

2025 Member Handbook Medicaid Managed Care



Welcome!

Thank you for choosing Healthfirst.

Inside this Member Handbook, you'll find everything you need to know to get the most out of your Healthfirst plan.

First, the basics:

- Your Medicaid plan has earned a 5-star overall rating (out of five stars) for 10 years in a row.* More stars mean better performance!
- We provide access to the healthcare you need—including a large network of doctors and specialists at top hospitals, medical centers, and urgent care centers in New York City and on Long Island.
- Be sure to go to the Healthfirst community wellness events in your neighborhood. They're designed around members just like you!

IMPORTANT:

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

We're here for you!

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

Monday to Friday, 8am-6pm

That's the number to call if you need to talk to someone about your Medicaid Managed Care Plan. (Behavioral health crisis assistance is available 24/7)

Other ways to connect with us:

	MyH	HFN'	Y.org
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healthfirst.org

HFVirtualCommunityOffice.org

The Healthfirst NY Mobile App

*Ratings are based on a five-star scale from indicators chosen by the New York State Department of Health and are published in its 2014 through 2023 publications of *A Consumer's Guide to Medicaid Managed Care in NYC and on Long Island.*



Need help finding the provider directory?

Call Member Services to have a copy of our provider directory mailed to you, or return the enclosed card in the postage-paid envelope to:

Healthfirst Provider Directory

P.O. Box 5165 New York, NY 10275-0308

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

Visit MyHFNY.org and choose your Healthfirst health plan to access our provider directory. You can search for PCPs, specialists, dentists, hospitals, and urgent care centers, then see their hours of operation, address, and hospital affiliation. Our website is available in English, Spanish, and Chinese.

Get started.

Here are the member materials you should have received in the mail by now:

Your **Member ID card** with primary care provider (PCP) assignment. The card identifies you as a Healthfirst member and helps you get care at doctor offices, hospitals, specialists, urgent care centers, and retail health clinics in the Healthfirst network. Please carry it with you at all times. If you haven't received your Member ID card yet, please call Member Services at **1-866-463-6743**.



Your 'Stay Healthy' Checklist:

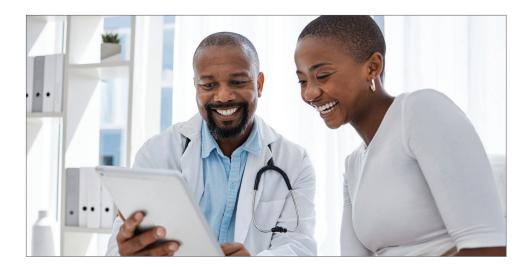
Complete these tasks in the next 30 days to get the most out of your plan:

- ✓ Schedule your no-cost annual checkup with your PCP.
- ✓ Find a dentist¹ and make an appointment for your no-cost checkup and cleanings: 1-800-508-2047.
- ✓ Find an eye doctor² and make an appointment for your no-cost vision checkup: 1-844-844-0886.
- ✓ Visit MyHFNY.org to sign up for your Healthfirst account.
 See page v for details.
- Complete your Annual Health Assessment so we can get to know your health needs. You will get the survey by mail in two to three weeks. Or you can complete it online at MyHFNY.org.
- ✓ If you want to change your PCP, view our provider directory at MyHFNY.org or on the Healthfirst NY Mobile App. See page v for details.
- ✓ Enroll in our no-cost Care Management Program for help managing a chronic condition like asthma, diabetes or behavioral health concerns. See page iii for more information.
- ✓ Find a Healthfirst Community Office near you by visiting healthfirst.org/locations.

¹Dental care benefits are administered by DentaQuest.

²Vision care benefits are administered by EyeMed.

What should I know about my health plan?



Your Medicaid Managed Care plan covers **important health benefits**, including access to:

- Visits with your PCP (or main doctor) for most of your healthcare needs, including checkups and health screenings.
- Specialist care for help with specific conditions, such as hypertension, diabetes, asthma, and arthritis.
- Retail health clinic, urgent care, and ER visits.
- Hospital stays.
- 63 Vision care with routine eye exams and glasses.
- ត្តំដុំ Family planning to help you prepare for or prevent pregnancy.
- Maternity care before and after your baby is born, plus hospital stays. Your baby will also be enrolled in Medicaid.
- Å Well-child visits that cover immunizations.
- Physical, occupational, and speech therapy.
- P Behavioral health services.
- Transportation to help you get to your doctor appointments.



Get help for chronic health conditions

Enroll in our Care Management Program if you're at risk of or currently living with a chronic health condition like:

- Asthma
- Diabetes
- Heart disease
- COPD
- Rheumatoid arthritis
- HIV
- Behavioral health concerns (including drug or alcohol use) or mental health conditions

To enroll, connect with a Care Manager at **1-800-404-8778**.

What kind of care do I need?

If you're not sure where to go for healthcare, here's a quick and easy guide:

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



Avoid surprise costs

Your plan doesn't cover out-of-network benefits, except for emergency care, urgent care, renal dialysis, and some other special circumstances.

Before you schedule an appointment, make sure your provider is in the Healthfirst network.

A provider is your:

- · doctor;
- specialist;
- hospital;
- lab:
- and retail health clinic.

Your healthcare options

As a Healthfirst member, you have access to the care you need to be healthy, including:

Primary Care

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

Specialty Care

You don't need a referral to see in-network specialists. However, you should talk to your PCP first. They can help you find the right specialist based on your health concern.

Retail Health Clinics

These clinics are inside retail pharmacy stores (such as Minute Clinic at CVS). Visit for walk-in care (without an appointment), even during evenings and weekends.

Urgent Care

Access immediate, non-emergency care at urgent care centers for health issues such as:

- Infections
- Upset stomach
- Fevers
- Sprains

- Minor fractures and broken bones
- Stitches
- X-rays
- And more

Emergency Care

If you have an emergency, always call 911 or visit the nearest emergency room, especially if you think waiting will worsen your condition. Emergencies are things like:

- Uncontrollable bleeding
- Poisoning
- Loss of consciousness
- Chest pain

- Severe allergic reaction
- Behavioral health issues (severe anxiety, depression, substance overdose etc.)

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

For a complete list of all your covered medical services, please see pages 15–30. You may also call Member Services at **1-866-463-6743** or visit **MyHFNY.org**.

What kind of online tools are available?

Whether you want to find a doctor, view your Member ID, or review your plan benefits, you can easily do it online 24/7. If you have a smartphone, download our Healthfirst NY Mobile App for even more convenient access to your account.

How to activate your Healthfirst account:

	Visit MyHFNY.org
	Click Don't have an account? Create an account
	Choose Active Healthfirst member and click Continue
	Fill out the requested information (including your email address
	and mobile number)
	Read and confirm the Terms and Conditions and click the box
	Click Create Account
✓	And you're all set!

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





Having trouble getting online?

You can always call Member Services for help. We can set up your online account for you!

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

Download the Healthfirst NY Mobile App









Apple compatibility: Requires iOS 13.0 or later. Compatible with iPhone, iPad, and iPod touch. Apple® and the Apple logo® are registered trademarks of Apple Inc. Android compatibility: Requires Android 8.0 Oreo™ or later. Compatible with phones for Android. Android, Google Play, and the Google Play logo are trademarks of Google LLC.

Healthfirst NY Mobile App

Stay up-to-date with your plan benefits and more right at your fingertips, on your mobile device. Simply:

- ☐ Get the AppSearch for "Healthfirst NY" in the Apple App Store or Google Play Store☐ Open the App
- Log in with your existing ID and password from **MyHFNY.org** or
- ☐ Create a new account
 - Tap on Create New Account at the bottom of the screen
 Fill out the requested information (including your email address and mobile number)
 - Read and confirm the Terms and Conditions
 - Verify your account by email or text to your mobile phone
 - Set up a username and password
 You can use your new ID and password to log in to both the app and MyHFNY.org

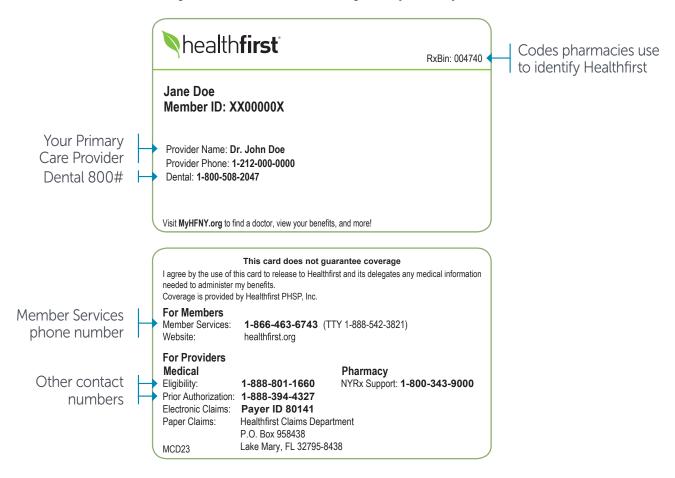
Use the Healthfirst NY Mobile App to:

- Search for in-network care providers by specialty, location, gender, and language
- Find essential services nearby—food, housing, education, employment, financial and legal assistance, and more
- · Access your Member ID card and save, email, and text it
- View primary care provider (PCP)
- View membership information
- Access Teladoc to speak with U.S. board-certified doctors 24/7 by phone and video

What information is on my Member ID card?

Keep your Healthfirst Member ID card handy so you can access care when you need it. And be sure to show it when you get healthcare services from a doctor or hospital. If your card hasn't come in the mail yet, please call Member Services.

This is a sample Member ID card. Your actual Member ID card may be different, based on your specific plan.



What if I lose my Member ID card? Don't worry. You're still covered!

- 1. Request a replacement Member ID card at MyHFNY.org (see page v for more information), or
- 2. Call Member Services at **1-866-463-6743** (TTY 1-888-542-3821), Monday to Friday, 8am-6pm.

Important: Make sure we have your correct mailing address. If not, please call Member Services or contact NY State of Health to update your information.

Tip: Use your smartphone or tablet to view your Member ID card on:

MyHFNY.org

The Healthfirst NY Mobile App



Important

Make sure your current mailing address, phone number, and email address are up to date so you can be reached. Fither:

- Call NY State of Health at
 1-855-355-5777 (TTY 1-800-662-1220) or log in to your account at
- Contact New York
 City's Human
 Resources
 Administration or your
 county's Medicaid
 office

nystateofhealth.ny.gov

 Log in to the Healthfirst mobile app or your secure account at MyHFNY.org

Renewing your Medicaid Managed Care plan

The easiest way to renew your Medicaid Managed Care plan is to call us at **1-844-201-8346**. You can make an appointment by phone, visit us at one of our community offices, or schedule an in-home visit and we'll come to you.

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

When do I need to renew?

- If you're enrolled through NY State of Health (NYSOH), your application is due the 15th of the month your plan ends. (For example, if your plan ends January 31, your application would be due January 15.)
- If you're enrolled through the Human Resources
 Administration (HRA) or Local Department of Social Services
 (LDSS), your paper application is due the 10th of the month
 before your plan's end date. (For example, if your plan ends
 January 31, your application would be due December 10.)
- If you're enrolled through HRA or LDSS and get cash assistance or housing, you must re-enroll with your case manager.

Will I be notified before my coverage expires?

Yes. You'll get a notice from NYSOH, HRA, or LDSS. Healthfirst will also reach out to you by mail, email, SMS text, or phone.

Please note: If you get a paper renewal packet in the mail at two different times, New York State and CMS advise you to complete, sign, and return both renewal applications to keep your coverage active.

What happens if I don't renew?

Your coverage **will expire**. If you get sick or injured, you won't have health coverage—even in an emergency—and you will have to pay for any care received.

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YOUR MEMBER HANDBOOK HAS BEEN CHANGED TO INCLUDE MORE SERVICES

Starting **January 1, 2025**, you can connect to organizations in your community that provide services to help with housing, food, transportation, and care management, at no cost to you, through a regional Social Care Network (SCN).

- Through this SCN, you and your child can meet with a Social Care Navigator
 who can check your eligibility for services that can help with your health and wellbeing. They will ask you some questions to see where you might need some
 extra support.
- If you or your child qualify for services, the Social Care Navigator can work with you to get the support you need. You may qualify for more than one service, depending on your situation. These services include:
 - Housing and utilities support:
 - Installing home modifications like ramps, handrails, and grab bars to make your home accessible and safe.
 - Repairing and fixing water leaks to prevent mold from growing in your home.
 - Sealing holes and cracks to prevent pests from entering your home.
 - Providing an air conditioner, heater, humidifier, or dehumidifier to help improve ventilation in your home.
 - Helping you find and apply for safe and stable housing in the community.
 - Nutrition support:
 - Getting help from a nutrition expert who will give you guidance and support in choosing healthy foods to meet your health needs and goals.
 - Getting prepared meals, fresh produce, or grocery items delivered to your home for up to six (6) months. These food items will be tailored to your specific health needs.
 - Providing cooking supplies like pots, pans, microwave, refrigerator, and utensils to prepare meals.

- Transportation services:
 - Helping you with access to public or private transportation to places approved by the SCN such as: going to a job interview, parenting classes, housing court to prevent eviction, local farmers' markets, and city or state department offices to obtain important documents.
- o Care management services:
 - Getting help with finding a job or job training program, applying for public benefits, managing your finances, and more.
 - Getting connected to services like childcare, counseling, crisis intervention, health homes program, and more.

A list of SCNs is attached. If you are interested, please call the SCN in your region. The Social Care Navigator will verify your eligibility, tell you more about these services, and help you get connected to them.

If you have any questions about this information, please call Member Services at **1-866-463-6743** (TTY 1-888-542-3821), Monday to Friday, 8am–6pm.

Coverage is provided by Healthfirst PHSP, Inc.

Healthfirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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

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

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SCN Contact List

Organization	Region	
Health and Welfare Council of Long Island 1-516-483-1110 (TTY 711), Monday to Friday, 9am–5pm	Long Island	
Hudson Valley Care Coalition, Inc. 1-800-768-5080 (TTY 711), Monday to Friday, 9am–5pm	Hudson Valley	
Public Health Solutions 1-855-807-1415 (TTY 711), Monday to Friday, 9am–5pm	Manhattan, Queens, Brooklyn	
Staten Island Performing Provider System 1-917-830-1140 (TTY 711), Monday to Friday, 9am–5pm	Staten Island	
Somos Community Care 1-833-766-6769 (TTY 711), Monday to Friday, 9am–5pm	Bronx	



YOUR MEMBER HANDBOOK HAS BEEN CHANGED

Highlighted text indicates newly added language.

Benefits You Can Get from Healthfirst OR with Your Medicaid Card

For some services, you can choose where to get the care. You can get these services by using your Healthfirst Medicaid Managed Care Member ID card. You can also go to providers who will take your Medicaid Benefit card. You do not need a referral from your PCP to get these services. Call us at **1-866-463-6743** if you have questions.

Family Planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can visit one of our family planning providers as well. Either way, you do not need a referral from your PCP. You can get birth control drugs, birth control devices (IUDs and diaphragms) that are available with a prescription, plus emergency contraception, sterilization, pregnancy testing, prenatal care, and abortion services. You can also see a family planning provider for HIV and sexually transmitted infection (STI) testing and treatment, and for counseling related to your test results. Screenings for cancer and other related conditions are also included in family planning visits.

You can request that Healthfirst send any communication regarding family planning services to a different address or through a different way. To update your family planning communication preference, please call Member Services at **1-866-463-6743**.

Get These Services from Healthfirst WITHOUT a Referral

Women's Healthcare

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

- you are pregnant
- you need Ob/Gyn services
- you need family planning services
- you want to see a midwife

you need to have a breast or pelvic exam

Family Planning

- You can get the following family planning services: advice about birth control, birth control prescriptions, male and female condoms, pregnancy tests, sterilization, and an abortion. During your visits for these things, you can also get tests for sexually transmitted infections, a breast cancer exam, or a pelvic exam.
- You do not need a referral from your PCP to get these services. In fact, you can
 choose where to get these services. You can use your Healthfirst Member ID
 card to see one of our family planning providers. Check our Provider Directory or
 call Member Services for help in finding a provider.
- Or you can use your Medicaid card if you want to go to a doctor or clinic outside our plan. Ask your PCP or Member Services (1-866-463-6743) for a list of places to go to get these services. You can also call the New York State Growing Up Healthy Hotline (1-800-522-5006) for the names of family planning providers near you.

You can request that Healthfirst send any communication regarding family planning services to a different address or through a different way. To update your family planning communication preference, please call Member Services at **1-866-463-6743** (TTY 1-888-542-3821), Monday to Friday, 8am–6pm.

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YOUR MEMBER HANDBOOK HAS BEEN CHANGED TO INCLUDE MORE SERVICES

Doula Services

This is an important notice about your Medicaid Managed Care plan benefits. Please read it carefully. If you have any questions, please call us at 1-866-463-6743.

Starting **April 1, 2025**, Healthfirst Medicaid Managed Care will cover doula services during pregnancy and up to 12 months after the end of pregnancy, no matter how the pregnancy ends. Currently, members can access doula services by using their Medicaid card. Beginning **April 1, 2025**, you can use your Healthfirst Medicaid Managed Care plan card to receive doula services.

What is a Doula?

Doulas provide physical, emotional, educational, and non-medical support for pregnant and postpartum persons before, during, and after childbirth or end of pregnancy.

What Doula Services are Available?

Doula services can include up to eight (8) visits with a doula during and after pregnancy and continuous support while in labor and during childbirth. If you become pregnant within the 12 months following a prior pregnancy, your eligibility for doula services will start over with the new pregnancy. Any unused doula services from the prior pregnancy will not carry over.

Doula services may include:

- The development of a birth plan;
- Ongoing support throughout the pregnancy;
- Continuous support during labor and childbirth;
- Education and information on pregnancy, childbirth, and early parenting;
- Assisting with communication between you and your medical providers; and
- Connecting you to community-based childbirth and parenting resources.

Eligibility

If you are pregnant or have been pregnant within the last 12 months, you are eligible for doula services. You are eligible for these services with each pregnancy.

If you started to receive doula services with a Medicaid-enrolled doula(s) before April 1, 2025, your doula services will continue to be covered until 12 months after the end of your pregnancy.

If you start to receive doula services on or after April 1, 2025, your doula needs to participate with Healthfirst Medicaid Managed Care.

To learn more about these services, please call Member Services at 1-866-463-6743 (TTY 1-888-542-3821), Monday to Friday, 8am–6pm.

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YOUR MEMBER HANDBOOK HAS BEEN CHANGED TO INCLUDE MORE SERVICES

Chronic Disease Self-Management Program (CDSMP) for Arthritis

If you've been diagnosed with arthritis and are interested in learning more about self-management related to this disease, Healthfirst Medicaid Managed Care covers services that may help.

Starting June 1, 2025, Healthfirst Medicaid Managed Care will cover the Chronic Disease Self-Management Program (CDSMP) for adults aged 18 years and older, which aims to increase confidence, physical and mental well-being, and knowledge to manage long term conditions.

This program may help prevent you from:

- going to the emergency room;
- being admitted into the hospital; and/or
- needing other medical care for your arthritis.

Each CDSMP series meets 2.5 hours once per week, for a total of six weeks.

Eligibility

You may be eligible for CDSMP for arthritis services if you have a recommendation by a physician, or other licensed practitioner, and are:

- At least 18 years old; and
- Diagnosed with arthritis.

Talk to your provider to see if you qualify to take part in the CDSMP for arthritis.

To learn more about these services, call Member Services at **1-866-463-6743** (TTY 1-888-542-3821), Monday to Friday, 8am–6pm.

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Welcome to Healthfirst's Medicaid Managed Care Program

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

How Managed Care Plans Work

The Plan, Our Providers, and You

Managed care provides a central home for your care.

- We have a group of healthcare providers to meet your needs. These doctors and specialists, hospitals, labs, and other healthcare facilities make up our provider network. Our provider network is listed in our provider directory. To get a provider directory, call 1-866-463-6743 or visit our website at HFDocFinder.org.
- When you join Healthfirst, you will need to choose a primary care provider (PCP) from our
 provider network. If you need to have a test, see a specialist, or go into the hospital, your PCP will
 arrange it.
- Even though your PCP is your main source for healthcare, in some cases you can self-refer to certain doctors for some services. See page 9 for details.

Your PCP is available to you every day, day and night. If you need to speak to them after hours or on weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible.

You may be restricted to certain plan providers if you have been identified as a restricted recipient. Below are examples of why you may be restricted:

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

Confidentiality

We respect your right to privacy. Healthfirst recognizes the trust needed between you, your family, your doctors, and other care providers. Healthfirst will never give out your medical or behavioral health history without your written approval. The only persons that will have your clinical information will be Healthfirst, your PCP, your authorized representative, and other providers who give you care. Referrals to such providers will always be discussed with you in advance by your PCP or your Health Home Care Manager, if you have one. Healthfirst staff have been trained in keeping strict member confidentiality.

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 Healthfirst. This handbook is your guide to health and wellness services. It tells you the steps to take to make the plan work for you.

The first several pages will tell you what you need to know **right away**. Use this handbook 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 (LDSS).

If you live in any boroughs of New York City, or in Nassau, Suffolk, Orange, Rockland, Sullivan, or Westchester County, you can also call the New York Medicaid Choice Help Line at 1-800-505-5678.

Help From Member Services

There is someone to help you at Member Services:

Member Services: 1-866-463-6743
English TTY: 1-888-542-3821, Spanish TTY: 1-888-867-4132
Monday to Friday, 8am-6pm.

If you call us after hours, leave a message. We will call you back the next work day.

- You can call Member Services to get help **anytime you have a question**. You may call us to choose or change your PCP, to ask about benefits and services, to get help with referrals, to replace a lost ID card, to let us know if you are pregnant or have a new baby, or ask about any change that might affect you or your family's benefits.
- If you are or become pregnant, your child will become part of Healthfirst on the day they are 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 **baby** before they are born.
- We **offer free sessions** to explain our health plan and how we can best help you. It's a great time for you to ask questions and meet other members. If you'd like to come to one of the sessions, call us to find a time and place that is best for you.
- If you do not speak English, we can help. We want you to know how to use your healthcare plan no matter what language you speak. Just call us and we will find a way to talk to you in your own language. We have a group of people who can help. We will also help you find a PCP who can serve you in your language.

- For people with disabilities: If you use a wheelchair, 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 1-888-542-3821)
 - Information in large print
 - Case management
 - Help in making or getting to appointments
 - Names and addresses of providers who specialize in your disability
- If you or your child are getting care in your home now, your nurse or attendant may not know you have joined our plan. Call us right away to make sure your home care does not stop unexpectedly.

Your Health Plan ID Card

After you enroll, we will send you a Welcome Letter. Your Healthfirst ID card should arrive within 14 days after your enrollment date. Your card has your PCP's name and phone number on it. It will also have your Client Identification Number (CIN). If anything is wrong on your Healthfirst ID card, call us right away. Your ID card does not show that you have Medicaid or that Healthfirst is a special type of health plan.

Carry your ID card at all times and show it each time you go for care. If you need care before the card comes, your welcome letter is proof that you are a member of Healthfirst. You should keep your Medicaid benefit card. You will need this card to get services that Healthfirst 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 to serve as your regular doctor. This person could be a doctor, nurse practitioner, or other healthcare provider. 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 from when you receive your welcome packet, 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. You may see your PCP at a Behavioral Health Clinic. Member Services (1-866-463-6743) can check to see if you already have a PCP or help you choose one.
- With this handbook, you should have a provider directory. This is a list of all the doctors, clinics, hospitals, labs, and others who work with Healthfirst. It lists the address, phone number, 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 HFDocFinder.org.

You may want to find a doctor that:

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

Women can also choose one of our Ob/Gyn doctors to deal with women's healthcare.

• We also contract with Federally Qualified Health Centers (FQHCs). 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 **1-866-463-6743** for help.

You can also see a list of FQHCs at **HFDocFinder.org** or on the Healthfirst NY Mobile App.

- In almost all cases, your doctors will be Healthfirst providers. There are four instances when you can still see another provider that you had before you joined Healthfirst. In these cases, your provider must agree to work with Healthfirst. You can continue to see your doctor if:
 - You are more than three months pregnant when you join Healthfirst and you are getting prenatal care. In that case, you can keep your provider until after your delivery through post-partum care. This post-partum care continues up to 12 weeks after delivery.

- At the time you join Healthfirst, you have a life-threatening disease or condition that gets worse with time. In that case, you can ask to keep your provider for up to 60 days.
- At the time you join Healthfirst, regular Medicaid paid for your home care and you need to keep getting that care for at least 120 days. In that case, you can keep your same home care agency, nurse, or attendant, and the same amount of home care, for at least 90 days.
- At the time you join Healthfirst, you are being treated for a Behavioral Health condition. In most cases, you can still go to the same provider. Some people may have to choose a provider that works with the health plan. Be sure to talk to your provider about this change. Healthfirst will work with you and your provider to make sure you keep getting the care you need.

Healthfirst must tell you about any changes to your home care before the changes take effect.

- If you have a long-lasting illness, like HIV/AIDS or other long-term health problems, you
 may be able to choose a specialist to act as your PCP. Please call Member Services at
 1-866-463-6743 for help.
- If you need to, you can **change your PCP** in the first 30 days after your first appointment with your PCP. After that, you can change before the 1st of every month without cause, or more often if you have a good reason. You can also change your Ob/Gyn or a specialist to whom your PCP has referred you.
- If your **provider leaves** Healthfirst, we will tell you within 15 days from when we know about this. If you wish, you may be able to see that provider if you are more than three months pregnant or if you are receiving ongoing treatment for a condition. If you are pregnant, you may continue to see your doctor for up to 12 weeks 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 Healthfirst during this time.
- If any of these conditions apply to you, check with your PCP or call Member Services at 1-866-463-6743.

How To Get Regular Care

- Regular healthcare means exams, regular checkups, shots or other treatments to keep you well, advice when you need it, and referral 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 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.
- 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;
 - 2. to deal with a danger to your life;
 - 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 healthcare needs, but you must have an appointment to see your PCP. If ever you can't keep an appointment, call to let your PCP know.
- As soon as you choose a PCP, call to make a first appointment. If you can, prepare for your first
 appointment. Your PCP will need to know as much about your medical history as you can tell
 them. Make a list of your medical background, any problems you have now, any medications you
 are taking, and the questions you want to ask your PCP. In most cases, your first visit should be
 within three months of your joining Healthfirst.
- If you need care before your first appointment, call your PCP's office to explain your concern. They will give you an earlier appointment. You should still keep the first appointment to discuss your medical history and ask questions.
- Use the following list as an appointment guide for our limits on how long you may have to wait after your request for an appointment:
 - adult baseline and routine physicals: within 12 weeks
 - urgent care: within 24 hours
 - non-urgent sick visits: within 3 days
 - routine, preventive care: within 4 weeks
 - follow-up visit after mental health/substance abuse emergency room (ER) or inpatient visit: 5 days
 - non-urgent mental health or substance abuse visit: 1 week
- Use the following list as an appointment guide for our limits on how long you may have to wait after your request for a perinatal appointment:
 - first trimester: visit must occur within 3 weeks of the request for care
 - second trimester: visit must occur within 2 weeks of the request for care
 - third trimester: visit must occur within 1 week of the request for care
 - first newborn visit: within 2 weeks of hospital discharge
 - initial family planning visit must occur within 2 weeks of the request for care
 - for specialist referrals and urgent matters during pregnancy:
 - urgent specialist referrals must be seen as soon as clinically indicated, not to exceed 72 hours
 - non-urgent specialist referrals must be seen as soon as clinically indicated, not to exceed
 2 to 4 weeks of when the request was made
 - for non-emergent, but urgent matters, pregnant persons must be seen within 24 hours of request for care

How To Get Specialty Care - Referral

- If you need care that your PCP cannot give, they will REFER you to a specialist who can. If your PCP refers you to another doctor, we will pay for your care. Most of these specialists are Healthfirst providers. Talk with your PCP to be sure you know how referrals work.
- If you think a specialist does not meet your needs, talk to your PCP. Your PCP can help you if you need to see a different specialist.
- There are some treatments and services that your PCP must ask Healthfirst to approve before you can get them. Your PCP will be able to tell you what they are.

- If you are having trouble getting a referral you think you need, contact Member Services at 1-866-463-6743.
- If we do not have a specialist in our provider network who can give you the care you need, we will get you the care you need from a specialist outside our plan. This is called an **out-of-network referral**. Your PCP or plan provider must ask Healthfirst for approval before you can get an out-of-network referral. 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 any copayments as described in this handbook.
- If you believe that Healthfirst does not have a specialist in our provider network that can give you the care that you need, you can request services from an out-of-network specialist by contacting Member Services at **1-866-463-6743**. We will need a written reason why you need to see a specialist that is not in our network. You can ask your PCP or other provider to send us this information on your behalf. We will follow the same rules and timeframes for Prior Authorization requests outlined on pages 31–34.
 - Sometimes we may not approve an out-of-network referral because we have a provider in Healthfirst that can treat you. If you think our plan provider does not have the right training or experience to treat you, you can ask us to check if your out-of-network referral is medically needed. You will need to ask for a **Plan Appeal**. See page 37 to find out how.
 - Sometimes, we may not approve an out-of-network referral for a specific treatment because you asked for care that is not very different from what you can get from a Healthfirst provider. You can ask us to check if your out-of-network referral for the treatment you want is medically needed. You will need to ask for a **Plan Appeal**. See page 37 to find out how.
- If you need to see a specialist for ongoing care, your PCP may be able to refer you for a specified number of visits or length of time (a **standing referral**). If you have a standing referral, you will not need a new referral for each time you need care.
- If you have a long-term disease or a disabling illness that gets worse over time, your PCP may be able to arrange for:
 - $\circ\quad$ your specialist to act as your PCP
 - a referral to a specialty care center that deals with the treatment of your illness
 - a call to Member Services for help in getting access to a specialty care center

Get These Services From Healthfirst Without A Referral

Women's Healthcare

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

- you are pregnant
- you need Ob/Gyn services
- you need family planning services
- you want to see a midwife
- you need to have a breast or pelvic exam

Family Planning

- You can get the following family planning services: advice about birth control, birth control prescriptions, male and female condoms, pregnancy tests, sterilization, and an abortion. During your visits for these things, you can also get tests for sexually transmitted infections, a breast cancer exam, or a pelvic exam.
- You do not need a referral from your PCP to get these services. In fact, you can choose where to get these services. You can use your Healthfirst ID card to see one of our family planning providers. Check our Provider Directory or call Member Services for help in finding a provider.
- Or, you can use your Medicaid card if you want to go to a doctor or clinic outside our plan. Ask your PCP or call Member Services at 1-866-463-6743 for a list of places to go to get these services. You can also call the New York State Growing Up Healthy Hotline (1-800-522-5006) for the names of family planning providers near you.

HIV and Sexually Transmitted Infection (STI) Screening

Everyone should know their HIV status. HIV and STI screenings are part of your regular healthcare.

- You can get an HIV or STI test any time you have an office or clinic visit.
- You can get an HIV or STI test any time you have family planning services. You do not need a referral from your PCP. 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 providers, you can use your Medicaid card to see a family planning provider outside Healthfirst's network. For help in finding either a plan provider or a Medicaid provider for family planning services, call Member Services at 1-866-463-6743.
- Everyone should talk to their doctor about having an HIV test. To get free HIV testing or testing where your name isn't given, call 1-800-541-AIDS (English) or 1-800-233-SIDA (Spanish).

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

Eve Care

The covered benefits include the needed services of an ophthalmologist, optometrist, and an ophthalmic dispenser, and include an eye exam and pair of eyeglasses, if needed. Generally, you can get these once every two years, or more often if medically needed. Enrollees diagnosed with diabetes may self-refer for a dilated eye (retinal) examination once in any 12-month period. You must 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 you 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 or recently had a baby and think you need help with depression, you can get a screening to see what services you may need. You do not need a referral from your PCP. You can get a screening for depression during pregnancy and for up to a year after your delivery.

Emergencies

You are always covered for emergencies.

An emergency means a medical or behavioral condition:

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

An emergency would make an average person fear that they, or someone, will suffer serious harm without care right away.

Examples of emergencies are:

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

Examples of non-emergencies are:

- colds
- sore throat
- upset stomach
- minor cuts and bruises
- sprained muscles

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

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

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

If you're not sure, call your PCP or Healthfirst.

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

- tell you what to do at home
- tell you to come to the PCP's office, or
- tell you to go to the nearest emergency room
- If you are **out of the area** when you have an emergency:
 - Go to the nearest emergency room. If you are discharged from the emergency room with prescriptions, they must be filled at an NYRx Medicaid-enrolled pharmacy.



Remember

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

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

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

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 earache who wakes up in the middle of the night and won't stop crying.
- This could be the flu or if you need stitches.
- It could be a sprained ankle, or a bad splinter you can't remove.

You can get an appointment for an urgent care visit for the same or next day. Whether you are at home or away, call your PCP any time, day or night. If you cannot reach your PCP, call us at **1-866-463-6743**. Tell the person who answers what is happening. They will tell you what to do.

Care Outside of the United States

If you travel outside of the United States, you can get urgent and emergency care only in 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:

- Stop-smoking classes
- Prenatal care and nutrition
- Grief/loss support
- Chest feeding and baby care
- Stress management
- Weight control
- Cholesterol control
- Diabetes counseling and self-management training
- Asthma counseling and self-management training
- Sexually Transmitted Infection (STI) testing and protecting yourself from STIs
- Domestic violence services
- Other classes for you and your family

Call Member Services at **1-866-463-6743** or visit our website at **MyHFNY.org** to find out more and get a list of upcoming classes.

Electronic Notice Option

Healthfirst and our vendors can send you notices about service authorizations, plan appeals, complaints, and complaint appeals electronically, instead of by phone or mail.

We can send you these notices through MyHFNY.org.

If you want to get these notices electronically, you must ask us. To ask for electronic notices, contact us by phone, online, or mail:

1-866-463-6743

MyHFNY.org

✓ Member ServicesP.O. Box 5165New York, NY 10274

When you contact us, you must:

- Tell us how you want to get notices that are normally sent by mail,
- Tell us how you want to get notices that are normally made by phone call, and
- Give us your contact information (mobile phone number, email address, fax number, etc.).

Healthfirst will let you know by mail that you have asked to get notices electronically.

Part II: Your Benefits And Plan Procedures

Benefits

Medicaid Managed Care provides a number of services you get in addition to those you get with regular Medicaid. Healthfirst will provide or arrange for most services that you will need. You can get a few services without going through your PCP. These include emergency care, family planning, HIV testing and counseling, and specific self-referral services. Please call our member services department at **1-866-463-6743** if you have any questions or need help with any of the services below.

Services Covered By Healthfirst

You must get these services from the providers who are in Healthfirst. All services must be medically or clinically necessary and provided or referred by your PCP (Primary Care Provider). Please call our Member Services department at **1-866-463-6743** if you have any questions or need help with any of the services below.

Regular Medical Care

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

Preventive Care

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

Maternity Care

- pregnancy care
- doctors/midwife and hospital services
- newborn nursery care

Home Health Care

- Must be medically needed and arranged by Healthfirst
- one medically needed post-partum home health visit (additional visits as medically needed for high-risk women)
- at least two visits for high-risk infants (newborns)
- other home health care visits as needed and ordered by your PCP/specialist

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

- Must be medically needed and arranged by Healthfirst
- Personal Care/Home Attendant Help with bathing, dressing and feeding and help with preparing meals and housekeeping
- CDPAS Help with bathing, dressing and feeding, help preparing meals and housekeeping, plus home health aide and nursing tasks. This is provided by an aide chosen and directed by you
- If you want more information, contact Healthfirst at 1-866-463-6743

Personal Emergency Response System (PERS)

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

Adult Day Health Care Services

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

AIDS Adult Day Health Care Services

- Must be recommended by your Primary Care Provider (PCP)
- Provides general medical and nursing care, substance use supportive services, mental health supportive services, nutritional services, plus socialization, recreational and wellness/health promotion activities

Therapy for Tuberculosis (TB)

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

Hospice Care

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

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

Children under 21 years of age who are getting hospice services can also get medically needed curative services and palliative care.

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

Dental and Oral Health Care

Healthfirst believes that oral health care is important to your overall health. We offer dental care through a contract with DentaQuest, a leading provider of dental benefits. Healthfirst covers dental services such as:

- Preventive dental checkups
- Cleanings
- X-rays
- Fillings

In certain circumstances, Healthfirst may cover additional services, such as:

- Dentures
- Implants
- Crowns
- Root Canals

You do not need a referral from your PCP to see an in-network dentist!

How to Get Dental Services:

- You can select any in-network dentist as your primary care dentist.
- If you need to find or change your dentist, please call DentaQuest at **1-800-508-2047** or Member Services at **1-866-463-6743**. Customer Services representatives are there to help you.
- When you visit an in-network dentist, show your Healthfirst Member ID card. You will not receive a separate dental ID card.

You can also go to an in-network dental clinic that is run by an academic dental center without a referral. If you wish to get dental services at an in-network academic dental center within our service area, please call **1-800-508-2047**.

Orthodontic Care

Healthfirst uses the New York State Medicaid orthodontic criteria when determining if orthodontics (braces) are medically necessary.

Healthfirst will cover braces for children up to age 21 who have a severe problem with their teeth, such as: can't chew food due to severely crooked teeth, cleft palette, or cleft lip. To find out if you are eligible, please reach out to DentaQuest at 1-800-508-2047.

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.
- Enrollees diagnosed with diabetes may self-refer for a dilated eye (retinal) examination once in any 12-month period.

Hospital Care

- Inpatient care
- Outpatient care
- Lab tests, x-ray, and other necessary 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 11

Specialty Care

Includes the services of other practitioners, including:

- physical therapist
- occupational and speech therapists
- 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 Healthfirst
- covered nursing home services include medical supervision, 24-hour nursing care, assistance with daily living, physical therapy, occupational therapy, and speech-language pathology

Rehabilitation:

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

Long-Term Placement:

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

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

When you are eligible for long-term placement, you may select one of the nursing homes that are in Healthfirst's network that meets your needs. Call **1-866-463-6743** for help finding a nursing home in our network.

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

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

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

Determining Your Medicaid Eligibility for Long-Term Nursing Home Services

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

Additional Resources

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

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

BEHAVIORAL HEALTH CARE

Behavioral health care includes mental health and substance use treatment and rehabilitation services. All of our members have access to behavioral health services which include:

Adult Mental Health Care

- Psychiatric services
- Psychological services
- Inpatient and outpatient mental health treatment
- Injections for behavioral health related conditions
- Rehab services if you are in a community home or in family-based treatment
- Individual and group counseling through Office of Mental Health (OMH) clinics

Adult Outpatient Mental Health Care

- Continuing Day Treatment (CDT)
- Partial Hospitalization (PH)

Adult Outpatient Rehabilitative Mental Health Care

- Assertive Community Treatment (ACT)
- Personalized Recovery Oriented Services (PROS)

Adult Mental Health Crisis Services

- Comprehensive Psychiatric Emergency Program (CPEP) including extended observation bed
- Crisis intervention services
 - Mobile Crisis and Telephonic Crisis Services
- Crisis Residential Programs:
 - Residential Crisis Support: This is a program for people who are age 18 or older with symptoms of emotional distress. These symptoms cannot be managed at home or in the community without help.
 - Intensive Crisis Residence: This is a treatment program for people who are age 18 or older who are having severe emotional distress.

Substance Use Disorder Services for Adults age 21+

- Crisis Services
 - Medically Managed Withdrawal and Stabilization Services
 - Medically Supervised Inpatient Withdrawal and Stabilization Services
 - Medically Supervised Outpatient Withdrawal and Stabilization Services
- Inpatient Rehabilitation Services
- Residential Addiction Treatment Services
 - Stabilization
 - Rehabilitation
 - Reintegration
- Outpatient Addiction Treatment Services
 - Outpatient Clinic
 - Intensive Outpatient Treatment
 - Ancillary Withdrawal Services
 - Medication Assisted Treatment
 - Outpatient Rehabilitation Services
 - Opioid Treatment Programs (OTP)
- Gambling Disorder Treatment Provided by Office of Addiction Services and Supports (OASAS)
 Certified Programs
 - Healthfirst covers Gambling Disorder Treatment provided by Office of Addiction Services and Supports (OASAS) certified programs.
 - You can get Gambling Disorder Treatment:
 - face-to-face; or
 - through telehealth.
 - If you need Gambling Disorder Treatment, you can get it from an OASAS outpatient program or if necessary, an OASAS inpatient or residential program.
 - You do not need a referral from your primary care provider (PCP) to get these services.
 If you need help finding a provider, please call Healthfirst Member Services at 1-866-463-6743.

Harm Reduction Services

If you need help related to a substance use disorder, Harm Reduction Services can offer a complete patient-oriented approach to your health and well-being. Healthfirst covers services that may help reduce substance use and other related harms. These services include:

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

To learn more about these services, call Member Services at 1-866-463-6743.

1-866-463-6743 | TTY 1-888-542-3821 | MyHFNY.org Behavioral health crisis assistance is available 24/7

Mental Health Care for Individuals Under Age 21

All eligible children under age 21:

- Comprehensive Psychiatric Emergency Program (CPEP) including Extended Observation bed
- Partial hospitalization (PH)
- Inpatient psychiatric services
- Individual and group counseling through OMH clinics
- Children and Family Treatment and Support Services (CFTSS), including:
 - Other Licensed Practitioner (OLP)
 - Psychosocial Rehabilitation (PSR)
 - Community Psychiatric Supports and Treatment (CPST)
 - Family Peer Support Services (FPSS)
 - Crisis Intervention (CI)
 - Youth Peer Support (YPS)
- Psychiatric services
- Psychological services
- Injections for behavioral health related conditions
- Children's Crisis Residence: This is a support and treatment program for people under age 21. These services help people cope with an emotional crisis and return to their home and community.

Mental Health Services for Eligible Children Under Age 21 (ages 18–20):

- Assertive Community Treatment (ACT)
- Continuing Day Treatment (CDT)
- Personalized Recovery Oriented Services (PROS)
- Crisis Residential Programs:
 - Residential Crisis Support: This is a program for people who are age 18 or older with symptoms of emotional distress. These symptoms cannot be managed at home or in the community without help.
 - Intensive Crisis Residence: This is a treatment program for people who are age 18 or older who are having severe emotional distress.

Substance Use Disorder Care for Individuals Under Age 21

- Crisis Services
 - Medically Managed Withdrawal and Stabilization Services
 - Medically Supervised Inpatient Withdrawal and Stabilization Services
 - Medically Supervised Outpatient Withdrawal and Stabilization Services
- Inpatient Rehabilitation Services
- Residential Addiction Treatment Services
 - Stabilization
 - Rehabilitation
 - Reintegration

- Outpatient Addiction Treatment Services
 - Outpatient Clinic
 - Intensive Outpatient Treatment
 - Ancillary Withdrawal Services
 - Medication Assisted Treatment
 - Outpatient Rehabilitation Services
 - Opioid Treatment Programs (OTP)

Children's Home and Community Based Services

New York State covers Children's Home and Community Based Services (HCBS) under the children's waiver. Healthfirst covers children's HCBS for members participating in the children's waiver and provides care management for these services.

Children's HCBS offer personal, flexible services to meet the needs of each child/youth. HCBS are provided where children/youth and families are most comfortable and supports them as they work towards goals and achievements.

Who Can Get Children's HCBS?

Children's HCBS are for children and youth who:

- Need extra care and support to remain at home/in the community
- Have complex health, developmental and/or behavioral health needs
- Want to avoid going to the hospital or a long-term care facility
- Are eligible for HCBS and participate in the children's waiver

Members under age 21 will be able to get these services from their health plan:

- Community habilitation
- Day habilitation
- Caregiver/Family Advocacy and Support Services
- Prevocational services—must be age 14 and older
- Supported employment—must be age 14 and older
- Respite services (planned respite and crisis respite)
- Palliative care
 - Expressive Therapy
 - Massage Therapy
 - Bereavement Services
 - Pain and Symptom Management
- Environmental modifications
- Vehicle modifications
- Adaptive and Assistive Technology
- Non-medical transportation

Children/youth participating in the Children's Waiver must receive care management. Care management provides a person who can help you find and get the services that are right for you.

- If you are getting care management from a Health Home Care Management Agency (CMA), you can stay with your CMA. Healthfirst will work with your CMA to help you get the services you need.
- If you are getting care management from the Children and Youth Evaluation Service (C-YES), Healthfirst will work with C-YES and provide your care management.

Article 29-I Voluntary Foster Care Agency (VFCA) Health Facility Services

Healthfirst covers Article 29-I VFCA Health Facility services for children and youth under age 21.

29-I VFCA Health Facilities work with families to promote well-being and positive outcomes for children in their care. 29-I VFCA Health Facilities use trauma informed practices to meet the unique needs of each child.

29-I VFCA Health Facilities may only serve children and youth referred by the local district of social services.

Core Limited Health-Related Services

- 1. Skill Building
- 2. Nursing Supports and Medication Management
- 3. Medicaid Treatment Planning and Discharge Planning
- 4. Clinical Consultation and supervision
- 5. Managed Care Liaison/Administration

and

Other Limited Health-Related Services

- 1. Screening, diagnosis, and treatment services related to physical health
- 2. Screening, diagnosis, and treatment services related to developmental and behavioral health
- 3. Children and Family Treatment and Support Services (CFTSS)
- 4. Children's Home and Community Based Services (HCBS)

Health Home Care Management

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

A Health Home Care Manager can:

- Work with your PCP and other providers to coordinate all of your health care;
- Work with the people you trust, like family members or friends, to help you plan and get your care;

- Help with appointments with your PCP and other providers; and
- Help manage ongoing medical issues like diabetes, asthma, and high blood pressure.

To learn more about Health Homes, contact Member Services at 1-866-463-6743.

Infertility Services

If you are unable to get pregnant, Healthfirst covers services that may help.

Healthfirst will cover the coordination of care related to limited infertility drugs covered by the Medicaid pharmacy program. The infertility benefit includes:

- Office visits
- X-ray of the uterus and fallopian tubes
- Pelvic ultrasound
- Blood testing

Eligibility

You may be eligible for infertility services if you meet the following criteria:

- You are 21–34 years old and are unable to get pregnant after 12 months of regular, unprotected sex.
- You are 35–44 years old and are unable to get pregnant after six months of regular, unprotected sex.

National Diabetes Prevention Program (NDPP) Services

If you are at risk for developing Type 2 diabetes, Healthfirst covers services that may help.

Healthfirst covers diabetes prevention services through the National Diabetes Prevention Program (NDPP). This benefit will cover 22 NDPP group training sessions over the course of 12 months.

The **National Diabetes Prevention Program** is an educational and support program designed to assist at-risk people from developing Type 2 diabetes. The program consists of group training sessions that focus on the long-term, positive effects of healthy eating and exercise. The goals for these lifestyle changes include modest weight loss and increased physical activity. NDPP sessions are taught using a trained lifestyle coach.

Eligibility

You may be eligible for diabetes prevention services if you have a recommendation by a physician or other licensed practitioner and are:

- At least 18 years old,
- Not currently pregnant,
- Overweight, and
- Have not been previously diagnosed with Type 1 or Type 2 Diabetes.
- And, you meet one of the following criteria:

You have had a blood test result in the prediabetes range within the past year, or

- You have been previously diagnosed with gestational diabetes, or
- You score 5 or higher on the CDC/American Diabetes Association (ADA) Prediabetes Risk Test.

Talk to your doctor to see if you qualify to take part in the NDPP.

Applied Behavior Analysis (ABA) Services

Healthfirst covers Applied Behavior Analysis (ABA) therapy provided by:

- Licensed Behavioral Analyst (LBA), or
- Certified Behavioral Analyst Assistant (CBAA) under the supervision of an LBA.

Who Can Get ABA?

Children/youth under the age of 21 with a diagnosis of autism spectrum disorder and/or Rett Syndrome. If you think you are eligible to get ABA services, talk to your provider about this service. Healthfirst will work with you and your provider to make sure you get the service you need.

The ABA Services Include:

- assessment and treatment by a physician, licensed behavioral analyst, or certified behavior analyst assistant,
- individual treatments delivered in the home or other setting,
- group adaptive behavior treatment, and
- training and support to family and caregivers.

Gender Dysphoria Related Care and Services

Healthfirst covers the following gender dysphoria related care and services:

- Gender Reassignment (sex change) Surgeries, Services, and Procedures,
- Puberty Suppressants (medications used to delay the effects of puberty), and
- Cross-Sex Hormone Therapy (hormone medications used to help with sex change).

What is Gender Dysphoria?

Gender Dysphoria is the feeling of discomfort or distress that might occur when there is a conflict between the sex you were assigned at birth and the gender you identify with.

Gender Reassignment Surgery

Prior to surgery for the treatment of gender dysphoria, you must:

- receive a medical necessity determination from a qualified medical professional,
- be 18 years of age or older. Members under 18 years of age will be reviewed on a case-by-case basis for medical necessity and must receive prior approval from Healthfirst, as applicable.

- have lived in a gender role consistent with your gender identity for 12 months. During this time, you must have received behavioral health counseling, as deemed necessary by your treating qualified medical professional, and
- have two letters from qualified New York State licensed health professionals recommending surgery based upon their own assessment.

Puberty Suppressants and Cross-Sex Hormones

Healthfirst will provide medically necessary hormone therapy for treatment of gender dysphoria.

Treatment with puberty suppressants, must be:

based upon a determination from a qualified medical professional.

Treatment with cross-sex hormones, must meet the following age specific criteria:

- members 16 years of age or older must receive a determination of medical necessity made by a qualified professional.
- members 16 and 17 years of age must also receive a determination from a qualified medical professional that you are eligible and ready for treatment.
- members under 16 years of age, must meet the above criteria and receive prior approval from Healthfirst, as applicable.

Talk to your healthcare provider to see if you qualify for gender dysphoria related care and services. To learn more about these services, call Member Services at **1-866-463-6743**.

In Lieu of Services (ILS)

ILS are alternative services or settings that are not included in New York State's Medicaid plan but are medically appropriate substitutes for covered services or settings.

Covered ILS Benefit: Psychiatric Admissions

You have a covered care option that can be used instead of Inpatient Psychiatric services available in some hospitals.

The alternative care option is a short-term intensive stay in a private Institution for Mental Disease (IMD) licensed by OMH, available only at the following four facilities in the Healthfirst service area:

- Four Winds Hospital (Westchester)
- Gracie Square Hospital (NYC)
- Brunswick Hospital Center (Long Island)
- South Oaks Hospital (Long Island)

Other Covered Services

- Durable Medical Equipment (DME)/Hearing Aids/Prosthetics /Orthotics
- Court Ordered Services
- Case Management
- Help getting social support services
- Federally Qualified Health Centers (FQHC)
- Services of a Podiatrist as medically needed

Benefits You Can Get From Healthfirst Or With Your Medicaid Card

For some services, you can choose where to get the care. You can get these services by using your Healthfirst membership card. You can also go to providers who will take your Medicaid Benefit card. You do not need a referral from your PCP to get these services. Call us if you have guestions at 1-866-463-6743.

Family Planning

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

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

HIV and STI Screening (when receiving this service as part of a family planning visit)

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.
- If you'd rather not see one of our Healthfirst providers, you can use your Medicaid card to see a family planning provider outside Healthfirst. For help in finding either a Plan provider or a Medicaid provider for family planning services call Member Services at 1-866-463-6743.
- Everyone should talk to their doctor about having an HIV test. To get free HIV testing or testing where your name isn't given, call 1-800-541-AIDS (English) or 1-800-233-SIDA (Spanish).

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

You can ask your PCP for a list of places to get these services or call Member Services at **1-866-463-6743**. You can also call the New York State Growing Up Healthy Hotline (**1-800-522-5006**) for nearby places to get these services.

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

Pharmacy

You can get prescriptions, over-the-counter medicines, enteral formulas, and some medical supplies from any pharmacy that takes Medicaid. A copayment may be required for some people, for some medications and pharmacy items.

Certain medications may require that your doctor get prior authorization from Medicaid before the pharmacy can dispense your medication. Getting prior authorization is a simple process for your doctor and does not prevent you from getting medications that you need.

Do you have questions or need help? The Medicaid Helpline can assist you. They can talk to you in your preferred language. They can be reached at **1-800-541-2831** (TTY 1-800-662-1220).

They can answer your call:

Monday to Friday, 8am-8pm Saturday, 9am-1 pm

Transportation

Emergency and/or non-emergency medical transportation will be covered by regular Medicaid. To get non-emergency transportation, you or your provider must call Medical Answering Services at:

- 1-844-666-6270 if you live New York City, on Long Island, or in Westchester County
- 1-866-932-7740 if you live in Orange, Rockland, or Sullivan counties

If possible, you or your provider should call Medical Answering Services 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. 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.

Note: For undocumented non-citizens age 65 and over, non-emergency transportation is not covered.

Developmental Disabilities

- Long-term therapies
- Day treatment
- Housing services
- Medicaid Service Coordination (MSC) program

Services NOT Covered:

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

- Cosmetic surgery if not medically needed
- Personal and comfort items
- Services from a provider that is not part of Healthfirst, unless it is a provider you are allowed to see as described elsewhere in this handbook or Healthfirst or your PCP send you to that provider
- Services for which you need a referral (approval) in advance and you did not get it.
- Drugs when used to treat erectile dysfunction or sexual dysfunction

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

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

If You Get a Bill

If you get a bill for a treatment or service you do not think you should pay for, do not ignore it. Call Healthfirst at 1-866-463-6743 right away. Healthfirst can help you understand why you may have gotten a bill. If you are not responsible for payment, Healthfirst will contact the provider and help fix the problem for you.

You have the right to ask for a plan appeal if you think you are being asked to pay for something Medicaid or Healthfirst should cover. See the Plan Appeal section later in this handbook.

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

Service Authorization

Prior Authorization:

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

- All out-of-network services (non-emergent services)
- Acute rehabilitation admissions
- All cosmetic surgery (medically necessary)
- All elective admissions to a hospital
- Air ambulance
- DME (diabetic and dressing supplies do not require authorization)
- Electromyogram (EMG)/nerve conduction studies
- Home health services
- Home Care InteliHealth Monitoring
- Pain management services
- Physical/occupational therapy
- Therapy/speech therapy
- Procedures and equipment for erectile dysfunction
- Skilled nursing facility admissions
- Transplant
- Injectable
- Dental (Not all dental services require prior authorization. However, some may, such as implants, dentures, and crowns. If so, your provider will have to contact DentaQuest at 1-800-508-2047.)
- Vision/glasses (Please remember that for you to receive this service, your provider will have to contact EyeMed at **1-844-844-0886**.)

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 need to:

Call our toll-free Member Services number at **1-866-463-6743** or send your request in writing to:

Healthfirst Medicaid Managed Care Plan 100 Church Street New York, NY 10007

For preauthorization or to notify Healthfirst of an admission, please contact:

Medical Management Department

Phone: 1-888-394-4327; Fax: 1-646-313-4603

Monday to Friday, 8:30am-5:30pm

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

What happens after we get your service authorization request:

Healthfirst has a review team to be sure you get the services you need. We check that the service you are asking for is covered under your health plan. Doctors and nurses and dentists (for dental-related pre-authorization requests) are on the review team. Their job is to be sure the treatment or service you asked for is medically needed and right for you. They do this by checking your treatment plan against medically acceptable standards.

We may decide to deny a service authorization request or to approve it for an amount that is less than requested. These decisions will be made by a qualified 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, we use to make decisions about medical necessity.

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

We will fast track your review if:

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

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. (See also the Plan Appeals and Fair Hearing sections later in this handbook.)

Timeframes for prior authorization requests:

- **Standard review:** We will make a decision about your request within 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 72 hours. We will tell you within 72 hours if we need more information.

Timeframes for concurrent review requests:

- **Standard review:** We will make a decision within 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. You will hear from us no later than 72 hours after we received your request. We will tell you within 1 work day if we need more information.

Special timeframes for other requests:

- If you are in the hospital or have just left the hospital and you are asking for home health care we will make a decision within 72 hours of your request.
- If you are getting inpatient substance use disorder treatment, and you ask for more services at least 24 hours before you are to be discharged, we will make a decision within 24 hours of your request.
- If you are asking for mental health or substance use disorder services that may be related to a court appearance, we will make a decision within 72 hours of your request.
- If you are asking for a practitioner administered drug when provided in an outpatient hospital, clinic, or doctor's office, we will make a decision within 24 hours of your request, after your health care provider has provided Healthfirst with a completed prior authorization form with all necessary information included to review the request.
- A step therapy protocol means we require you to try another drug first before we will approve
 the drug you are requesting. If you are asking for approval to override a step therapy protocol,
 we will make a decision within 24 hours for practitioner administered drugs when provided in
 an outpatient hospital, clinic, or physician's office, after your health care provider has provided
 Healthfirst with a completed prior authorization form with all necessary information included to
 review the request.

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

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

You, your provider, or your representative may also ask us to take more time to make a decision. This may be because you have more information to give us to help decide your case. This can be done by calling **1-888-394-4327** or writing to:

Healthfirst Medical Management Department P.O. Box 5166 New York, NY 10274-5166 You or your representative can file a complaint with Healthfirst if you don't agree with our decision to take more time to review your request. You or someone you trust can also file a complaint about the review time with the New York State Department of Health by calling 1-800-206-8125.

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

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

Other Decisions About Your Care:

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

Timeframes for other decisions about your care:

- In most cases, if we make a decision to reduce, suspend or stop a service we have already approved and you are now getting, we must tell you at least 10 days before we change the service.
- We must tell you at least 10 days before we make any decision about long term services and supports, such as home health care, personal care, CDPAS, adult day health care, and nursing home care.
- If we are checking care that has been given in the past, we will make a decision about paying for it within 30 days of receiving all information we need for the retrospective review. If we deny payment for a service, we will send a notice to you and your provider the day the payment is denied. These notices are not bills. You will not have to pay for any care you received that was covered by Healthfirst 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 providers that might affect health care. You can call Member Services at 1-866-463-6743 if you have specific concerns. Most of our providers are paid in one or more of the following ways:

- Most PCPs who work in a clinic or health center, get a salary. The number of patients they see does not affect their salary.
- PCPs who work from their own offices may get a set fee each month for each patient for whom they are the PCP. The fee stays the same regardless of the number of times the patient visits the PCP. This is called **capitation**.
- Providers may get a set fee for each person on their patient list, but some money may be held back for an incentive fund. At the end of the year, PCPs who have met the incentive standards set by Healthfirst receive additional payments.
- Providers may also receive **fee-for-service payment**. This means they get a set fee for each service they provide.

You Can Help With Plan Policies

You can help us develop policies that best serve our members. If you have ideas, please tell us about them. Please let us know if you would like to work with one of our member advisory boards or committees. Call Member Services at **1-866-463-6743** to find out how you can help.

Additional Information from Member Services

Here is information you can get by calling Member Services at 1-866-463-6743:

- A list of names, addresses, and titles of Healthfirst's Board of Directors, Officers, Controlling Parties, Owners and Partners
- A copy of the most recent financial statements/balance sheets, summaries of income and expenses
- A copy of the most recent individual direct pay subscriber contract
- Information from the Department of Financial Services about consumer complaints about Healthfirst
- How we keep your medical records and member information private
- In writing, we will tell you how Healthfirst checks on the quality of care to our members
- We will tell you which hospitals our health providers work with
- If you ask us in writing, we will tell you the guidelines we use to review conditions or diseases that are covered by Healthfirst
- If you ask in writing, we will tell you the qualifications needed and how health care providers can apply to be part of Healthfirst
- If you ask, we will tell you:
 - 1. whether our contracts or subcontracts include physician incentive plans that affect the use of referral services, and, if so,
 - 2. information on the type of incentive arrangements used; and
 - 3. whether stop loss protection is provided for physicians and physicians groups
- Information about how our company is organized and how it works

Keep Us Informed

Call Member Services at 1-866-463-6743 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, you may be able to enroll in another program. Contact your local Department of Social Services, or NY State of Health, The Official Health Plan Marketplace, at **1-855-355-5777** or **nystateofhealth.ny.gov**.

Disenrollment And Transfers

If You Want to Leave Healthfirst

You can try us out for 90 days. You may leave Healthfirst and join another health plan at any time during that time. If you do not leave in the first 90 days, however, you must stay in Healthfirst for nine more months, unless you have a good reason (good cause) to leave 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 service area
- You, Healthfirst, and the LDSS all agree that disenrollment is best for you
- You are or become exempt or excluded from managed care
- We have not been able to provide services to you as we are required to under our contract with the State

To change plans:

If you've enrolled through your local Department of Social Services (LDSS):

- Call the Managed Care staff at your LDSS
- If you live in one of the five boroughs of New York City, or in Nassau, Suffolk, Orange, Rockland, Sullivan, or Westchester County, call New York Medicaid Choice at 1-800-505-5678. The New York Medicaid Choice counselors can help you change health plans

If you've enrolled through NY State of Heath:

- Log in to your NY State of Health account at www.nystateofhealth.ny.gov, or
- Meet with an enrollment assistor to receive assistance with updating your account, or
- Call the NY State of Health Customer Service Center at 1-855-355-5777 (TTY 1-800-662-1220).

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

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

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

You Could Become Ineligible for Healthfirst

- You or your child may have to leave Healthfirst if you or the child:
 - move out of the County or service area
 - change to another managed care plan
 - have access to an HMO or other insurance plan through work
 - o go to prison, or
 - otherwise lose Medicaid eligibility
- Your child may have to leave Healthfirst if they:
 - join a Physically Handicapped Children's Program
- If you have to leave Healthfirst or become ineligible for Medicaid, all of your services may stop unexpectedly, including any care you receive at home. Call New York Medicaid Choice at 1-800-505-5678 right away if this happens.

We Can Ask You to Leave Healthfirst

You can also lose your Healthfirst membership if you often:

- refuse to work with your PCP regarding your care,
- don't follow Healthfirst's rules,
- · do not fill out forms honestly or do not give true information (commit fraud),
- cause abuse or harm to plan members, providers or staff, or
- act in ways that make it hard for us to do our best for you and other members even after we have tried to fix the problems

Plan Appeals

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

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

Your provider can ask for reconsideration:

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

You Can File a Plan Appeal:

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

- You have 60 calendar days from the date of the Initial Adverse Determination notice to ask for a Plan Appeal.
- You can call Member Services at 1-866-463-6743 if you need help asking for a Plan Appeal or following the steps of the appeal process. We can help if you have any special needs like a hearing or vision impairment, or if you need translation services.
- You can ask for a Plan Appeal, or you can have someone else, like a family member, friend, doctor or lawyer, ask for you. You and that person will need to sign and date a statement saying you want that person to represent you.
- We will not treat you any differently or act badly toward you because you ask for a Plan Appeal.

① Aid to continue while appealing a decision about your care:

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

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

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

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

- Your name and address
- Enrollee number
- Service you asked for and reason(s) for appealing
- Any information that you want us to review, such as medical records, doctors' letters or other information that explains why you need the service.
- Any specific information we said we needed in the Initial Adverse Determination notice.
- To help you prepare for your Plan Appeal, you can ask to see the guidelines, medical records and other documents we used to make the Initial Adverse Determination. If your Plan Appeal is fast tracked, there may be a short time to give us information you want us to review. You can ask to see these documents or ask for a free copy by calling 1-866-463-6743.

Give us your information and materials by:

1-866-463-6743

1-646-313-4618

☐ Healthfirst Appeals and Grievances Department P.O. Box 5166

If you ask for a Plan Appeal by phone, unless it is fast tracked, you must also send your Plan Appeal to us in writing.

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

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

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

- If you think our participating provider does not have the correct training or experience to provide a service, you can ask us to check if it is medically necessary for you to be referred to an out of network provider. You will need to ask your doctor to send this information with your appeal:
 - 1. a statement in writing that says our participating provider does not have the correct training and experience to meet your needs, and
 - 2. a recommendation to an out of network provider with the correct training and experience who is able to provide the service.

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

What happens after we get your Plan Appeal:

- Within 15 days, we will send you a letter to let you know we are working on your Plan Appeal.
- We will send you a free copy of the medical records and any other information we will use to make the appeal decision. If your Plan Appeal is fast tracked, there may be a short time to review this information.
- You can also provide information to be used in making the decision in person or in writing. Call Healthfirst at **1-866-463-6743** if you are not sure what information to give us.
- Plan 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.
- You will be given the reasons for our decision and our clinical rationale, if it applies. The notice of the Plan Appeal decision to deny your request or to approve it for an amount that is less than requested is called a Final Adverse Determination.
- If you think our Final Adverse Determination is wrong:
 - you can ask for a Fair Hearing. See the Fair Hearing section of this handbook.
 - for some decisions, you may be able to ask for an External Appeal. See the External Appeal section of this handbook.
 - you may file a complaint with the New York State Department of Health at 1-800-206-8125.

Timeframes for Plan Appeals:

- Standard Plan Appeals: If we have all the information we need, we will tell you our decision within 30 calendar days from when you asked for your Plan Appeal.
- Fast track Plan Appeals: If we have all the information we need, fast track Plan Appeal decisions will be made in 2 working days from your Plan Appeal but not more than 72 hours from when you asked for your Plan Appeal.
 - We will tell you within 72 hours if we need more information.
 - If your request was denied when you asked for more inpatient substance use disorder treatment at least 24 hours before you were to leave the hospital, we will make a decision about your appeal within 24 hours.
 - We will tell you our decision by phone and send a written notice later.

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

- you or your doctor asks to have your Plan Appeal reviewed under the fast track process. Your doctor would have to explain how a delay will cause harm to your health. If your request for fast track is denied, we will tell you and your Plan Appeal will be reviewed under the standard process; or
- your request was denied when you asked to continue receiving care that you are now getting or need to extend a service that has been provided; or
- your request was denied when you asked for home health care after you were in the hospital; or
- your request was denied when you asked for more inpatient substance use disorder treatment at least 24 hours before you were to leave the hospital.

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

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

You or your representative may also ask us to take more time to make a decision. This may be because you have more information to give Healthfirst to help decide your case. This can be done by calling **1-866-463-6743** or writing.

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

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

The original denial will be reversed and your service authorization request will be approved if we do not decide your Plan Appeal on time and we said the service you are asking for is:

- 1. not medically necessary, or
- 2. experimental or investigational, or
- 3. not different from care you can get in the plan's network, or
- 4. available from a participating provider who has correct training and experience to meet your needs.

External Appeals

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

- 1. not medically necessary
- 2. experimental or investigational
- 3. not different from care you can get in the plan's network
- 4. available from a participating provider who has correct training and experience to meet your needs

For these types of decisions, you can ask New York State (NYS) 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 NYS. These reviewers are qualified people approved by NYS. The service must be in the plan's benefit package or be an experimental treatment, clinical trial, or treatment for a rare disease. You do not have to pay for an External Appeal.

Before you ask for an External Appeal:

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

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

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 1-866-463-6743 if you need help filing an appeal. You and your doctors will have to give information about your medical problem. The External Appeal application says what information will be needed.

Here are some ways to get an application:

- Call the Department of Financial Services, 1-800-400-8882
- Go to the Department of Financial Services' web site at www.dfs.ny.gov.
- Contact the health plan at **1-866-463-6743**

Your External Appeal will be decided in 30 days. More time (up to five work days) may be needed if the External Appeal reviewer asks for more information. You and Healthfirst 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 your plan.

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

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

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

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

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

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

Fair Hearings

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

- You are not happy with a decision your Local Department of Social Services or the State Department of Health made about your staying or leaving Healthfirst
- You are not happy with a decision we made to restrict your services. You feel the decision limits your Medicaid benefits. You have 60 calendar days from the date of the Notice of Intent to Restrict

to ask for a Fair Hearing. If you ask for a Fair Hearing within 10 days of the Notice of Intent to Restrict, or by the effective date of the restriction, whichever is later, you can continue to get your services until the Fair Hearing decision. However, if you lose your Fair Hearing, you may have to pay the cost for the services you received while waiting for the decision.

- You are not happy with a decision that your doctor would not order services you wanted. You
 feel the doctor's decision stops or limits your Medicaid benefits. You must file a complaint with
 Healthfirst. If we agree with your doctor, you may ask for a Plan Appeal. If you receive a Final
 Adverse Determination, you will have 120 calendar days from the date of the Final Adverse
 Determination to ask for a state Fair Hearing.
- You are not happy with a decision that we made about your care. You feel the decision limits your Medicaid benefits. You are not happy we decided to:
 - reduce, suspend or stop care you were getting
 - deny care you wanted
 - deny payment for care you received
 - did not let you dispute a co-pay amount, other amount you owe or payment you made for your health care

You must first ask for a Plan Appeal and receive a Final Adverse Determination. You will have 120 calendar days from the date of the Final Adverse Determination to ask for a Fair Hearing. If you asked for a Plan Appeal and receive a Final Adverse Determination that reduces, suspends, or stops care you are getting now, you can continue to get the services your doctor ordered while you wait for your Fair Hearing to be decided. You must ask for a fair hearing within 10 days from the date of the Final Adverse Determination or by the time the action takes effect, whichever is later. However, if you choose to ask for services to be continued, and you lose your Fair Hearing, you may have to pay the cost for the services you received while waiting for a decision.

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

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

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

- **1-800-342-3334**
- fill 1-518-473-6735
- otda.state.ny.us/oah/forms.asp
- ✓ NYS Office of Temporary and Disability Assistance Office of Administrative Hearings Managed Care Hearing Unit P.O. Box 22023 Albany, New York 12201-2023

When you ask for a Fair Hearing about a decision Healthfirst made, we must send you a copy of the evidence packet. This is information we used to make our decision about your care. The plan will give this information to the hearing officer to explain our action. If there is not time enough to mail it to you, we will bring a copy of the evidence packet to the hearing for you. If you do not get your evidence packet by the week before your hearing, you can call 1-866-463-6743 to ask for it.

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

Complaint Process

Complaints:

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

You can call Member Services 1-866-463-6743 if you need help filing a complaint or following the steps of the complaint process. We can help if you have any special needs like a hearing or vision impairment, or if you need translation services.

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

You also have the right to contact the New York State Department of Health about your complaint at 1-800-206-8125 or write to: Complaint Unit, Bureau of Consumer Services, OHIP DHPCO 1CP-1609, New York State Department of Health, Albany, New York 12237.

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

How to File a Complaint

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

To file by phone, call Member Services **1-866-463-6743** (TTY 1-888-542-3821), Monday to Friday, 8am-6pm. If you call us after hours, leave a message. We will call you back the next work day. If we need more information to make a decision, we will tell you.

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

Healthfirst P.O. Box 5166

New York, NY 10274-5166

Attention: Appeals and Grievances Department

What Happens Next

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

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

You can also provide information to be used reviewing your complaint in person or in writing. Call Healthfirst at **1-866-463-6743** if you are not sure what information to give us.

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

After we review your complaint:

- We will let you know our decision within 45 days from when we have all the information we need to answer your complaint. 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 within 48 hours from when we have all the information we need to answer your complaint. 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. 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 to complete.
- If we are unable to make a decision about your Complaint because we don't have enough information, we will send a letter and let you know.

Complaint Appeals

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

How to make a complaint appeal:

- If you are not satisfied with what we decide, you have at least 60 work days after hearing from us to file a complaint appeal.
- You can do this yourself or ask someone you trust to file the complaint appeal for you.
- The complaint appeal must be made in writing. If you make a complaint appeal by phone it must be followed up in writing.

After your call, we will send you a form which is a summary of your phone appeal. If you agree with our summary, you must sign and return the form to us. You can make any needed changes before sending the form back to us.

What happens after we get your complaint appeal:

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

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

Your complaint appeal will be reviewed by one or more qualified people at a higher level than those who made the first decision about your complaint. If your complaint appeal involves clinical matters, your case will be reviewed by one or more qualified 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 working days. If a delay would risk your health, you will get our decision in 2 work days from when we have all the information we need to decide the appeal. You will be given the reasons for our decision and our clinical rationale, if it applies. If you are still not satisfied, you or someone on your behalf can file a complaint at any time with the New York State Department of Health at 1-800-206-8125.

Member Rights And Responsibilities

Your Rights

As a member of Healthfirst, you have a right to:

- Be cared for with respect, without regard for health status, gender, race, color, religion, national origin, age, marital status or sexual orientation
- Be told where, when and how to get the services you need from Healthfirst
- Be told by your PCP what is wrong, what can be done for you, and what will likely be the result in language you understand
- Get a second opinion about your care
- Give your OK to any treatment or plan for your care after that plan has been fully explained to you
- Refuse care and be told what you may risk if you do
- Get a copy of your medical record, and talk about it with your PCP, and to ask, if needed, that your medical record be amended or corrected
- Be sure that your medical record is private and will not be shared with anyone except as required by law, contract, or with your approval
- Use the Healthfirst complaint system to settle any complaints, or you can complain to the New York State Department of Health or the local Department of Social Services any time you feel you were not fairly treated

- Use the NYS Fair Hearing system
- Appoint someone (relative, friend, lawyer, etc.) to speak for you if you are unable to speak for yourself about your care and treatment
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints

Your Responsibilities

As a member of Healthfirst, you agree to:

- Work with your PCP to guard and improve your health
- Find out how your health care system works
- Listen to your PCP's advice and ask questions when you are in doubt
- Call or go back to your PCP if you do not get better, or ask for a second opinion
- Treat health care staff with the respect you expect to receive yourself
- Tell us if you have problems with any health care staff. Call Member Services
- Keep your appointments. If you must cancel an appointment, 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 are not able to 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 do not want
- Second, you can appoint an adult you trust to make decisions for you
- Third, it is best to put your thoughts in writing

Health Care Proxy

A health care proxy form allows you to name another adult that you trust (usually a family member or a friend) to make decisions about your medical care if you are not able to make your own decisions. You should talk with the person you chose so they know about your wishes. To get Health Care Proxy forms, talk to your provider or go to www.health.ny.gov/forms.

Do Not Resuscitate (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 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 Contact Information

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

Please fill in names and phone numbers	
Your Primary Care Provider (PCP)	
Your Health Home Care Manager	
Your Health Home	
Your Nearest Emergency Room	
Your Local Pharmacy	

Online	
Healthfirst Websites	healthfirst.org (For general information) MyHFNY.org (Log in to your secure Healthfirst account) HFDocFinder.org (Find a doctor, specialist, urgent care center, or hospital)
New York State Department of Health	www.health.ny.gov
New York State Office of Mental Health (NYS OMH)	www.omh.ny.gov

Online	
New York State Office of Addiction Services and Supports (NYS OASAS)	www.oasas.ny.gov
New York State Department of Health (NYSDOH) HIV/AIDS Information	www.health.ny.gov/diseases/aids
Uninsured Care Programs	www.health.ny.gov/diseases/aids/general/resources/adap
NYRx, the Medicaid Pharmacy Program	health.ny.gov/NYRx

Mail	
General Member	Personal Wellness Plan
Correspondence	100 Church Street, New York, NY 10007

Phone	
Healthfirst Member Services	1-866-463-6743 (TTY 1-888-542-3821) Monday to Friday, 8am-6pm (Mental health crisis assistance is available 24/7)
Healthfirst Care Management	1-800-404-8778 (TTY 1-888-542-3821) Monday to Friday, 8:30am-5:30pm
NYRx, the Medicaid Pharmacy Program	1-800-541-2831 (TTY 1-800-662-1220) Monday to Friday, 8am-8pm Saturday, 9am-1pm

Phone	
Dental Care Choose a primary dentist (dental home) for your dental care. These benefits are administered by DentaQuest.	1-800-508-2047 (TTY 1-800-466-7566) Monday to Friday, 9am–6pm
Vision Care Choose an eye doctor for your vision care. These benefits are administered by EyeMed.	1-844-844-0886 (TTY 711) April 1 through September 30 Monday to Friday, 8am-2am; Saturday, 8am-11pm; Sunday, 11am-8pm October 1 through March 31 Monday to Sunday, 8am-2am
Non-Emergency Transportation Please call three days in advance to arrange for transportation to your doctor's appointment.	 Medical Answering Services: 1-844-666-6270 if you live in New York City, on Long Island, or in Westchester County 1-866-932-7740 if you live in Orange, Rockland, or Sullivan County Monday to Friday, 7am-6pm medanswering.com (online scheduling available 24/7)
For preauthorization or to notify Healthfirst Medicaid Managed Care of an admission	Healthfirst Medical Management Department 1-888-394-4327 Fax: 1-646-313-4603 Monday to Friday, 8:30am-5:30pm
New York State Department of Health (Complaints)	1-800-206-8125
New York State Office of Mental Health (OMH) Complaints	1-800-597-8481
New York State Office of Addiction Services and Supports (OASAS) Complaints	1-518-473-3460
Community Health Access to Addiction and Mental Health Care Project (CHAMP) Ombudsman program	1-888-614-5400 Email: Ombuds@oasas.ny.gov

Phone	
Independent Consumer Advocacy Network (ICAN) provides free and confidential assistance	1-844-614-8800 TTY 711 Email: ican@cssny.org www.icannys.org
NYS Medicaid Helpline	1-800-541-2831
Local Department of Social Services	Nassau: 1-516-227-7474 New York City: 1-718-557-1399 Orange: 1-845-291-4000 Rockland: 1-845-364-3040 Suffolk: 1-631-854-9930 Sullivan: 1-845-292-0100 Westchester: 1-914-995-3333
NYS HIV/AIDS Hotline	English: 1-800-541-AIDS (2437) Spanish: 1-800-233-SIDA (7432) TDD: 1-800-369-AIDS (2437)
New York Medicaid Choice	1-800-505-5678
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 Free or low-cost health insurance for children	1-800-698-4543 TTY 1-877-898-5849
PartNer Assistance Program	1-800-541-AIDS (2437) In New York City (CNAP): 1-212-693-1419

Phone	
Social Security Administration	1-800-772-1213
NYS Domestic Violence Hotline	English: 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



Notice of Privacy Practices ("Privacy Notice")

Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THE EFFECTIVE DATE OF THIS NOTICE IS July 1, 2023.

At Healthfirst (made up of Healthfirst, Inc., Healthfirst PHSP, Inc., Healthfirst Health Plan, Inc., and Healthfirst Insurance Company, Inc. (HFIC)), we respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information, provide you with this notice, and abide by the terms of this notice. This notice explains how we use information about you and when we can share that information with others. It also informs you of your rights as our valued member and how you can exercise those rights. Healthfirst is making this notice available to you because our records show that we provide health and/or dental benefits to you under an individual or group policy.

This notice applies to Healthfirst, Inc., Healthfirst PHSP, Inc., Healthfirst Health Plan, Inc., and Healthfirst Insurance Company, Inc. (HFIC). We are required to follow the terms of this notice until we replace it, and we reserve the right to change the terms of this notice at any time. If we make material changes to our privacy practices, we will revise this notice and within 60 days of the change will provide a new Privacy Notice to all persons to whom we are required to give the new notice. We will also post any material revision of this notice on our Healthfirst, Inc. website. We reserve the right to make the new changes apply to your health information maintained by us before

and after the effective date of the new notice. Every three years, we will notify our members about the availability of the Privacy Notice and how to obtain it.

Healthfirst participates in an Organized Health Care Arrangement (OHCA) under the Health Insurance Portability and Accountability Act. An OHCA is an arrangement that allows Healthfirst and its hospital partners covered by this notice to share protected health information (PHI) about their patients or plan members to promote the joint operations of the participating entities. The organizations participating in this OHCA may use and disclose your health information with each other as necessary for treatment, to obtain payment for treatment, for administrative purposes, to evaluate the quality of care that you receive, and for any other joint healthcare operations of the OHCA.

The covered entities participating in the OHCA agree to abide by the terms of this notice with respect to PHI created or received by the covered entity as part of its participation in the OHCA. The covered entities are Mount Sinai Health System, SBH Health System, MediSys, Maimonides Medical Center, BronxCare Health System, NYC Health + Hospitals, The Brooklyn Hospital Center, Northwell Health, NYU Langone Health, Montefiore Health System, Stony Brook Medicine, Interfaith Medical Center, St. John's Episcopal Hospital, SUNY Downstate, and NuHealth - Nassau University Medical Center.

The covered entities that comprise the OHCA are in numerous locations throughout the Greater New York area. This notice applies to all these sites.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you.
 Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care. However, if you tell us you would be in danger if we did not say yes, then we must agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make).
- We'll provide one accounting a year for free but will charge a reasonable, costbased fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone health care proxy or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- If you have given someone power of attorney, that person can exercise your rights and make choices about your premium billing, claims, and out-of-pocket expenses.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

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

Healthfirst Privacy Office P.O. Box 5183

New York, NY 10274-5183 Phone: 1-212-801-6299

Email: HIPAAPrivacy@healthfirst.org

Office for Civil Rights U.S. Department of Health and Human Services Jacob Javits Federal Building, Suite 3312 New York, NY 10278

O.C.R. Hotlines-Voice: 1-800-368-1019

TDD: 1-800-537-7697 Email: ocrmail@hhs.gov Website: www.hhs.gov/ocr/

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Help manage the healthcare treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

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

Run our organization

 We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to longterm care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations, such as

- preventing disease.
- helping with product recalls.
- reporting adverse reactions to medications.
- reporting suspected abuse, neglect, or domestic violence.
- preventing or reducing a serious threat to anyone's health or safety.

Do research

We can use your information in certain research activities. We will be sure to get your permission where required.

Comply with the law

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

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you

- for workers' compensation claims.
- for law enforcement purposes or with a law enforcement official.
- with health oversight agencies for activities authorized by law.
- for special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to

- share information with your family, close friends, or others involved in payment for your care.
- share information in a disaster relief situation.

If you are not able to tell us your preference—for example, if you are unconscious—we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- We will never share your information for marketing purposes without your written permission.
- We will never sell your information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will never share any of your Substance User Disorder (SUD) information without your permission.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

 We must comply with additional New York State laws that have a higher level of protection for personal information, particularly information relating to HIV/AIDS status or treatment; mental health; substance use disorder; and family planning.

Collecting, Sharing, and Safeguarding Your Financial Information

In addition to health information, Healthfirst may collect other information about you and your dependents (referred to as personally identifiable information, or PII) in the normal course of business in order to provide healthcare service to you, such as

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

How Your PII is Used or Disclosed with Third Parties

We do not disclose your PII to anyone without your written authorization, except as permitted by law (i.e., authorizing requests for healthcare services, payment of claims for services, ensuring quality improvement and assurance practices, resolving appeals or grievance inquiries, and any disclosure required to applicable governmental agencies). If we were to do so in the future, we will notify you of such change

in policy and advise you of your right to instruct us not to make such disclosure (also referred to as "opting out"). At any time, you can tell us not to share any of your personal information with affiliated companies that provide offers other than our products or services.

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

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

New York State Privacy Notice

What is this notice?

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

What is Nonpublic Personal Information?

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

What types of NPI does Healthfirst collect?

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

 Information we receive directly or indirectly from you or city/state governmental agencies through eligibility and enrollment applications and other forms, such as: name, address, date of birth, social security number, marital status, dependent information, assets, and income tax returns.

- Information about your transactions with us, our affiliated healthcare providers or others, including, but not limited to, appeals and grievance information, claims for benefits, premium payment history, medical records, and coordination of benefits information. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.
- Information about your activity on our website.

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

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

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

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

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

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

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

Under the law, Healthfirst is permitted to disclose nonpublic health information in order to administer your healthcare benefits, including authorizing requests for healthcare services, payment of claims for services, ensuring quality

improvement and assurance practices, resolving appeals or grievance inquiries, and any disclosure required to applicable governmental agencies.

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

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

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

Women's Health and Cancer Rights Act of 1998

In accordance with the Women's Health and Cancer Rights Act of 1998, your Healthfirst plan covers the following procedures for a person receiving benefits for a mastectomy:

- All stages of reconstruction of the breast on which a mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical or balanced appearance;
- Prostheses (artificial replacements) and treatment for physical complications of all stages of the mastectomy, including lymphedemas.
- Treatment of physical complications of the mastectomy, including lymphedema.

This coverage will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For answers to questions about this plan's coverage of mastectomies and reconstructive surgery, call Member Services at the number on your Member ID card.

Your Member Rights and Responsibilities

Your Rights

As a member of Healthfirst, you have a right to:

- Be cared for with respect, without regard to health status, sex, race, color, religion, national origin, age, marital status, or sexual orientation.
- Be told where, when, and how to get the services you need from Healthfirst.
- Be told by your PCP and other healthcare providers what is wrong, what can be done for you, and what will likely be the result in a language you understand.
- Get a second opinion about your care.
- Give your consent 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 records and talk about it with your PCP or healthcare provider, and ask, if needed, that your medical records be amended or corrected.
- Be sure that your medical records are private and will not be shared with anyone except as required by law, contract, or with your approval.
- Use the Healthfirst complaint system, or to contact the New York State Department of Health or New York State Department of Financial Services any time you feel you were not fairly treated.
- Appoint someone (relative, friend, lawyer, etc.) to speak for you if you are unable to speak for yourself about your care and treatment.
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

Your Responsibilities

As a member of Healthfirst, you agree to:

 Work with your PCP to guard and improve your health.

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

How are Healthfirst providers paid?

We want you to know that most of our providers are paid in one or more of the following ways:

- Our Primary Care Providers (PCPs) may get a set fee each month for each patient for whom they are the PCP. The fee stays the same whether the patient needs one visit or many—or even none at all. This is called capitation.
- Sometimes PCPs get a set fee for each person on their patient list, but some money can be held back for a healthcare quality incentive fund. At the end of the year, this fund is used to recognize PCPs who have met Healthfirst's standards for the quality of the healthcare services they provide to Healthfirst members and how satisfied our members are with them as a provider.
- Providers may also be paid by fee-for-service. This means they get an agreed-upon fee for each service they provide.

How can I find out more information about payments to providers?

You have the right to ask us whether we have any special financial arrangement with our providers that might affect your use of healthcare services. If you have any questions or concerns, please call the Member Services number on the back of your Member ID card for assistance.

Pursuant to federal rules that implement the Affordable Care Act, individual health insurance policies must be written on a calendar year basis beginning in 2015. This means that, for 2023 coverage, if your effective date of coverage is a date later than January 1, the initial term of coverage for your policy will be for less than a full year and will end on December 31, 2023. Please be advised that all benefits and cost sharing under your policy, including the full annual deductible, apply to the partial year of coverage. Please refer to the Schedule of Benefits in your enclosed policy for the dollar amount of your deductible.



Notice of Non-Discrimination

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

Healthfirst provides the following:

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

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

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

- Mail: Healthfirst Member Services, P.O. Box 5165, New York, NY, 10274-5165
- Phone: 1-866-305-0408 (for TTY services, call 1-888-542-3821)
- Fax: 1-212-801-3250
- In person: Visit a Healthfirst Community Office. Locations and hours are available at Healthfirst.org/CommunityOffices
- Email: http://healthfirst.org/members/contact/

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

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

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-866-305-0408 (TTY 1-888-542-3821).	English			
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-305-0408 (TTY: 1-888-867-4132).				
注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-866-305-0408 (TTY: 1-888-542-3821).				
ملحوظة: إذا كنت تتحدث العربية، فسوف تتوفر خدمات المساعدة اللغوية لك بالمجان. اتصل برقم 0408-305-866-1-1-866-305	Arabic			
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-866-305-0408 (TTY: 1-888-542-3821).번으로 전화해 주십시오.	Korean			
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-305-0408 (ТТҮ: 1-888-542-3821).	Russian			
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-305-0408 (TTY: 1-888-542-3821).				
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-305-0408 (TTY: 1-888-542-3821).				
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-305-0408 (TTY: 1-888-542-3821).	French Creole			
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-866-305-0408 (TTY: 1-888-542-3821).	Yiddish			
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-305-0408 (TTY: 1-888-542-3821).	Polish			
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-305-0408 (TTY: 1-888-542-3821).				
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃথরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১1-866-305-0408 (TTY: 1-888-542-3821).				
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-305-0408 (TTY: 1-888-542-3821).	Albanian			
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-305-0408 (TTY: 1-888-542-3821).				
خبر دار: اگر آپ ار دو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں (TTY: 1-888-542-3821) .	Urdu			

Healthfirst Locations

We make it easy for you to contact us—over the phone, online, and in person. Visit one of our convenient community offices, our virtual community office online, and on social media.







Community Offices Near You

Bronx

Fordham

412 E. Fordham Road (entrance on Webster Avenue)

Morris Heights

25 E. Fordham Road (between Morris and Jerome Avenues)

Parkchester

112 Hugh J. Grant Circle (between Cross Bronx Expressway and Virginia Avenue)

Brooklyn

Bensonhurst

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

Brighton Beach

314 Brighton Beach Avenue (between Brighton 3rd and Brighton 4th Streets)

Crown Heights

263 Utica Avenue (between Eastern Parkway and Lincoln Place)

Flatbush

2166 Nostrand Avenue (between Avenue H and Hillel Place)

Sunset Park

- 5202 5th Avenue (corner of 5th Avenue and 52nd Street)
- 5324 7th Avenue (between 53rd and 54th Streets)

Manhattan

Chinatown

- 128 Mott Street, Room 407 (between Grand and Hester Streets)
- 28 E. Broadway (between Catherine and Market Streets)

East Harlem

116 E. 116th Street (between Park and Lexington Avenues)

Washington Heights

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

Queens

Elmhurst

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

Flushina

- 41-60 Main Street Rooms 201 (between Sanford and Maple Avenues)
- Main Plaza Mall 37-02 Main Street (between 37th and 38th Avenues)

Jackson Heights

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

Jamaica

161-21 Jamaica Avenue (corner of Jamaica Avenue and 162nd Street)

Queens (continued)

Richmond Hill

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

Ridgewood

56-29 Myrtle Avenue (entrance on Catalpa Avenue)

Long Island

Nassau County

Hempstead

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

Suffolk County

Bay Shore

Westfield South Shore Mall 1701 Sunrise Highway (in the JCPenney Wing)

Lake Grove

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

Patchoque

99 West Main Street (between West and Havens Avenues)

Orange County

Newburgh

Crossroads Plaza 50 NY 17K

Westchester County

Yonkers

13 Main Street (between Warburton Avenue and N Broadway)

Go to healthfirst.org/locations for our hours of operation, and visit HFVirtualCommunityOffice.org to connect with a Healthfirst representative in your area.

For questions about Medicaid benefits, call Member Services at **1-866-463-6743** (TTY 1-888-542-3821), Monday to Friday, 9am-6pm. To access your Healthfirst account, visit **MyHFNY.org** or use the Healthfirst NY Mobile App.

Follow us on social media @HealthfirstNY





Coverage is provided by Healthfirst PHSP, Inc. Plans contain exclusions and limitations.

This handbook is available in English, Spanish, and Chinese.

Este manual está disponible en inglés, español y chino.

本手冊可用英文、西班牙文與中文提供。



























