



ENRICHED HEALTH

MEMBER HANDBOOK

NEW YORK STATE HEALTH AND RECOVERY PLAN MEMBER HANDBOOK

This handbook will tell you how to use your Affinity Enriched Health plan.

Please put this handbook where you can find it when you need it.

MAY 2016

If you do not speak English, call us at 1-866-247-5678. 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 1-866-247-5678. 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 1-866-247-5678. 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.

Haitian Creole: Si ou pa pale lang Anglè, rele nou nan 1-866-247-5678. Nou ka jwenn sèvis entèprèt pou ou, epitou nou kapab ede reponn kesyon ou yo nan lang ou pale a. Nou kapab ede ou jwenn yon pwofesyonèl swen sante ki kapab kominike avèk ou nan lang ou pale a.

Italian: Se non parli inglese chiamaci al 1-866-247-5678. 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 1-866-247-5678. 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 1-866-247-5678

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: 1-866-247-

5678。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。

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Enriched Health Member Service toll free number: 1-866-247-5678; TTY: 1-800-662-1220
Beacon Health Strategy Behavioral Health Crisis toll free number: 1-800- 974-6831

Health and Recovery Plan Member Handbook

WELCOME to Enriched Health Affinity Health Plan's HARP

We are glad that you enrolled in Affinity's Enriched Health. Enriched Health is a Health and Recovery Plan, or HARP, approved by New York State. HARPs are a new kind of plan that provide Medicaid members with their health care, plus care for behavioral health. In this handbook, behavioral health means mental health, substance use disorder and rehabilitation. We are a special health care plan with providers who have a lot of experience treating persons who may need mental health and/or substance use care to stay healthy. We also provide care management services to help you and your health care team to work together to keep you as healthy as possible.

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 of Enriched Health. In order to get to know you better, we will get in touch with you in the next two weeks. You can ask us any questions you have, or get help making appointments. If you want to speak with us sooner, just call us at 1-866-247-5678. You can also visit our website at www.affinityplan.org to get more information about Enriched Health.

HOW HEALTH AND RECOVERY PLANS WORK

The Plan, Our Providers, and You

You may have seen or 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 Enriched Health.

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

Enriched Health offers new services, called Behavioral Health Home and Community Based Services (BHHCBS), to members who qualify.

BHHCBS may help you:

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

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

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You may be using your Medicaid card to get a behavioral health service that is now available through Enriched Health. To find out if a service you already get is now provided by Enriched Health, contact Member Service at 1-866-247-5678.

- You and your health care team will work together to make sure you enjoy the best physical and emotional health possible. You can get special services for healthy living, such as nutrition classes and help to stop smoking.
- Enriched Health has a contract with the New York State Department of Health to meet the health care needs of people with Medicaid. In turn, we choose a group of health care, mental health and substance use providers to help us meet your needs. These doctors and specialists, hospitals, clinics, labs, case managers, 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 Member Service at 1-866-247-5678 to get a copy or visit our website at www.affinityplan.org
- When you join Enriched Health, one of our providers will take care of you. Most of the time that person will be your **Primary Care Provider (PCP)**. You may want to choose a PCP from your mental health or substance use clinic. If you need to have a test, see another specialist, or go into the hospital, your Primary Care Provider will arrange it.
- Your Primary Care Provider is available to you every day, day and night. If you need to speak to him or her after hours or weekends, leave a message and how you can be reached. Your Primary Care Provider will get back to you as soon as possible. Even though your Primary Care Provider is your main source for health care, in some cases, you can self-refer to certain doctors for some services. See page 15 for details.

You may be restricted to certain plan providers if you are:

- getting care from several doctors for the same problem
- getting medical care more often than needed
- using prescription medicine in a way that may be dangerous to your health
- allowing someone other than yourself to use your plan ID card

Confidentiality

We respect your right to privacy. Enriched Health recognizes the trust needed between you, your family, your doctors and other care providers. Enriched Health 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 Enriched Health, your Primary Care Provider, your Health Home Care Manager and other providers who give you care and your authorized representative. Referrals to such providers will always be discussed with you in advance by your Primary Care Provider and/or Health Home Care Manager. Enriched Health staff have been trained in keeping strict member confidentiality.

HOW TO USE THIS HANDBOOK

- This handbook will tell you how your new health care plan will work and how you can get the most from Enriched Health. 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 Service unit at **1-866-247-5678**. You can also call the New York Medicaid Choice Helpline at 1- 800-505-5678.

HELP FROM MEMBER SERVICE

There is someone to help you in Member Service:

Monday through Friday
8:30 AM – 6:00 PM
or any time you are in crisis
Call 1-866-247-5678

If you need help at other times, call us at
TTY: 1-800-662-1220

- You can call Member Service to get help **any time you have a question**. You may call us to choose or change your Primary Care Provider (*PCP for short*), to ask about benefits and services, to get help with referrals, to replace a lost ID card, to report that you are pregnant, the birth of a new baby or ask about any change that might affect your benefits.
- At our community retail stores 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 speak to you in your language.

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- **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/TDD machine (Our TTY phone number is 1-800-662-1220).
 - Information in large print
 - Case Management
 - Help in making or getting to appointments
 - Names and addresses of providers who specialize in your disability
- **If you are getting care in your home now,** your nurse or attendant may not know you have joined our plan. **Call us right away** to make sure your home care does not stop unexpectedly.

YOUR HEALTH PLAN ID CARD

After you enroll, we will send you a **Welcome Letter**. Your Enriched Health ID card should arrive within fourteen (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 Enriched Health ID card, call us right away. Your ID card does not show that you have Medicaid or that Enriched Health 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 an Enriched Health member. You should also keep your Medicaid benefit card. You will need your Medicaid card to get services that Enriched Health does not cover.

PART I — First Things You Should Know

HOW TO CHOOSE YOUR PRIMARY CARE PROVIDER (PCP)

- You may have already picked your PCP (Primary Care Provider). **If you have not chosen a PCP, you should do so right away.** If you do not choose a doctor within thirty (30) days, we will choose one for you. Member Service 1-866-247-5678 can check to see if you already have a PCP or help you choose a PCP. **You may also be able to choose a PCP at your behavioral health clinic.**
- With this Handbook, you should have a provider directory. This is a list of all the providers, clinics, hospitals, labs, and others who work with Enriched Health. 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.affinitplan.org.

You may want to find a doctor that:

- you have seen before,
 - understands your health problems,
 - is taking new patients,
 - can speak to you in your language,
 - is easy to get to,
 - is at a clinic you go to.
- Women can also choose one of our OB/GYN doctors for with women’s health care. Women do not need a PCP referral to see a plan OB/GYN doctor. They can have routine check-ups, follow-up care if needed, and regular care during pregnancy.
 - We also contract with several 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 one of our providers. Or you can sign up with a PCP in one of the FQHCs that we work with, listed below. Just call Member Service 1-866-247-5678 for help.

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

Borough / County	Federally Qualified Health Centers	Address	City	Zip Code
Bronx	Bella Vista Health Center	890 Hunts Point Avenue	Bronx	10474
Bronx	Burnside Medical Center	165 East Burnside Avenue	Bronx	10453
Bronx	Community Healthcare Network	975 Westchester Avenue	Bronx	10459
Bronx	Comprehensive Community Dev. Corp.	731 White Plains Road	Bronx	10473
Bronx	Comprehensive Family Care Center	1621 Eastchester Road	Bronx	10461
Bronx	Comprehensive Health Care Center	305 East 161st Street	Bronx	10451
Bronx	Delany Sisters Health Center	2727-33 White Plains Road	Bronx	10467
Bronx	Diallo Medical Center	1760 Westchester Avenue	Bronx	10472
Bronx	Family Health Center	360 East 193rd Street	Bronx	10458
Bronx	Hunts Point Multi-Service Center	661 Cauldwell Avenue	Bronx	10455
Bronx	Hunts Point Multi-Service Center	1675 Westchester Avenue	Bronx	10472
Bronx	Jessica Guzman Medical Center	616 Castle Hill Avenue	Bronx	10473
Bronx	Martin Luther King Jr. Health Center	3674 Third Avenue	Bronx	10456
Bronx	Morris Heights Health Center	85 West Burnside Avenue	Bronx	10453
Bronx	Plaza del Castillo Health Center	1515 Southern Blvd	Bronx	10460
Bronx	Urban Health Plan	1070 Southern Blvd	Bronx	10459
Bronx	Westchester Avenue Health Center	1990 Westchester Avenue	Bronx	10462
Kings	Bedford Stuyvesant Family Health Center	1413 Fulton Street	Brooklyn	11216
Kings	Brownsville Multi-Service Family HC@ Genesis	360 Snediker Ave	Brooklyn	11207
Kings	CABS Health Center	94-98 Manhattan Avenue	Brooklyn	11206
Kings	Caribbean House Health Center	1167 Nostrand Avenue	Brooklyn	11225
Kings	Dr. Betty Shabazz Health Center	999 Blake Avenue	Brooklyn	11208
Kings	Family Physician Health Center	5616 Sixth Avenue	Brooklyn	11220
Kings	Park Slope Health Center	220-13th Street	Brooklyn	11215
Kings	Sunset Park Family Health Center	150 55th Street	Brooklyn	11220
New York	NENA Health Council	279 E. 3rd Street	New York	10009
New York	Amsterdam Avenue Healthcare Center	690 Amsterdam Ave	New York	10025
New York	Charles B. Wang Community Health Center	268 Canal Street	New York	10013

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New York	Charles B. Wang Community Health Center	125 Walker Street 2nd Floor	New York	10013
New York	Community League Health Center	1996 Amsterdam Ave	New York	10025
New York	Helen B. Atkinson Health Center	81 West 115th Street	New York	10026
New York	Heritage Health and Housing, INC	1727 Amsterdam Avenue	New York	10031
New York	Institute for Urban Family Health, INC	16 East 16th St	New York	10003
New York	Ryan/Chelsea-Clinton Community Health	645 Tenth Avenue	New York	10036
New York	William F. Ryan Community Health center	110 West 97th Street	New York	10025
New York	William F. Ryan Community Health center	160 West 100 Street	New York	10025
Queens	Charles B. Wang Community Health Center	136-26 37th Avenue	Flushing	11354
Queens	Damian Family Care Center	137-50 Jamaica Avenue	Jamaica	11434
Queens	Joseph P. Addabbo Family Health Center	130-20 Farmers Blvd	Jamaica	11434
Queens	Joseph P. Addabbo Family Health Center	190 Beach 68th Street	Arverne	11692
Queens	Joseph P. Addabbo Family Health Center	1288 Central Avenue	Far Rockaway	11691
Queens	Joseph P. Addabbo Family Health Center	67-10 Rockaway Beach Blvd	Arverne	11692
Richmond	Beacon Christian Community Health Center	2079 Forest Avenue	Staten Island	10303
Orange	Ezras Choslim Health Center, Inc.	49 Forest Road	Monroe	10950
Orange	Greater Hudson Valley Family Health Center	3 Washington Center	Newburgh	12550
Orange	Middletown Community Health Center	135 North Street	Middletown	10940
Orange	Middletown Community Health Center	10 Benton Avenue	Middletown	10940
Orange	Middletown Community Health Center	27 North Street	Middletown	12566
Orange	Middletown Community Health Center	99 Cameron Street	Pine Bush	12586
Rockland	Ben Gilman Spring Valley Medical & Dental Clinic	175 Rte 59	Spring Valley	10977
Rockland	Monsey Family Health Center	40 Robert Pitt Drive	Monsey	10952

In almost all cases, your doctors will be Enriched Health providers. There are four (4) instances when you can still **see another provider that you had before you joined Enriched Health**. In these cases, your provider must agree to work with Enriched Health. You can continue to see your provider if:

- You are more than three (3) months pregnant when you join Enriched Health and you are getting prenatal care. In that case, you can keep your doctor until after your delivery through post-partum care. Call Member Service at 1-866-247-5678.
- At the time you join Enriched Health, 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 sixty (60) days.
- At the time you join Enriched Health, you are being treated for a behavioral health condition. In that case, you can ask to keep your provider through treatment for up to two (2) years.
- At the time you join Enriched Health, regular Medicaid paid for your home care and you need to keep getting that care for at least one hundred twenty (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 ninety (90) days. Enriched Health must tell you about any changes to your home care before the changes take effect.

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- If you need to, you can **change your PCP** in the first thirty (30) days after your first appointment with your PCP. After that, you can **change your PCP at any time** without cause, or more often if you have a good reason. For example, your PCP may move to a new location that is not convenient for you. Or, you may just want to try a different PCP for personal reasons. That's OK. You can change your PCP at any time. We do not limit the number of times you can change. You can also change your OB/GYN or a specialist to which your PCP has referred you. Call Member Service at 1-866-247-5678.
- If your **provider leaves Enriched Health** we will tell you within five (5) days from when we know about this. If you wish, you may be able to see that provider **if** you are more than three (3) months pregnant or if you are receiving ongoing treatment for a condition. If you are pregnant, you may continue to see your doctor through post-partum care. If you are seeing a doctor regularly for a special medical problem, you may continue your present course of treatment for up to ninety (90) days. Your doctor must agree to work with Enriched Health during this time. If any of these conditions apply to you, check with your PCP or call Member Service at 1-866-247-5678

HEALTH HOME CARE MANAGEMENT

Enriched Health is responsible for providing and coordinating your physical health care and your behavioral health services. We use Health Homes to coordinate services for our members. It is your choice if you want to join a Health Home, and we encourage you to join a Health Home for your Care Management.

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

Your Health Home is responsible for giving you an assessment to see what Behavioral Health Home and Community Based Services you may need. Using the assessment, you and your Health Home Care Manager will work together to make a Plan of Care that is designed especially for you.

Your Health Home Care Manager can:

- Work with your PCP and other providers to coordinate all of your physical and behavioral health care;
- Work with the people you trust, like family members or friends, to help you plan and get your care;
- Support you getting social services, like SNAP (food stamps) and other social service benefits;

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- Develop a plan of care with you to help identify your needs and goals;
- Help with appointments with your PCP and other providers;
- Help managing ongoing medical issues like diabetes, asthma, and high blood pressure;
- Help you find services to help with weight loss, healthy eating, exercise and to stop smoking;
- Support you during treatment;
- Identify resources you need that are located in your community;
- Help you with finding or applying for stable housing;
- Help you safely return home after a hospital stay; and
- Make sure you get follow up care, medications and other needed services.

Your Health Home Care Manager will be in touch with you right away to find out what care you need and to help you with appointments. Your Health Home Care Manager or someone from your Health Home provider is available to you twenty-four (24) hours a day, seven (7) days a week.

If you are in crisis and need to talk to someone right away, call Beacon Health Options' Crisis toll free number: 1-800- 974-6831.

REGULAR HEALTH CARE

- Your health care will include regular check-ups for all your health care needs. We provide referrals to hospitals or specialists. We want new members to see his or her Primary Care Provider for a first medical visit soon after enrolling in Enriched Health. This will give you a chance to talk with your Primary Care Provider about your past health issues, the medicines you take, and any questions that you have.
- Day or night, your PCP is only a phone call away. Be sure to call your PCP whenever you have a medical question or concern. If you call after hours or weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how the health plan works.
- You can call Enriched Health twenty-four (24) hours a day, seven (7) days a week at 1-866-247-5678 if you have questions about getting services or if for some reason you cannot reach your Primary Care Provider.
 - 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.

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

BEHAVIORAL HEALTH CARE AND HOME AND COMMUNITY BASED SERVICES (BHHCBS)

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

If you need help to support your living in the community, Enriched Health provides additional services, called Behavioral Health Home and Community Based Services (BHHCBS). These services can help you stay out of the hospital and live in the community. Some services can help you reach life goals for employment, school, or for other areas of your life you may like to work on.

To be eligible for these services, you will need to get an assessment. To find out more, call us at 1-888-438-1994 or ask your Health Home Care Manager about these services.

See page 26 of this Handbook for more information about these services and how to get them.

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HOW TO GET SPECIALTY CARE AND REFERRALS

- If you need care that your PCP cannot give, he or she will REFER you to other specialists who can. If your PCP refers you to another doctor, we will pay for your care. Most of these specialists are Enriched Health providers. Talk with your PCP to be sure you know how referrals work.
- If you think the 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 our plan 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 Service at 1-866-247-5678.
- Other than the standard referral proves there are no limitations on accessing the entire approved provider network.
- 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 Enriched Health for approval *before* you can get an out-of-network referral. If your PCP or plan provider refers you to a provider who is not in our network, you are not responsible for any of the costs except co-payments as described in this handbook.

The request to use a specialist outside of the Affinity provider network can be made by your PCP, an Affinity specialist, or the Affinity Medical Management Department. The Medical Management Case Manager reviews the request to make sure there is sufficient clinical information to support the use of an out-of-network provider. The Case Manager then identifies any Affinity provider who can address your needs. The request and supporting clinical information are sent to the Affinity Medical Director for review since the use of a non-Affinity provider is not a covered benefit. You and your PCP will receive the Medical Director's decision verbally and in writing.

If Affinity does not approve the request, the Affinity Case Manager will help you get an appointment with an appropriate Affinity provider. You will also be informed of your rights and the process to appeal this decision. If Affinity approves the request, you will receive a letter letting you know what services have been approved.

- **Standard review:** We will make a decision about your request within three (3) work days of when we have all the information we need, but you will hear from us no later than fourteen (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 three (3) work days. We will tell you by the third work day if we need more information

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If you need help in getting access to a specialty care center, call Member Service or our Medical Management Department at 1-866-247-5678 or by fax 718-794-7822.

- Sometimes we may not approve an out-of-network referral because we have a provider in Enriched Health 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 37 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 Enriched Health 's 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 an Enriched Health 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 37 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 an Enriched Health 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 (2) 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 an Enriched Health 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 38 for more information about external appeals.

- Utilization review includes all review activities, whether they take place prior to the service being performed (Preauthorization); when the service is being performed (concurrent); or after the service is performed (retrospective). If you have any questions about the utilization review process, please call Member Service at 1-866-247-5678. All determinations that services are not medically necessary will be made by licensed physicians or by licensed, certified, registered or credentialed health care professionals who are in the same profession and same or similar specialty as the health care provider who typically manages your medical condition or disease or provides the health care service under review. You may file a UR appeal if you believe your provider does not have the training and experience needed to treat your condition.
- There are no restrictions on accessing any provider in our network as long as you have the appropriate referral, authorization, or direct access.
- *You may need to see a specialist for ongoing care of a medical or behavioral health condition.* 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:*
 1. your specialist to act as your PCP;
 2. a referral to a care center that specializes in the treatment of your illness.

GET THESE SERVICES FROM OUR PLAN *WITHOUT* A Referral

Women's Health Care

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

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

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- 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 *Enriched Health ID card* to see one of our family planning providers. Check the plan's Provider Directory or call Member Service 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 call Member Service at 1-866-247-5678 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 Enriched Health providers, you can use your Medicaid card to see a family planning provider outside Enriched Health. For help in finding either a Plan provider or a Medicaid provider for family planning services call Member Service at 1-866-247-5678.
- 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.

HIV Prevention Services

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

If you are HIV positive, we can help you talk to your partners. We can help you talk to your family and friends and help them understand HIV and AIDS and how to get treatment. If you need help talking about your HIV status with future partners Enriched Health staff will assist you. We can even help you talk to your children about HIV.

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Eye Care

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

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

Behavioral Health (Mental Health and Substance Use)

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

If at any time you think you need help with mental health or substance use, you can see behavioral health providers in our network to see what services you may need. This includes services like clinic and detox services. **You do not need a referral from your PCP.**

Smoking Cessation

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

Maternal Depression Screening

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

Emergencies

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

- that comes on all of a sudden, and
- has pain or other symptoms.

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

Examples of an emergency are:

- a heart attack or severe chest pain
- bleeding that won't stop or a bad burn
- broken bones
- trouble breathing / convulsions / 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 Enriched Health 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 Enriched Health.***

Tell the person you speak with what is happening. Your PCP or an Enriched Health representative will:

- tell you what to do at home, or
 - tell you to come to the PCP's office,
 - tell you about community services you can get, like 12 step meetings or a shelter, or
 - tell you to go to the nearest emergency room.
- **You can also contact Enriched Health Member Service at 1-866-247-5678 twenty-four (24) hours a day, seven (7) days a week if you are in crisis or need help with a mental health or drug use situation.**
 - *If you are **out of the area*** when you have an emergency:
 - Go to the nearest emergency room or call 911.
 - Call 1-866-247-5678 as soon as you can (within forty-eight (48) hours if you can).

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Remember

You do not need prior approval for emergency services.

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

The Emergency Room should NOT be used for problems like flu, sore throats, or ear infections.

If you have questions, call your PCP or our plan at 1-866-247-5678.

Beacon Health Options Crisis toll free number: 1-800- 974-6831

Urgent Care

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

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

You can get an appointment for an urgent care visit for the same or next day. If you are at home or away, call your PCP any time, day or night. If you cannot reach your PCP, call us at 1-866-247-5678. 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 the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. If you need medical care while in any other country (including Canada and Mexico), you will have to pay for it.

WE WANT TO KEEP YOU HEALTHY

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

- Stop-smoking support
- Pre-natal care and nutrition
- Grief / Loss support
- Breast feeding and baby care
- Stress management
- Weight control
- Cholesterol control

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- 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 Service at 1-866-247-5678 or visit our website at www.affinityplan.org to find out more and get a list of upcoming classes.

Part 2

YOUR BENEFITS AND PLAN PROCEDURES

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

BENEFITS

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

SERVICES COVERED BY OUR PLAN

You must get these services from the providers who are in our plan. All services must be medically or clinically necessary and provided or referred by your PCP (primary care provider). Please call our Member Service department at 1-866-247-5678 if you have any questions or need help with any of the services below.

Regular Medical Care

- office visits with your PCP
- referrals to specialists
- eye / hearing exams
- help staying on schedule with medicines
- coordination of care and benefits

Preventive Care

- regular check-ups
- access to free needles and syringes
- smoking cessation counseling
- HIV education and risk reduction
- referral to Community Based Organizations (CBOs) for supportive care
- smoking cessation care

Maternity Care

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

Home Health Care

- Must be medically needed and arranged by Enriched Health
- One medically necessary post-partum home health visit, additional visits as medically necessary for high-risk women
- 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 Enriched Health
- Personal Care/Home Attendant - Help with bathing, dressing and feeding, and help preparing meals and housekeeping.
- CDPAS – Help with bathing, dressing and feeding, help preparing meals and housekeeping, plus home health aide and nursing. This is provided by an aide chosen and directed by you. If you want more information contact Enriched Health toll free at 1-866-247-5678

Personal Emergency Response System (PERS)

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

Adult Day Health Care

- Must be recommended by your Primary Care Provider (PCP).
- Provides health education, nutrition, nursing and social care, help with daily living, rehabilitative therapy, pharmacy services, plus referrals for dental and other specialty care.

Therapy for Tuberculosis

- This is help with 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 Enriched Health
- Provides support services and some medical services to patients who are ill and expect to live for one year or less.
- You can get these services in your home or in a hospital or nursing home.

If you have any questions about these services, you can call Member Service at 1-866-247-5678.

Dental Care

Enriched Health 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 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 will receive a separate Dental ID card with the name of your assigned dentist. Show your Dental ID card to access dental benefits. If you need to find a new dentist in the DentaQuest network or change dentists, please call DentaQuest at 1-866-731-8004 (TTY: 1-800-662-1220). Member Service representatives are there to help you. Many speak your language or have a contract with Language Line Services. Please use your new Enriched Health Dental ID card the next time you go to the dentist. For more information on DentaQuest, visit their website at www.dentaquest.com or contact DentaQuest at 1-866-731-8004

You can also go to a dental clinic that is run by an academic dental center without a referral. For more information about academic dental centers call our Member Service at 1-866-247-5678

Vision Care

- services of an ophthalmologist, ophthalmic dispenser and optometrist.
- coverage for contact lenses, polycarbonate lenses, artificial eyes, and or replacement of lost or destroyed glasses, including repairs, when medically necessary. Artificial eyes are covered as ordered by a plan provider
- eye exams, generally every two years, unless medically needed more often
- glasses (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

Our vision network providers are listed in the Enriched Health Provider Directory. You can also find a vision provider near where you live by calling Superior Vision toll-free at 1-800-428-8789.

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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 co-payment may be required for some people, for some medications and pharmacy items. There are no co-pays for the following members or services:

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

Prescription Item	Co-payment Amount	Co-payment Details
Brand name prescription drugs	\$3.00/\$1.00	1 co-pay charge for each new prescription and each refill
Generic prescription drugs	\$1.00	
Over the counter drugs, such as for smoking cessation and diabetes	\$0.50	

- If you have a co-pay, there is a co-payment for each new prescription *and* each refill.
- If you have a co-pay, you are responsible for a maximum of \$200 each calendar year.
- If you transferred to a new plan during the calendar year, keep your receipts as proof of your co-payments or you may request proof of paid co-payments from your pharmacy. You will need to give a copy to your new plan.

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- Certain medications may require that your doctor get prior authorization from us before writing your prescription. Enriched Health works with CVS Caremark to administer your pharmacy benefit. Your doctor can work with CVS Caremark 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 in the CVS Caremark network to fill your prescriptions. For more information on your options, please contact CVS Caremark at 1-855-465-0031.

Hospital Care

- inpatient care
- outpatient care
- lab, x-ray, other tests

Emergency Care

- Emergency care services are procedures, treatments or services needed to evaluate or stabilize an emergency.
- After you have received emergency care, you may need other care to make sure you remain in stable condition. Depending on your need, you may be treated in the Emergency Room, in an inpatient hospital room, or in another setting. This is called **Post Stabilization Services**.
- For more about emergency services, see page 17.

Specialty Care

Includes the services of other practitioners, including

- occupational, physical and speech therapists– Limited to twenty (20) visits per therapy per calendar year, unless you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities, or if you have a traumatic brain injury.
- audiologist
- midwives
- cardiac rehabilitation
- other specialty care

Residential Health Care Facility Care (Nursing Home)

- includes short term, or rehab, stays and long term care;
- must be ordered by a physician and authorized by Enriched Health ;
- covered nursing home services include medical supervision, twenty-four (24) hour nursing care, assistance with daily living, physical therapy, occupational therapy, and speech-language pathology.

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If you are in need of long term placement in a nursing home, your local department of social services must determine if you meet certain Medicaid income requirements. Enriched Health and the nursing home can help you apply.

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

Call 1-866-247-5678 for help finding a nursing home in our network.

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

Substance Use Disorder Services

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

Behavioral Health Home and Community Based Services (BHHCBS)

BHHCBS can help you with life goals such as employment, school, or other areas of your life you want to work on. To find out if you qualify, a Health Home Care Manager must complete a brief screening with you that will show if you can benefit from these services. If the screening shows you can benefit, the Care Manager will complete a full assessment with you to find out what your whole health needs are including physical, behavioral and rehabilitation services.

BHHCBS includes:

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

You can find a behavioral health provider near where you live by calling Beacon Health Options' toll-free at 1-800-974-6831.

Enriched Health Member Service toll free number: 1-866-247-5678; TTY: 1-800-662-1220
Beacon Health Strategy Behavioral Health Crisis toll free number: 1-800- 974-6831

Other Covered Services

- Durable Medical Equipment (DME) / Hearing Aids / Prosthetics / Orthotics
- Court Ordered Services
- Social Support Services (help in getting community services)
- FQHC or similar services

Benefits You Can Get From Our Plan *OR* With Your Medicaid Card

For some services, you can choose where to get care. You can get these services by using your Enriched Health 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 us if you have questions at 1-866-247-5678

Family Planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. Or you can visit one of our family planning providers. Either way, you do not need a referral from your PCP.

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

HIV and STI Screening

You can get this service any time from your PCP or Enriched Health 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.

Benefits Using Your MEDICAID CARD Only

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

Transportation

Emergency and non-emergency transportation are covered by regular Medicaid.

To get non-emergency transportation, you or your provider must call LogistiCare at 1-877-564-5922. If possible, you or your provider should call LogistiCare at least three (3) days before your medical appointment and provide your Medicaid identification number (e.g., AB12345C), appointment date and time, address where you are going, and doctor you are seeing. Non-emergency medical transportation includes: personal vehicle, bus, taxi, ambulette and public transportation.

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 Enriched Health or Medicaid.* If you get any of these services, you may have to pay the bill.

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

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

This includes:

- non-covered services (listed above)
- unauthorized services
- services provided by providers not part of Enriched Health

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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 Enriched Health at 1-866-247-5678 right away. Enriched Health can help you understand why you may have gotten a bill. If you are not responsible for payment, Enriched Health 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 Enriched Health should cover. See the Fair Hearing section later in this handbook.

If you have any questions, call Member Service at 1-866-247-5678

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:

- Inpatient nonemergency procedures that provide acute, rehabilitation and skilled nursing care.
- All outpatient invasive surgical procedures and surgical treatments in a facility or doctor's office.
- Inpatient treatment of Mental Illness and Substance Use Disorder, Detoxification treatment of Substance Use Disorder, and Rehabilitation treatment of Substance Use Disorder.
- Non-routine outpatient treatment of Mental Illness and Substance Use Disorder, which includes:
 - partial hospitalization
 - intensive outpatient treatment
 - ambulatory detoxification treatment
 - outpatient ECT (electro-convulsive treatment)
 - neuropsychological testing
 - psychological testing
- Non-emergent transportation
- Home health care
- Hospice care
- Services obtained by non-participating providers with specialty expertise
- Pre-transplant evaluation and transplant services

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- Outpatient cardiac and pulmonary rehabilitation
- Outpatient Diagnostic Radiology Services
- Outpatient Physical, Occupational and Speech Therapies
- Radiation Oncology
- Pain management
- Sleep studies
- Advanced molecular diagnostics and genetic testing
- Hyperbaric Oxygen Therapy
- Experimental and/or Investigational Treatment Procedures
- Durable Medical Equipment (DME)
- Personal Care

Asking for approval of a treatment or service is called a **service authorization request**. To get approval for these treatments or services the following are required.

- Your PCP or specialist must give us information explaining why you need the requested service. The PCP or specialist can call our Medical Management Department at 1-866-247-5678 or fax the information to us at 718-794-7822. We will decide whether or not to approve the service within three (3) workdays after we get that information. We will let you or your designee and your doctor know our decision by telephone and in writing.
- If you are getting care or treatment that your doctor thinks should continue, or if your doctor thinks you need more services, we will review the request and make our decision within one (1) workday after we get the information we need. We will let you or your designee and your doctor know whether or not we approve the request by telephone and in writing.
- If we are checking on care that you have already received, we will decide whether or not to approve payment within thirty (30) days of the request.
- Your doctor may ask to speak to our Medical Director about the requested service and our decision. The Medical Director will talk to your doctor within one workday of your doctor's call. If we do not approve your request, we will tell you the reason in writing, and we will tell you or your designee and your doctor how to appeal our decision. We will explain your options for asking for an appeal from us or from the State.

You will also need to get prior authorization if you are getting one of these services now, but need to continue or get more 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.

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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 either a **standard** or a **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 three (3) work days of when we have all the information we need, but you will hear from us no later than fourteen (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 three (3) work days. We will tell you by the third work day if we need more information.

Timeframes for concurrent review requests:

- **Standard review:** We will make a decision within one (1) work day of when we have all the information we need, but you will hear from us no later than fourteen (14) days after we received your request. We will tell you by the 14th day if we need more information.
- **Fast track review:** We will make a decision within one (1) work day of when we have all the information we need, except:
 - 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 seventy-two (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 twenty-four (24) hours before you are to be discharged, we will make a decision no later than twenty-four (24) hours.

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In all cases, you will hear from us no later than three (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 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 fourteen (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 Member Service at 1-866-247-5678 or writing to Affinity Health Plan, Enriched Health, Metro Center Atrium, 1776 Eastchester Road, Bronx, NY 10461.

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 the 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 of 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.

Timeframes 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 ten (10) days before we change the service.
- We must tell you at least ten (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 thirty (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 Medicaid even if we later deny payment to the provider.**

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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 Service at 1-866-247-5678 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 (1) 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 our Behavioral Health QM subcommittee which includes members and family members in an advisory capacity. Call Member Service at 1-866-247-5678 to find out how you can help.

Information from Member Service

Here is information you can get by calling Member Service at 1-866-247-5678.

- A list of names, addresses, and titles of Enriched Health'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 Enriched Health.
- How we keep your medical records and member information private.
- In writing, we will tell you how our plan checks on the quality of care to our members
- We will tell you which hospitals our health providers work with.
- If you ask us in writing, we will tell you the guidelines we use to review conditions or diseases that are covered by Enriched Health.
- If you ask us in writing, we will tell you the qualifications needed and how health care providers can apply to be part of our Enriched Health.

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- If you ask, we will tell you 1) if our contracts or subcontracts include physician incentive arrangements that affect the use of referral services; and, if so, 2) the types of arrangements we use; and 3) if stop loss protection is provided for physicians and physician groups.
- Information about how our company is organized and how it works.

Keep Us Informed

Call Member Service at 1-866-247-5678 whenever these changes happen in your life:

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

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 ninety (90) days. You may leave Enriched Health and join another health plan at any time during that time. If you do not leave in the first ninety (90) days, however, you must stay in Enriched Health for nine (9) 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.

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- 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.

To change plans:

Call the Managed Care staff at your local Department of Social Services. You have ninety (90) days from the effective date to change 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 (2) and six (6) 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. Enriched Health will provide the care you need until then.

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

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

- You may have to leave Enriched Health if you:
 - move out of the County or service area,
 - change to another managed care plan,
 - join an HMO or other insurance plan through work,
 - go to prison, or
 - otherwise lose eligibility.
- **If you have to leave Enriched Health 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 1-866-247-5678 right away if this happens.

3. We Can Ask You to Leave Enriched Health.

You can also lose your Enriched Health 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 Enriched Health's rules,
- Do not fill out forms honestly or do not give true information (commit fraud),
- Act in ways that make it hard for us to do our best for you and other members even after we have tried to fix the problems.

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You can also lose your Enriched Health membership, if you cause abuse or harm to plan members, providers or staff.

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

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 (1) workday.

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 ninety (90) calendar 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 our Complaint, Grievance & Appeal (CGA) Unit toll free at 1-888-543-9069 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, by fax or in writing. If you make an action appeal by phone, it must be followed up in writing

To file an action appeal, write to:

**Enriched Health
Complaint, Grievance & Appeal (CGA) Unit
Quality Management Department
Metro Center Atrium
1776 Eastchester Road
Bronx, NY 10461**

To file an action appeal by phone, call: 1-888-543-9069 or by fax at: 718-536-3358.

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Beacon Health Strategy Behavioral Health Crisis toll free number: 1-800- 974-6831

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 twenty-four (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 fifteen (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 us at 1-888-543-9069 or fax us at 718-536-3358 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.

Timeframes for Action Appeals:

- **Standard action appeals:** If we have all the information we need we will tell you our decision in thirty (30) days from your action appeal. A written notice of our decision will be sent within two (2) working days from when we make the decision.

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- **Fast track action appeals:** If we have all the information we need, fast track action appeal decisions will be made in two (2) working days from your action appeal.
 - ✓ We will tell you in three (3) working days after giving us your action appeal, if we need more information.
 - ✓ If your request was denied when you asked for more inpatient substance use disorder treatment at least twenty-four (24) hours before you were to leave the hospital, we will make a decision about your appeal within twenty-four (24) hours.
 - ✓ We will tell you our decision by phone and send a written notice later

If we need more information for 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 fourteen (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 you decide your case. This can be done by calling 1-888-543-9069 or writing.

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 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.

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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 four (4) months after you receive the plan's final adverse determination to ask for an external appeal. If you and the plan agreed to skip the plan's appeals process, then you must ask for the external appeal within 4 months of when you made that agreement.

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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 four (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 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 Service at 1-866-247-5678 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 at 1-800-400-8882
- Go to the Department of Financial Services' web site www.dfs.ny.gov
- Contact Enriched Health at 1-866-247-5678

Your external appeal will be decided in thirty (30) days. More time (up to five (5) 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 (2) 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 seventy-two (72) hours or less.

If you asked for inpatient substance use disorder treatment at least twenty-four (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 twenty-four (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 twenty-four (24) hours. The fast track External Appeal will be decided in seventy-two (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.

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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 Enriched Health.
- 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 about your screening, assessment, or re-assessment for Behavioral Health Home and Community Based Services.
- 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 Enriched Health. If Enriched Health 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 ten (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 800-342-3334
2. By fax, 518-473-6735
3. By internet, www.otda.state.ny.us/oah/forms.asp
4. By mail:

Fair Hearings, NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
Manage Care Unit
P.O. Box 22023
Albany, New York 12201-2023

Enriched Health Member Service toll free number: 1-866-247-5678: TTY: 1-800-662-1220
Beacon Health Strategy Behavioral Health Crisis toll free number: 1-800- 974-6831

When you ask for a fair hearing about a decision Enriched Health 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 1-866-247-5678 to ask for it.

Remember, you can complain anytime to the New York State Department of Health by calling 1-800-206-8125. In some cases, you may be able to keep getting your care the same way while you wait for your Fair Hearing. Call Member Service at 1 866-247-5678 if you have questions.

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 Service. 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 and 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 also 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 Member Service at 1-866-247-5678 Monday through Friday from 8:30 am to 6:00 pm. 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 Service number and request a complaint form. It should be mailed to:

**Affinity Health Plan
Enriched Health
Member Service Department
Metro Center Atrium
1776 Eastchester Rd
Bronx, NY 10461**

or

Fax the complaint to 718-794-7840

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 fifteen (15) working days. The letter will tell you:

- who is working on your complaint,
- how to contact this person, and
- 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 forty-five (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 sixty (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 call you with our decision in twenty (24) hours of when we have all the information we need to answer complaint, but you will hear from us in no more than seven (7) days from the day we get your complaint, We will call you with our decision or try to reach you to tell you. You will get a letter to follow up our communication in three (3) working 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 you 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.

Enriched Health Member Service toll free number: 1-866-247-5678: TTY: 1-800-662-1220
Beacon Health Strategy Behavioral Health Crisis toll free number: 1-800- 974-6831

How to make a complaint appeal:

- If you are not satisfied with what we decide, you have at least sixty (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 in writing. If you make an appeal by phone, it must be followed up in writing. 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 fifteen (15) working days. The letter will tell you:

- who is working on your complaint appeal,
- how to contact that person, and
- 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.

After we get all the information we need you will know our decision in thirty (30) working days. If a delay would risk your health you will get our decision in two (2) working days of when we have all the information we need to decide the appeal.

We will give you 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 Enriched Health, 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 Enriched Health.
- 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.

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- Give your OK to any treatment or plan for your care after that plan has been fully explained to you.
- Refuse care and be told what you may risk if you do.
- Refuse enrollment into a Health Home and be told how to receive your physical and behavioral health care needs without having an assigned Health Home Care Manager.
- Get a copy of your medical record, and talk about it with your PCP, and to ask, if needed, that your medical record be amended or corrected.
- Be sure that your medical record is private and will not be shared with anyone except as required by law, contract, or with your approval.
- Use the Enriched Health 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 Enriched Health, you agree to:

- Work with your care team to protect 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 Service.
- 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.

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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 change 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.

Health Care 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.



1776 Eastchester Road, Bronx, NY 10461

Place
Stamp
Here

Member Service:

1.866.247.5678

Monday - Friday, 8:30AM - 6PM

TTY/TDD:

1.800.662.1220

Fax:

1.718.794.7800

Visit our web site:

AffinityPlan.org

**(Note: This page intentionally left blank
To allow space for local adaptations.)**

Important Phone Numbers

Your PCP	
Enriched Health	
Member Service	
Other Units (e.g., Nurse Hotline, Utilization Review, etc.)	
Your nearest Emergency Room	
New York State Department of Health (Complaints)	1-800-206-8125
OMH Complaints	
OASAS Complaints	
Ombudsman	
County Social Services	
Information on NYS Medicaid Managed Care	
Local Department of Social Services	
New York Medicaid Choice	1-800-505-5678
NYS HIV/AIDS Hotline	1-800-541-AIDS (2437)
Spanish	1-800-233-SIDA (7432)
TDD	1-800-369-AIDS (2437)
New York City HIV/AIDS Hotline (English & Spanish)	1-800-TALK-HIV (8255-448)
HIV Uninsured Care Programs	1-800-542-AIDS (2437)
TDD ... Relay, then	1-518-459-0121
Child Health Plus	1 855-693-6765
-Free or low cost health insurance for children	
PartNer Assistance Program	1-800-541-AIDS (2437)
-In New York City (CNAP)	1-212-693-1419
Social Security Administration	1-800-772-1213
NYS Domestic Violence Hotline	1-800-942-6906
Spanish	1-800-942-6908
Hearing Impaired	1-800-810-7444
Americans with Disabilities Act (ADA) Information Line	1-800-514-0301
TDD	1-800-514-0383
Local Pharmacy	
Other Health Providers	

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Important Web Sites

Enriched Health

www.affinityplan.org

NYS Department of Health

NYS OMH

NYS OASAS

NYS DOH HIV/AIDS Information

NYS HIV Uninsured Care Programs <http://www.health.state.ny.us/diseases/aids/resources/adap/index.htm>

HIV Testing Resource Directory

NYC DOHMH

NYC DOHMH HIV/AIDS Information