient needs one visit or many — or even none at all. This is called capitation.
- Sometimes providers get a set fee for each person on their patient list, but some money

(maybe 10%) can be held back for an incentive fund. At the end of the year, this fund is used to reward PCPs who have met the standards for extra pay that were set by the Plan.

- Providers may also be paid by fee-for-service. This means they get a Plan-agreed-upon fee for each service they provide.

You Can Help with Plan Policies

We value your ideas. You can help us develop policies that best serve our members. If you have ideas, tell us about them. Maybe you'd like to work with one of our member advisory boards or committees. Call a Healthfirst Member Services representative at **1-855-659-5971** to find out how you can help.

Information from Member Services

Here is information you can get by calling Member Services at **1-855-659-5971**.

- A list of names, addresses, and titles of the Healthfirst Personal Wellness Plan's Board of Directors, Officers, Controlling Parties, Owners, and Partners.
- A copy of the most recent financial statements/balance sheets, summaries of income, and expenses.
- A copy of the most recent individual direct pay subscriber contract.
- Information from the Department of Financial Services about consumer complaints about the Healthfirst Personal Wellness Plan.
- How we keep your medical records and member information private.
- In writing, we will tell you how our plan checks on the quality of care to our members
- We will tell you which hospitals our health providers work with.
- If you ask us in writing, we will tell you the guidelines we use to review conditions or diseases that are covered by Healthfirst Personal Wellness Plan.

- If you ask us in writing, we will tell you the qualifications needed and how healthcare providers can apply to be part of the Healthfirst Personal Wellness Plan.
- If you ask, we will tell you 1) if our contracts or subcontracts include physician incentive arrangements that affect the use of referral services; and, if so, 2) the types of arrangements we use; and 3) if stop-loss protection is provided for physicians and physician groups.
- Information about how our company is organized and how it works.

Keep Us Informed

If you enrolled through the NY State of Health (NYSOH), call them at **1-855-355-5777** whenever these changes happen in your life:

- You change your name, address, or telephone number
- You have a change in Medicaid eligibility
- You are pregnant
- You give birth
- There is a change in insurance for you
- When you enroll in a new case management program or receive case management services in another community-based organization

After you have contacted NYSOH, call Member Services at **1-855-659-5971** to make sure we are aware of the changes. If you no longer qualify for Medicaid, call Member Services to see if you are eligible for another program, or you can check with your local Department of Social Services.

Disenrollment and Transfers

1. If You Want to Leave the Plan

You can try us out for 90 days. You may leave the Healthfirst Personal Wellness Plan and join another health plan at any time during that time. If you do not leave in the first 90 days, however, you must stay in the Healthfirst Personal Wellness Plan for nine more months, unless you have a good reason (good cause). Some examples of good cause include:

- Our health plan does not meet New York State requirements and members are harmed because of it.
- You move out of our service area.
- You, the plan, and the LDSS all agree that disenrollment is best for you.
- You are or become exempt or excluded from managed care.
- We do not offer a Medicaid managed care service that you can get from another health plan in your area.
- You need a service that is related to a benefit we have chosen not to cover and getting the service separately would put your health at risk.
- We have not been able to provide services to you as we are required to under our contract with the State.

Option to Leave the Plan

Call the Managed Care staff at your local Department of Social Services.

If you live in NYC, in Nassau County, or in Suffolk County, please, call New York Medicaid Choice at **1-800-505-5678**. The New York Medicaid Choice counselors can help you change health plans.

You may be able to disenroll or transfer to another plan over the phone. If you have to be in managed care, you will have to choose another health plan.

It may take between two and six weeks to process, depending on when your request is received. You will get a notice that the change will take place by a certain date. The Healthfirst Personal Wellness Plan will provide the care you need until then.

You can ask for faster action if you believe the timing of the regular process will cause added damage to your health. You can also ask for faster action if you have complained because you did not agree to the enrollment. Just call your local Department of Social Services or New York Medicaid Choice.

2. You Could Become Ineligible for Medicaid Managed Care and for Health and Recovery Plans

- You may have to leave the Healthfirst Personal Wellness Plan if you:
 - Move out of the county or service area,
 - Change to another managed care plan,
 - Join an HMO or other insurance plan through work,
 - Go to prison, or
 - Otherwise lose eligibility.
- **If you have to leave the Healthfirst Personal Wellness Plan or become ineligible for Medicaid, all of your services may stop unexpectedly, including any care you receive at home.** Call New York Medicaid Choice at **1-800-505-5678** right away if this happens.

3. We Can Ask You To Leave the Healthfirst Personal Wellness Plan

You can also lose your Healthfirst Personal Wellness Plan membership, if you often:

- Refuse to work with your PCP in regard to your care,
- Don't keep appointments,
- Go to the emergency room for non-emergency care,
- Don't follow the Healthfirst Personal Wellness Plan's rules,
- Do not fill out forms honestly or do not give true information (commit fraud),
- Act in ways that make it hard for us to do our best for you and other members even after we have tried to fix the problems.

You can also lose your Healthfirst Personal Wellness Plan membership, if you cause abuse or harm to plan members, providers, or staff.

4. No matter the reason you disenroll, we will prepare a discharge plan for you to help you get services you need.

Plan Appeals

There are some treatments and services that you need to get approval for before you receive them or in order to be able to continue receiving them. This is called **prior authorization**. Asking for approval of a treatment or service is called a **service authorization request**. This process is described earlier in this handbook. The notice of our decision to deny a service authorization request or to approve it for an amount that is less than requested is called an **Initial Adverse Determination**.

If you are not satisfied with our decision about your care, there are steps you can take.

Your provider can ask for reconsideration:

If we made a decision that your service authorization request was not medically necessary or was experimental or investigational and we did not talk to your doctor about it, your doctor may ask to speak with the plan's Medical Director. The Medical Director will talk to your doctor within one work day.

You can file a Plan Appeal:

If you think our decision about your service authorization request is wrong, you can ask us to look at your case again. This is called a **Plan Appeal**.

- You have **60 calendar days** from the date of the Initial Adverse Determination notice to ask for a Plan Appeal.
- You can call Member Services at **1-855-659-5971** if you need help asking for a Plan Appeal or following the steps of the appeal process. We can help if you have any special needs like a hearing or vision impairment, or if you need translation services.
- You can ask for a Plan Appeal, or you can have someone else, like a family member, friend, doctor or lawyer, ask for you. You and that person will need to sign and date a statement saying you want that person to represent you.
- We will not treat you any differently or act badly toward you because you ask for a Plan Appeal.

Aid to continue while appealing a decision about your care:

If we decided to reduce, suspend, or stop services you are getting now, you may be able to continue the services while you wait for your Plan Appeal to be decided. **You must ask for your Plan Appeal:**

- **Within 10 days from being told that your care is changing; or**
- **By the date the change in services is scheduled to occur, whichever is later.**

If your Plan Appeal results in another denial, you may have to pay for the cost of any continued benefits that you received.

You can call or write to ask for a Plan Appeal. When you ask for a Plan Appeal, or soon after, you will need to give us:

- Your name and address
- Enrollee number
- Service you asked for and reason(s) for appealing
- Any information that you want us to review, such as medical records, doctors' letters or other information that explains why you need the service.
- Any specific information we said we needed in the Initial Adverse Determination notice.
- To help you prepare for your Plan Appeal, you can ask to see the guidelines, medical records, and other documents we used to make the Initial Adverse Determination. If your Plan Appeal is fast tracked, there may be a short time to give us information you want us to review. You can ask to see these documents or ask for a free copy by calling **1-855-659-5971**.

Give us your information and materials by phone or mail:

Phone:

1-855-659-5971

TTY: 1-888-542-3821

24 hours a day, 7 days a week

Mail:

Healthfirst

P.O. Box 5166

New York, NY 10274-5166

**Attention: Appeals and Grievances
Department**

If you ask for a Plan Appeal by phone, unless it is fast tracked, you must also send your Plan Appeal to us in writing. After your call, we will send you a form which is a summary of your phoned Plan Appeal. If you agree with our summary, you should sign and return the form to us. You can make any needed changes before sending the form back to us.

If you are asking for an out-of-network service or provider:

- If we said that the service you asked for is not very different from a service available from a participating provider, you can ask us to check if this service is medically necessary for you. You will need to ask your doctor to send this information with your Plan Appeal:
 - 1) a statement in writing from your doctor that the out-of-network service is very different from the service the plan can provide from a participating provider. Your doctor must be a board-certified or board-eligible specialist who treats people who need the service you are asking for.
 - 2) two medical or scientific documents that prove the service you are asking for is more helpful to you and will not cause you more harm than the service the plan can provide from a participating provider.

If your doctor does not send this information, we will still review your Plan Appeal. However, you may not be eligible for an External Appeal. See the External Appeal section later in this handbook.

- If you think our participating provider does not have the correct training or experience to provide a service, you can ask us to check if it is medically necessary for you to be referred to an out-of-network provider. You will need to ask your doctor to send this information with your appeal:

- 1) a statement in writing that says our participating provider does not have the correct training and experience to meet your needs, and
- 2) that recommends an out-of-network provider with the correct training and experience who is able to provide the service.

Your doctor must be a board-certified or board-eligible specialist who treats people who need the service you are asking for. If your doctor does not send this information, we will still review your Plan Appeal. However, you may not be eligible for an External Appeal. See the External Appeal section later in this handbook.

What Happens After We Get Your Plan Appeal:

- Within 15 days, we will send you a letter to let you know we are working on your Plan Appeal.
- We will send you a free copy of the medical records and any other information we will use to make the appeal decision. If your Plan Appeal is fast tracked, there may be a short time to review this information.
- You can also provide information to be used in making the decision, in person or in writing. Call Healthfirst Member Services at **1-855-659-5971** if you are not sure what information to give us.
- Plan Appeals of clinical matters will be decided by qualified healthcare professionals who did not make the first decision, at least one of whom will be a clinical peer reviewer.
- Non-clinical decisions will be handled by persons who work at a higher level than the people who worked on your first decision.
- You will be given the reasons for our decision and our clinical rationale, if it applies. The notice of the Plan Appeal decision to deny your request or to approve it for an amount that is less than requested is called a **Final Adverse Determination**.

■ If you think our Final Adverse Determination is wrong:

- You can ask for a Fair Hearing. See the Fair Hearing section of this handbook.
- For some decisions, you may be able to ask for an External Appeal. See the External Appeal section of this handbook.
- You may file a complaint with the New York State Department of Health at **1-800-206-8125**.

Timeframes for Plan Appeals:

- **Standard Plan Appeals:** If we have all the information we need, we will tell you our decision within **30 calendar days** from when you asked for your Plan Appeal.
- **Fast-Track Plan Appeals:** If we have all the information we need, fast-track Plan Appeal decisions will be made in two working days from your Plan Appeal but not more than 72 hours from when you asked for your Plan Appeal.
 - We will tell you within in 72 hours if we need more information.
 - If your request was denied when you asked for more inpatient substance use disorder treatment at least 24 hours before you were to leave the hospital, we will make a decision about your appeal within 24 hours.
 - We will tell you our decision by phone and send a written notice later.

Your Plan Appeal will be reviewed under the fast-track process if:

- You or your doctor asks to have your Plan Appeal reviewed under the fast-track process. Your doctor would have to explain how a delay will cause harm to your health. If your request for fast track is denied, we will tell you and your Plan Appeal will be reviewed under the standard process; **or**
- Your request was denied when you asked to continue receiving care that you are now getting or need to extend a service that has been provided; **or**

- Your request was denied when you asked for home health care after you were in the hospital; **or**
- Your request was denied when you asked for more inpatient substance use disorder treatment at least 24 hours before you were to leave the hospital.

If we need more information to make either a standard or fast-track decision about your Plan Appeal, we will:

- Write you and tell you what information is needed. If your request is in a fast-track review, we will call you right away and send a written notice later.
- Tell you why the delay is in your best interest.
- Make a decision no later than 14 days from the day we asked for more information

You or your representative may also ask us to take more time to make a decision. This may be because you have more information to give the plan to help decide your case. This can be done by calling or writing.

1-855-659-5971

24 hours a day, 7 days a week

TTY: 1-888-542-3821

Healthfirst

P.O. Box 5166

New York, NY 10274-5166

**Attention: Appeals and Grievances
Department**

You or your representative can file a complaint with the plan if you don't agree with our decision to take more time to review your Plan Appeal. You or someone you trust can also file a complaint about the review time with the New York State Department of Health by calling **1-800-206-8125**.

If you do not receive a response to your Plan Appeal or we do not decide in time, including extensions, you can ask for a Fair Hearing. See the Fair Hearing section of this handbook.

If we do not decide your Plan Appeal on time, and we said the service you are asking for is:

- Not medically necessary;

- Experimental or investigational;
- Not different from care you can get in the plan's network; **or**
- Available from a participating provider who has correct training and experience to meet your needs, the original denial will be reversed.

This means your service authorization request will be approved.

External Appeals

You have other appeal rights if we said the service you are asking for was:

- Not medically necessary;
- Experimental or investigational;
- Not different from care you can get in the plan's network; **or**
- Available from a participating provider who has correct training and experience to meet your needs.

For these types of decisions, you can ask New York State for an independent **External Appeal**. This is called an External Appeal because it is decided by reviewers who do not work for the health plan or the state. These reviewers are qualified people approved by New York State. The service must be in the plan's benefit package or be an experimental treatment, clinical trial, or treatment for a rare disease. You do not have to pay for an External Appeal.

Before you ask for an External Appeal:

- You must file a Plan Appeal and get the plan's Final Adverse Determination; **or**
- If you have not gotten the service, and you ask for a fast-track Plan Appeal, you may ask for an expedited External Appeal at the same time. Your doctor will have to say an expedited External Appeal is necessary; **or**
- You and the plan may agree to skip the plan's appeals process and go directly to External Appeal; **or**
- You can prove the plan did not follow the rules correctly when processing your Plan Appeal.

You have **four (4) months** after you receive the plan's Final Adverse Determination to ask for an External Appeal. If you and the plan agreed to skip the plan's appeals process, then you must ask for the External Appeal within four (4) months of when you made that agreement.

To ask for an External Appeal, fill out an application and send it to the New York State Department of Financial Services: 99 Washington Avenue, Box 177, Albany, NY 12210. You can call Member Services at **1-855-659-5971** if you need help filing an appeal. You and your doctors will have to give information about your medical problem. The External Appeal application says what information will be needed.

Here are some ways to get an application:

- Call the Department of Financial Services, **1-800-400-8882**
- Go to the Department of Financial Services' website at **dfs.ny.gov**.
- Contact a Healthfirst Member Services Representative at **1-855-659-5971**.

Your External Appeal will be decided in 30 days. More time (up to five work days) may be needed if the External Appeal reviewer asks for more information. You and the plan will be told the final decision within two days after the decision is made.

You can get a faster decision if:

- Your doctor says that a delay will cause serious harm to your health:
- You are in the hospital after an emergency room visit and the hospital care is denied by the plan.

This is called an **expedited External Appeal**. The External Appeal reviewer will decide an expedited appeal in 72 hours or less.

If you asked for inpatient substance use disorder treatment at least 24 hours before you were to leave the hospital, we will continue to pay for your stay if:

- you ask for a fast-track Plan Appeal within 24 hours, AND
- you ask for a fast-track External Appeal at the same time.

We will continue to pay for your stay until there is a decision made on your appeals. We will make a decision about your fast-track Plan Appeal in 24 hours. The fast-track External Appeal will be decided in 72 hours.

The External Appeal reviewer will tell you and the plan the decision right away by phone or fax. Later, a letter will be sent that tells you the decision.

If you ask for a Plan Appeal and you receive a Final Adverse Determination that denies, reduces, suspends, or stops your service, you can ask for a Fair Hearing. You may ask for a Fair Hearing or ask for an External Appeal, or both. If you ask for both a Fair Hearing and an External Appeal, the decision of the fair hearing officer will be the one that counts.

Fair Hearings

You may ask for a **Fair Hearing** from New York State if:

- You are not happy with a decision your local Department of Social Services or the State Department of Health made about your staying or leaving the Healthfirst Personal Wellness Plan.
- You are not happy with a decision we made to restrict your services. You feel the decision limits your Medicaid benefits. You have 60 calendar days from the date of the Notice of Intent to Restrict to ask for a Fair Hearing. If you ask for a Fair Hearing within 10 days of the Notice of Intent to Restrict, or by the effective date of the restriction, whichever is later, you can continue to get your services until the Fair Hearing decision. However, if you lose your Fair Hearing, you may have to pay the cost for the services you received while waiting for the decision.
- You are not happy with a decision that your doctor would not order services you wanted. You feel the doctor's decision stops or limits your Medicaid benefits. You must file a complaint with the Healthfirst Personal Wellness Plan. If the Healthfirst Personal Wellness Plan agrees with your doctor,

you may ask for a Plan Appeal. If you receive a Final Adverse Determination, you will have 120 calendar days from the date of the Final Adverse Determination to ask for a state Fair Hearing

- You are not happy with a decision that we made about your care. You feel the decision limits your Medicaid benefits. You are not happy we decided to:
 - reduce, suspend or stop care you were getting; **or**
 - deny care you wanted;
 - deny payment for care you received; **or**
 - did not let you dispute a copay amount, other amount you owe, or payment you made for your healthcare.

You must first ask for a Plan Appeal and receive a Final Adverse Determination. You will have 120 calendar days from the date of the Final Adverse Determination to ask for a Fair Hearing.

If you asked for a Plan Appeal and received a Final Adverse Determination that reduces, suspends, or stops care you are getting now, you can continue to get the services your doctor ordered while you wait for your Fair Hearing to be decided. You must ask for a fair hearing within 10 days from the date of the Final Adverse Determination or by the time the action takes effect, whichever is later.

However, if you choose to ask for services to be continued and you lose your Fair Hearing, you may have to pay the cost for the services you received while waiting for a decision.

- You asked for a Plan Appeal, and the time for us to decide your Plan Appeal has expired, including any extensions. If you do not receive a response to your Plan Appeal or we do not decide in time, you can ask for a Fair Hearing.

The decision you receive from the fair hearing officer will be final.

You can use one of the following ways to request a Fair Hearing:

- By phone – call toll-free **1-800-342-3334**
- By fax – 1-518-473-6735
- By internet – **otda.state.ny.us/oah/forms.asp**
- By mail – NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
Managed Care Hearing Unit
P.O. Box 22023
Albany, New York 12201-2023

When you ask for a Fair Hearing about a decision the Healthfirst Personal Wellness Plan made, we must send you a copy of the evidence packet. This is information we used to make our decision about your care. The plan will give this information to the hearing officer to explain our action. If there is not time enough to mail it to you, we will bring a copy of the **evidence packet** to the hearing for you. If you do not get your evidence packet by the week before your hearing, you can call **1-855-659-5971** to ask for it.

Remember, you may complain anytime to the New York State Department of Health by calling **1-800-206-8125**.

You can also call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, complaints, and appeals' options. They can help you manage the appeal process. Contact ICAN to learn more about their services:

Phone: 1-844-614-8800

(TTY Relay Service: 711)

Web: icannys.org | Email: ican@cssny.org

Complaint Process

Complaints:

We hope our health plan serves you well. If you have a problem, talk with your PCP, or call or write Member Services. Most problems can be solved right away. If you have a problem or dispute with your care or services, you can file a complaint with the plan. Problems that are not solved right away over the phone and any complaint that comes in the mail will be handled according to our complaint procedure described below.

You can call Member Services at **1-855-659-5971** if you need help filing a complaint or following the steps of the complaint process. We can help if you have any special needs like a hearing or vision impairment, or if you need translation services.

We will not make things hard for you or take any action against you for filing a complaint.

You also have the right to contact the New York State Department of Health about your complaint at **1-800-206-8125** or write to:

Complaint Unit, Bureau of Consumer Services
OHIP DHPCO 1CP-1609
New York State Department of Health
Albany, New York 12237

You may also contact your local Department of Social Services with your complaint at any time. You may call the New York State Department of Financial Services at **1-800-342-3736** if your complaint involves a billing problem.

How To File a Complaint with Our Plan:

You can file a complaint, or you can have someone else, like a family member, friend, doctor or lawyer, file the complaint for you. You and that person will need to sign and date a statement saying you want that person to represent you.

To file by phone, call Member Services at **1-855-659-5971**. If you call us after hours, leave a message. We will call you back the next work day. If we need more information to make a decision, we will tell you.

You can write us with your complaint or call the Member Services number and request a complaint form. It should be mailed to:

Healthfirst
P.O. Box 5166
New York, NY 10274-5166
Attention: Appeals and Grievances
Department
You may also FAX the complaint to:
1-646-313-4618

What Happens Next:

If we don't solve the problem right away over the phone or after we get your written complaint, we will send you a letter within 15 work days. The letter will tell you:

- Who is working on your complaint
- How to contact this person
- If we need more information

You can also provide information to be used reviewing your complaint in person or in writing. Call the Healthfirst Personal Wellness Plan at **1-855-659-5971** if you are not sure what information to give us.

Your complaint will be reviewed by one or more qualified people. If your complaint involves clinical matters, your case will be reviewed by one or more qualified healthcare professionals.

After We Review Your Complaint:

- We will let you know our decision in 45 days of when we have all the information we need to answer your complaint, but you will hear from us in no more than 60 days from the day we get your complaint. We will write and tell you the reasons for our decision.
- When a delay would risk your health, we will let you know our decision in 48 hours of when we have all the information we need to answer your complaint, but you will hear from us in no more than seven (7) days from the day we get your complaint. We will call you with our decision or try to reach you to tell you. You will get a letter to follow up our communication in three (3) work days.

- You will be told how to appeal our decision if you are not satisfied and we will include any forms you may need.
- If we are unable to make a decision about your Complaint because we don't have enough information, we will send a letter and let you know.

Complaint Appeals:

If you disagree with a decision we made about your complaint, you can file a **complaint appeal** with the plan.

How To Make a Complaint Appeal:

- If you are not satisfied with what we decide, you have at least 60 work days after hearing from us to file a complaint appeal;
- You can do this yourself or ask someone you trust to file the complaint appeal for you;
- The complaint appeal must be made in writing. If you make a complaint appeal by phone, it must be followed up in writing. After your call, we will send you a form which is a summary of your phone appeal. If you agree with our summary, you must sign and return the form to us. You can make any needed changes before sending the form back to us.

What Happens After We Get Your Complaint Appeal:

After we get your complaint appeal, we will send you a letter within 15 work days. The letter will tell you:

- Who is working on your complaint appeal
- How to contact this person
- If we need more information

Your complaint appeal will be reviewed by one or more qualified people at a higher level than those who made the first decision about your complaint. If your complaint appeal involves clinical matters, your case will be reviewed by one or more qualified healthcare professionals, with at least one clinical peer reviewer, that were not involved in making the first decision about your complaint.

If we have all the information we need, you will know our decision in 30 work days. If a delay would risk your health, you will get our decision in

two work days of when we have all the information we need to decide the appeal. You will be given the reasons for our decision and our clinical rationale, if it applies. If you are still not satisfied, you or someone on your behalf can file a complaint at any time with the New York State Department of Health at **1-800-206-8125**.

You can also call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, complaints, and appeals' options. They can help you manage the appeal process. Contact ICAN to learn more about their services:

Phone: 1-844-614-8800

(TTY Relay Service: 711)

Web: icannys.org | Email: ican@cssny.org

Member Rights and Responsibilities

Your Rights

As a member of the Healthfirst Personal Wellness Plan, you have a right to:

- Be cared for with respect, without regard for health status, sex, race, color, religion, national origin, age, marital status, or sexual orientation.
- Be told where, when, and how to get the services you need from the Healthfirst Personal Wellness Plan.
- Be told by your PCP what is wrong, what can be done for you, and what will likely be the result in language you understand.
- Get a second opinion about your care.
- Give your OK to any treatment or plan for your care after that plan has been fully explained to you.
- Refuse care and be told what you may risk if you do.
- Refuse enrollment into a Health Home and be told how to receive your physical and behavioral healthcare needs without having an assigned Health Home Care Manager.
- Get a copy of your medical record, and talk about it with your PCP, and to ask, if needed, that your medical record be amended or corrected.

- Be sure that your medical record is private and will not be shared with anyone except as required by law, contract, or with your approval.
- Use the Healthfirst Personal Wellness Plan complaint system to settle any complaints, or you can complain to the New York State Department of Health or the local Department of Social Services any time you feel you were not fairly treated.
- Use the State Fair Hearing system.
- Appoint someone (relative, friend, lawyer, etc.) to speak for you if you are unable to speak for yourself about your care and treatment.
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

Your Responsibilities

As a member of the Healthfirst Personal Wellness Plan, you agree to:

- Work with your care team to protect and improve your health.
- Find out how your healthcare system works.
- Listen to your PCP's advice and ask questions when you are in doubt.
- Call or go back to your PCP if you do not get better, or ask for a second opinion.
- Treat healthcare staff with the respect you expect yourself.
- Tell us if you have problems with any healthcare staff. Call Member Services.
- Keep your appointments. If you must cancel, call as soon as you can.
- Use the emergency room only for real emergencies.
- Call your PCP when you need medical care, even if it is after hours.

Advance Directives

There may come a time when you can't decide about your own healthcare. By planning in advance, you can arrange now for your wishes to be carried out. First, let family, friends, and your doctor know what kinds of treatment you do or don't want. Second, you can appoint an adult you trust to make decisions for you. Be sure to talk with your PCP, your family, or others close to you so they will know what you want. Third, it is best if you put your thoughts in writing. The documents listed below can help. You do not have to use a lawyer, but you may wish to speak with one about this. You can change your mind and change these documents at any time. We can help you understand or get these documents. They do not change your right to quality healthcare benefits. The only purpose is to let others know what you want if you can't speak for yourself.

Healthcare Proxy

With this document, you name another adult that you trust (usually a friend or family member) to decide about medical care for you if you are not able to do so. If you do this, you should talk with the person so they know what you want.

CPR and DNR

You have the right to decide if you want any special or emergency treatment to restart your heart or lungs if your breathing or circulation stops. If you do not want special treatment, including cardiopulmonary resuscitation (CPR), you should make your wishes known in writing. Your PCP will provide a DNR (Do Not Resuscitate) order for your medical records. You can also get a DNR form to carry with you and/or a bracelet to wear that will let any emergency medical provider know about your wishes.

Organ Donor Card

This wallet-sized card says that you are willing to donate parts of your body to help others when you die. Also, check the back of your driver's license to let others know if and how you want to donate your organs.

Healthfirst Privacy Notice

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. THE EFFECTIVE DATE OF THIS NOTICE IS JULY 1, 2016.

At Healthfirst (made up of Healthfirst, Inc., Healthfirst PHSP, Inc., Healthfirst Health Plan, Inc., and Senior Health Partners, Inc.), we respect 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 this notice, and abide by the terms of this notice. This notice explains how we use information about you and when we can share that information with others. It also informs you of your rights as our valued customer and how you can exercise those rights. Healthfirst is sending this notice to you because our records show that we provide health and/or dental benefits to you under an individual or group policy.

This notice applies to Healthfirst, Inc., Healthfirst PHSP, Inc., Healthfirst Health Plan, Inc., and Senior Health Partners, Inc. We are required to follow the terms of this notice until we replace it, and we reserve the right to change the terms of this notice at any time. If we make material changes to our Privacy practices, we will revise it and provide a new Privacy Notice to all persons to whom we are required to give the new notice within 60 days of the change. We will also post any material revision of this notice on our Healthfirst, Inc. website. We reserve the right to make the new changes apply to your health information maintained by us before and after the effective date of the new notice. Every three years, we will notify our members about the availability of the Privacy Notice and how to obtain it.

Healthfirst participates in an Organized Health Care Arrangement (OHCA) under the Health Insurance Portability and Accountability Act. An OHCA is an arrangement that allows Healthfirst and its hospital partners covered by this notice to share protected health information (PHI) about their patients or plan members to promote the joint operations of the participating entities. The organizations participating in this OHCA may use and disclose your health

information with each other as necessary for treatment, to obtain payment for treatment, for administrative purposes, to evaluate the quality of care that you receive, and for any other joint healthcare operations of the OHCA.

The covered entities participating in the OHCA agree to abide by the terms of this notice with respect to PHI created or received by the covered entity as part of its participation in the OHCA. The covered entities are Mount Sinai Health System (Mount Sinai Hospital, Mount Sinai Beth Israel, Mount Sinai St. Luke's, Mount Sinai West Roosevelt), St. Barnabas Hospital, Medisys Health Network, Maimonides Medical Center, Bronx-Lebanon Hospital, NYC Health + Hospitals, The Brooklyn Hospital Center, NorthWell Health, Montefiore Medical Center, Stony Brook University Medical Center, Interfaith Medical Center, St. John's Episcopal Hospital, SUNY-Downstate Medical Center/University Hospital of Brooklyn, and NuHealth. The covered entities, which comprise the OHCA, are in numerous locations throughout the greater New York area. This notice applies to all these sites.

The covered entities participating in the OHCA will share protected health information with each other as the information is necessary to carry out treatment, payment, or healthcare operations. The covered entities that make up the OHCA may have different policies and procedures regarding the use and disclosure of health information created and maintained in each of their facilities. Additionally, while all of the entities that make up the OHCA will use this notice for OHCA-related activities, they may use a notice specific to their own facilities when they are providing services at their organizations. If you have questions about any part of this notice or if you want more information about the OHCA-covered entities, please contact the Privacy Office at **1-212-801-6299**.

How We Use or Share Information

In this notice, when we talk about “information” or “health information,” we mean information we receive directly/indirectly from you through enrollment forms, such as your name, address, and other demographic data; information from your transactions with us or our providers, such as medical history, healthcare treatment, prescriptions, healthcare claims and encounters, health service requests, and appeal or grievance information; or financial information pertaining to your eligibility for governmental health programs or pertaining to your payment of premiums.

Permissible Uses and Disclosures Without Your Consent or Authorization

The following are ways we may use or share information about you.

Healthcare Providers’ Treatment Purposes

We may disclose your health information to your doctor, at the doctor’s request, for your treatment; use the information to help pay your medical bills that have been submitted to us by doctors and hospitals for payment; share your information with your doctors or hospitals to help them provide medical care to you. For example, if you are in the hospital, we may give them access to any medical records sent to us by your doctor. We may use or share your information with others to help manage your healthcare. For example, we might talk to your doctor to suggest a disease-management or wellness program that could help improve your health.

Healthcare Payment

We may disclose your health information to obtain premiums; to obtain or provide reimbursement for your medical bills; to help a hospital or doctor determine your eligibility or coverage; for billing claims management and other reimbursement activities; for review of healthcare services with respect to medical necessity, appropriateness of care, or justification of charges; for utilization review activities including preauthorization, precertification, concurrent and retrospective review of services; and for disclosure to consumer reporting agencies of any protected health information related to the collection of premiums or other reimbursement.

Healthcare Operations

We may use and disclose your health information to conduct quality assessment and improvement activities; for underwriting, or other activities relating to the creation, renewal, or replacement of a contract

of health insurance; share your information with others who help us manage, plan, or develop our business operations; to authorize business associates to perform data aggregation services; to participate in case management or care coordination. We will not share your information with these outside groups unless they agree to keep it protected, and we are prohibited from using or disclosing your genetic information for underwriting purposes. In some situations, we may disclose your health information to another covered entity for the limited healthcare operations activities and healthcare fraud and abuse compliance activities of the entity that receives your health information.

Healthcare Services

We may use or share your information to give you information about alternative medical treatments and programs or about health-related products and services that you may be interested in. For example, we might send you information about asthma, diabetes control, or health management programs. We do not sell your information to outside groups who may want to sell their products/services to you, such as a catalog company. We may disclose your health information to our business associates to assist us with these activities.

Health Information Exchange

We may use or share your information electronically via our Health Information Exchange to the hospitals and providers that participate in our OHCA. This information may include visit and clinical information including admissions, discharge, and transfer notifications, blood pressure readings, body mass indexes, visit summaries, and lab results. We may share information including filled pharmacy claims, medical encounters, and quality care gaps. We will not share information to any physician’s offices, hospitals, clinics, labs, or other sites that are not part of the OHCA.

As Required by Law

State and federal laws may require us to release your health information to others. We may be required to report information to state and federal agencies that regulate us, such as the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, New York State and City Departments of Health, Local Districts of Social Services, and New York State Attorney General.

We may also use and disclose your health information as follows:

- To someone who has the legal right to act for you (your personal representative, medical power of attorney, or legal guardian) in order to administer your rights as described in this notice;
- To report information to public health agencies if we believe there is a serious health or safety threat;
- To provide information to a court or administrative agency (for example, pursuant to a court order, subpoena, or child protective order);
- To report information to a government authority regarding child abuse, neglect, or domestic violence; report information for law enforcement purposes;
- To share information for public health activities;
- To share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others;
- For research purposes in limited circumstances;
- To a coroner, medical examiner, or funeral director about a deceased person;
- To an organ procurement organization in limited circumstances; and
- To prevent serious threat to your health or safety or the health or safety of others.

Permissible Uses and Disclosures With Your Consent or Authorization

If one of the above reasons does not apply to our use or disclosure of your health information, we must get your written permission prior to using or disclosing your health information. For example, most uses and disclosures of psychotherapy notes (if maintained by Healthfirst), uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require that we obtain your written authorization prior to disclosing the information. If you give us written permission to use or disclose your personal health information and you change your mind, you may revoke your written permission at any time. Your revocation will be effective for all your health information we maintain, unless we have taken action in reliance on your authorization.

Your Rights

The following are your rights with respect to your health information that we maintain. You may make a written request to us to do one or more of the following concerning your health information:

- You have the right to request a copy of this notice to be mailed to you if you received this notice through means other than by U.S. mail. You can also view a copy of the notice on our website at **healthfirst.org**.
- You have the right to request copies of your health information. In limited situations, we do not have to agree to your request (e.g., information contained in psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and information subject to certain federal laws governing biological products and clinical laboratories). In certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed. You have the right to ask us to restrict how we use or disclose your information for treatment, payment, or healthcare operations. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your healthcare or payment for your healthcare. While we may honor your request, we are not required to agree to these restrictions.
- You have the right to submit special instructions to us regarding how we send plan information to you that contains protected health information. For example, you may request that we send your information by a specific means (such as U.S. mail or fax) or to a specified address if you believe that you would be harmed if we send your information to you by other means (for example, in situations involving domestic disputes or violence). We will accommodate your reasonable requests as explained above. Even though you requested that we communicate with you through alternative means, we may provide the contract holder with cost information.

- You have the right to inspect and obtain a copy of information that we maintain about you in your “designated record set.” The designated record set is the group of records that we use in order to make decisions about you, and includes enrollment, payment, claims adjudication, and case management records.
- You have the right to ask us to make changes to information we maintain about you in your designated record set. These changes are known as amendments. Your written request must include a reason for your request. Denied requests to amend will be communicated to you in writing, with an explanation for the denial. You have a right to file a written statement of disagreement.
- You have the right to receive an accounting of certain disclosures of your information made by us during the six (6) years prior to your request. We are not required to provide you with an accounting of the following disclosures:
 - Disclosures made prior to April 14, 2003;
 - Disclosures made for treatment, payment, and healthcare operations purposes;
 - Disclosures made to you, your personal representative, or pursuant to your authorization;
 - Disclosures made incident to a use or disclosure otherwise permitted;
 - Disclosures made to persons involved in your care or other notification purposes;
 - Disclosures made for national security or intelligence purposes;
 - Disclosures made to correctional institutions, law enforcement officials, or health oversight agencies; or
 - Disclosures made as part of a limited data set for research, public health, or healthcare operations purposes.
- You will be notified by Healthfirst following a breach of unsecured protected health information.

Exercising Your Rights

If you would like to exercise the rights described in this notice, please contact our Privacy Office (below), Monday to Friday, from 9am to 5pm, by phone, email, or in writing. We will provide you with the necessary information and forms for you to complete and return to our Privacy Office. In some cases, we may charge you a cost-based fee to carry out your request. If you have any questions about this notice or about how we use or share information, please contact the Healthfirst Privacy Office.

Complaints

If you believe that we have violated your privacy rights, you have the right to file a complaint with us or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by calling or writing the Privacy Office (below). We will not take action against you for filing a complaint with us or with the U.S. Department of Health and Human Services:

Healthfirst Privacy Office
 P.O. Box 5183
 New York, NY 10274-5183
 Phone: 1-212-801-6299
 Email: HIPAAPrivacy@healthfirst.org

Office for Civil Rights
 U.S. Department of Health
 and Human Services
 Jacob Javits Federal Building, Suite 3312
 New York, NY 10278
 O.C.R. Hotlines-Voice: **1-800-368-1019**
 TDD: **1-800-537-7697**
 Email: ocrmail@hhs.gov
 Website: hhs.gov/ocr/

New York State Privacy Notice

What is this notice?

At Healthfirst, Inc. (made up of Healthfirst PHSP, Inc., Healthfirst Health Plan, Inc., Senior Health Partners, Inc., and Healthfirst Insurance Company, Inc.), we appreciate the trust our members place in us, and we recognize the importance and sensitivity of protecting the confidentiality of the nonpublic personal information that we collect about them. We collect nonpublic personal information from our members to effectively administer our health plans and to provide healthcare benefits to members of our health plans. Protecting this information is our top priority, and we are pleased to share our Privacy Policy with you.

What is Nonpublic Personal Information?

Nonpublic personal information ("NPI") is information that identifies an individual enrolled in a Healthfirst health plan (e.g., Child Health Plus, Healthfirst Medicare Plan, and Healthfirst Insurance Company, Inc.) and relates to: an individual's enrollment in the plan; an individual's participation in the plan; an individual's physical or mental/behavioral health condition; the provision of healthcare to that individual; or payment for the provision of healthcare rendered to that individual. NPI does not include publicly available information, or information that is reported or available in an aggregate form, without any personal identifiers.

What types of NPI does Healthfirst collect?

Like all other healthcare plans, we collect the following types of NPI about our members and their dependents in the normal course of business in order to provide healthcare services to you:

- Information we receive directly or indirectly from you or city/state governmental agencies through eligibility and enrollment applications, and other forms, such as: name, address, date of birth, social security number, marital status, dependent information, assets, and income tax returns.
- Information about your transactions with us, our affiliated healthcare providers or others, including, but not limited to, appeals and grievances information, claims for benefits, premium payment history, medical records, and coordination of benefits information. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.
- Information about your activity on our website.

What NPI does Healthfirst use or disclose to third parties, and why?

We do not disclose NPI to anyone without your written authorization, except as permitted by law. If we were to do so in the future, we will notify you of such change in policy and advise you of your right to instruct us not to make such disclosure. At any time, you can tell us not to share any of your personal information with affiliated companies that provide offers other than our products or services. If you wish to exercise your opt-out option, or to revoke a previous opt-out request, you need to provide the following information to process your request: your name, date of birth, and your member identification number.

You can use any of the methods below to request or revoke your opt-out:

- Call us at **1-212-801-6299**
- Email us at **HIPAAPrivacy@healthfirst.org**
- Send your opt-out request to us in writing:

**Healthfirst Privacy Office
P.O. Box 5183
New York, NY 10274-5183**

How does Healthfirst treat NPI that relates to your personal health information?

Healthfirst will not disclose any of your nonpublic health information without your written authorization, except as otherwise permitted by law. Nonpublic health information is individually identifiable information that we maintain relating to the provision of your healthcare or payment of your healthcare, including your medical records and claims payment information.

Under the law, Healthfirst is permitted to disclose nonpublic health information in order to administer your healthcare benefits, including; authorizing requests for healthcare services, payment of claims for services, ensuring quality improvement and assurance practices, resolving appeals or grievance inquiries, and any disclosure required to applicable governmental agencies.

If at any time in the future Healthfirst seeks to disclose your nonpublic health information in any manner not permitted under the law, we will send you a special consent form to complete and sign before we disclose your information.

Regulation 169 Privacy Notice [2007]

What are Healthfirst's Confidentiality and Security Policies for NPI?

We restrict access to NPI about you to those Healthfirst employees who need to know that information in order to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your NPI. Employees who violate our confidentiality or security policies are subject to disciplinary action, up to and including termination of employment.

REV 07/2016

How Do I Contact Healthfirst? And Other Important Contact Information

We make it easy to reach us when you need help. The fastest way to get the answers you need is usually online, but we're also available to talk to you in person at Healthfirst Community Offices or over the phone.

Please fill in names and phone numbers

Your Primary Care Provider (PCP):

Your Health Home Care Manager:

Your Health Home:

ONLINE

Healthfirst Websites

healthfirst.org (For general information)
MyHFNY.org (Log in to your secure Healthfirst account)
HFDocFinder.org (Find a doctor, specialist, urgent care center, or hospital)

MAIL

General Member Correspondence

Personal Wellness Plan
100 Church Street, New York, NY 10007

CVS Pharmacy Mail Order Prescription Service (only)

P.O. Box 2110, Pittsburgh, PA 15230-2110

PHONE

Healthfirst Member Services

1-855-659-5971
 24 hours a day, 7 days a week
 TTY: 1-888-542-3821

Healthfirst Care Management

1-800-404-8778
 Monday to Friday, 8:30am–5:30pm
 TTY: 1-888-542-3821

CVS Pharmacy Mail Order Prescription Service (only)

1-800-378-5697
 Monday to Friday, 8am–8:30pm

Dental Care

Choose a primary dentist (dental home) for your dental care. These benefits are administered by DentaQuest.

1-800-508-2047
 Monday to Friday, 9am–6pm

Vision Care

Select an eye doctor for your vision care. These benefits are administered by Davis Vision.

1-800-753-3311
 Monday to Friday, 8am–11pm; Saturday, 9am–4pm;
 Sunday, 12pm–4pm

Non-Emergency Transportation

Please call three days in advance to arrange for transportation to your doctor's appointment

Medical Answering Services for NYC Residents:
1-844-666-6270, 24/7

LogistiCare for Long Island Residents:
1-844-678-1103, Monday to Friday, 7am–6pm

For preauthorization or to notify Healthfirst Personal Wellness Plan of an admission

Healthfirst Medical Management Department
1-888-394-4327
Fax: 1-646-313-4603
 Monday to Friday, 8:30am–5:30pm

Healthfirst Community Offices

BRONX

Fordham

412 East Fordham Road
(entrance on Webster Avenue)

East Tremont

774 E. Tremont Avenue
(between Prospect and Marmion Avenues)

BROOKLYN

Bensonhurst

2236 86th Street
(between Bay 31st and Bay 32nd Streets)

Downtown Brooklyn

635 Fulton Street
(between Hudson Avenue and Rockwell Place)

Sunset Park

5324 7th Avenue
(between 53rd and 54th Streets)

QUEENS

Elmhurst

40-08 81st Street
(between Roosevelt and 41st Avenues)

Flushing

41-60 Main Street, Rooms 201 & 311
(between Sanford and Maple Avenues)

Main Plaza Mall

37-02 Main Street
(between 37th and 38th Avenues)

Jackson Heights

93-14 Roosevelt Avenue
(between Whitney Avenue and 94th Street)

Jamaica Colosseum Mall

89-02 165th Street, Main Level
(between 89th and Jamaica Avenues)

Richmond Hill

122-01 Liberty Avenue
(between 122nd and 123rd Streets)

MANHATTAN

Chinatown

128 Mott Street, Room 407
(between Grand and Hester Streets)

28 East Broadway, 5th Floor

(between Catherine and Market Streets)

Washington Heights

1467 St. Nicholas Avenue
(between W. 183rd and W. 184th Streets)

LONG ISLAND

Bay Shore

Westfield South Shore Mall
1701 Sunrise Highway

Hempstead

242 Fulton Avenue
(between N. Franklin Avenue and Main Street)

Lake Grove

Smith Haven Mall
313 Smith Haven Mall (in the Sears wing)

Patchogue

99 West Main Street
(between West and Railroad Avenues)

Shirley

La Placita
58 D Surrey Circle
(between William Floyd Parkway and Floyd Road)

Valley Stream

Green Acres Mall
2034 Green Acres Mall
Sunrise Highway
Level 1 (in the Macy's Men's wing)

Community office locations subject to change.
For the most up-to-date locations, please visit
healthfirst.org/locations.

For questions, call Member Services at **1-855-659-5971**

(TTY 1-888-542-3821), 24 hours a day, 7 days a week.

To access your secure Healthfirst account, visit us at MyHFNY.org.



Connect with us on social media at HealthfirstNY for events and activities.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-305-0408 (TTY 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 1-888-542-3821)。