

NEW YORK STATE MEDICAID MANAGED CARE MODEL MEMBER HANDBOOK

REVISED FOR July 2015

Medicaid Managed Care Model Member Handbook

HERE'S WHERE TO FIND INFORMATION YOU WANT

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WELCOME to Fidelis Care's Medicaid Managed Care Program

We are glad that you chose Fidelis Care. We want to be sure you get off to a good start as a new member. In order to get to know you better, we will get in touch with you in the next two or three weeks. You can ask us any questions you have, or get help making appointments. If you need to speak with us before we call on you, however, just call us at 1-888-FIDELIS (1-888-343-3547).

HOW MANAGED CARE WORKS

The Plan, Our Providers, and You

- No doubt you have seen or heard about the changes in health care. Many consumers now get their health benefits through managed care. Many counties in New York State, including New York City, offer a choice of managed care health plans. In all counties, people with Medicaid must join a health care plan, unless excluded or exempt.

Fidelis Care has a contract with the State Department of Health to meet the health care needs of people with Medicaid. In turn, we choose a group of health care providers to help us meet your needs. These doctors and specialists, hospitals, labs, and other health care facilities make up our **provider network**. You'll find a list in our provider directory. If you don't have a provider directory, call 1-888-FIDELIS (1-888-343-3547) to get a copy.

- When you join Fidelis Care, one of our providers will take care of you. Most of the time, that person will be your PCP (Primary Care Provider). If you need to have a test, see a specialist, or go into the hospital, your PCP will arrange it. Your PCP is available to you everyday, day and night. If you need to speak to him or her after hours or weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible. Even though your PCP is your main source for health care, in some cases, you can self-refer to certain doctors for some services. See page 8 for details.
- You may be restricted to certain plan providers if you have been identified as a restricted recipient. Below are examples of why you may be restricted;
 - getting care from several doctors for the same problem.
 - getting medical care more often than needed.
 - using prescription medicine in a way that may be dangerous to your health.
 - allowing someone other than yourself to use your plan ID card

HOW TO USE THIS HANDBOOK

- This handbook will help you when you join a managed care plan. It will tell you how your new health care system will work and how you can get the most from Fidelis Care. This handbook is your guide to health services. It tells you the steps to take to make the plan work for you.

The first several pages will tell you what you need to know **right** away. The rest of the handbook can wait until you need it. Use it for reference or check it out a bit at a time.

When you have a question, check this Handbook or call our Member Services unit. You can also call the managed care staff at your local Department of Social Services.

If you live in Albany, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Dutchess, Essex, Erie, Fulton, Genesee, Greene, Jefferson, Lewis, Livingston, Madison, Montgomery, Monroe, Nassau, New York City, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Rockland, St. Lawrence, Schenectady, Schoharie, Schuyler, Steuben, Suffolk, Sullivan, Tioga, Ulster, Warren, Washington, Wayne, or Westchester counties, you can also call the New York Medicaid Choice HelpLine at 1-800-505-5678.

HELP FROM MEMBER SERVICES

There is someone to help you at Member Services:

Monday through Friday

8:30 AM-6:00 PM

Call **1-888-FIDELIS (1-888-343-3547)**

TTY 1-800-421-1220

If you need help at other times, also call

1-888-FIDELIS (1-888-343-3547)

Our telephone is answered 24 hours a day, 7 days a week.

- You can call to get help **anytime you have a question**. You may call us to choose or change your Primary Care Provider (PCP for short), to ask about benefits and services, to get help with referrals, to replace a lost ID card, to report the birth of a new baby or ask about any change that might affect you or your family's benefits.
- If you are or become pregnant, your child will become part of Fidelis Care on the day he or she is born. This will happen unless your newborn child is in a group that cannot join managed care. You should call us and your LDSS right away if you become pregnant and let us help you to choose a doctor for your **newborn baby** before he or she is born.

- We offer **free sessions** to explain our health plan and how we can best help you. It's a great time for you to ask questions and meet other members. If you'd like to come to one of the sessions, call us to find a time and place that are best for you.
- **If you do not speak English**, we can help. We want you to know how to use your health care plan, no matter what language you speak. Just call us and we will find a way to talk to you in your own language. We have a group of people who can help. We will also help you find a PCP (Primary Care Provider) who can serve you in your language.
- **For people with disabilities:** If you use a wheelchair, or are blind, or have trouble hearing or understanding, call us if you need extra help. We can tell you if a particular provider's office is wheelchair accessible or is equipped with special communications devices. Also, we have services like:
 - TTY machine (Our TTY phone number is 1-800-421-1220.)
 - Information in Large Print
 - Case Management
 - Help in Making or Getting to Appointments
 - Names and Addresses of Providers Who Specialize in Your Disability

YOUR HEALTH PLAN ID CARD

After you enroll, we'll send you a welcome letter. Your Fidelis Care ID card should arrive within 14 days after your enrollment date. Your card has your PCP's (primary care provider's) name and phone number on it. It will also have your Client Identification Number (CIN). If anything is wrong, call us right away. Carry your ID card at all times and show it each time you go for care. If you need care before the card comes, your welcome letter is proof that you are a member. You should keep your Medicaid benefit card. You will need the card to get services that Fidelis Care does not cover. This includes outpatient chemical dependency services at a clinic.

PART I FIRST THINGS YOU SHOULD KNOW

HOW TO CHOOSE YOUR PCP

- You may have already picked your PCP (Primary Care Provider) to serve as your regular doctor. This person could be a doctor or a nurse practitioner. **If you have not chosen a PCP for you and your family, you should do so right away.** If you do not choose a doctor within 30 days, we will choose one for you. Each family member can have a different PCP, or you can choose one PCP to take care of the whole family. A pediatrician treats children. Family practice doctors treat the whole family. Internal medicine doctors treat adults. Member Services can help you choose a PCP.
- With this Handbook, you should have a provider directory. This is a list of all the doctors, clinics, hospitals, labs, and others who work with Fidelis Care. 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 may want to find a doctor:

- whom you have seen before,
 - who understands your health problems,
 - who is taking new patients,
 - who can serve you in your language, or
 - who is easy to get to.
- Women can also choose one of our OB/GYN doctors to deal with women's health issues. Women do not need a PCP referral to see a plan OB/GYN doctor. They can have routine check ups (twice a year), follow-up care if there is a problem, and regular care during pregnancy.
 - We also contract with FQHCs (Federally Qualified Health Centers). All FQHCs give primary and specialty care. Some consumers want to get their care from FQHCs because the centers have a long history in the neighborhood. Maybe you want to try them because they are easy to get to. You should know that you have a choice. You can choose any one of the providers listed in our directory. Or you can sign up with a primary care physician at one of the FQHCs that we work with, listed below. Just call Member Services at 1-888-FIDELIS (1-888-343-3547) for help.
 - In almost all cases, your doctors will be Fidelis Care providers. In some cases you can continue to see another doctor that you had before you joined Fidelis Care, even if he or she does not work with our plan. You can continue to see your doctor if:

- You are more than 3 months pregnant when you join and you are getting prenatal care. In that case, you can keep your doctor until after your delivery through post-partum care.
- At the time you join, you have a life threatening disease or condition that gets worse with time. In that case, you can ask to keep your doctor for up to 60 days.

In both cases, however, your doctor must agree to work with Fidelis Care.

- If you have a long-lasting illness, like HIV/AIDS or other long term health problems, you may be able to **choose a specialist to act as your PCP (primary care provider)**. Member Services can help you make these arrangements. Call Member Services at 1-888-FIDELIS (1-888-343-3547).
- If you need to, you can **change your PCP** in the first 30 days after your first appointment with your PCP. After that, you can change your PCP at any time by contacting Member Services at 1-888-FIDELIS (1-888-343-3547). You can also change your OB/GYN or a specialist to which your PCP has referred you.
- If your **provider leaves Fidelis Care**, we will tell you within 15 days from when we know about this. If you wish, you may be able to see that provider **if** you are more than three months pregnant or if you are receiving ongoing treatment for a condition. If you are pregnant, you may continue to see your doctor for up to 60 days after delivery. If you are seeing a doctor regularly for an ongoing condition, you may continue your present course of treatment for up to 90 days. Your doctor must agree to work with the Plan during this time. If any of these conditions apply to you, check with your PCP or call Member Services at 1-888-FIDELIS (1-888-343-3547).

HOW TO GET REGULAR CARE

- Regular care means exams, regular checkups, shots, or other treatments to keep you well, give you advice when you need it, and refer you to the hospital or specialists when needed. It means you and your PCP working together to keep you well or to see that you get the care you need. Day or night, your PCP is only a phone call away. Be sure to call him or her whenever you have a medical question or concern. If you call after hours or weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how the health plan works.
- Your care must be **medically necessary**. The services you get must be needed:
 1. to prevent, or diagnose and correct what could cause more suffering, or
 2. to deal with a danger to your life, or
 3. to deal with a problem that could cause illness, or
 4. to deal with something that could limit your normal activities.
- Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. If ever you can't keep an appointment, call to let your PCP know. If you can, prepare for your first appointment. As soon as you choose a PCP, call to make a 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, and the questions you want to ask your PCP. In most cases, your first visit should be within three months of your joining the plan.
- If you need care before your first appointment, call your PCP's office to explain the problem. He or she will give you an earlier appointment. (You should still keep the first appointment.)
- Use the following list as an **appointment guide for our limits on how long you may have to wait after your request for an appointment:**
 - adult baseline and routine physicals: within 12 weeks
 - urgent care: within 24 hours
 - non-urgent sick visits: within 3 days
 - routine, preventive care: within 4 weeks
 - first pre-natal visit: within 3 weeks during 1st trimester (2 weeks during 2nd, 1 week during 3rd)
 - first newborn visit: within 2 weeks of hospital discharge
 - first family planning visit: within 2 weeks
 - follow-up visit after mental health/substance abuse ER or inpatient visit: 5 days
 - non-urgent mental health or substance abuse visit: 2 weeks

HOW TO GET SPECIALTY CARE AND REFERRALS

- If you need care that your PCP cannot give, he or she will REFER you to a specialist who can. If your PCP refers you to another doctor, we will pay for your care. Most of these specialists are plan providers. Talk with your PCP to be sure you know how referrals work. If you think a specialist does not meet your needs, talk to your PCP. Your PCP can help you if you need to see a different specialist. There are some treatments and services that your PCP must ask Fidelis Care to approve *before* you can get them. Your PCP will be able to tell you what they are.
- If you are having trouble getting a referral you think you need, contact Member Services at 1-888-FIDELIS (1-888-343-3547).
- If we do not have a specialist in Fidelis Care who can give you the care you need, we will get you the care you need from a specialist outside Fidelis Care. You or your doctor can contact Fidelis Care's Member Services Department to arrange the services of an out of network specialist.
- If Fidelis Care decides that a request for an out of network service you asked for was not different from a service that is available in our network, you can file an action appeal. Ask your doctor to send us:
 1. a written statement that the service you asked for is different from the service we have in our network; and
 2. two pieces of medical evidence (published articles or scientific studies) that show the service you asked for is better for you, and will not cause you more harm than the service we have in our network.

For more information on Action Appeals, please see the information that starts on page 29 of this handbook.

- If your PCP or Fidelis Care refers you to a provider outside our network, you are not responsible for any of the costs except any co-payments as described in this handbook.
 - You may access providers in Fidelis Care's entire approved network as long as you are referred to an in-network provider by your PCP, other in-network specialists, or by Fidelis Care.
 - If you need to see a specialist for ongoing care, your PCP may be able to refer you for a specified number of visits or length of time (a **standing referral**). If you have a standing referral, you will not need a new referral for each time you need care.
 - If you have a long-term disease or a disabling illness that gets worse over time, your PCP may be able to arrange for:
 - your specialist to act as your PCP; or
 - a referral to a specialty care center that deals with the treatment of your problem.
- You can also call Member Services for help in getting access to a specialty care center.

GET THESE SERVICES FROM FIDELIS CARE WITHOUT A REFERRAL

Women's Services

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

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

Family Planning

- Fidelis Care does not cover certain family planning and reproductive health services, such as abortion, sterilization, and prescription birth control. New York State requires us to inform you that you can use your Medicaid card to get these services from any doctor or clinic that accepts Medicaid. You do not need a referral from your PCP to get these services. If you have any questions or need information about these non-covered services, you can call Fidelis Care's Member Services Department at 1-888-FIDELIS (1-888-343-3547). You can also call the New York State Growing Up Healthy Hotline at 1-800-522-5006 to get assistance to obtain a list of Medicaid Family Planning Providers.

HIV Counseling and Testing

- Fidelis Care does not cover certain family planning services. If you want HIV testing and counseling as part of family planning services, you must use your Medicaid card to see a family planning provider that takes Medicaid. For help in finding a Medicaid family planning provider, call Member Services at 1-888-FIDELIS (1-888-343-3547).
- You can get HIV testing and counseling without family planning. You can visit an anonymous testing and counseling site. To get more information about anonymous sites, call the New York State HIV Counseling Hotline at 1-800-872-2777 or 1-800-541-AIDS. Or you can use your Fidelis Care ID card and ask your PCP to arrange it.
- If you need HIV treatment after the testing and counseling service, your PCP will provide or arrange it.

Eye Care

The covered benefits include the needed services of an ophthalmologist, optometrist and an ophthalmic dispenser, and include an eye exam and pair of eyeglasses, if needed. Generally, you can get these once every two years, or more often if medically needed. Enrollees diagnosed with diabetes may self-refer for a dilated eye (retinal) examination once in any 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.

Mental Health / Chemical Dependence (including alcohol and substance abuse)

You may go for one mental health assessment without a referral in any 12 month period. You must use a Fidelis Care provider, but you do not need an OK from your PCP. You may also go for one chemical dependence assessment, without a referral in any 12 month period. You must use a plan provider or a chemical dependency clinic. If you need more visits, your PCP will help you get a referral. If you want a chemical dependence assessment for any alcohol and/or substance abuse outpatient treatment services, except outpatient detoxification services, you must use your Medicaid Benefit card to go to a chemical dependency clinic. .

Emergencies

You are always covered for emergencies.

An emergency means a medical or behavioral condition:

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

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

Examples of an emergency are:

- a heart attack or severe chest pain
- bleeding that won't stop or a bad burn
- broken bones
- trouble breathing, convulsions, or loss of consciousness
- when you feel you might hurt yourself or others
- if you are pregnant and have signs like pain, bleeding, fever, or vomiting

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

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

If you believe you have an **emergency**, call 911 or go to the emergency room. You do not need your plans or your PCP's approval before getting emergency care, and you are not required to use our hospitals or doctors.

- **If you're not sure, call your PCP or Fidelis Care.**

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

- tell you what to do at home,

- tell you to come to the PCP's office, or
 - tell you to go to the nearest emergency room.
- If you are **out of the area** when you have an emergency:
- Go to the nearest emergency room.

Remember:

You do not need prior approval for emergency services. Use the Emergency Room **only if you have an Emergency.**

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

If you have questions, call your PCP or Fidelis Care at 1-888-FIDELIS (1-888-343-3547).

Urgent Care

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

- This could be a child with an ear ache who wakes up in the middle of the night and won't stop crying.
- It could be a sprained ankle, or a bad splinter you can't remove.

You can get an appointment for an urgent care visit for the same or next day. Whether you are at home or away, call your PCP any time, day or night. If you cannot reach your PCP, call us at 1-888-FIDELIS (1-888-343-3547) 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 and your family need, here are some other ways to keep you in good health:

- Classes for you and your family
- Stop-smoking classes
- Pre-natal care and nutrition
- Grief / Loss support

- Breast feeding and baby care
- Stress management
- Weight control
- Cholesterol control
- Diabetes counseling and self-management training
- Asthma counseling and self-management training

Call Member Services at 1-888-FIDELIS (1-888-343-3547) to find out more and get a list of upcoming classes.

PART II YOUR BENEFITS AND PLAN PROCEDURES

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

BENEFITS

Medicaid Managed Care provides a number of services you get in addition to those you get with regular Medicaid. Fidelis Care will provide or arrange for most services that you will need. You can get a few services, however, without going through your PCP. These include emergency care; family planning/HIV testing and counseling; and specific self referral services, including those you can get from within the plan and some that you can choose to go to any Medicaid provider of the service. Please call our Member Services Department at 1-888-FIDELIS (1-888-343-3547) if you have any questions or need help with any of the services below.

SERVICES COVERED BY FIDELIS CARE

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

Regular Medical Care

- office visits with your PCP
- referrals to specialists
- eye / hearing exams

Preventive Care

- well-baby care
- well-child care
- regular check-ups
- shots for children from birth through childhood
- access to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for enrollees from birth until age 21 years
- smoking cessation counseling. Enrollees are eligible for 8 sessions in a calendar year.

Maternity Care

- pregnancy care
- doctors/mid-wife and hospital services
- newborn nursery care

Home Health Care (must be medically needed and arranged by Fidelis Care)

- one medically necessary post partum home health visit, additional visits as medically necessary for high-risk women
- at least 2 visits to high-risk infants (newborns)
- other home health care visits as needed and ordered by your PCP/specialist

Personal Care/Home Attendant/ Consumer Directed Personal Assistance Service (CDPAPS) (must be medically needed and arranged by Fidelis Care).

- Personal Care/Home Attendant - Provide some or total assistance with personal hygiene, dressing and feeding and assist in preparing meals and housekeeping.
- CDPAPS – Provide some or total assistance with personal hygiene, dressing and feeding, assistance in preparing meals and housekeeping as well as home health aide and nursing tasks. This is provided by an aide chosen and directed by you. If you want more information contact Member Services at 1-888-FIDELIS (1-888-343-3547.)

Personal Emergency Response System (PERS) – This is a piece of equipment you wear to get help if you have an emergency. In order to qualify and receive this service you must be receiving personal care/home attendant or CDPAPS services.

Adult Day Healthcare Services

- Must be recommended by your Primary Care Provider (PCP).
- Provides some or all of the following; health education, nutrition, interdisciplinary care planning, nursing and social services, assistance and supervision with the activities of daily living, restorative rehabilitative and maintenance therapy, planned therapeutic or recreational activities, pharmaceutical services as well as, referrals for necessary dental services and sub-specialty care.

AIDS Adult Day Health Care Services

- Must be recommended by your Primary Care Provider (PCP).
- Provides general medical and nursing care, substance abuse supportive services, mental health supportive services, individual and group nutritional services as well as, structured socialization, recreational and wellness/health promotion activities.

Directly Observed Therapy for Tuberculosis Disease

- Provides observation and dispensing of medication, assessment of any adverse reactions to medications and case follow up.

Hospice Benefit

Fidelis Care will provide the hospice benefit. This service must be medically needed and arranged by Fidelis Care.

- Hospice care provides non-curative medical and support services for members certified by a physician to be terminally ill with a life expectancy of one (1) year or less. Hospice may be provided in your home or in an inpatient setting.
- Hospice programs provide patients and their families with palliative and supportive care to meet the special needs arising out of physical, psychological, spiritual, social and economic stresses experienced during the final stages of illness, and during dying and bereavement.
- For children under age twenty-one (21) who are receiving hospice services, medically necessary curative services are covered, in addition to palliative care.

If you have any questions about this benefit, you can call Member Services Department at 1-888 FIDELIS (1-888-343-3547)

Dental Care

Fidelis Care believes that providing you with good dental care is important to your overall health care. We offer dental care through a contract with DentaQuest, an expert in providing high quality dental services. Covered services include regular and routine dental services such as preventive dental check-ups, cleaning, X-rays, fillings, and other services to check for any changes or abnormalities that may require treatment and/or follow-up care for you. *You do not need a referral from your PCP to see a dentist!*

When you go to the dentist, show your Fidelis Care Member ID card to access dental benefits. You will not receive a separate dental ID card. You may self-refer to see any dental provider in Fidelis Care's Dental network or you may self-refer to a dental clinic that is operated by an academic dental center. You can call Member Services at 1-888 FIDELIS (1-888-343-3547) if you need help getting dental services through Fidelis Care's network or through an academic dental center. Member Services Associates are there to help you. Many speak your languages, or a language line service is also available.

Orthodontic Care

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

Vision Care

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

- glasses (new pair of Medicaid approved frames every two years, or more often if medically needed)
- low vision exam and vision aids ordered by your doctor
- specialist referrals for eye diseases or defects

Pharmacy

- Prescription drugs
- Over-the-counter medicines
- Insulin and diabetic supplies
- Smoking cessation agents, including OTC products
- Hearing aid batteries
- Enteral formula
- Emergency Contraception (6 per calendar year)
- Medical and surgical supplies

A pharmacy copayment may be required for some people, for some medications and pharmacy items. There are no copays for the following consumers/services;

- Consumers younger than 21 years old.
- Consumers who are pregnant. Pregnant women are exempt during pregnancy and for the two months after the month in which the pregnancy ends.
- Consumers in an OMH or OPWDD Home and Community Based Services (HCBS) Waiver Program.
- Consumers in a DOH HCBS Waiver Program for Persons with Traumatic Brain Injury (TBI).
- Family Planning drugs and supplies like birth control pills and condoms.
- Drugs to treat mental illness (psychotropic) and tuberculosis

Prescription Item	Copayment amount	Copayment details
Brand-name Prescription drugs	\$3.00/\$1.00	1 copay charge for each new Prescription and each refill
Generic prescription drugs	\$1.00	No copayment for drugs to treat mental illness (psychotropic) and tuberculosis.
Over-the counter medications (e.g., for smoking cessation and diabetes)	\$0.50 per medication	

There is a copayment for each new Prescription *and* each refill.

If you are required to pay a copay, you are responsible for a maximum of \$200 per calendar year. If you transferred plans during the calendar year, keep your receipts as proof of your copayments or you may request proof of paid co-payments from your pharmacy. You will need to give a copy to your new plan.

Certain medications may require that your doctor get prior authorization from us before writing your prescription. Your doctor can work with Fidelis Care to make sure you get the medications that you need. Learn more about prior authorization later in this handbook.

You have a choice in where you fill your prescriptions. You can go to any Pharmacy that participates with our plan or you can fill your prescriptions by using a mail order pharmacy. For more information on your options, please contact Member Services at 1-888-FIDELIS (1-888-343-3547).

Fidelis Care does not cover certain family planning and reproductive health services, such as abortion, sterilization and prescription birth control. New York State requires us to inform you that if you are a Medicaid member you can use your Medicaid card to get these services from any doctor, clinic, or drug store that accepts Medicaid.

Hospital Care

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

Emergency Care

- Emergency care services are procedures, treatments or services needed to evaluate or stabilize an emergency.
- After you have received emergency care, you may need other care to make sure you remain in stable condition. Depending on the need, you may be treated in the Emergency Room, in an inpatient hospital room, or in another setting. This is called **Post Stabilization Services**.
- For more about emergency services, see page 9.

Mental Health / Chemical Dependence (including Alcohol and Substance Abuse)

- all inpatient mental health and chemical dependence services (including alcohol and substance abuse)
- most outpatient mental health services (contact plan for specifics)
- Medicaid recipients who receive SSI or who are certified blind or disabled get mental health and chemical dependence (including alcohol and substance abuse) services from any Medicaid provider by using their Medicaid Benefit Card. Detoxification services, however, are covered by Fidelis Care as a benefit.

Specialty Care

Includes the services of other practitioners, including

- occupational, physical and speech therapists— Limited to twenty (20) visits per therapy per calendar year, except for children under age 21, or if you have been

determined to be developmentally disabled by the Office for People with Developmental Disabilities or if you have a traumatic brain injury.

- audiologists
- midwives
- cardiac rehabilitation
- Podiatrists if you are diabetic
-

Residential Health Care Facility Services (Nursing Home)

Rehabilitation:

Fidelis covers short term, or rehab stays, in a skilled nursing home facility.

Long Term Placement:

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

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

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

Covered nursing home services include:

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

To get these nursing home services:

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

You must also be found financially eligible for long term nursing home care by your County Department of Social Services to have Medicaid and/or Fidelis pay for these services.

When you are eligible for long term placement, you must select one of the nursing homes that are in Fidelis' network.

If you want to live in a nursing home that is not part of Fidelis' network, you may transfer to another plan that works with the nursing home you have chosen to receive your care.

If you have any questions about these benefits, call our Member Services Department at 1-888-FIDELIS (1-888-343-3547) TTY/TDD: 1-800-421-1220.

Transportation

Emergency Transportation: If you need emergency transportation, call 911.

Fidelis Care covers emergency transportation in Nassau, Rockland, and Suffolk, Counties. **If you need emergency transportation, call 911.**

Non-Emergency: Non-emergency medical transportation includes: bus, taxi, ambulette, and public transportation.

Fidelis Care covers non-emergent transportation in the following counties: **Nassau, Rockland and Suffolk counties.** Call our Member Services Department at 1-888-FIDELIS (1-888-343-3547) for more information. Transportation must be scheduled in advance by 3:00 pm the business day before your appointment. If you require an attendant to go with you to your doctor's appointment or if your child is the member of the plan, transportation is also covered for the attendant or parent or guardian. **If you have an emergency and need an ambulance, you must call 911.**

If you have questions about transportation, please call Member Services at 1-888-FIDELIS (1-888-343-3547).

Other Covered Services

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

Benefits You Can Get From Fidelis Care or With Your Medicaid Card

For some services, you can choose where to get the care. You can get these services by using your Fidelis Care 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 1-888-FIDELIS (1-888-343-3547).

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 Fidelis Care does not provide. You can get these services from a provider who takes Medicaid by using your Medicaid Benefit card.

Outpatient Chemical Dependency

You can go to any chemical dependence clinic that provides outpatient chemical dependency.

Family Planning

You can go to any Medicaid doctor or clinic that provides family planning.

Transportation

Non-Emergency Transportation

If you live in New York City, non emergency transportation will be 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 3 days before your medical appointment and provide your Medicaid identification number (ex. AB12345C), appointment date and time, address where you are going, and doctor you are seeing. **How you get emergency transportation will not change. If you have an emergency and need an ambulance, you must call 911.**

If you live in **Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, , Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, or Yates Counties** you or your provider must call Medical Answering Services at the number listed below for the County you live in. If possible, you or your provider should call Medical Answering Services at least 3 days prior to your medical appointment. Non emergency medical transportation includes: personal vehicle, bus, taxi, ambulette, and public transportation. **How you get emergency transportation will not change. If you have an emergency and need an ambulance, you must call 911.**

Medical Answering Services - Non-Emergency Transportation Services

www.medanswering.com

Albany County	855-360-3549	Ontario County	866-733-9402
Allegany	866-271-0564	Orange County	855-360-3543

Broome County	855-852-3294	Orleans County	866-260-2305
Cattaraugus County	866-371-4751	Oswego County	855-733-9395
Cayuga County	866-932-7743	Otsego County	866-333-1030
Chautauqua County	855-733-9405	Putnam County	855-360-3547
Chemung County	855-733-9399	Rensselaer County	855-852-3293
Chenango County	855-733-9396	Saratoga County	866-852-3292
Clinton County	866-753-4435	Schenectady County	855-852-3291
Columbia County	855-360-3546	Schoharie County	855-852-3290
Cortland County	855-733-9397	Schuyler County	866-753-4480
Delaware County	866-753-4434	Seneca County	866-753-4437
Dutchess County	866-244-8995	St. Lawrence County	866-722-4135
Erie	800-651-7040	Steuben County	855-733-9401
Essex County	866-752-4442	Sullivan County	866-573-2148
Franklin County	888-262-3975	Tioga County	855-733-9398
Fulton County	855-360-3550	Tompkins County	866-753-4543
Genesee County	855-733-9404	Ulster County	866-287-0983
Greene County	855-360-3545	Warren County	855-360-3541
Hamilton County	866-753-4618	Washington County	855-360-3544
Herkimer County	866-753-4524	Wayne County	855-852-3295
Jefferson County	866-558-0757	Westchester County	866-883-7865
Lewis County	800-430-6681	Wyoming County	855-733-9403
Livingston County	888-226-2219	Yates County	866-753-4467
Madison County	855-852-3286		
Monroe County	866-932-7740		
Montgomery County	855-360-3548		
Niagara County	866-753-4430		
Oneida County	855-852-3288		
Onondaga County	855-852-3287		

Non emergency medical transportation includes: personal vehicle, bus, taxi, ambulette and public transportation. **How you get emergency transportation will not change. If you have an emergency and need an ambulance, you must call 911.**

Mental Health

- Intensive psychiatric rehab treatment
- Day treatment
- Intensive case management
- Partial hospital care
- Rehab services to those in community homes or in family-based treatment

- Clinic services for children with a diagnosis of Serious Emotional Disturbance (SED), at mental health clinics certified by the State Office of Mental Health
- Continuing day treatment
- All covered mental health services for people who receive SSI or who are certified blind or disabled are available by using the Medicaid benefit card.

Mental Retardation and 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

Alcohol and Substance Abuse Services

- Methadone treatment
- Outpatient substance abuse treatment at chemical dependence clinics
- Outpatient alcohol rehab at chemical dependence clinics
- Outpatient alcohol clinic services
- Outpatient chemical dependence for youth programs
- Chemical dependence (including alcohol and substance abuse)services ordered by the LDSS
- All covered alcohol and substance abuse services (except detox) are available for people who receive SSI or who are certified blind or disabled by using their Medicaid benefit card. Detox services are available using your Fidelis Care ID card.

Other Medicaid Services

- Pre-school and school services programs (early intervention)
- Early start programs

Services NOT Covered:

These services are **not available** from Fidelis Care **or** Medicaid. If you get any of these services, you may have to pay the bill.

- Cosmetic surgery if not medically needed
- Services of a Podiatrist (for those 21 years and older unless you are a diabetic)
- Personal and comfort items
- Infertility treatments
- Services from a provider that is not part of Fidelis Care unless it is a provider you are allowed to see as described elsewhere in this handbook or Fidelis Care or your PCP send you to that provider.
- Services for which you need a referral (approval) in advance and you did not get it.

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

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

If you have any questions, call Member Services at 1-888-FIDELIS (1-888-343-3547).

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:

1. Select ambulatory surgery procedures
2. Medically necessary cosmetic surgery
3. Ancillary Services: DME, Orthotics, Prosthetics, and Artificial eyes
4. Home Health Care: Physical, Occupational, and Speech Therapy
5. Inpatient admissions, elective
6. Morbid obesity treatments
7. Out-of-network specialty referrals
8. Physical, Occupational, and Speech Therapy (no authorization for the initial visit, subsequent visits require prior authorization)
9. Select surgical procedures
10. Outpatient diagnostic and therapeutic procedures
 - a. Cochlear implants
 - b. Contact lenses (special)
 - c. Inpatient rehabilitation, short term
 - d. Pain management
 - e. PET scans
 - f. Sleep Apnea/Apnea monitoring
11. New technology and treatments

Services Requiring PCP referral only:

- a. Diagnostic Services, Ambulatory
- b. Angiograms
- c. Bronchoscopy
- d. Cardiac Rehabilitation
- e. Cardiolite/Thallium Stress Tests
- f. Colonoscopy

- g. CT scans
- h. Echocardiograms
- i. EKG (Specialist reading)
- j. EMG and Nerve Conduction Studies
- k. Flexible sigmoidoscopy
- l. Endoscopy, upper GI
- m. ERCPs
- n. Lithotripsy
- o. MRIs
- p. Myelograms
- q. Vascular Studies, Doppler

Asking for approval of a treatment or service is called a **service authorization request**. To get approval for these treatments or services you or your doctor may call our toll-free Member Services number at 1-888-FIDELIS (1-888-343-3547) or send your request in writing to

Fidelis Care
 Attention: Quality Health Care Management
 95-25 Queens Blvd.
 Rego Park, New York 11374

You will also need to get prior authorization if you are getting one of these services now, but need to continue or get more of the care. This includes a request for home health care while you are in the hospital or after you have just left the hospital. This is called **concurrent review**.

What happens after we get your service authorization request:

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

Any decision to deny a service authorization request or to approve it for an amount that is less than requested is called an **action**. These decisions will be made by a qualified health care professional. If we decide that the requested service is not medically necessary, the decision will be made by a clinical peer reviewer, who may be a doctor or may be a health care professional who typically provides the care you requested. You can request the specific medical standards, called **clinical review criteria**, used to make the decision for actions related to medical necessity.

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

handled under the standard review process. If you are in the hospital or have just left the hospital and we receive a request for home health care, we will handle the request as a fast track review. In all cases, we will review your request as fast as your medical condition requires us to do so but no later than mentioned below.

We will tell you and your provider both by phone and in writing if your request is approved or denied. We will also tell you the reason for the decision. We will explain what options for appeals or fair hearings you will have if you don't agree with our decision.

Timeframes for prior authorization requests:

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

Timeframes for concurrent review requests:

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

However, if you are in the hospital or have just left the hospital, and you ask for home health care on a Friday or day before a holiday, we will make a decision no later than 72 hours of when we have all the information we need.

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

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

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

You, your provider, or someone you trust may also ask us to take more time to make a decision.

This may be because you have more information to give the plan to help decide your case. This can be done by calling 1-888-FIDELIS (1-888-343-3547) or writing to:

Fidelis Care
Attention: Quality Health Care Management
95-25 Queens Blvd.
Rego Park, New York 11374

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

We will notify you by the date our time for review has expired. But if for some reason you do not hear from us by that date, it is the same as if we denied your service authorization request. If you are not satisfied with this answer, you have the right to file an action appeal with us. See the Action Appeal section later in this handbook.

Other Decisions About Your Care:

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

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 10 days before we change the service.
- If we are checking care that has been given in the past, we will make a decision about paying for it within 30 days of receiving necessary information for the retrospective review. If we deny payment for a service, we will send a notice to you and your provider the day the payment is denied. You will not have to pay for any care you received that was covered by the plan or by Medicaid even if we later deny payment to the provider.

How Our Providers Are Paid

You have the right to ask us whether we have any special financial arrangement with our physicians that might affect your use of health care services. You can call Member Services at 1-888- FIDELIS (1-888-343-3547) if you have specific concerns. We also want you to know that most of our providers are paid in one or more of the following ways.

- If our PCPs work in a clinic or health center, they probably get a **salary**. The number of patients they see does not affect this.
- Our PCPs who work from their own offices may get a set fee each month for each patient for whom they are the patient's PCP. The fee stays the same whether the patient needs one visit or many -- or even none at all. This is called **capitation**.
- Sometimes providers get a set fee for each person on their patient list, but some money (maybe 10%) can be held back for an **incentive** fund. At the end of the year, this fund is used to reward PCPs who have met the standards for extra pay that were set by the Plan.
- Providers may also be paid by **fee-for-service**. This means they get a Plan-agreed-upon fee for each service they provide.

You Can Help With Plan Policies

We value your ideas. You can help us develop policies that best serve our members. If you have ideas tell us about them. Maybe you'd like to work with one of our member advisory boards or committees. Call Member Services at 1-888-FIDELIS (1-888-343-3547) to find out how you can help.

Information From Member Services

Here is information you can get by calling Member Services at 1-888-FIDELIS (1-888-343-3547)

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

Keep Us Informed

Call Member Services at 1-888-FIDELIS (1-888-343-3547) whenever these changes happen in your life:

- You change your name, address or telephone number
- You have a change in Medicaid eligibility
- You are pregnant
- You give birth
- There is a change in insurance for you or your children

If you no longer get Medicaid, check with your local Department of Social Services. Adults age 19 to 64 may be able to get Family Health Plus coverage. You **may** be able to enroll your children in Child Health Plus. For more information about Child Health Plus you may call 1-800-698-4543.

DISENROLLMENT AND TRANSFERS

When you enroll in Fidelis, you have 90 days (3 months) to decide if you wish to stay in our plan or leave our plan and enroll in another Medicaid Managed Care health plan.

After the 90 days, you must stay in our plan for 9 more months, *unless* you have a good reason (Good Cause) to disenroll from our plan.

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 plan's service area.
- You, the plan, and the LDSS all agree that disenrollment is best for you.
- You are or become exempt or excluded from managed care.
- We do not offer a Medicaid managed care service that you can get from another health plan in your area.
- You need a service that is related to a benefit we have chosen not to cover and getting the service separately would put your health at risk.
- We have not been able to provide services for you that we are required to provide under our contract with the State.
- You are a child who has entered foster care through the LDSS and needs to transfer to a new plan to see the appropriate providers.
- We do not have a contract with the nursing home you are living in or are going to live in, and you need to transfer to a plan that does.

To disenroll or change plans:

- If you live in Albany, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Dutchess, Erie, Essex, Fulton, Genesee, Greene, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, New York City, Onondaga, Ontario, Orange, Oswego, Otsego Putnam, Rockland, Schenectady, Schoharie, Schuyler, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Ulster, Washington, Warren, Wayne, or Westchester Counties you can call New York Medicaid Choice at 1-800-505-5678 to change health plans. The New York Medicaid Choice counselors can help you change health plans or disenroll.
- For all other counties, you can call your local Department of Social Services. The phone numbers for the Departments of Social Services are listed starting on Page 39.

You may be able to transfer to another plan over the phone. Unless you are excluded or exempt from managed care, you will have to choose another health plan.

It may take between two and six weeks to process, depending on when your request is received. You will get a notice that the change will take place by a certain date. Fidelis Care 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.

You Could Become Ineligible for Medicaid Managed Care

- You or your child may have to leave Fidelis Care if you or the child:
 - moves out of the County or service area
 - changes to another managed care plan,
 - joins an HMO or other insurance plan through work,
 - goes to prison, or becomes a permanent resident of a nursing home
- Your child may have to leave or change plans Fidelis Care if he or she:
 - joins a Physically Handicapped Children's Program, or
 - is placed in foster care by an agency that has a contract to provide that service for the local Department of Social Services, including all children in foster care in New York City.
 - is placed in foster care by the local Department of Social Services in an area that is not served by your child's current plan*

We Can Ask You to Leave Fidelis Care

You can also lose your Fidelis Care 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 Fidelis Care's rules,
- do not fill out forms honestly or do not give true information (commit fraud),
- cause abuse or harm to plan members, providers or staff, or
- act in ways that make it hard for us to do our best for you and other members even after we have tried to fix the problems.

Action Appeals

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

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

Your provider can ask for reconsideration:

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

You can file an action appeal:

- If you are not satisfied with an action we took or what we decide about your service authorization request, you have 60 business days after hearing from us to file an action appeal.
- You can do this yourself or ask someone you trust to file the action appeal for you. You can call Member Services 1-888-FIDELIS (1-888-343-3547) if you need help filing an action appeal.
- We will not treat you any differently or act badly toward you because you file an action appeal.
- The action appeal can be made by phone or in writing. If you make an action appeal by phone, it must be followed up in writing to the following address: Fidelis Care, Attention: Quality Health Care Management, 95-25 Queens Blvd., Rego Park, NY 11374.

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

What happens after we get your action appeal:

- Within 15 days, we will send you a letter to let you know we are working on your action appeal.
- Action appeals of clinical matters will be decided by qualified health care professionals who did not make the first decision, at least one of whom will be a clinical peer reviewer.
- Non-clinical decisions will be handled by persons who work at a higher level than the people who worked on your first decision.
- Before and during the action appeal, you or your designee can see your case file, including medical records and any other documents and records being used to make a decision on your case;
- You can also provide information to be used in making the decision in person or in writing. Call Member Services at 1-888-FIDELIS (1-888-343-3547) if you are not sure what information to give us.
- If you are appealing our decision that the out-of-network service you asked for was not different from a service that is available in our network, ask your doctor to send us:
 1. a written statement that the service you asked for is different from the service we have in our network; and
 2. two pieces of medical evidence (published articles or scientific studies) that show the service you asked for is better for you, and will not cause you more harm than the service we have in our network.
- 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 days from your action appeal. A written notice of our decision will be sent within 2 work days from when we make the decision.
- Fast track action appeals: If we have all the information we need, fast track action appeal decisions will be made in 2 work days from your action appeal. We will tell you in 3 work days after giving us your action appeal, if we need more information. We will tell you our decision by phone and send a written notice later.

If we need more information to make either a standard or fast track decision about your action appeal we will:

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

You, your provider, or someone you trust may also ask us to take more time to make a decision. This may be because you have more information to give the plan to help decide your case. This can be done by calling 1-888-FIDELIS (1-888-343-3547) or writing to:

Fidelis Care
 Quality Health Care Management
 95-25 Queens Blvd.
 Rego Park, NY 11374

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

If your original denial was because we said:

- the service was not medically necessary; or
- the service was experimental or investigational; or
- the out-of-network service was not different from a service that is available in our network; and

we do not tell you our decision about your action appeal on time, the original denial against you will be reversed. This means your service authorization request will be approved.

Aid to continue while appealing a decision about your care:

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

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

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

External Appeals

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

- the service was not medically necessary; or
- the service was experimental or investigational; or
- the out-of-network service was not different from a service that is available in our network;

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

Before you ask for an external appeal:

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

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

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

final adverse determination and have another chance to ask for an external appeal.

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

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

To ask for an external appeal, fill out an application and send it to the Department of Financial Services. You can call Member Services at 1-888-FIDELIS (1-888-343-3547) if you need help filing an appeal. You and your doctors will have to give information about your medical problem. The external appeal application says what information will be needed.

Here are some ways to get an application:

- Call the Department of Financial Services, 1-800-400-8882
- Go to the Department of Financial Services' website at www.dfs.ny.gov
- Contact the health plan at 1-888-FIDELIS (1-888-343-3547)

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

You can get a faster decision if:

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

This is called an **expedited external appeal**. The external appeal reviewer will decide an expedited appeal in 72 hours or less. The reviewer will tell you and the plan the decision right away by phone or fax. Later, a letter will be sent that tells you the decision.

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

Fair Hearings

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

- You are not happy with a decision your local Department of Social Services or the State Department of Health made about your staying or leaving Fidelis Care.
- You are not happy with a decision that we made about medical 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 medical care you wanted. You feel the decision limits your Medicaid benefits.
- You are not happy with a decision that your doctor would not order services you wanted. You feel the doctor's decision stops or limits your Medicaid benefits. You must file a complaint with Fidelis Care. If Fidelis Care 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 scheduled to end, you can choose to ask to continue the services your doctor ordered while you wait for your case to be decided. However, if you choose to ask for services to be continued, and the fair hearing is decided against you, you may have to pay the cost for the services you received while waiting for a decision.

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

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

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

Complaint Process

Complaints:

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

You can ask someone you trust (such as a legal representative, a family member, or friend) to file the complaint for you. If you need our help because of a hearing or vision impairment, or if you need translation services, or help filing the forms we can help you. We will not make things hard for you or take any action against you for filing a complaint.

You also have the right to contact the New York State Department of Health about your complaint at 1-800-206-8125 or write to: NYS Department of Health, Division of Health Plan Contracting and Oversight, Bureau of Managed Care Certification and Surveillance, ESP Corning Tower Room 2019, Albany, NY 12237. You may also contact your local Department of Social Services with your complaint at anytime. You may call the New York State Department of Financial Services at (1-800-342-3736) if your complaint involves a billing problem.

How to File a Complaint with the Plan:

To file by phone, call Member Services at 1-888-FIDELIS (1-888-343-3547) Monday-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 Services number and request a complaint form. It should be mailed to Fidelis Care, Member Services Department 95-25 Queens Blvd, Rego Park, NY 11374.

What happens next:

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

- who is working on your complaint
- how to contact this person
- if we need more information

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

After we review your complaint:

- We will let you know our decision in 45 days of when we have all the information we need to answer your complaint, but you will hear from us in no more than 60 days from the day we get your complaint. We will write you and will tell you the reasons for our decision.
- When a delay would risk your health, we will let you know our decision in 48 hours of when we have all the information we need to answer your complaint but you will hear

from us in no more than 7 days from the day we get your complaint. We will call you with our decision or try to reach you to tell you. You will get a letter to follow up our communication in 3 work days.

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

Complaint Appeals:

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

How to make a complaint appeal:

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

What happens after we get your complaint appeal:

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

- who is working on your complaint appeal
- how to contact this person
- if we need more information

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

If we have all the information we need you will know our decision in 30 work days. If a delay would risk your health you will get our decision in 2 work days of when we have all the information we need to decide the appeal. You will be given the reasons for our decision and our clinical rationale, if it applies. If you are still not satisfied, you or someone on your behalf can file a complaint at any time with the New York State Department of Health at 1-800-206-8125.

MEMBER RIGHTS AND RESPONSIBILITIES

Your Rights

As a member of Fidelis Care 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 Fidelis Care.
- Be told by your PCP what is wrong, what can be done for you, and what will likely be the result in language you understand.
- Get a second opinion about your care.
- Give your OK to any treatment or plan for your care after that plan has been fully explained to you.
- Refuse care and be told what you may risk if you do.
- Get a copy of your medical record, and talk about it with your PCP, and to ask, if needed, that your medical record be amended or corrected.
- Be sure that your medical record is private and will not be shared with anyone except as required by law, contract, or with your approval.
- Use the Fidelis Care 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 Fidelis Care you agree to:

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

Advance Directives

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

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.

IMPORTANT PHONE NUMBERS

Your PCP _____

THE PLAN

Member Services	1-888-FIDELIS (1-888-343-3547)
Member Services TTY/TDD	1-800-421-1220
Other Units (e.g., Nurse Hotline, Utilization Review, etc.).....	_____

Your Nearest Emergency Room _____

New York State Department of Health (Complaints) 1-800-206-8125

New York Medicaid Choice 1-800-505-5678

Local Pharmacy _____

Other Health Providers:

LOCAL DEPARTMENTS OF SOCIAL SERVICES

Albany County
162 Washington Avenue
Albany, New York (518) 447-7492

Allegany County
7 Court St.
Belmont, New York 14813-1077 (585) 268-9622

Broome County
36-42 Main Street
Binghamton, New York 13905 (607) 778-8850

Cattaraugus County
1701 Lincoln Avenue Suite 6010
Olean, New York 14760 (716) 373-8065

Cayuga County
160 Genesee Street
Auburn, New York 13021-3433(315) 253-1011

Chautauqua County
Hall R. Clothier Building
7 North Erie Street
Mayville, New York 14575(716) 753-4421

Chemung County
Human Resource Center
425 Pennsylvania Ave - PO Box 588,
Elmira, New York 14902(607) 737-5302

Chenango County
5 Court Street
Norwich, New York 13815.....(607) 337-1500

Clinton County
13 Durkee Street
Plattsburgh, New York 12901(518) 565-3300

Columbia County
25 Railroad Avenue
PO Box 458
Hudson, New York 12534.....(518) 828-9411

Cortland County
60 Central Avenue
Cortland, New York 13045(607) 753-5248

Delaware County
111 Main Street
Delhi, New York 13753.....(607) 746-2325

Dutchess County
60 Market Street
Poughkeepsie, New York 12601(845) 486-3000

Erie County
95 Franklin Street
Buffalo, New York 14202(716) 858-8000

Essex County
7551 Court Street
PO Box 217
Elizabethtown, New York 12932(518) 873-3441

Franklin County
355 W. Main Street
Malone, New York 12953.....(518) 483-6770

Fulton County
4 Daisy Lane
Johnstown, New York 12095(518)736-5600

Genesee County
5130 East Main Street, Suite #3,
Batavia, New York 14020.....(585) 344-2580

Greene County
465 Main Street
P.O. Box 528
Catskill, New York 12414(518) 943-3200

Hamilton County
P.O. Box 725
White Birch Lane
Indian Lake, New York 12842(518) 646-6131

Herkimer County
301 North Washington Street –Suite 2110
Herkimer, New York 13350(315) 867-1291

Jefferson County
250 Arsenal Street
Watertown, NY 13601.....(315) 782-9030

Lewis County
5274 Outer Stowe Street
Lowville, New York 13367.....(315) 376-5400

Livingston County
3 Livingston County Campus
Mount Morris, New York 14510.....(585) 243-7300

Madison County
North Court Street
P.O. Box 637
Wampsville, NY 13163(315) 366-2211

Monroe County
111 Westfall Road
Rochester, New York 14620-4686(585) 274-6000

Montgomery County
County Office Building
P.O. Box 745
Fonda, New York 12068.....(518) 853-4646

Nassau County
60 Charles Lindberg Boulevard
Uniondale, New York 11553.....(516) 227-7474

New York City Human Resource Administration (HRA).....1-718-557-1399
or 1-877-472-8411

Niagara County
20 East Avenue
P.O. Box 506
Lockport, New York 14095(716) 439-7600

Oneida County
800 Park Avenue
Utica, New York 13501(315) 798-5632

Onondaga County
421 Montgomery Street
Syracuse, New York(315) 435-2928

Ontario County
3010 County Complex Drive
Canandaigua, New York 14424.....(315) 396-4060

Orange County
11 Quarry Road, Box Z
Goshen, New York 10924-0678(845) 291-4668

Orleans County
14016 Route 31 West
Albion, New York 14411(585) 589-7000

Oswego County
100 Spring Street
P.O. Box 1320
Mexico, New York 13114(315) 963-5000

Otsego County
County Office Building
197 Main Street
Cooperstown, New York 13326-1196(607) 547-1700

Putnam County:
110 Old Route 6
Carmel, NY 10512.....(845) 225-7040

Rensselaer County
1801 Sixth Avenue
Troy, New York 12180(518) 270-3943

Rockland County
Sanatorium Road, Building L
Pomona, New York 10970(877) 447-6609

St. Lawrence County
Harold B. Smith County Office Building
6 Judson Street
Canton, New York 13617-1197(315) 379-2111
.....(845) 364-3187
.....(845) 364-3188

Saratoga County
52 West High Street
Ballston Spa, New York 12020(518) 884-4148

Schenectady County
487 Nott Street
Schenectady, New York 12308(518) 388-4470

Schoharie County
P.O. Box 687
Schoharie, New York 12157(518)295-8334

Schuyler County
County Office Building
323 Owego Street
Montour Falls, New York 14865(607) 535-8303

Seneca County DSS
1 Di Pronio Drive
P.O. Box 690
Waterloo, NY 13165-0690.....(315)-539-1800

Steuben County
3 East Pulteney Square
Bath, New York 14810. (607) 776-7611

Suffolk County
3085 Veterans Memorial Highway
Ronkonkoma, Hauppauge, New York 11788-8900..... (631) 854-9700

Sullivan County
16 Community Lane
PO Box 231
Liberty, New York 12754(845) 292-0100

Tioga County
1062 State Route 38
P.O. Box 240
Owego, New York 13827.(607) 687-8300

Tompkins County
320 West State Street
Ithaca, New York 14850(607) 274-5359

Ulster County
1061 Development Court
Kingston, New York 12401(845) 334-5000

Warren County
Municipal Center Annex
1340 State Route 9
Lake George, New York 12845-9803(518) 761-6334

Washington County
383 Broadway
Fort Edward, New York 12828 (518) 746-2300

Wayne County
77 Water Street
PO Box 10,
Lyons, New York 14489 (315) 946-4881

Westchester County
County Office Building #2
112 East Post Road
White Plains, New York 10601 (914) 995-5000

Wyoming County
466 North Main Street
Warsaw, New York 14569..... (585) 786-8900

Yates County
417 Liberty St. Suite 2122
Penn Yan, NY 14527-1118.....(315) 536-5183