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

Revised May 2016
"If you do not speak English, call us at 1-866-463-6743. We have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can communicate with you in your language."

Spanish: Si usted no habla inglés, llámenos al 1-866-463-6743. Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.

French: Si vous ne parlez pas anglais, appelez-nous au 1-866-463-6743. Nous avons accès à des services d’interprétariat pour vous aider à répondre aux questions dans votre langue. Nous pouvons également vous aider à trouver un prestataire de soins de santé qui peut communiquer avec vous dans votre langue.


Italian: “Se non parli inglese chiamaci al 1-866-463-6743. Disponiamo di servizi di interpretariato e siamo in grado di rispondere alle tue domande nella tua lingua. Possiamo anche aiutarti a trovare un fornitore di servizi sanitari che parli la tua lingua.”

Russian: «Если вы не разговариваете по-английски, позвоните нам по номеру 1-866-463-6743. У нас есть возможность воспользоваться услугами переводчика, и мы поможем вам получить ответы на вопросы на вашем родном языке. Кроме того, мы можем оказать вам помощь в поиске поставщика медицинских услуг, который может общаться с вами на вашем родном языке».

Chinese (PRC) 如果您不会讲英语，请拨打会员服务号码1-866-463-6743与我们联系。我们提供各种口译服务，可以用您的语言帮助回答您的问题。此外，我们还可以帮您寻找能够用您的语言与您交流的医疗护理提供方。

Chinese (Taiwan) 如果您無法使用英語交談，請以下列電話號碼與我們聯繫：1-866-463-6743。我們會使用口譯服務以您的語言來協助回答您的問題。我們也可以協助您找到能夠使用您母語溝通的健康照護提供者。
IMPORTANT Phone Numbers

HEALTHFIRST CORPORATE OFFICE: 100 Church Street, New York, NY 10007

Member Services
Can help you:
- change your PCP
- with questions about benefits and services
- replace a member ID card
- report a birth
- with referrals
- enroll in a medical management program

HEALTHFIRST CORPORATE OFFICE: 100 Church Street, New York, NY 10007
1-866-463-6743 (TTY: 1-888-542-3821)
Monday to Friday
8am to 6pm

Healthfirst Websites
- www.Healthfirst.org (For general information)
- www.MyHFNY.org (Log on to your secure online member portal account)
- www.HFDocFinder.org (Find a doctor, specialist, or hospital)

HEALTHFIRST NETWORK PROVIDERS

DentaQuest
Dental
- select a primary care dentist
- ask about services covered
- find a dentist location

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

Davis Vision
Vision
- ask about benefit coverage and amount
- find participating eye doctors
(optometrists and opticians)

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

CVS Caremark
Pharmacy
- submit a pharmacy claim
- ask about drug coverage
and prescription-related issues

1-866-463-6743
24 hours a day
7 days a week

LogistiCare
For non-emergency transportation, such as:
personal vehicle, bus, taxi, ambulette,
and public transportation (see page 26).

NYC: 1-877-564-5922
LI: 1-844-678-1103
Monday to Friday
7am to 6pm

LOCAL GOVERNMENT OFFICES

New York Medicaid Choice
1-800-505-5678

New York State Department of Health
1-800-206-8125

NY State of Health, the Official Health Plan Marketplace
https://nystateofhealth.ny.gov

Local Department of Social Services (please fill in)

Use this space to fill out you and your family’s provider information.

Member Name: PCP Name:
Phone Number:
Address:

Member Name: PCP Name:
Phone Number:
Address:

Member Name: PCP Name:
Phone Number:
Address:

Member Name: PCP Name:
Phone Number:
Address:

Member Name: PCP Name:
Phone Number:
Address:

For medical emergencies, please call 911, or go to the nearest emergency room, an urgent care
center, or a medical center. You will be asked to present your Healthfirst member ID card when you
receive emergency care.
WELCOME TO
Healthfirst Medicaid Managed Care Plan

Getting STARTED

Please review this member handbook. It describes our policies, the benefits available to you, and how to best use your Healthfirst health plan. Your 5-Star-Rated Medicaid Managed Care plan offers access to a network of thousands of doctors, specialists, hospitals, and medical centers in New York and Long Island. To access your benefits, please follow the steps below to get started.

Step 1: Make sure you have chosen a Primary Care Provider (PCP). If you have not, please call Member Services at 1-866-463-6743.

Step 2: Your Healthfirst member ID card will arrive in the mail soon. If you do not receive it in the next two weeks, please call Member Services. You must carry your member ID card with you at all times. You will be asked to present this card each time you receive care or get prescription medicines at your pharmacy.

Step 3: Once you have your Healthfirst member ID card, please set up a secure account on www.MyHFNY.org. You will need your member ID number and a valid email address. For steps to set up an account, see page VI.

Step 4: Choose your Primary Care Dentist. Call DentaQuest, your dental provider network, to find a dentist near you.

Step 5: Take your Health Assessment. This short and easy survey helps us match you with the right benefits and services you need. Your Health Assessment will arrive in the mail in two to three weeks. You can also complete this survey online at www.MyHFNY.org.

Step 6: Review this member handbook for everything you need to know about your Healthfirst Medicaid Managed Care plan. For benefit highlights, see page III.

Step 7: Make a note of when you will need to renew your coverage. Your renewal date is approximately nine months from the date your coverage started. If you’re unsure of your renewal date, please call the Healthfirst Member Services department.

If you have questions, please refer to this handbook or call Member Services.

*Based on indicators chosen by the New York State Department of Health and published in its 2015 publication A Consumer’s Guide to Medicaid Managed Care in NYC and Long Island.
How to use your Healthfirst MEMBER ID CARD

Your member ID card gives you access to your covered benefits, such as medical care, family planning, dental and vision care, and prescription refills. To view a complete benefits list, see page 19 of this handbook. Once you receive your card, please check to make sure all the information is correct. Verify your Primary Care Provider (PCP) name, PCP phone number, and your first and last names.

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 www.MyHFNY.org (your member portal) and request a replacement member ID card, or
2. Call Member Services at 1-866-463-6743, Monday to Friday, 8am–8pm.
### Large Provider Network
You can choose any PCP from our Healthfirst network. Our network includes specialists, hospitals, and pharmacies. For a complete list of Healthfirst network doctors, visit [www.HFdocFinder.org](http://www.HFdocFinder.org). See page 10 for details on how to choose a PCP.

### Primary Care Services
Your PCP will be your main doctor, whom you’ll see for most of your healthcare needs. These include checkups, treatments for colds and flus, health concerns, and health screenings. See page 12 for details.

### Specialist Services
Your coverage includes services from specialists. Specialists are doctors or nurses who are highly trained to treat certain conditions, such as hypertension, diabetes, asthma, and arthritis. Some specialists require a referral from your PCP before seeing you. See page 13 for details.

### Pharmacy
Your plan covers prescription and non-prescription drugs. For a list of prescription drugs covered in your plan, see the Quick Drug Reference List that was mailed with this handbook.

### Hospital Services
You are covered for hospital stays and outpatient services. These are services you get in the hospital without spending the night.

### Lab and X-Ray Services
Covered services include blood tests and x-rays that help find the cause of illness.

### Dental Care
Your dental benefits include comprehensive dental treatment. See the Dental Care section on page 21.

### Vision Care
Your vision benefits include routine eye exams and glasses. See the Vision Care section on page 22.

### Family Planning
You are covered for services that help you manage the timing of pregnancies. See page 14 for details.

### Maternity and Pregnancy Care
You are covered for doctor visits before and after your baby is born. That includes hospital stays. Your baby will also be automatically enrolled into Medicaid.

### Well-Child Visits
Your plan covers all well-child visits and immunizations. This benefit is covered under Preventive Care. See page 19 for details.

For all covered services, please see pages 19–25. You may also log on to [www.MyHFNY.org](http://www.MyHFNY.org) or call Member Services at 1-866-463-6743.
Healthfirst Spectrum of Health

The Spectrum of Health program provides you with valuable information on managing certain acute and chronic conditions and wellness information. Educational materials highlighting the benefits of primary care, prevention health education, and screening exams are available online and in print. We want to help so that you can stay healthy, manage your condition, and maintain your current health status for the following conditions:

- Asthma/Allergies
- Behavioral Health/Drug or Alcohol Abuse
- COPD: Bronchitis or Emphysema
- Rheumatoid Arthritis
- Diabetes
- HIV
- Heart Health

We also offer a Healthy Mom, Healthy Baby program. This program helps new and expecting members get the care they need for a healthy pregnancy. To learn about the Spectrum of Health, or the Healthy Mom/Healthy Baby program, please contact Member Services and ask for the Medical Management team. Call 1-866-463-6743, Monday to Friday, 8am to 6pm.

The Healthfirst Medical Management team helps members like you get access to the best care possible by working with your primary care provider to develop programs that add value for those with certain chronic illnesses.

Wellness Rewards Program

As a Medicaid member, you may be eligible to earn rewards for completing certain preventive screenings and health initiatives, such as your annual checkup and vaccinations. The reward cards can be used at select stores like CVS/Pharmacy, Kmart, Macy’s, and more. After you complete a qualifying service, fill out and submit a Rewards form. To get a form, call Member Services at 1-866-463-6743, or go to www.MyHFNY.org, where you can click on Forms & Documents, under Quick Links.
Renewing your MEDICAID COVERAGE

Important:
To continue getting Medicaid coverage without interruption, please remember to renew your plan every year. You will receive a reminder notice from the NY State of Health one month before your renewal date, and you may be asked to provide more information. You have 2 ways to renew:

1) go to nystateofhealth.ny.gov and provide additional information to continue your coverage, or

2) call Member Services at 1-877-869-1156 when you receive the reminder letter asking you to schedule a renewal appointment.

Sample of renewal notice from the NY State of Health

Notice
It’s time to renew your NY State of Health coverage

Please make a note of your RENEWAL DATE

24/7 ONLINE ACCESS
lets you manage all your health benefits in one place, from any place.

Our website is available in English, Spanish, and Chinese.
Activate your secure online member portal account today. Here’s how:

STEP 1:
- Visit www.MyHFNY.org
- Click “Sign Up”, read the License Agreement, and click “Next”

STEP 2:
- Fill out your personal information, including your Healthfirst member ID number
- Click “Next”, create your Username and Password, and click “Next”

STEP 3:
- Select your security questions and fill in the answers
- Click “Create My Account”

And you’re all set!
HERE’S WHERE TO FIND INFORMATION YOU WANT

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WELCOME TO HEALTHFIRST’S MEDICAID MANAGED CARE PROGRAM

We are glad that you enrolled in Healthfirst. This handbook will be your guide to the full range of health care services available to you. We want to be sure you get off to a good start as a new member. In order to get to know you better, we will get in touch with you in the next two or three weeks. You can ask us any questions you have, or get help making appointments. If you need to speak with us before we call on you, however, just call us at 1-866-463-6743.
The Plan, Our Providers, and You

- You may have heard about the changes in health care. 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 Healthfirst.

- Healthfirst has a contract with the State Department of Health to meet the health care needs of people with Medicaid. In turn, we choose a group of health care providers to help us meet your needs. These doctors and specialists, hospitals, labs and other health care facilities make up our provider network. You will find a list in our provider directory. If you do not have a provider directory, call 1-866-463-6743 to get a copy or visit our website at www.HFdocFinder.org.

- When you join Healthfirst, one of our providers will take care of you. Most of the time that person will be your Primary Care Provider (PCP). If you need to have a test, see a specialist, or go into the hospital, your PCP will arrange it.

- Your PCP is available to you everyday, day and night. If you need to speak to him or her after hours or 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 health care, in some cases, you can self-refer to certain doctors for some services. See page 19 for details.

- You may be restricted to certain plan providers if you have been identified as a restricted recipient. Below are examples of why you may be restricted;
  - 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. Healthfirst recognizes the trust needed between you, your family, your doctors and other care providers. Healthfirst 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 Healthfirst, your Primary Care Provider and other providers who give you care and you authorized representative. Referrals to such providers will always be discussed with you in advance by your Primary Care Provider or your Health Home Care Manager, if you have one. Healthfirst staff has been trained in keeping strict member confidentiality.
This handbook will help you, when you join a managed care plan. It will tell you how your new health care system will work and how you can get the most from Healthfirst. 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 unit. You can also call the managed care staff at your local Department of Social Services.

If you live in any boroughs of NYC and Long Island, you can also call the New York Medicaid Choice Help Line at 1-800-505-5678.
HELP FROM MEMBER SERVICES

There is someone to help you at Member Services:

1-866-463-6743
English TTY: 1-888-542-3821
Spanish TTY: 1-888-867-4132

- You can call Member Services to get help **anytime 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 the birth of a new baby or ask about any change that might affect you or your family’s benefits.

- If you are or become pregnant, your child will become part of Healthfirst on the day he or she is born. This will happen unless your newborn child is in a group that cannot join managed care. You should call us and your LDSS right away if you become pregnant and let us help you to choose a doctor for your **newborn baby** before he or she is born.

- We offer **free sessions** to explain our health plan and how we can best help you. It’s a great time for you to ask questions and meet other members. If you’d like to come to one of the sessions, call us to find a time and place that is best for you.

- **If you do not speak English**, we can help. We want you to know how to use your health care 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 a group of people who can help. We will also help you find a PCP (Primary Care Provider) who can serve you in your language.

- **For people with disabilities**: If you use a wheelchair, or are blind, 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 machine (Our TTY phone number is English 1-888-542-3821, Spanish 1-888-867-4132)
    - 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 or your child 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 HEALTH PLAN ID CARD

After you enroll, we will send you a Welcome Letter. Your Healthfirst ID card should arrive within 14 days after your enrollment date. Your card has your PCP’s (primary care provider’s) name and phone number on it. It will also have your Client Identification Number (CIN). If anything is wrong on your Healthfirst ID card, call us right away. Your ID card does not show that you have Medicaid or that Healthfirst 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 member. You should keep your Medicaid benefit card. You will need the card to get services that Healthfirst does not cover.
HOW TO CHOOSE YOUR PRIMARY CARE PROVIDER (PCP)

- You may have already picked your Primary Care Provider (PCP) to serve as your regular doctor. This person could be a doctor or a nurse practitioner. **If you have not chosen a PCP for you and your family, you should do so right away.** If you do not choose a doctor within 30 days, we will choose one for you.

- Each family member can have a different PCP, or you can choose one PCP to take care of the whole family. A pediatrician treats children. Family practice doctors treat the whole family. Internal medicine doctors treat adults. Member Services can help you choose a PCP. Member Services (1-866-463-6743) can check to see if you already have a PCP or help you choose a PCP.

- With this Handbook, you should have a provider directory. This is a list of all the doctors, clinics, hospitals, labs, and others who work with Healthfirst. It lists the address, phone, and special training of the doctors. The provider directory will show which doctors and providers are taking new patients. You should call their offices to make sure that they are taking new patients at the time you choose a PCP. You can also get a list of providers on our website at [www.HFdocFinder.org](http://www.HFdocFinder.org).

You may want to find a doctor that:

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

- Women can also choose one of our OB/GYN doctors to deal with women’s health care. Women do not need a PCP referral to see a plan OB/GYN doctor. They can have routine checkups (twice a year), follow-up care if needed, and regular care during pregnancy.

- We also contract with FQHCs (Federally Qualified Health Centers). All FQHCs give primary and specialty care. Some consumers want to get their care from FQHCs because the centers have a long history in the neighborhood. Maybe you want to try them because they are easy to get to. You should know that you have a choice. You can choose any one of the providers listed in our directory. Or you can sign up with a primary care physician at one of the FQHCs that we work with, listed below. Just call Member Services for help.

You can also get a list of FQHCs on our website at [www.HFdocFinder.org](http://www.HFdocFinder.org) or calling our Member Services.

- In almost all cases, your doctors will be Healthfirst providers. There are four instances when you can still **see another provider that you had before you joined Healthfirst.** In these
cases, your provider must agree to work with Healthfirst. You can continue to see your doctor if:

- You are more than 3 months pregnant when you join Healthfirst and you are getting prenatal care. In that case, you can keep your provider until after your delivery through post-partum care.

- At the time you join Healthfirst, 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 Healthfirst, you are being treated for a behavioral health condition. In that case, you can ask to keep your provider through treatment for up to 2 years.

- At the time you join Healthfirst, 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. Healthfirst must tell you about any changes to your home care before the changes take effect.

- If you have a long-lasting illness, like HIV/AIDS or other long term health problems, you may be able to choose a specialist to act as your PCP. Please call Member Services at 1-866-463-6743 for this type of arrangement.

- If you need to, you can change your PCP in the first 30 days after your first appointment with your PCP. After that, you can change before the 1st of every month 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 your provider leaves Healthfirst, we will tell you within 15 days from when we know about this. If you wish, you may be able to see that provider if you are more than three months pregnant or if you are 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.
HOW TO GET REGULAR HEALTHCARE

- Regular health care means exams, regular check-ups, shots or other treatments to keep you well, give you advice when you need it, and refer you to the hospital or specialists when needed. It means you and your PCP working together to keep you well or to see that you get the care you need.

- Day or night, your PCP is only a phone call away. Be sure to call him or her 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 the health plan works.

- Your care must be medically necessary. The services you get must be needed:
  1. to prevent, or diagnose and correct what could cause more suffering, or
  2. to deal with a danger to your life, or
  3. to deal with a problem that could cause illness, or
  4. to deal with something that could limit your normal activities.

- Your PCP will take care of most of your health care needs, but you must 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 three months of your joining the plan.

- If you need care before your first appointment, call your PCP’s office to explain your concern. He or she will give you an earlier appointment. You should still keep the first appointment to discuss your medical history and ask questions.

- Use the following list as an appointment guide for our limits on how long you may have to wait after your request for an appointment:
  - adult baseline and routine physicals: within 12 weeks
  - urgent care: within 24 hours
  - non-urgent sick visits: within 3 days
  - routine, preventive care: within 4 weeks
  - first pre-natal visit: within 3 weeks during 1nt trimester (2 weeks during 2nd, 1 week during 3rd)
  - first newborn visit: within 2 weeks of hospital discharge
  - first family planning visit: within 2 weeks
  - follow-up visit after mental health/substance abuse ER or inpatient visit: 5 days
  - non-urgent mental health or substance abuse visit: 2 weeks .
HOW TO GET SPECIALTY CARE AND REFERRALS

- If you need care that your PCP cannot give, he or she will REFER you to a specialist who can. If your PCP refers you to another doctor, we will pay for your care. Most of these specialists are Healthfirst providers. Talk with your PCP to be sure you know how referrals work.
- If you think a specialist does not meet your needs, talk to your PCP. Your PCP can help you if you need to see a different specialist.
- There are some treatments and services that your PCP must ask Healthfirst to approve before you can get them. Your PCP will be able to tell you what they are.
- If you are having trouble getting a referral you think you need, contact Member Services for help.
- 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. Your PCP or plan provider must ask Healthfirst for approval before you can get an out-of-network referral. You are 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 an copayments as described in this handbook. Please see page 27 for Prior-Authorization steps prior to obtaining services from out-of-network providers.
- Sometimes we may not approve an out-of-network referral because we have a provider in Healthfirst 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 an action appeal. See page 34 to find out how.

You will need to ask your doctor to send the following information with your action appeal:

1) a statement in writing that says Healthfirst provider does not have the right training and experience to meet your needs, and
2) that recommends an out-of-network provider with the right training and experience who is able to treat you.

Your doctor must be a board certified or board eligible specialist who treats people who need the treatment you are asking for.

- 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 Healthfirst 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 an action appeal. See Page 34 to find out how.

You will need to ask your doctor to send the following information with your action appeal:

1) a statement in writing from your doctor that the out-of-network treatment is very different from the treatment you can get from Healthfirst provider. Your doctor must be a board certified or board eligible specialist who treats people who need the treatment you are asking for, and
2) two medical or scientific documents that prove the treatment you are asking for is more helpful to you and will not cause you more harm than the treatment you can get from Healthfirst provider.

- If your doctor does not send this information, we will still review your action appeal. However, you may not be eligible for an external appeal. See Page 37 for more information about external appeals.

- 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 at 1-866-463-6743 for help in getting access to a specialty care center.

### GET THESE SERVICES FROM OUR PLAN WITHOUT A REFERRAL

#### Women’s Healthcare

You do not need a referral from your PCP to see one of our providers if:

- you are pregnant,
- you need OB/GYN services,
- you need family planning services,
- you want to see a midwife,
- you 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.

- **You do not need a referral** from your PCP to get these services. In fact, you can choose where to get these services. You can use your Healthfirst ID card to see one of our family planning providers. Check the plan’s Provider Directory or call Member Services for help in finding a provider.

- Or, you can use your Medicaid card if you want to go to a doctor or clinic outside our plan. Ask your PCP or Member Services at 1-866-463-6743 for a list of places to go to get these services. You can also call the New York State Growing Up Healthy Hotline (1-800-522-5006) for the names of family planning providers near you.
HIV and STI Screening

Everyone should know their HIV status. HIV and sexually transmitted infection screenings are part of your regular health care.

- You can get an HIV or STI test any time you have an office or clinic visit.
- You can get an HIV or STI test any time you have family planning services. You do not need a referral from your PCP (Primary Care Provider). Just make an appointment with any family planning provider. If you want an HIV or STI test, but not as part of a family planning service, your PCP can provide or arrange it for you.
- Or, if you’d rather not see one of our Healthfirst providers, you can use your Medicaid card to see a family planning provider outside Healthfirst. For help in finding either a Plan provider or a Medicaid provider for family planning services call Member Services at 1-866-463-6743.
- 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).

Some tests are “rapid tests” and the results are ready 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.

Eye Care

The covered benefits include the needed services of an ophthalmologist, optometrist and an ophthalmic dispenser, and include 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 drug or alcohol abuse 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 for depression during pregnancy and for up to a year after your delivery.

EMERGENCIES

You are always covered for emergencies.

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 fear 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 your plans 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 Healthfirst.

Tell the person you speak with what is happening. Your PCP or member services representative will:

- tell you what to do at home,
- tell you to come to the PCP’s office, or
- tell you to go to the nearest emergency room.
If you are **out of the area** when you have an emergency:

- Go to the nearest emergency room.

**REMEMBER**

You do not need prior approval for emergency services. Use the emergency room only if you have an Emergency. The Emergency Room should **NOT** be used for problems like the flu, sore throats, or ear infections.

If you have questions, call your PCP or Healthfirst at **1-866-463-6743**.

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**URGENT CARE**

Visit www.HFdocFinder.org for a list of Urgent Care Center near you.

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

- This could be a child with an earache who wakes up in the middle of the night and won’t stop crying.
- 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. Whether you are at home or away, call your PCP any time, day or night. If you cannot reach your PCP, call us at 1-866-463-6743. Tell the person who answers what is happening. They will tell you what to do.

**Care Outside of the United States**

If you travel outside of the United States, you can get urgent and emergency care only in Puerto Rico, the U.S. 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 and your family need, here are some other ways to keep you in good health:

- Classes for you and your family
- Stop-smoking classes
- Pre-natal care and nutrition
- Grief / Loss support
- Breast feeding 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 & Protecting Yourself from STIs
- Domestic Violence Services

Call Member Services or visit our website at www.MYHFNY.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

Medicaid managed care provides a number of services you get in addition to those you get with regular Medicaid. Healthfirst 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 and counseling; and specific self-referral services, including those you can get from within Healthfirst and some that you can choose to go to any Medicaid provider of the service. Please call our member services department at 1-866-463-6743 if you have any questions or need help with any of the services below.

SERVICES COVERED BY HEALTHFIRST

You must get these services from the providers who are in Healthfirst. All services must be medically or clinically necessary and provided or referred by your PCP (Primary Care Provider). Please call our Member Services department at 1-866-463-6743 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

Preventive Care

- well-baby care
- well-child care
- regular check-ups
- shots for children from birth through childhood
- access to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for enrollees from birth until age 21 years
- smoking cessation counseling.
- access to free needles and syringes
- smoking cessation counseling
- HIV education and risk reduction

Maternity Care

- pregnancy care
- doctors/mid-wife and hospital services
newborn nursery care
screening for depression during pregnancy and up to a year after delivery

HEALTH HOME CARE MANAGEMENT

Healthfirst wants to meet all of your health needs. If you have multiple health issues, you may benefit from Health Home Care Management to help coordinate all of your health services. A Health Home Care Manager can:

- Work with your PCP and other providers to coordinate all of your health care;
- Work with the people you trust, like family members or friends, to help you plan and get your care;
- Help with appointments with your PCP and other providers; and
- Help manage ongoing medical issues like diabetes, asthma, and high blood pressure.

To learn more about Health Homes, contact Member Services at 1-866-463-6743 (TTY: 1-888-542-3821), Monday to Friday 8am to 6pm.

Home Health Care

- Must be medically needed and arranged by Healthfirst
- one medically necessary post-partum home health visit, additional visits as medically necessary for high-risk women
- at least 2 visits to high-risk infants (newborns)
- other home health care 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 Healthfirst
- Personal Care/Home Attendant – Help with bathing, dressing and feeding and help with preparing meals and housekeeping.
- CDPAS – Help with bathing, dressing and feeding, help preparing meals and housekeeping, plus home health aide and nursing tasks. This is provided by an aide chosen and directed by you.
- If you want more information contact our Member Services at 1-866-463-6743.

Personal Emergency Response System (PERS)

- This is an item you wear in case you have an emergency.
- To qualify and get this service you must be receiving personal care/home attendant or CDPAS services.

Adult Day Health Care Services

- Must be recommended by your Primary Care Provider (PCP).
- Provides health education, nutrition, nursing and social services, help with daily living, rehabilitative therapy, pharmacy services, plus referrals for dental and other specialty care.
AIDS Adult Day Healthcare Services
- Must be recommended by your Primary Care Provider (PCP).
- Provides general medical and nursing care, substance use supportive services, mental health supportive services, nutritional services, plus socialization, recreational and wellness/health promotion activities.

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

Hospice Care
- Hospice helps patients and their families with their special needs that come during the final stages of illness and after death.
- Must be medically needed and arranged by Healthfirst.
- 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.

Children under age twenty-one (21) who are getting hospice services can also get medically needed curative services and palliative care.

If you have any questions about this benefit, you can call Member Services department at 1-866-463-6743.

Dental Care
Healthfirst believes that providing you with good dental care is important to your overall health care. We offer dental care through a contract with DentaQuest, an expert in providing high quality dental services. Covered services include regular and routine dental services such as preventive dental check-ups, 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 Get Dental Services:
- You need to select a dentist as your primary care dentist.
- If you need help finding an in network dentist or change your current primary care dentist, please call DentaQuest at 1-800-508-2047. Customer Services Representatives are there to help you. Many speak your language or have a contract with Language Line Services.
- Show your Healthfirst member ID card to access dental benefits. You will not receive a separate dental ID card. When you visit your dentist, you should show your plan ID card.
- You can also go to a dental clinic that is run by an academic dental center without a referral.

Orthodontic Care
Healthfirst will cover braces for children up to age 21 who have a severe problem with their teeth, such as; can’t chew food due to severely crooked teeth, cleft palate or cleft lip.
Vision Care

- services of an ophthalmologist, ophthalmic dispenser and optometrist, and 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 (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
- specialist referrals for eye diseases or defects

Pharmacy

- Prescription drugs
- Over-the-counter medicines
- Insulin and diabetic supplies
- Smoking cessation agents, including OTC products
- Hearing aid batteries
- Enteral formula
- Emergency Contraception (6 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 copays for the following members or services:

- Consumers younger than 21 years old.
- Consumers who are pregnant. Pregnant women are exempt during pregnancy and for the two months after the month in which the pregnancy ends.
- 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).
- Family Planning drugs and supplies like birth control pills and male or female condoms.
- Generic copays (if Plan is waiving copay)
- Drugs to treat mental illness (psychotropic) and tuberculosis

<table>
<thead>
<tr>
<th>Prescription Item</th>
<th>Copayment Amount</th>
<th>Copayment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand name prescription drugs</td>
<td>$3.00/$1.00</td>
<td>1 copay charge for each new prescription and each refill</td>
</tr>
<tr>
<td>Generic prescription drugs</td>
<td>$1.00</td>
<td></td>
</tr>
<tr>
<td>Over the counter drugs, such as for smoking cessation and diabetes</td>
<td>$0.50</td>
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</tbody>
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• There is a copayment for each new prescription and each refill.
• If you have a copay, you are responsible for a maximum of $200 per calendar year.
• If you transferred plans 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 medications may require that your doctor get prior authorization from us before writing your prescription. Your doctor can work with Healthfirst 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. For more information on your options, please contact Member Services.

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 the 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 16.

Specialty Care
- Includes the services of other practitioners, including
  - occupational, physical and speech therapists—Limited to twenty (20) visits per therapy per calendar year, except for children under age 21, or 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.
  - audiologists
  - midwives
  - cardiac rehabilitation
  - Podiatrists if you are diabetic
Residential Health Care Facility Services (Nursing Home)

Covered nursing home services include:

- medical supervision;
- 24-hour nursing care;
- assistance with daily living;
- physical therapy;
- occupational therapy;
- speech-language pathology and other services.

To get these nursing home services:

- the services must be ordered by your physician, and
- the services must be authorized by Healthfirst.

Rehabilitation:

Healthfirst covers short term, or rehabilitation (also known as “rehab”) stays, in a skilled nursing home facility.

Long Term Placement:

Healthfirst covers long term placement in a nursing home facility for members 21 years of age and older.

Long term placement means you will live in a nursing home.

When you are eligible for long term placement, you may select one of the nursing homes that are in Healthfirst’s network that meets your needs.

If you want to live in a nursing home that is not part of Healthfirst’s network, you must first transfer to another plan that has your chosen nursing home in its network.

Eligible Veterans, Spouses of Eligible Veterans, and Gold Star Parents of Eligible Veterans may choose to stay in a Veterans’ nursing home.

Healthfirst does not have a Veterans’ Home in its network. If you are an eligible Veteran, spouse of an eligible Veteran or a Gold Star Parent of an eligible Veteran and you want to live in a Veterans’ Home, we will help arrange your admission. You must transfer to another Medicaid Managed Care health plan that has the Veterans’ Home in its network.

Determining Your Medicaid Eligibility for Long Term Nursing Home Services

You must apply to your Local Department of Social Services (LDSS) to have Medicaid and/or Healthfirst pay for long term nursing home services. The LDSS will review your income and assets to determine your eligibility for long term nursing home services. The LDSS will let you know about any costs you may have to contribute toward your long term nursing home care.
Questions

If you have any questions about these benefits, call our Member Services department at 1-866-463-6743 (TTY: 1-888-542-3821).

Additional Resources

If you have concerns about long term nursing home care, choosing a nursing home, or the effect on your finances, there are additional resources to help.

- Independent Consumer Advocacy Network (ICAN) provides free and confidential assistance. Call 1-844-614-8800 or visit HYPERLINK “http://www.icannys.org” www.icannys.org
- New York State Office for the Aging
- Health Insurance Information, Counseling and Assistance (HIICAP) provides free counseling and advocacy on health insurance questions. Call 1-800-701-0501
- NY CONNECTS is a link to long term service and supports. Call 1-800-342-9871 or visit HYPERLINK “http://www.nyconnects.ny.gov” www.nyconnects.ny.gov
- Nursing Home Bill of Rights (NHBOR) describes your rights and responsibilities as a nursing home resident. To learn more about NHBOR, visit HYPERLINK “http://www.health.ny.gov/facilities/nursing/rights/” www.health.ny.gov/facilities/nursing/rights/

BEHAVIORAL HEALTH CARE

Behavioral health care includes mental health and substance use (alcohol and drugs) treatment and rehabilitation services. All of 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 Health Care

- Intensive psychiatric rehab treatment
- Day treatment
- Clinic continuing day treatment
- Inpatient and outpatient mental health treatment
- Partial hospital care
- Rehab services if you are in a community home or in family-based treatment
- Continuing day treatment
- Personalized Recovery Oriented Services
- Assertive Community Treatment Services
- 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

Other Covered Services
- Durable Medical Equipment (DME) / Hearing Aids / Prosthetics /Orthotics
- Court Ordered Services
- Case Management
- Help getting social support services
- FQHC
- Family Planning
- Services of a Podiatrist for children under 21 years old.

BENEFITS YOU CAN GET FROM HEALTHFIRST OR WITH YOUR MEDICAID CARD

For some services, you can choose where to get the care. You can get these services by using your Healthfirst membership 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. Call our Member Services if you have questions.

Family Planning
You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can visit one of our family planning providers as well. 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 Testing and Counseling
You can get this service any time from your PCP or Healthfirst 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. You do not need a referral when you get this service as part of a family planning visit.
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. You do not need a referral to go to the county public health agency.

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**BENEFITS USING YOUR MEDICAID CARD ONLY**

There are some services Healthfirst does not provide. You can get these services from a provider who takes Medicaid by using your Medicaid Benefit card.

**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 LogistiCare Solutions, LLC (LogistiCare) at 1-877-564-5922 for NYC and 1-844-678-1103 for Long Island. If possible, you or your provider should call LogistiCare 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 LogistiCare.

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

**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
SERVICES NOT COVERED

These services are **not available** from Healthfirst 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 (for those 21 years and older unless you are a diabetic)
- Personal and comfort items
- Infertility treatments
- Services from a provider that is not part of Healthfirst, unless it is a provider you are allowed to see as described elsewhere in this handbook or Healthfirst or your PCP send you to that provider.
- Services for which you need a referral (approval) in advance and you did not get it.

You may have to pay for any service that your PCP does not approve. Or, if before you get a service, you agree to be a “private pay” or “self-pay” patient you will have to pay for the service. This includes:

- non-covered services (listed above),
- unauthorized services,
- services provided by providers not part of Healthfirst

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 at 1-866-463-6743 right away. Healthfirst can help you understand why you may have gotten a bill. If you are not responsible for payment, Healthfirst will contact the provider and help fix the problem for you.

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

**If you have any questions, call Member Services at 1-866-463-6743.**

SERVICE AUTHORIZATION AND ACTIONS

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)
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 of an admission, please contact the:

Medical Management Department
Phone: 1-888-394-4327; Fax: 1-646-313-4603
Monday through Friday, 8:30am to 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 includes a request for home health care while you are in the hospital or after you have just left the hospital. 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. 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.

Any decision to deny a service authorization request or to approve it for an amount that is less than requested is called an action. These decisions will be made by a qualified health care 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 health
care professional who typically provides the care you requested. You can request the specific medical standards, called **clinical review criteria**, used to make the decision for actions related to 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. If you are in the hospital or have just left the hospital and we receive a request for home health care, we will handle the request as a fast track review. In all cases, we will review your request as fast as your medical condition requires us to do so 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.

**Timeframes for prior authorization requests:**

- **Standard review:** We will make a decision about your request within 3 work days 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 3 work days. We will tell you by the third work day if we need more information.

**Time frames for concurrent review requests:**

- **Standard review:** We will make a decision within 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 1 work day of when we have all the information we need.
- If you are in the hospital or have just left the hospital, and you ask for home health care on a Friday or day before a holiday, we will make a decision no later than 72 hours of when we have all the information we need.
- 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 no later than 24 hours.

In all cases, you will hear from us no later than 3 work days after we received your request. We will tell you by the third work day if we need more information.

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 our Medical Management at 1-888-394-4327 or writing to:

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

You or someone you trust 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 you are not satisfied with this answer, you have the right to file an action appeal with us. See the Action 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 take these other actions.

Time frames for notice of other actions

• In most cases, if we make a decision to reduce, suspend or terminate 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 permanent 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 necessary information 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.**
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 health care services. You can call Member Services 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 Member Services at to find out how you can help.

INFORMATION FROM MEMBER SERVICES

Here is information you can get by calling Member Services or by accessing our website at www.healthfirst.org:

- A list of names, addresses, and titles of Healthfirst’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 Healthfirst.
- How we keep your medical records and member information private.
- In writing, we will tell you how Healthfirst 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.
• If you ask in writing, we will tell you the qualifications needed and how health care providers can apply to be part of Healthfirst.
• If you ask, we will tell you: 1) whether our contracts or subcontracts include physician incentive plans that affect the use of referral services, and, if so, 2) information on the type of incentive arrangements used; and 3) whether stop loss protection is provided for physicians and physicians groups.
• Information about how our company is organized and how it works.

KEEP US INFORMED

Call Member Services 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 or your children

If you no longer get Medicaid, check with your local Department of Social Services. You may be able to enroll in another program.

DISENROLLMENT AND TRANSFERS

1. If YOU want to leave the Plan
   You can try us out for 90 days. You may leave Healthfirst 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 Healthfirst 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.
• We do not contract with FQHCs (Federally Qualified Health Centers) and you want to get your care from a FQHC.

To change plans:

• Call the Managed Care staff at your local Department of Social Services.
• If you live in 5 boroughs of NYC or Long Island, 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 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. Healthfirst 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

□ You or your child may have to leave Healthfirst if you or the child:
  • 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,
  • otherwise lose eligibility;

□ Your child may have to leave Healthfirst or change plans if he or she:
  • joins a Physically Handicapped Children’s Program, or
  • is placed in foster care by an agency that has a contract to provide that service for the local Department of Social Services including all children in foster care in New York City, or
  • *is placed in foster care by the local Department of Social Services in an area that is not served by your child’s current plan.

□ If you have to leave Healthfirst 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 Healthfirst

You can also lose your Healthfirst 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 Healthfirst’s rules,
• do not fill out forms honestly or do not give true information (commit fraud),
• cause abuse or harm to plan members, providers or staff, or
• 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.

ACTION 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. Any decision to deny a service authorization request or to approve it for an amount that is less than requested is called an action.

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 an action appeal

• If you are not satisfied with an action we took or what we decide about your service authorization request, you have 60 business days after hearing from us to file an action appeal.
• You can do this yourself or ask someone you trust to file the action appeal for you. You can call Member Services if you need help filing an action appeal.
• We will not treat you any differently or act badly toward you because you file an action appeal.
• The action appeal can be made by phone or in writing. If you make an action 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 action 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.

- To file an action appeal, write to:

  Healthfirst
  P.O. Box 5166
  New York, NY 10274-5166
  Attention: Appeals and Grievances Department

To file an action appeal by phone, call:

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

Your action appeal will be reviewed under the fast track process if:

- If you or your doctor asks to have your action 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 action appeal will be reviewed under the standard process; or
- If 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
- If your request was denied when you asked for home health care after you were in the hospital; or
- 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.

Fast track action appeals can be made by phone and do not have to be followed up in writing.

What happens after we get your action appeal:

- Within 15 days, we will send you a letter to let you know we are working on your action appeal.
- Action appeals of clinical matters will be decided by qualified health care 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.
- Before and during the action appeal, you or your designee can see your case file, including medical records and any other documents and records being used to make a decision on your case;
- You can also provide information to be used in making the decision in person or in writing. Call our Member Services if you are not sure what information to give us.
- You will be given the reasons for our decision and our clinical rationale, if it applies. If you are still not satisfied, any further appeal rights you have will be explained, or you or someone you trust can file a complaint with the New York State Department of Health at 1-800-206-8125.
Time frames for action appeals

- **Standard action appeals**: If we have all the information we need we will tell you our decision in thirty days from your action appeal. A written notice of our decision will be sent within 2 working days from when we make the decision.

- **Fast-track action appeals**: If we have all the information we need, fast track action appeal decisions will be made in 2 working days from your action appeal.
  
  o We will tell you in 3 working days after giving us your action appeal, if we need more information.
  
  o 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.
  
  o We will tell you our decision by phone and send a written notice later.

If we need more information to make either a standard or fast track decision about your action 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, 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 our Member Services or writing.

You or someone your trust can file a complaint with the plan if you don’t agree with our decision to take more time to review your action 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 your original denial was because we said:

- the service was not medically necessary; or
- the service was experimental or investigational; or
- the out-of-network service was not different from a service that is available in our network; or
- the out-of-network service was available from a plan provider who have the training and experience to meet your needs; or
• we do not tell you our decision about your action appeal on time, the original denial against you will be reversed. This means your service authorization request will be approved.

**Aid to Continue while appealing a decision about your care:**

In some cases you may be able to continue the services while you wait for your action appeal to be decided. **You may be able to continue the services that are scheduled to end or be reduced if you ask for a fair hearing:**

- Within **ten days** from being told that your request is denied or care is changing; or
- By the date the change in services is scheduled to occur.

If your fair hearing results in another denial you may have to pay for the cost of any continued benefits that you received. The decision you receive from the fair hearing officer will be final.

**EXTERNAL APPEALS**

If the plan decides to deny coverage for a medical service you and your doctor asked for because:

- the service was not medically necessary; or
- the service was experimental or investigational; or
- the out-of-network service was not different from a service that is available in our network; or
- the out-of-network service was available from a plan provider who have the training and experience to meet your needs,

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 an action appeal with the plan and get the plan’s final adverse determination; **or**
• If you have not gotten the service, and you ask for a fast track action appeal with the plan, 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 action appeal.

You have 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 4 months of when you made that agreement.

If you had a fast track action appeal and are not satisfied with the plan’s decision you can choose to file a standard action appeal with the plan or ask for an external appeal. If you choose to file a standard action appeal with the plan, and the plan upholds its decision, you will receive a new final adverse determination and have another chance to ask for an external appeal.

Additional appeals to your health plan may be available to you if you want to use them. However, if you want an external appeal, you must still file the application with the New York State Department of Financial Services within 4 months from the time the plan gives you the notice of final adverse determination or when you and the plan agreed to waive the plan’s appeal process.

**You will lose your right to an external appeal if you do not file an application for an external appeal on time.**

To ask for an external appeal, fill out an application and send it to the Department of Financial Services. You can call Member Services at 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’ web site at www.dfs.ny.gov
• Contact the health plan at 1-866-463-6743.

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: or
• 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, the plan will continue to pay for your stay if:

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

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

The 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.

You may also ask for a fair hearing if the plan decided to deny, reduce or end coverage for a medical service. You may request a fair hearing and ask for an external appeal. If you ask for a fair hearing and an external appeal, the decision of the fair hearing officer will be the one that counts.

**FAIR HEARINGS**

In some cases you may ask for a fair hearing from New York State.

- 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 Healthfirst.
- You are not happy with a decision that we made about care you were getting. You feel the decision limits your Medicaid benefits or that we did not make the decision in a reasonable amount of time.
- You are not happy about a decision we made that denied care you wanted. You feel the decision limits your Medicaid benefits.
- You are not happy about a decision we made to deny payment for care you received. You feel the decision limits your Medicaid benefits.
- 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 Healthfirst. If Healthfirst agrees with your doctor, you may ask for a state fair hearing.
- The decision you receive from the fair hearing officer will be final.

If the services you are now getting are going to be reduced, stopped, or restricted, you can choose to ask to continue the services your doctor ordered while you wait for your case to be decided. You must ask for a fair hearing within 10 days from the date of the notice that says your care will change or by the time the action takes effect. However, if you choose to ask for services to be continued, and the fair hearing is decided against you, you may have to pay the cost for the services you received while waiting for a decision.

You can use one of the following ways to request a Fair Hearing:
1. By phone – call toll-free 1-800-342-3334
2. By fax – 518-473-6735
4. 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 Healthfirst 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 1-800-MCO-PLAN to ask for it.

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

**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 ask someone you trust (such as a legal representative, a family member, or friend) to file the complaint for you. If you need our help because of a hearing or vision impairment, or if you need translation services, or help filing the forms we can help you. 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: NYS Department of Health, Division of Health Plan Contracting & Oversight, Bureau of Consumer Services, ESP Corning Tower Room 2019, Albany, NY 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:

To file by phone, call our Member Services at 1-866-463-6743 (TTY: 1-888-542-3821), Monday to Friday 8am to 6pm. 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

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

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 health care 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 you and will 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 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 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 or someone you trust 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 business days after hearing from us to file an appeal;
- You can do this yourself or ask someone you trust to file the appeal for you;
- The appeal must be made in writing. If you make an 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 health 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 2 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.
MEMBER RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS

As a member of Healthfirst, 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 Healthfirst.
- 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.
- 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 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 Healthfirst, you agree to:

- Work with your PCP to guard and improve your health.
- Find out how your health care 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 health care staff with the respect you expect yourself.
- Tell us if you have problems with any health care 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 health care. 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 these documents at any time. We can help you understand or get these documents. They do not change your right to quality health care 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 Forms and Notices

This section contains several forms that you may use during your enrollment with Healthfirst. Additional forms are available online at www.healthfirst.org or by calling the Member Services department. If you need any assistance in completing these forms, please call the Member Services department.

**Member Complaint Form**
This form is used to file a complaint to Healthfirst. You may file a complaint about services you received while a Healthfirst member, care delivered by a specific provider or hospital, or any other topic related to your healthcare.

**Provider Nomination Form**
You can use this form to nominate a provider to become part of the Healthfirst network. Healthfirst will contact this physician to see if he or she is interested.

**New York State Healthcare Proxy**
This is a New York State form which allows you to appoint someone you trust to decide about treatment if you lose the ability to decide for yourself. By completing this form, you create a “healthcare agent” who will make decisions for you if you are unable to do so.

**New York Living Will**
This is a New York State form which allows you to provide direction for your medical care if you become permanently unable to participate in decisions about your medical care.

**Privacy Notices**
These notices contain information about how Healthfirst protects your personal health and financial information.
This form has been supplied so that you may describe your complaint and have it reviewed and responded to by the Healthfirst Appeals and Grievances department. Please give dates, times, places, and persons involved. If you need help completing this form, please call the Healthfirst Member Services department toll free at 1-866-463-6743 (TTY 1-888-542-3821). You have the right to make a complaint directly with an area office of the NY State Department of Health regarding medical care. Please refer to the Healthfirst Member Handbook for a listing of area office(s), address(es), and telephone number(s). Healthfirst will not take any action against you for filing a complaint.

SECTION 1: MEMBER INFORMATION

MEMBER
NAME ___________________________________________  MEMBER ID NUMBER __________________________

First Name                                           Last Name

MEMBER
ADDRESS ______________________________________________________________________________________

Street                                     Apt. #         City                                State        Zip

TELEPHONE NUMBER*    (            )                          Area Code

SECTION 2: COMPLAINANT INFORMATION

NAME OF PERSON FILING COMPLAINT
IF NOT MEMBER**____________________________________________ RELATIONSHIP TO MEMBER ________________________

First Name                                        Last Name

COMPLAINANT
ADDRESS _________________________________________________________________________________________

Street                                            Apt. #            City                               State                Zip

TELEPHONE NUMBER* ( )                                                   Area Code

* If you do not have a telephone, please list the phone number of a family member, neighbor, or other person who can locate you.
** If other than head of household, please provide documentation of legal guardianship or member’s written consent to represent.

SECTION 3: PROVIDER INFORMATION

PROVIDER NAME ___________________________________________  First Name                                           Last Name

ADDRESS _________________________________________________________________________________________

Street                                            Apt. #            City                               State                Zip

TELEPHONE NUMBER* ( )                          Date of Visit: ______________________

Area Code

Description of Complaint

________________________________________________________________________________

Signature of Member or Complainant  Date

Signature of Representative Providing Assistance  Date

Please return this completed form to:

Healthfirst
P.O. Box 5166
New York, NY 10274-5166
Fax: 1-646-313-4618
Healthfirst continues to expand our physician network to meet members’ needs. To nominate a physician, please complete this form and mail it to the address at the bottom. Healthfirst will notify you if your physician becomes part of the Healthfirst network.

## Nominated By

<table>
<thead>
<tr>
<th>Your Name</th>
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**Plan Type:**
- ☐ Medicare
- ☐ Medicaid
- ☐ Child Health Plus
- ☐ Commercial/Healthy NY
- ☐ Personal Wellness Plan

## Provider Information

<table>
<thead>
<tr>
<th>Physician’s Name</th>
<th>Office Address</th>
<th>City</th>
<th>State</th>
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**Physician Type:**
- ☐ Primary Care Physician (PCP)
- ☐ Specialist

**Hospital Affiliation:**


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## For Healthfirst Use Only

**Existing Healthfirst Physician?**
- ☐ Yes
- ☐ No

**If yes, which product?**
- ☐ Medicare
- ☐ Medicaid
- ☐ Child Health Plus
- ☐ Commercial/Healthy NY
- ☐ Personal Wellness Plan

**Admitting privileges at which hospital?**


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**Mail form to:**

Healthfirst Provider Relations & Contracting  
Re: Physician Nomination  
PO BOX 5168  
New York, NY 10274-5168
**Health Care Proxy**

**Appointing Your Health Care Agent in New York State**

The New York Health Care Proxy Law allows you to appoint someone you trust — for example, a family member or close friend — to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent’s decisions as if they were your own. You may give the person you select as your health care agent as little or as much authority as you want. You may allow your agent to make all health care decisions or only certain ones. You may also give your agent instructions that he or she has to follow. This form can also be used to document your wishes or instructions with regard to organ and/or tissue donation.
About the Health Care Proxy Form

This is an important legal document. Before signing, you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, including the decision to remove or provide life-sustaining treatment, unless you say otherwise in this form. “Health care” means any treatment, service or procedure to diagnose or treat your physical or mental condition.

2. Unless your agent reasonably knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube or intravenous line), he or she will not be allowed to refuse or consent to those measures for you.

3. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.

4. You may write on this form examples of the types of treatments that you would not desire and/or those treatments that you want to make sure you receive. The instructions may be used to limit the decision-making power of the agent. Your agent must follow your instructions when making decisions for you.

5. You do not need a lawyer to fill out this form.

6. You may choose any adult (18 years of age or older), including a family member or close friend, to be your agent. If you select a doctor as your agent, he or she will have to choose between acting as your agent or as your attending doctor because a doctor cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. Ask staff at the facility to explain those restrictions.

7. Before appointing someone as your health care agent, discuss it with him or her to make sure that he or she is willing to act as your agent. Tell the person you choose that he or she will be your health care agent. Discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.

8. If you have named your spouse as your health care agent and you later become divorced or legally separated, your former spouse can no longer be your agent by law, unless you state otherwise. If you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.

9. Even though you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object, nor will your agent have any power to object.

10. You may cancel the authority given to your agent by telling him or her or your health care provider orally or in writing.

11. Appointing a health care agent is voluntary. No one can require you to appoint one.

12. You may express your wishes or instructions regarding organ and/or tissue donation on this form.
Frequently Asked Questions

Why should I choose a health care agent?
If you become unable, even temporarily, to make health care decisions, someone else must decide for you. Health care providers often look to family members for guidance. Family members may express what they think your wishes are related to a particular treatment. Appointing an agent lets you control your medical treatment by:
• allowing your agent to make health care decisions on your behalf as you would want them decided;
• choosing one person to make health care decisions because you think that person would make the best decisions;
• choosing one person to avoid conflict or confusion among family members and/or significant others.
You may also appoint an alternate agent to take over if your first choice cannot make decisions for you.

Who can be a health care agent?
Anyone 18 years of age or older can be a health care agent. The person you are appointing as your agent or your alternate agent cannot sign as a witness on your Health Care Proxy form.

How do I appoint a health care agent?
All competent adults, 18 years of age or older, can appoint a health care agent by signing a form called a Health Care Proxy. You don’t need a lawyer or a notary, just two adult witnesses. Your agent cannot sign as a witness. You can use the form printed here, but you don’t have to use this form.

When would my health care agent begin to make health care decisions for me?
Your health care agent would begin to make health care decisions after your doctor decides that you are not able to make your own health care decisions. As long as you are able to make health care decisions for yourself, you will have the right to do so.

What decisions can my health care agent make?
Unless you limit your health care agent’s authority, your agent will be able to make any health care decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments and decide that treatments should not be provided, in accordance with your wishes and interests. However, your agent can only make decisions about artificial nutrition and hydration (nourishment and water provided by feeding tube or intravenous line) if he or she knows your wishes from what you have said or what you have written. The Health Care Proxy form does not give your agent the power to make non-health care decisions for you, such as financial decisions.

Why do I need to appoint a health care agent if I’m young and healthy?
Appointing a health care agent is a good idea even though you are not elderly or terminally ill. A health care agent can act on your behalf if you become even temporarily unable to make your own health care decisions (such as might occur if you are under general anesthesia or have become comatose because of an accident). When you again become able to make your own health care decisions, your health care agent will no longer be authorized to act.

How will my health care agent make decisions?
Your agent must follow your wishes, as well as your moral and religious beliefs. You may write instructions on your Health Care Proxy form or simply discuss them with your agent.

How will my health care agent know my wishes?
Having an open and frank discussion about your wishes with your health care agent will put him or her in a better position to serve your interests. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interest. Because this is a major responsibility for the person you appoint as your health care agent.
agent, you should have a discussion with the person about what types of treatments you would or would not want under different types of circumstances, such as:

- whether you would want life support initiated/continued/removed if you are in a permanent coma;
- whether you would want treatments initiated/continued/removed if you have a terminal illness;
- whether you would want artificial nutrition and hydration initiated/withheld or continued or withdrawn and under what types of circumstances.

**Can my health care agent overrule my wishes or prior treatment instructions?**

No. Your agent is obligated to make decisions based on your wishes. If you clearly expressed particular wishes, or gave particular treatment instructions, your agent has a duty to follow those wishes or instructions unless he or she has a good faith basis for believing that your wishes changed or do not apply to the circumstances.

**Who will pay attention to my agent?**

All hospitals, nursing homes, doctors and other health care providers are legally required to provide your health care agent with the same information that would be provided to you and to honor the decisions by your agent as if they were made by you. If a hospital or nursing home objects to some treatment options (such as removing certain treatment) they must tell you or your agent BEFORE or upon admission, if reasonably possible.

**What if my health care agent is not available when decisions must be made?**

You may appoint an alternate agent to decide for you if your health care agent is unavailable, unable or unwilling to act when decisions must be made. Otherwise, health care providers will make health care decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

**What if I change my mind?**

It is easy to cancel your Health Care Proxy, to change the person you have chosen as your health care agent or to change any instructions or limitations you have included on the form. Simply fill out a new form. In addition, you may indicate that your Health Care Proxy expires on a specified date or if certain events occur. Otherwise, the Health Care Proxy will be valid indefinitely. If you choose your spouse as your health care agent or as your alternate, and you get divorced or legally separated, the appointment is automatically cancelled. However, if you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.

**Can my health care agent be legally liable for decisions made on my behalf?**

No. Your health care agent will not be liable for health care decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care, just because he or she is your agent.

**Is a Health Care Proxy the same as a living will?**

No. A living will is a document that provides specific instructions about health care decisions. You may put such instructions on your Health Care Proxy form. The Health Care Proxy allows you to choose someone you trust to make health care decisions on your behalf. Unlike a living will, a Health Care Proxy does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made.

**Where should I keep my Health Care Proxy form after it is signed?**

Give a copy to your agent, your doctor, your attorney and any other family members or close friends you want. Keep a copy in your wallet or purse or with other important papers, but not in a location where no one can access it, like a safe
deposit box. Bring a copy if you are admitted to the hospital, even for minor surgery, or if you undergo outpatient surgery.

**May I use the Health Care Proxy form to express my wishes about organ and/or tissue donation?**

Yes. Use the optional organ and tissue donation section on the Health Care Proxy form and be sure to have the section witnessed by two people. You may specify that your organs and/or tissues be used for transplantation, research or educational purposes. Any limitation(s) associated with your wishes should be noted in this section of the proxy.

**Failure to include your wishes and instructions on your Health Care Proxy form will not be taken to mean that you do not want to be an organ and/or tissue donor.**

**Can my health care agent make decisions for me about organ and/or tissue donation?**

Yes. As of August 26, 2009, your health care agent is authorized to make decisions after your death, but only those regarding organ and/or tissue donation. Your health care agent must make such decisions as noted on your Health Care Proxy form.

**Who can consent to a donation if I choose not to state my wishes at this time?**

It is important to note your wishes about organ and/or tissue donation to your health care agent, the person designated as your decedent’s agent, if one has been appointed, and your family members. New York Law provides a list of individuals who are authorized to consent to organ and/or tissue donation on your behalf. They are listed in order of priority: your health care agent; your decedent’s agent; your spouse, if you are not legally separated, or your domestic partner; a son or daughter 18 years of age or older; either of your parents; a brother or sister 18 years of age or older; or a guardian appointed by a court prior to the donor’s death.
Health Care Proxy Form Instructions

**Item (1)**
Write the name, home address and telephone number of the person you are selecting as your agent.

**Item (2)**
If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

**Item (3)**
Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want your Health Care Proxy to expire.

**Item (4)**
If you have special instructions for your agent, write them here. Also, if you wish to limit your agent’s authority in any way, you may say so here or discuss them with your health care agent. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

If you want to give your agent broad authority, you may do so right on the form. Simply write: I have discussed my wishes with my health care agent and alternate and they know my wishes including those about artificial nutrition and hydration.

If you wish to make more specific instructions, you could say:

*If I become terminally ill, I do/don’t want to receive the following types of treatments:....*

*If I am in a coma or have little conscious understanding, with no hope of recovery, then I do/don’t want the following types of treatments:....*

*If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don’t want the following types of treatments:....*

*I have discussed with my agent my wishes about ________ and I want my agent to make all decisions about these measures.*

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list:

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- surgical procedures
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

**Item (5)**
You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

**Item (6)**
You may state wishes or instructions about organ and/or tissue donation on this form. New York law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your health care agent, your decedent’s agent, your spouse, if you are not legally separated, or your domestic partner, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor’s death.

**Item (7)**
Two witnesses 18 years of age or older must sign this Health Care Proxy form. The person who is appointed your agent or alternate agent cannot sign as a witness.
Health Care Proxy

(1) I, ___________________________

hereby appoint ___________________________

(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint ___________________________

(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. (Optional: If you want this proxy to expire, state the date or conditions here.) This proxy shall expire (specify date or conditions): ___________________________

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. (If you want to limit your agent’s authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.) I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions (attach additional pages as necessary): ___________________________

In order for your agent to make health care decisions for you about artificial nutrition and hydration (nourishment and water provided by feeding tube and intravenous line), your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.
(5) **Your Identification** *(please print)*

Your Name ________________________________________________________________

Your Signature __________________________________ Date ____________________

Your Address ______________________________________________________________

(6) **Optional: Organ and/or Tissue Donation**

I hereby make an anatomical gift, to be effective upon my death, of:
(check any that apply)

☐ Any needed organs and/or tissues

☐ The following organs and/or tissues __________________________________________

☐ Limitations ______________________________________________________________

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature __________________________ Date __________________________________

(7) **Statement by Witnesses** *(Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)*

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date __________________________ Date __________________________

Name of Witness 1

*print* __________________________ Name of Witness 2

*print* __________________________

Signature __________________________ Signature __________________________

Address __________________________ Address __________________________

_________________________________  ________________________________________

*Print*
New York Living Will

This Living Will has been prepared to conform to the law in the State of New York, as set forth in the case In re Westchester County Medical Center, 72 NY2d 517 (1988). In that case the Court established the need for "clear and convincing" evidence of a patient's wishes and stated that the "ideal situation is one in which the patient's wishes were expressed in some form of writing, perhaps a living will."

I, __________________________, being of sound mind, make this statement as a directive to be followed if I become permanently unable to participate in decisions regarding my Medical care. These instructions reflect my firm and settled commitment to decline medical treatment under the circumstances indicated below.

I direct my attending physician and other medical personnel to withhold or withdraw treatment that serves only to prolong the process of my dying, if I should be in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery.

These instructions apply if I am: a) in a terminal condition; b) permanently unconscious; or c) if I am conscious but have irreversible brain damage and will never regain the ability to make decisions and express my wishes.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment. While I understand that I am not legally required to be specific about future treatments, if I am in the condition(s) described above, I feel especially strong about the following forms of treatment:

I do not want cardiac resuscitation.

I do not want mechanical respiration. I do not want tube feeding.

I do not want antibiotics.

I do want maximum pain relief.

Other instructions (insert personal instructions):

I HEREBY APPOINT

Name:

Address

Phone Number:

as my health care agent to make all health care decisions for me in conformity with the guidelines I have expressed in this document. I direct my agent to make health care decisions in accordance with my wishes and instructions as stated above or as otherwise known to him or her. I also direct my agent to abide by any limitations on his or her authority as stated above or as otherwise known to him or her.
In the event my health care agent is unable, unwilling, or unavailable to serve as such, then I appoint as my substitute health care agent (with the same powers that I have heretofore enumerated).

Name: Address:

Phone Number:

I understand that unless I revoke it, this living will and health care proxy will remain in effect indefinitely.

These directions express my legal right to refuse treatment, under the laws of New York. Unless I have revoked this instrument or otherwise clearly and explicitly indicated that I have changed my mind, it is my unequivocal intent that my instructions as set forth in this document be faithfully carried out.

Signature:

Address:

Date:

Statement By Witnesses (Must Be 18 or Older)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness:

Address:

Witness:

Address:

KEEP THIS SIGNED ORIGINAL WITH YOUR PERSONAL PAPERS AT HOME. GIVE COPIES OF THE SIGNED ORIGINAL TO YOUR DOCTOR, FAMILY, LAWYER AND OTHERS WHO MIGHT BE INVOLVED IN YOUR CARE.
This section contains information about how Healthfirst protects your personal health and financial information.

In addition, it describes the process for sharing any information with entities outside of Healthfirst.
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 March 26, 2013.

At Healthfirst (made up of Healthfirst PHSP, Inc. and Managed Health, Inc. d/b/a as Healthfirst Medicare Plan and Healthfirst New York), 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, send 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.

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 changes, we will revise it and send a new Privacy Notice to all persons to whom we are required to give the new notice. 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.

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, your 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 Operations: We may use and disclose your health information to conduct quality assessment and improvement activities; for underwriting or for 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. 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.

Rev. 3/2013
To Plan Sponsor: We may use or share your information to share information with the sponsor (i.e., employer) of an employee benefit plan through which you receive health benefits. We will not share detailed health information with your benefit plan. We may disclose to the employer—in summary form—claims history and similar information. Such summary information does not disclose your name or other distinguishing information. We may disclose to the sponsor information about your enrollment or disenrollment in the group health plan. We may disclose your health information to the sponsor for administrative functions of the plan sponsor provided that the plan sponsor promises, in writing, to maintain the confidentiality and security of your health information. The plan sponsor must also agree not to use or disclose your health information for employment-related activities or for any other benefit or benefit plans of the plan sponsor.

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 Service, and New York State Attorney General.

We may also use and disclose your health information as follows:
- 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 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 web site at http://www.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 (i.e., 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.

Rev. 3/2013
• 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. A “designated record set” is the group of records that we use in order to make decisions about you, including 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 through Friday, from 9am to 5pm by phone, by 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
PO Box 5183
New York, NY 10274-5183
Phone: 1-866-463-6743
Email: HIPAASECURITY@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: (212) 264-3313; TDD: (212) 264-2355
Email: ocrmail@hhs.gov
Website: http://www.hhs.gov/ocr/

Rev. 3/2013
Healthfirst, Inc.

IMPORTANT NOTICE REGARDING YOUR PRIVACY RIGHTS.
PLEASE READ CAREFULLY.

What is this Notice?

At Healthfirst, Inc. (made up of Healthfirst PHSP, Inc. and Managed Health, Inc.), we appreciate the trust our members place in us and we recognize the importance and sensitivity of protecting the confidentiality of the non-public personal information that we collect about them. We collect non-public personal information from our members to effectively administer our health plans and to provide health care 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 “Non-Public Personal Information”?

Non-public personal information (“NPI”) is information that identifies an individual enrolled in a Healthfirst health plan (i.e. Child Health Plus, Healthfirst Medicare Plan, and Healthfirst New York) 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 health care to that individual; or payment for the provision of health care 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 health care plans, we collect the following types of NPI about our members and their dependents in the normal course of business in order to provide health care services to you:

1. 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.

2. Information about your transactions with us, our affiliated health care providers or others, including, but not limited to, appeals and grievance information, claims for benefits, medical records and coordination of benefits information.
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 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.

How does Healthfirst treat NPI that relates to your Personal Health Information?

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

Under the law, Healthfirst is permitted to disclose non-public health information in order to administer your health care benefits, including: authorizing requests for health care 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 non-public 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.

What is 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.
Healthfirst Compliance and You

Healthfirst has a well-established Compliance Program and is committed to promoting a culture of compliance. Our program is reliant upon the commitment of all employees, members, and businesses that Healthfirst works with. We have company-wide policies and practices which help to support this culture.

What is a Compliance Program?

- It is a system of policies and procedures that help us operate in accordance with rules and regulations.
- It helps to promote and maintain a strong ethical culture at Healthfirst.
- It helps to reduce or eliminate fraud, waste, and abuse of healthcare services that are delivered to you, your family and others in the community.

Why is Compliance important to you?

- Shows a commitment by Healthfirst to be an honest and responsible organization.
- Helps to identify and prevent illegal or unethical behavior at Healthfirst.
- Helps to improve the quality and delivery of services to you, the member.

What if you think that a law or policy has been broken?

We encourage you to report any suspected cases of fraud, waste or abuse to Healthfirst. We have the reporting methods outlined below.

What will happen if you file a report?

Healthfirst conducts a full investigation of every report that is received. If you report and issue, there will not be any consequences or effects on the services that you receive.

How do you report an issue to Healthfirst?

You may report an issue to Healthfirst via the methods below:

- Healthfirst’s Confidential & Anonymous hotline (24/7): (877) 879-9137

- Directly to the Compliance Officer
  Healthfirst
  100 Church Street, New York, NY 10007
  By e-mail – compliance@healthfirst.org
OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA
[This form has been approved by the New York State Department of Health]

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE**, **MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9(b).

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:

9(a). Specific information to be released:

- [ ] Medical Record from (insert date) ___________________ to (insert date) ___________________
- [ ] Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- [ ] Other: ___________________ Include: (Indicate by Initialing)
  - [ ] Alcohol/Drug Treatment
  - [ ] Mental Health Information
  - [ ] HIV-Related Information

**Authorization to Discuss Health Information**

(b) [ ] By initialing here _________ I authorize _________ Name of individual health care provider to discuss my health information with my attorney, or a governmental agency, listed here:

(Assignee/Firm Name or Governmental Agency Name)

10. Reason for release of information:

- [ ] At request of individual
- [ ] Other:

11. Date or event on which this authorization will expire:

12. If not the patient, name of person signing form:

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

__________________________ Date: _____________________________
Signature of patient or representative authorized by law.

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person’s contacts.
Instructions for the Use of the HIPAA-compliant Authorization Form to Release Health Information Needed for Litigation

This form is the product of a collaborative process between the New York State Office of Court Administration, representatives of the medical provider community in New York, and the bench and bar, designed to produce a standard official form that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act ("HIPAA") and its implementing regulations, to be used to authorize the release of health information needed for litigation in New York State courts. It can, however, be used more broadly than this and be used before litigation has been commenced, or whenever counsel would find it useful.

The goal was to produce a standard HIPAA-compliant official form to obviate the current disputes which often take place as to whether health information requests made in the course of litigation meet the requirements of the HIPAA Privacy Rule. It should be noted, though, that the form is optional. This form may be filled out on line and downloaded to be signed by hand, or downloaded and filled out entirely on paper.

When filing out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as “at the conclusion of my court case” or provide a specific date amount of time, such as “3 years from this date”.

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked, and the relevant date inserted on the first line containing the first box.
Visit a Healthfirst office in your neighborhood:

**BROOKLYN**

635 Fulton Street, Brooklyn, NY 11217  
*(between Hudson Avenue and Rockwell Place)*

5324 7th Avenue, Brooklyn, NY 11220  
*(between 53rd and 54th Streets)*

**BRONX**

412 East Fordham Road, Bronx, NY 10458  
*(entrance on Webster Avenue)*

**QUEENS**

93-14 Roosevelt Avenue, Jackson Heights, NY 11372  
*(between 94th and Aske Streets)*

40-08 81st Street, Elmhurst, NY 11373  
*(between Roosevelt and 41st Avenues)*

41-60 Main Street, Rooms 201 & 311, Flushing, NY 11355  
*(between Sanford and Maple Avenues)*

**MANHATTAN**

**Chinatown**

128 Mott Street, Room 407, New York, NY 10013  
*(between Grand and Hester Streets)*

28 East Broadway, 5th Floor, New York, NY 10002  
*(between Catherine and Market Streets)*

**Washington Heights**

1467 St. Nicholas Avenue, New York, NY 10033  
*(between West 183rd and West 184th Streets)*

**LONG ISLAND**

**Hempstead**

50 Clinton Street, Hempstead, NY 11550  
*(between Front Street and Fulton Avenue)*

For questions about your Medicaid benefits, call Member Services at:

**1-866-463-6743 (TTY 1-888-542-3821)**

Monday to Friday, 9am to 6pm

Connect with us at HealthfirstNY for events and activities.