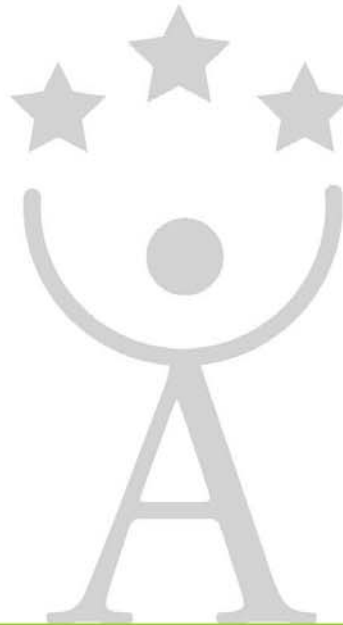




Live your **Life**

Member Handbook

This handbook will tell you all about Amida Care and how you can obtain healthcare from Amida Care. Please put this book in a place where you can find it when you need it.



1-800-556-0689
www.amidacareny.org

Here's Where to Find Information You Want

WELCOME

Welcome to Amida Care.....	2
How the Amida Care Special Needs Plans Work.....	2
How to use this handbook.....	3
Help From Member Services.....	4
Your Amida Care Health Plan ID Card.....	5

PART 1 - FIRST THINGS YOU SHOULD KNOW

How to Choose Your PCP.....	5
How to Get Regular and HIV Care	7
How to Get Specialty Care.....	9
You Can Get These Services From Amida Care Without a Referral	10
Emergencies.....	12
Urgent Care	13
We want to keep you healthy.....	14

PART 2- YOUR BENEFITS AND PLAN PROCEDURES

Benefits	15
Services Covered By Amida Care	15
Benefits You Can Get From Amida Care OR With Your Medicaid Card.....	18
Benefits Using Your Medicaid Card Only	18
Services NOT Covered	20
Service Authorization and Actions.....	20
Prior Authorization and Timeframes.....	21
Retrospective Review and Timeframes.....	23
How Our Providers are Paid.....	23
You Can Help With Plan Policies.....	24
Information from Member Services	24
Keep Us Informed.....	24
Disenrollment and Transfers	
1. If you want to leave Amida Care.....	25
2. You could become ineligible for Medicaid Managed Care SNPs.....	26
3. We can ask you to leave Amida Care	26
4. If you lose Medicaid, ADAP and APIC.....	26
Action Appeals.....	27
External Appeals.....	29
Fair Hearings.....	31
Complaint Process	32
How to File a Complaint.....	32
What Happens Next.....	32
Complaint Appeals.....	33
Member Rights and Responsibilities	34
Advance Directives.....	35
Important Phone Numbers.....	36
Important Websites	37

HIV Special Needs Plan Member Handbook

WELCOME to AMIDA CARE HIV Special Needs Plan

We are glad that you chose Amida Care. Amida Care is an HIV Special Needs Plan (SNP) approved by the New York State Department of Health to serve Medicaid members with HIV/AIDS and their children. We are a special health care plan with providers who have a lot of experience treating persons with HIV/AIDS. People with HIV are living longer, healthier lives, thanks to new and more effective treatments. We want you and your health care team to work together to keep you as healthy as possible.

This handbook will be your guide to the full range of health care services available to you. We want to be sure you get off to a good start as a new member of Amida Care. In order to get to know you better, we will get in touch with you in the next two weeks. You can ask us any questions you have, or get help making appointments. If you want to speak with us sooner, just call us at 1-800-556-0689.

HOW SPECIAL NEEDS PLANS WORK

Amida Care, Our Providers, and You

No doubt you have seen or heard about the changes in health care. Many consumers now get their health benefits through managed care which provides a central medical home for your care. Many counties in New York State, including New York City, offer a choice of managed care health plans. In some counties, Medicaid clients must join a health care plan. Such counties operate a mandatory managed care program.

- As an HIV SNP member, you will have the benefits you had in regular Medicaid plus you get the special care you need. You and your health care team will work together to make sure you enjoy the best physical and emotional health possible. You will be able to get special services for healthy living such as nutrition classes and help to stop smoking. We can get you other services that will help you manage your HIV infection.
- **Your children** can also join Amida Care, whether the child is HIV infected or not. Your partners who do NOT have HIV/AIDS may not join an HIV SNP.
- Amida Care has a contract with the New York City Department of Health and Mental Hygiene to meet the health care needs of people with Medicaid. In turn, we choose a group of health care providers to help us meet your needs. These doctors and specialists, hospitals, labs, case managers, and other health care facilities make up our **provider network**. You'll find a list in our provider directory. If you don't have a provider directory, call Member Services at 1-800-556-0689 to get a copy.
- When you join Amida Care, one of our providers will take care of you. Most of the time that

person will be your **PCP (Primary Care Provider)**. Only providers who are experienced in treating HIV disease can be Primary Care Providers for members with HIV. If you need to have a test, or see another specialist, or go into the hospital, your Primary Care Provider will arrange it. Your Primary Care Provider is available to you every day, day and night. If you need to speak to him or her after hours or weekends, leave a message and how you can be reached. Your Primary Care Provider will get back to you as soon as possible. Even though your Primary Care Provider is your main source for health care, in some cases, you can self-refer to certain doctors for some services. See page 10 for details.

- We will send you to providers and hospitals that have lots of experience in treating HIV/AIDS. You will also be able to use the following health provider groups that are in our provider network:
 - Designated AIDS Centers (DACs): Hospitals which have experience treating persons with HIV/AIDS;
 - Maternal/ Pediatric HIV Specialized Care Centers: Providers which give complete care for HIV infected mothers and their children;
 - HIV Primary Care Programs: Primary care with special attention to keeping you healthy;
 - Drug Treatment and Primary Care: Drug treatment providers at the same location as HIV and primary care services; and
 - Specialty Care.

Confidentiality

We respect your right to privacy. Amida Care recognizes the trust needed between you, your family, your doctors and other care providers. Amida Care will never give out your medical history or HIV status without your written approval. The only persons that will have your clinical information will be Amida Care, your Primary Care Provider, your HIV SNP Care Coordinator or Case Manager, and other providers who give you care. Referrals to such providers will always be discussed with you in advance by your Primary Care Provider and/or HIV SNP Care Coordinator or Case Manager. Amida Care staff have been trained in keeping strict member confidentiality.

HOW TO USE THIS HANDBOOK

- This handbook will tell you how your new health care system will work and how you can get the most from Amida Care. This handbook is your guide to health services. It tells you the steps to take to make Amida Care work for you.

The first several pages will tell you what you need to know right away. The rest of the handbook can wait until you need it. Use it for reference or check it out a bit at a time. When you have a question, check this Handbook or call our Member Services unit 1-800-556-0689. You can also call the New York Medicaid CHOICE Helpline at 1- 800-505-5678.

HELP FROM MEMBER SERVICES

There is someone to help you at Member Services

Monday through Friday

9:00AM - 5 PM

Call 1-800-556-0689

If you need help at other times, call us at the same number: 1-800-556-0689 and our answering service will assist you or take a message for the Amida Care Member Services staff.

TTY Number: 1-800-662-1220

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

Your Family's Care

- **If you are or become pregnant**, you and your baby will need special medical care as early as possible. You could pass HIV to your baby during pregnancy, childbirth, or through breast milk. It is important that you, your doctors and other care providers work together so you can have a healthy baby. You can improve your own health and reduce your baby's chance of being infected with HIV by taking special medicine while you are pregnant. Be sure you call us for early prenatal care and take good care of yourself.
- Almost all the time, your child will become part of Amida Care on the day he or she is born. This will happen unless your child is in a group that cannot join managed care. You should call us right away if you become pregnant and let us help you to choose your baby's doctor and meet with the doctor before the baby is born to discuss the baby's care.
- **Your children** can also join Amida Care, whether the child is HIV infected or not. Your partners who do NOT have HIV/AIDS may not join an HIV SNP.

Help With AMIDA CARE

- We offer **free sessions** to explain our health plan and how we can best help you. It's a great time for you to ask questions and meet other members. If you'd like to come to one of the sessions, call us to find a time and place that are best for you.
- **If you do not speak English**, we can help. We want you to know how to use your health care plan, no matter what language you speak. Just call us and we will find a way to talk to you in your own language. We have a group of people who can help. We will also help you find a PCP (Primary Care Provider) who can speak to you in your language.
- **For people with disabilities:** If you use a wheelchair, or are blind, or have trouble hearing or understanding, call us if you need extra help. We can tell you if a particular provider's

office is wheelchair accessible or is equipped with special communications devices. Also, we have services like:

- TTY/TDD machine (Our TTY phone number is 1-800-662-1220)
- Information in Large Print
- Case Management
- Help in Making or Getting to Appointments
- Names and Addresses of Providers Who Specialize in Your Disability

YOUR HEALTH PLAN ID CARD

After you enroll, we'll send you a welcome letter. Your Amida Care ID card should arrive within 14 days after your enrollment date. Your card has your PCP's (Primary Care Provider's) name and phone number on it. It will also have your client identification number (CIN). If anything is wrong, call us right away. Your ID card does not show that you have HIV or AIDS. Carry your ID card at all times and show it each time you go for care. If you need care before the card comes, your welcome letter is proof that you are a member. You should keep your Medicaid benefit card. You will need your Medicaid card to get services that Amida Care does not cover. These services include pharmacy benefits.

PART I --- First Things You Should Know

HOW TO CHOOSE YOUR PRIMARY CARE PROVIDER (PCP)

- You may have already picked your PCP (Primary Care Provider). This person could be a doctor or a nurse practitioner who is an HIV Specialist. **If you have not chosen a PCP for you and your family, you should do so right away.** If you do not choose a doctor within 30 days, we will choose one for you. Each family member can have a different PCP, or you can choose one PCP to take care of the whole family. An HIV Specialist will be your primary care provider. Member Services can help you choose a PCP.
- With this Handbook, you should have a provider directory. This is a list of all the providers, clinics, hospitals, labs, and others who work with Amida Care. It lists the address, phone, and special training of the doctors. The provider directory will show which doctors and providers are taking new patients. You should call their offices to make sure that they are taking new patients at the time you choose a PCP.

You may want to find a doctor:

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

- Women can also choose one of our OB/GYN doctors to deal with women’s health issues. Women do not need a PCP referral to see a plan OB/GYN doctor. They can have routine checkups (twice a year), follow-up care if there is a problem, and regular care during pregnancy.
- We also contract with several FQHCs (Federally Qualified Health Centers). All FQHCs give primary and specialty care. Some consumers want to get their care from FQHCs because the centers have a long history in the neighborhood. Maybe you want to try them because they are easy to get to. You should know that you have a choice. You can choose one of our providers. Or you can sign up with a PCP in one of the FQHCs that we work with, listed below. Just call Member Services 1-800-556-0689 for help.

Bronx		
Bronx Lebanon DAC	1650 Grand Concourse	718-590-1800
Dr. Martin Luther King Jr Health Center	1265 Franklin Avenue	718-590-1800
Morris Heights Health Center @Burnside	85 West Burnside Avenue	718-716-4400
Morris Heights Health Center @Walton	25 East 183rd Street	718-839-8900
Promesa Claremont Family Health Center	262 East 174th Street	718-299-6910
Promesa Park Avenue Family Health Center	4196 Park Avenue	718-466-1573
Brooklyn		
Brooklyn Plaza Medical Center	650 Fulton Street	718-596-9800
Brownsville MultiService Center @Bristol	259 Bristol Street	718-342-1134
Brownsville MultiService Family Center	592 Rockaway Avenue	718-345-5000
Brownsville MultiService Family Center	360 Snediker Avenue	646-439-9400
Sunset Terrace Family Health Center	514 49th Street	718-437-5280
Manhattan		
Betances Health Center	280 Henry Street	212-227-8401
Callen-Lorde Community Health Center	358 West 18th Street	212-271-7200
Heritage Health Center	1727 Amsterdam Avenue	212-862-0054
Ryan-NENA Community Health Center	279 E 3rd Street	212-477-8500
William F. Ryan Community Health Center	110 West 97th Street	212-316-7906
Ryan Chelsea/Clinton Community Health Center	645 10th Avenue	212-265-4500

- In almost all cases, your doctors will be Amida Care providers. There are two instances when you can still **see another doctor that you had before you joined Amida Care**. In both cases, however, your doctor must agree to work with Amida Care. You can continue to see your doctor if:
 - You are more than 3 months pregnant when you join and you are getting prenatal care. In that case, you can keep your doctor until after your delivery and follow up care.
 - At the time you join, you have a life threatening disease or condition that gets worse with time. In that case, you can ask to keep your doctor for up to 60 days.
- **If you have another long lasting illness** besides your HIV/AIDS, your HIV specialist Primary

Care Physician and care coordinator will work with the other specialist to manage your care. Using the co-management model, an HIV Specialist is designated to assist the non-HIV Specialist in an ongoing consultative relationship. The HIV Specialist (in coordination with the non-HIV Specialist) has primary responsibility for decisions related to routine care and to HIV-specific clinical management.

- 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 anytime with or without cause. You can also change your OB/GYN or a specialist to which your PCP has referred you.
- If your **provider leaves Amida Care**, we will tell you within 15 days from when we know about this. If you wish, you may be able to see that provider *if* you are more than three months pregnant or if you are receiving ongoing treatment for a condition. If you are pregnant, you may continue to see your doctor for up to 60 days after delivery. If you are seeing a doctor regularly for a special medical problem, you may continue your present course of treatment for up to 90 days. Your doctor must agree to work with Amida Care during this time. If any of these conditions apply to you, check with your PCP or call Member Services at 1-800-556-0689

REGULAR AND HIV CARE

- Your health care will include regular check-ups for all your health care needs, including those which concern HIV infection. Your doctor can prescribe medicines that help control HIV and other treatments to keep you well. We provide help in choosing the best combination of drug treatment and advice when you need to change certain drugs. We provide referrals to hospitals or specialists. We want new members to see his or her Primary Care Provider for a first medical visit soon after enrolling in Amida Care. This will give you a chance to talk with your Primary Care Provider about your past health issues, the medicines you take, and any questions that you have.
- Amida Care will work with *pharmacy providers* to assure that you can get any medications, both over the counter and prescription, which you may need. You can get medications and supplies with your Medicaid ID card.
- Day or night, your PCP is only a phone call away. Be sure to call him or her whenever you have a medical question or concern. If you call after hours or weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how the health plan works.
- You can call Amida Care twenty-four (24) hours a day, seven (7) days a week at 1-800-556-0689, if you have questions about getting services or if for some reason you cannot reach your Primary Care Provider.
- Your care must be **medically necessary** -- the services you get must be needed:
 - to prevent, or diagnose and correct what could cause more suffering, or
 - to deal with a danger to your life, or
 - to deal with a problem that could cause illness, or
 - to deal with something that could limit your normal activities.

- Your PCP will take care of most of your health care needs. You should have an appointment to see your PCP. If ever you can't keep an appointment, call to let your PCP know. As soon as you choose a PCP, call to make a first appointment. If you can, prepare for your first appointment. Your PCP will need to know as much about your medical history as you can tell him or her. Make a list of your medical background, any problems you have now, and the questions you want to ask your PCP. In most cases, your first visit should be within four weeks of your joining Amida Care. If you have the need for treatment over the coming weeks, make your first appointment in the first week of joining a SNP.

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

- Use the following list as a guide for the longest time you may have to wait after you ask for an appointment:
 - urgent care: within 24 hours
 - non-urgent sick visits: within 3 days
 - routine, preventive care: within 4 weeks
 - first pre-natal visit: within 3 weeks during 1st trimester (2 weeks during 2nd, 1 week during 3rd)
 - first newborn visit: within 48 hours of hospital discharge
 - first family planning visit: within 2 weeks
 - well child care: 4 weeks
 - follow-up visit after mental health/substance abuse ER or inpatient visit: 5 days
 - non-urgent mental health or substance abuse visit: 2 weeks.
 - adult baseline and routine physicals: within 4 weeks

- **Care and Benefits Coordination** is a unique feature of HIV SNPs. Amida Care is responsible for providing and coordinating your Medicaid benefit package services. We are also responsible for coordinating services not directly provided by Amida Care. These include such services as:
 - Pharmacy
 - COBRA case management
 - Housing services
 - Supportive Services
 - Community based case management

When you enroll, Amida Care staff will work with you to find out what services you may need or want, including case management. Amida Care staff will help find a case management provider for you and assist you in making the first contact. Once you have a case manager we will work together with them to coordinate your care and service needs. If you already have a case manager, we will work with them to coordinate your care and service needs.

- Amida Care works with several community case management agencies throughout New York City. All members are offered case management services from one of these agencies. Community Case Managers can help you and your family get housing, counseling, drug treatment, legal help, and other services. Case Managers can help you apply for public benefits. Your Case Manager can also help you make medical appointments and follow-up visits with your providers, and help you follow the treatment plans ordered by your providers. You can meet with your Case Manager to talk about what you may need. Your Case Manager will follow-up with you to make sure you have the services and help you need.
- If you are receiving COBRA case management, also known as intensive case management, you will not have a community case manager.

HOW TO GET SPECIALTY CARE AND REFERRALS

- If you need care that your PCP cannot give, he or she will refer you to other specialists who can. If your PCP refers you to another doctor, we will pay for your care. Most of these specialists are Amida Care providers. Talk with your PCP to be sure you know how referrals work. If you think the specialist does not meet your needs, talk to your PCP. Your PCP can help you if you need to see a different specialist. There are some treatments and services that your PCP must ask Amida Care to approve *before* you can get them. Your PCP will be able to tell you what they are.
- There are no limitations on accessing the entire approved provider network, other than the standard referral process.
- If we do not have a specialist in AmidaCare who can give you the care you need, we will get you the care you need from a specialist outside Amida Care. Your PCP should contact the Utilization Management Department to request authorization for an out-of-network referral. The Utilization Management Department notifies the PCP, the non-participating provider and you in writing of the authorization decision within three (3) business days of receipt of all materials needed to make a determination.
 - If Amida Care determines that the out-of-network service requested is not materially different from an alternate in-network service and your request to see an out of network provider is denied; you have the right to appeal. You may submit additional information in writing to the Utilization Management Department, 4944 Parkway Plaza Blvd., Suite 110, Charlotte, NC 28217 within 90 days from the date of the notification letter.
 - Once Amida Care receives your appeal you will receive an acknowledgement letter within fifteen (15) days of our receipt of your appeal and we will give you a decision no later than 30 days from the receipt of the appeal.
 - If this is an urgent situation and you think a delay would significantly increase the risk to your health or if you are currently getting this care and this is a request for continued care approval, you or your designated representative may call the Appeals Coordinator in Care Management at 1-800-765-3805 and request an expedited appeal that will be completed within two (2) days from your request. You will not be required to send written confirmation for expedited appeal requests. If Amida Care denies your request for an expedited review, we will handle the request under the standard appeal resolution timeframes.

If you have any questions regarding an out of network request for services, you can call our Member Services Department at 1-800-556-0689.

- If your PCP or plan refers you to a provider outside our network, you are not responsible for any of the costs except any co-payments as described in this handbook.
- *You may need to see a specialist for ongoing care of a condition other than for HIV or AIDS.* 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 other than HIV or AIDS that gets worse over time, your PCP will work with a specialist to coordinate your care. You can:*
 - receive a referral to a specialty care center that deals with the treatment of your problem.
 - call Member Services for help in getting access to a specialty care center.

Even when you meet with a specialist, your Primary Care Provider will still take care of your HIV care.

- You will be able to get into *clinical trials* which allow you to benefit from the latest treatments and other research programs. *Experimental treatments* will be covered on a case by case basis, once regular treatments have been tried.

GET THESE SERVICES FROM AMIDA CARE WITHOUT A REFERRAL

Women's Services:

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

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

Family Planning

- You can get the following family planning services: advice for birth control, birth control prescriptions, male and female condoms, pregnancy tests, sterilization, or an abortion. During your visits for these things, you can also get tests for sexually transmitted infections, a breast cancer exam or a pelvic exam.
- You *do not need a referral* from your PCP to get these services. In fact, you can choose where to get these services. You can use your Amida Care ID card to see one of Amida Care's family planning providers. Check Amida Care's Provider Directory or call Member Services for help in finding a provider. Or, you can *use your Medicaid card* if you want to go to a doctor or

clinic outside Amida Care. Ask your PCP or Member Services (1-800-556-0689) 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 Testing

If you need HIV testing services, you have three choices:

- You can visit an anonymous HIV testing site or a community organization that offers this service. For information, call the NYS HIV Hotline at 1-800-872-2777 or 1-800-541-AIDS (2437). For Spanish 1-800-233-SIDA (7432) and TDD 1-800-369-AIDS (2437).
- You can get HIV testing 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 HIV testing and counseling but *not as part of a family planning service*, your PCP can arrange it for you.
- Or, if you'd rather not see one of Amida Care's providers, you can use your Medicaid card to see a family planning provider outside Amida Care. For help in finding either a Plan provider or a Medicaid provider for family planning services call member services at 1-800-556-0689.

If you need HIV treatment after the testing service, your PCP will help you get follow-up care. If your test is negative, we can help you learn to stay that way.

Partner Notification

The PartNer Assistance Program (PNAP) can help you find the best way to let your partners know they need to have an HIV test. Your counselor will help you decide which way of telling your partners is the best and safest for you. If telling your partner will seriously affect the health or safety of you or someone close to you, talk to your PNAP counselor about your choices. To learn more about PNAP, ask your case manager or call 1-800-541-AIDS (2437), or in New York City (212) 693-1419. If your partner is upset or angry call the NYS Domestic Violence Hotline at 1-800-842-6906.

HIV Prevention Services

Many HIV prevention and counseling services are available to you. We will talk with you about any sexual or drug use activities that might put you or others at risk of transmitting HIV or getting sexually transmitted diseases. If your sexual or drug use activities could be harmful to yourself and others, we will help you learn how to protect yourself. Both Amida Care staff and referrals to community-based groups will help you with activities to keep you and your loved ones stay healthy. We can also help you get free male and female condoms and clean syringes.

We can help you inform partners of your HIV status (see PartNer Assistance Program above). We can help you talk to your family and friends and help them understand HIV and AIDS. If you need

help talking about your HIV status with future partners Amida Care staff will assist you. We can even help you talk to your children about HIV and the risks involved.

Eye Care

The covered service includes the needed services of an ophthalmologist, optometrist, and an ophthalmic dispenser and includes an eye exam and pair of eyeglasses, if needed. Generally, you can get these once every two years, or more often if medically needed. Enrollees diagnosed with diabetes may self-refer for a dilated eye (retinal) examination once in any twelve (12) month period. You just choose one of our participating providers. New eyeglasses (with Medicaid approved frames) are usually provided once every two years. New lenses may be ordered more often, if, for example, your vision changes more than one-half diopter. If you break your glasses, they can be repaired. Lost eyeglasses or broken eyeglasses that can't be fixed will be replaced with the same prescription and style of frames. If you need to see an eye specialist for care of an eye disease or defect, your PCP will refer you.

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

We want to help you get the mental health and drug or alcohol abuse services that you may need. You may go for one (1) mental health assessment without a referral in any 12 month period. You must use an Amida Care provider, but you do not need an OK from your PCP. If you need more visits, your PCP will help you get a referral.

You may also go for one (1) chemical dependence assessment for all inpatient detoxification, inpatient rehabilitation, or outpatient detoxification services without a referral in any 12 month period. You must use an Amida Care provider, but you do not need an OK from your PCP. If you need more visits, your PCP will help you get a referral.

If you want a chemical dependence assessment for any alcohol and/or substance abuse outpatient treatment services except outpatient detoxification services, you must use your Medicaid Benefit card to go to any provider that takes Medicaid.

Emergencies

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

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

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

Examples of an emergency are:

- a heart attack or severe chest pain
- bleeding that won't stop or a bad burn

- broken bones
- trouble breathing / convulsions / loss of consciousness
- when you feel you might hurt yourself or others
- if you are pregnant and have signs like pain, bleeding, fever, or vomiting

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

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

- *If you believe you have an **emergency***, call 911 or go to the emergency room. You do not need Amida Care'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 Amida Care.***

Tell the person you speak with what is happening. Your PCP or Amida Care rep will:

- tell you what to do at home, or
- 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.
 - Call Amida Care as soon as you can (within 48 hours if you can).

Remember

You do not need prior approval for emergency services.

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

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

If you have questions, call your PCP or Amida Care at 1-800-556-0689

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.
- It could be a sprained ankle, or a bad splinter you can't remove.

You can get an appointment for an urgent care visit for the same or next day. If you are at home or away, call your PCP any time, day or night. If you cannot reach your PCP, call us at 1-800-556-0689. Tell the person who answers what is happening. They will tell you what to do.

WE WANT TO KEEP YOU HEALTHY

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

- Classes for You and Your Family
- HIV Treatment Education
- Peer Support
- Exercise Programs
- Staying on Schedule with Your Medicine
- HIV/AIDS Support Groups
- Harm Reduction/Needle Exchange
- Alternative Therapies
- Pre-natal and Baby Care
- Dental/Oral Health
- HIV Prevention
- Managing Asthma
- Sexually Transmitted Disease (STD) Testing & Protecting Yourself from STDs
- HIV Specific Legal Services (such as Permanency Planning)
- Grief / Loss Support
- Stop Smoking Classes
- Stress Management/Reduction
- Drug Use Support Groups
- Cholesterol Control
- Healthy Eating
- Diabetes Counseling
- Domestic Violence Services
- Mental Health Services
- Skin Care
- Prevention for Positives
- Referral to CBOs

Call Member Services at 1-800-556-0689 to find out more and get a list of upcoming classes.

Handbook -- Part 2

YOUR BENEFITS AND PLAN PROCEDURES

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

BENEFITS

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

SERVICES COVERED BY AMIDA CARE

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

Regular and HIV Medical Care

- office visits with your PCP
- access to HIV Primary Care Programs
- referrals to specialists
- access to combination therapies
- eye / hearing exams
- help staying on schedule with medicines
- coordination of care and benefits

Preventive Care

- HIV education and risk reduction
- referral to CBOs for supportive care
- well-baby care
- well-child care
- regular check-ups
- shots for children from birth through childhood
- access to free needles and syringes

Maternity Care

- access to special HIV Centers for mothers and children
- pregnancy care
- doctors/mid-wife and hospital services
- access to antiretroviral therapy for mother and baby

- newborn nursery care
- smoking cessation counseling for pregnant women

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

- at least 2 visits to high-risk infants (newborns)
- visit to women who stay in the hospital less than 48 hours after birth
- visit to women who stay in hospital less than 96 hours after a Cesarean birth
- other home health care visits as needed and ordered by your PCP/specialist

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

Hospital Care

- access to Designated AIDS Centers
- inpatient care
- outpatient care
- lab, x-ray, other tests

Emergency Care

- Emergency care services are procedures, treatments or services needed to evaluate or stabilize an emergency.
- After you have received emergency care, you may need other care to make sure you remain in stable condition. Depending on the need, you may be treated in the Emergency Room, in an inpatient hospital room, or in another setting. This is called **Post Stabilization Services**.
- For more about emergency services, see page 12.

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

- access to drug treatment and primary care at the same location
- all inpatient mental health and chemical dependence services (including alcohol and substance abuse)
- most outpatient mental health services (contact Amida Care for specifics)
- Inpatient detoxification services are covered by Amida Care as an inpatient hospital benefit.
- Uninfected children who receive SSI or who are certified blind or disabled can get mental health and chemical dependence (including alcohol and substance abuse) services from any Medicaid provider by using their Medicaid card. Detoxification services, however, are covered by Amida Care as a benefit.

Specialty Care

Includes the services of other practitioners, including

- occupational, physical and speech therapists and audiologists
- midwives
- other non-HIV specialty care (Cardiology, Gastroenterology (GI), Endocrinology, Oncology, Surgery, OB/GYN, Pain Management etc.)

Residential Health Care Facility Care (Nursing Home)

- when ordered by your physician and authorized by Amida Care;
- when the stay in the nursing home is not determined permanent by your LDSS;
- covered nursing home services include medical supervision, 24-hour nursing care, assistance with activities of daily living, physical therapy, occupational therapy, and speech-language pathology.

Transportation

- **Emergency: If you need emergency transportation, call 911.**
- **Non-Emergency**

- *Public Transportation*

AmidaCare provides reimbursement for MetroCards given to members using routine (public) transportation to health care services. An Amida Care member should contact his/her PCP for MetroCards. Amida Care will reimburse the PCP for the cards distributed to members.

Public transportation reimbursement is approved for the parent accompanying a minor member to a health care service; if the member in need of care must be accompanied by an escort or; if a parent must take a child with him/her to a health care appointment, public transportation reimbursement will be provided for the escort or child.

- *Non-public Transportation*

AmidaCare provides transportation to scheduled health care services by ambulette, invalid coach, taxicab, or livery (or ambulance) when medically necessary. Primary Care Providers and specialists should contact in-network transportation providers directly to arrange for a specific health care service appointment. The request should be made at least 24 hours ahead of the time the transportation is needed.

If you have questions about transportation, please call Member Services at 1-800-556-0689.

Other Covered Services

Durable Medical Equipment (DME) / Hearing Aids / Prosthetics / Orthotics

Court Ordered Services

Social Support Services (help in getting community services)

FQHC or similar services

Podiatry for children and persons with special problems (e.g., diabetes)

Benefits You Can Get From Amida Care OR With Your Medicaid Card

For some services, you can choose where to get the care. You can get these services by using your Amida Care membership card. You can also go to providers who will take your Medicaid Benefit card. *You do not need a referral from your PCP to get these services.* Call Member Services if you have questions at (1-800-556-0689).

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.

HIV Testing

You can get this service any time from Amida Care doctors if you talk to your PCP first. When you get this service as part of a family planning visit, you can go to any doctor or clinic that takes Medicaid and offers family planning services. You do not need a referral when you get this service as part of a family planning visit. You can also go to anonymous testing clinics offered by the state and local health departments. To get more information about these sites, call the New York State HIV Hotline at 1-800-872-2777 or 1-800-541-AIDS (2437) For Spanish 1-800-233-SIDA (7432) and TDD at 1-800-369-AIDS (2437).

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

Pharmacy

You can get prescriptions filled from any pharmacy that takes Medicaid. Over the counter medicines, enteral formulas and some medical supplies are also available with a prescription from your provider. In addition, you can get male or female condoms, syringes and needles at a pharmacy with your Medicaid Card. A co-payment may be required for some people, for some medications and pharmacy items.

COBRA Case Management

You can have intensive case management to help you with health and personal issues.

AIDS Day Health Care

You can have access to a community based AIDS day health care center.

Family Planning

You can go to any Medicaid doctor or clinic that provides family planning, including Amida Care providers.

Dental Services: Amida Care believes that providing you with good dental care is important to your overall health care. Although we do not cover dental services in our benefit package, you can still get dental care using your Medicaid Benefit Card. Medicaid covers regular and routine dental services such as preventive dental check-ups, cleaning, x-rays, fillings and other services to check for any changes or abnormalities that may require treatment and/or follow-up care for you. *You do not need a referral from your PCP to see a dentist!*

How to access Dental Services:

- You can go to any dentist who accepts Medicaid,
- If you need help finding a dentist or a dental clinic that is run by an academic dental center, call the New York State Hotline at (800) 541-2831 and they will send you a list of dentist in your neighborhood.

Mental Health

- Intensive psychiatric rehab treatment
- Day treatment
- Intensive case management
- Partial hospital care
- Rehab services to those in community homes or in family-based treatment
- Clinic services for children with a diagnosis of Serious Emotional Disturbance (SED) at mental health clinics certified by the State Office of Mental Health.
- Continuing day treatment
- All covered mental health services for your uninfected children who receive SSI or who are certified blind or disabled are available by using the Medicaid benefit card.

Mental Retardation and Developmental Disabilities

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

Alcohol and Substance Abuse Services

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

Other Medicaid Services

- Personal care services
- Pre-school and school services programs (early intervention)
- Early start programs
- TB therapy/DOT
- Long term home health care
- Hospice services

Services NOT Covered

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

- Cosmetic surgery if not medically needed
- Routine foot care (for those 21 years and older)
- Personal and comfort items
- Infertility treatments
- Services from a provider that is not part of Amida Care , unless it is a provider you are allowed to see as described elsewhere in this handbook, or Amida Care or your PCP sends you to that provider.

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

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

If you have any questions, call Member Services at (1-800-556-0689)

Service Authorization and Actions

Prior Authorization:

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

- Ambulatory Surgery
- Amniocentesis
- Autologous Blood Donation
- Cardiac Catheterization
- Cardiac Rehabilitation (outpatient)
- Dialysis (outpatient)
- Durable Medical Equipment (items \geq \$500)
- Experimental/Investigational Procedures
- Growth Hormone (administered in the physician’s office)

- Hearing Aids
- Home Care Services (skilled RN, HHA, PT, OT, Speech Therapy, Social Worker)
- Hospital Admissions – Elective
- IV Infusion Therapy - Home
- Non-participating providers
- PET scans
- Plastic Surgery/Reconstructive Surgery (Medically Necessary- Not Cosmetic)
- Private Duty Nursing
- Prosthetics
- Rehabilitation inpatient admission
- Residential Health Care Facility (Nursing Home, Skilled Nursing Facility)
- Second Opinions (medical or surgical)
- Sleep Apnea Study
- Specialist as PCP
- Standing referral to specialist (participating and non-participating providers)
- Surgical Procedures
- Transplants

Asking for approval of a treatment or service is called a **service authorization request**. To get approval for these treatments or services, you or your doctor may call our toll-free Amida Care Utilization Management for Medical Services at 1-888-364-6061 number, fax it to 1-800-338-4195 or send your request in writing to Amida Care 4944 Parkway Plaza Blvd., Suite 110 Charlotte, NC 28217.

For authorization of behavioral health services, your provider may call our behavioral health Utilization Management at 1-866-752-5443.

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

What happens after we get your service authorization request:

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

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

After we get your request, we will review it under either a **standard** or a **fast track** process. You or your doctor can ask for a fast track review if it is believed that a delay will cause serious harm

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

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

Timeframes for prior authorization requests:

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

Timeframes for concurrent review requests:

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

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

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

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

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

You, your provider, or someone you trust may also ask us to take more time to make a decision. This may be because you have more information to give Amida Care to help decide your case. This can be done by calling 1-888-364-6061 or writing.

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

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

Other Decisions about Your Care:

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

Timeframes for notice of other actions:

- In most cases, if we make a decision to reduce, suspend or terminate a service we have already approved and you are now getting, we must tell you at least 10 days before we change the service.
- If we are checking care that has been given in the past, we will make a decision about paying for it within 30 days of receiving necessary information for the retrospective review. If we deny payment for a service we will send a notice to you and your provider to say the payment is denied. You will not have to pay for any care you received that was covered by Amida Care or Medicaid even if we later deny payment to the provider.

How Our Providers Are Paid

You have the right to ask us whether we have any special financial arrangement with our physicians that might affect your use of health care services. You can call Member Services (1-800-556-0689) if you have specific concerns. We also want you to know that most of our providers are paid in one or more of the following ways.

- If our PCPs work in a clinic or health center, they probably get a **salary**. The number of patients they see does not affect this.
- Providers may also be paid by **fee-for-service**. This means they get an Amida Care - agreed-upon fee for each service they provide.

You Can Help With Amida Care Policies

We value your ideas. You can help us develop policies that best serve our members. If you have ideas tell us about them. Maybe you'd like to work with one of our member advisory boards or committees. Call Member Services at (1-800-556-0689) to find out how you can help. Amida Care's Member Advisory Council (MAC) is a group of Member representatives from many of our primary care sites. These representatives attend quarterly meetings where they discuss their perceptions and evaluations of how the Plan is working for its Members.

The MAC also elects three of its Members to the Board of Directors. These 'consumer' Board Members attend monthly Board meetings and present the MAC reports. They participate fully in Board discussions and help the other Board Members to see issues from the Members' point of view.

The MAC is an important part of how Amida Care works. By providing a constant source of information from the Members, Amida Care staff can work to improve the services of the Plan.

For information on the **MAC**, please call Member Services at **1-800-556-0689**.

Information from Member Services

Here is information you can get by calling Member Services at (1-800-556-0689).

- A list of names, addresses, and titles of Amida Care's Board of Directors, Officers, Controlling Parties, Owners and Partners.
- A copy of the most recent financial statements/balance sheets, summaries of income and expenses.
- A copy of the most recent individual direct pay subscriber contract.
- Information from the State Insurance Department about consumer complaints about Amida Care.
- How we keep your medical records and member information private.
- In writing, we will tell you how Amida Care checks on the quality of care to our members

- We will tell you which hospitals our health providers work with.
- If you ask us in writing, we will tell you the guidelines we use to review conditions or diseases that are covered by Amida Care.
- In writing, we will tell you the qualifications needed and how health care providers can apply to be part of Amida Care.
- If you ask us, we will tell you (1) if our contracts or subcontracts include physician incentive arrangements that affect the use of referral services; and, if so, (2) the types of arrangements we use; and (3) if stop loss protection is provided for physicians and physician groups.
- Information about how our company is organized and how it works.

Keep Us Informed

Call Member Services whenever these changes happen in your life:

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

If you no longer get Medicaid, check with your local Department of Social Services. You *may* be able to enroll your children in Child Health Plus, or enroll yourself in the AIDS Drug Assistance Program.

DISENGAGEMENT AND TRANSFERS

1. If You Want to Leave Amida Care

When your county requires you to join a Medicaid health plan (a mandatory county): You can try us out for 90 days. You may leave Amida Care 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 Amida Care for nine more months, *unless* you want to join another HIV SNP or you have a good reason (good cause).

Some examples of good cause include:

- Our health plan cannot provide a suitable primary care provider for you within acceptable travel times (if providers are routinely within 30 minutes or 30 miles from where you live).
- 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, Amida Care, and the LDSS all agree that disenrollment is best for you.
- You are or become exempt or excluded from managed care.
- We do not offer a Medicaid managed care service that you can get from another health plan in your area.
- You need a service that is related to a benefit we have chosen not to cover and getting the service separately would put your health at risk.
- We have not been able to provide services to you as we are required to under our contract with the State.
- You are an SSI adult with serious mental illness or SSI child who has serious emotional problems and wish to receive related treatment through Medicaid fee-for-service.

To disenroll or change plans:

- Call the Managed Care staff at your local Social Services Department.
- If you live in New York, Bronx or Kings (Brooklyn) County, call New York Medicaid CHOICE at 1-800-505-5678 to change health plans. The York Medicaid CHOICE counselors can help you change health plans or disenroll.

It will take between two and six weeks to process, depending on when your request is received. You can ask for faster action if you believe the timing of the regular process will cause added damage to your health. You can also ask for faster action if you have complained because you did not agree to the enrollment. Just call New York Medicaid CHOICE.

If you have to be in managed care, you will have to choose another health plan. Call New York State Medicaid CHOICE to get a transfer or disenrollment packet. Be sure to let them know you are disenrolling from Amida Care and you want to re-enroll in a new plan. You will get a notice that the change will take place by a certain date. In most cases, we will provide the care you need until then.

2. You Could Become Ineligible for Medicaid Managed Care and Special Needs Plans

- You or your child may have to leave Amida Care if you or the child:
 - moves out of the County, the service area, or New York City
 - changes to another managed care plan,
 - joins an HMO or other insurance plan through work,
 - joins a long-term Home Health Care Program,
 - goes to prison, or
 - becomes a permanent resident of a nursing home
- Your child may have to leave Amida Care if he or she:
 - joins a Physically Handicapped Children's Program, or
 - is placed in foster care (voluntarily by parent/guardian or by a decision of the local Social Services Commissioner)
- In some cases, you may be **guaranteed coverage** by Amida Care. That means we will not drop you as a member during the first six months of your enrollment in Amida Care if you are no longer eligible for Medicaid and your Medicaid case is closed. The reasons for losing eligibility must not be related to death, moving out of state, or incarceration. During this time you can get the services that Amida Care covers. You can also get pharmacy and family planning care using your Medicaid card. Guaranteed coverage does not apply if you choose to leave Amida Care, or if Amida Care must disenroll you because you do not keep appointments.

3. We Can Ask You to Leave Amida Care if you often:

- Refuse to work with your PCP in regard to your care

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

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

4. If you lose Medicaid Coverage: The HIV Uninsured Care Programs may be able to help you.

If you lose Medicaid coverage, you may be eligible for the, New York State Department of Health, HIV Uninsured Care Programs (aka ADAP). The programs provide limited coverage for the care and treatment of HIV. If you have private health insurance, you also may be able to get help paying for your insurance premiums. Call 1-800-542-AIDS (2437) for more information.

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

Action Appeals

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

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

Your provider can ask for reconsideration:

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

You can file an action appeal:

- If you are not satisfied with an action we took or what we decide about your service authorization request, you have 60 business days after hearing from us to file an action appeal.
- You can do this yourself or ask someone you trust to file the action appeal for you. You can call Member Services (1-800-556-0689) if you need help filing an action appeal.
- We will not treat you any differently or act badly toward you if you file an action appeal.
- The action appeal can be made by phone or in writing. If you make an action appeal by phone it must be followed up in writing. After your call, we will send you a form which is a summary of your phone appeal. If you agree with our summary, you should sign and return the form to us. You can make any necessary changes before sending the form back to us.)

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

- If you or your doctor asks to have your action appeal reviewed under the fast track process. Your doctor would have to explain how a delay will cause harm to your health. If your request for fast track is denied we will tell you and your appeal will be reviewed under the standard process; **or**
- If your request was denied when you asked to continue receiving care that you are now getting or need to extend a service that has been provided; **or**
- If your request was denied when you asked for home health care after you were in the hospital.
- Fast track action appeals can be made by phone and do not have to be followed up in writing.

What happens after we get your action appeal:

- Within 15 days, we will send you a letter to let you know we are working on your appeal.
- Action appeals of clinical matters will be decided by qualified health care professionals who did not make the first decision, at least one of whom will be a clinical peer reviewer.
- Non-clinical decisions will be handled by persons who work at a higher level than the people who worked on your first decision.
- Before and during the appeal you or your designee can see your case file, including medical records and any other documents and records being used to make a decision on your case.
- You can also provide information to be used in making the decision in person or in writing. Call Amida Care at 1-800-556-0689 if you are not sure what information to give us.
 - If you are appealing our decision that the out-of-network service you asked for was not different from a service that is available in our network, ask your doctor to send us:
 1. a written statement that the service you asked for is different from the service we have in our network; and
 2. two pieces of medical evidence (published articles or scientific studies) that show the service you asked for is better for you, and will not cause you more harm than the service we have in our network.
- You will be given the reasons for our decision and our clinical rationale, if it applies. If you are still not satisfied, any further appeal rights you have will be explained to you. You or someone you trust can file a complaint with the New York State Department of Health at 1-800-206-8125.

Timeframes for Action Appeals:

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

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

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

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

You, your provider, or someone you trust may also ask us to take more time to make a decision. This may be because you have more information to give Amida Care to help you decide your case. This can be done by calling 1-888-364-6061 or writing to us to Amida Care 4944 Parkway Plaza Blvd., suite 110 Charlotte, NC 28217.

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

If your original denial was because we said:

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

Aid to Continue while appealing a decision about your care:

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

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

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

External Appeals

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

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

you can ask New York State for an independent **external appeal**. This is called an external appeal because it is decided by reviewers who do not work for the health plan or the state. These reviewers are qualified people approved by New York State. The service must be in Amida Care '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 appeal to the state:

1. You must file an action appeal with Amida Care and get Amida Care 's final adverse determination; or
2. If you had a fast track action appeal and are not satisfied with Amida Care 's decision you can choose to file a standard action appeal with Amida Care or go directly to an external appeal; or
3. You and Amida Care may agree to skip Amida Care 's appeals process and go directly to external appeal.

You have 45 days after you receive Amida Care's final adverse determination to ask for an external appeal. If you and Amida Care agree to skip Amida Care's appeals process, then you must ask for the external appeal within 45 days of when you made that agreement.

Additional appeals to your health plan may be available to you if you want to use them. However, if you want an external appeal, you must still file the application with the State Department of Insurance within 45 days from the time Amida Care gives you the notice of final adverse determination or when you and Amida Care agreed to waive the appeal process.

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

To ask for an external appeal, fill out an application and send it to the State Insurance Department. You can call Member Services at 1-800-556-0689 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 State Insurance Department, 1-800-400-8882
- Go to the State Insurance Department's web site at www.ins.state.ny.us
- Contact the health plan at **1-800-765-3805**

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

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

Fair Hearings

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

- You are not happy with a decision your local department of social services or the State Department of Health made about your staying or leaving Amida Care.
- You are not happy with a decision that Amida Care made about medical care you were getting. You feel the decision limits your Medicaid benefits or that Amida Care did not make the decision in a reasonable amount of time.
- You are not happy about a decision Amida Care made that denied medical care you wanted.
You feel the decision limits your Medicaid benefits.
- You are not happy with a decision that your doctor would not order services you wanted. You feel the doctor's decision stops or limits your Medicaid benefits. You must file a complaint with Amida Care. If Amida Care agrees with your doctor, you may ask for a State fair hearing.
- The decision you receive from the fair hearing officer will be final.

If the services you are now getting are scheduled to end, you can choose to ask to continue the services your doctor ordered while you wait for your case to be decided. However, if you choose to ask for services to be continued and the fair hearing is decided against you, you may have to pay the cost for the services you received while waiting for a decision.

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

1. By phone, call toll-free 800-342-3334
2. By fax, 518-473-6735
3. By internet, www.otda.state.ny.us/oah/forms.asp
4. By mail, Fair Hearings, NYS Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, NY 12201

Remember, you can complain anytime to the New York State Department of Health by calling 1-800-206-8125. In some cases, you may be able to keep getting your care the same way while you wait for your Fair Hearing. Call Member Services at 800-556-0689 if you have questions.

Complaint Process

Complaints:

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

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

You also have the right to contact the New York State Department of Health about your complaint at 1-800-205-8125 or write to: NYSDOH Office of Managed Care, Bureau of Managed Care Certification and Surveillance, ESP Corning Tower Room 1911, Albany, NY 12237. You may also contact your LDSS with your complaint at any time. You may also call the New York State Insurance Department at 1-800-342-3736 if your complaint involves a billing problem.

How to File a Complaint with Amida Care:

1. To file a complaint by phone, call Member Services at 800-556-0689 Monday - Friday from 9am to 5pm. If you call us after hours, leave a message. We will call you back the next working day. If we need more information to make a decision, we will tell you. You can write to us with your complaint or call the Member Services number and request a complaint form. It should be mailed to Amida Care Member Services 248 West 35th St. New York, NY 10001 or faxed to 800-338-4195 (Attention Amida Care Member Services).

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 working days. The letter will tell you:

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

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

After we review your complaint:

- We will let you know our decision in 45 days of when we have all the information we need to answer your complaint, but you will hear from us in no more than 60 days from the day we get your complaint. We will write you and will tell you the reasons for our decision.
- When a delay would risk your health, we will call you with our decision in 24 hours of when we have all the information we need to answer complaint, but you will hear from us in no more than 7 days from the day we get your complaint, We will call you with our decision or try to reach you to tell you. You will get a letter to follow up our communication in 3 working days.
- You will be told how to appeal our decision if you are not satisfied and we will include any forms you may need.
- If we are unable to make a decision about your complaint because we don't have enough information, we will send you a letter and let you know.

Complaint Appeals:

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

How to make a complaint appeal:

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

What happens after we get your complaint appeal:

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

- who is working on your complaint appeal,
- how to contact that person, and
- if we need more information.

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

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

We will give you the reasons for our decision and our clinical rationale, if it applies. If you are still not satisfied, you or someone on your behalf can file a complaint at any time with the New York State Department of Health at 1-800-206-8125. In New York City, members may call New York Medicaid CHOICE at 1-800-505-5678. You can also write to the NYS Department of Health, Bureau of Managed Care Certification and Surveillance, ESP Corning Tower Room 1911, Albany, NY 12237.

MEMBER RIGHTS AND RESPONSIBILITIES

Your Rights

As a member of Amida Care you have a right to:

- Be cared for with respect, without regard for health status, sex, race, color, religion, national origin, age, marital status or sexual orientation.
- Be told where, when and how to get the services you need from Amida Care .
- Be told by your PCP what is wrong, what can be done for you, and what will likely be the result in language you understand.
- Get a second opinion about your care.
- Give your OK to any treatment or plan for your care after that plan has been fully explained to you.
- Refuse care and be told what you may risk if you do.
- Get a copy of your medical record, and talk about it with your PCP, and to ask, if needed, that your medical record be amended or corrected.
- Be sure that your medical record is private and will not be shared with anyone except as required by law, contract, or your OK.
- Use Amida Care complaint system to settle any complaints or you can complain to the NY State Department of Health or the local Department of Social Services any time you feel you were not fairly treated.
- Use the State Fair Hearing system.
- Appoint someone (relative, friend, lawyer, etc.) to speak for you if you are unable to speak for yourself about your care and treatment.
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

Your Responsibilities

As a member of Amida Care, you agree to:

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

Advance Directives

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

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

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

Important Phone Numbers

Emergencies.....	911
Your PCP.....	<hr/>
AMIDA CARE	
Member Services.....	800-556-0689
Medical Utilization Management	888-364-6061
Behavioral Health Utilization Management...	866-752-5443
NYS Health Dept. (Complaints).....	1-800-206-8125
NYC Medicaid Recertification.....	1-866-692-6116
Information on NYS Medicaid Managed Care	
New York City.... <u>NY Medicaid CHOICE</u>	1-800-505-5678
Outside New York City	1-800-732-9503
NYS HIV/AIDS Hotline.....	1-800-541-AIDS (2437)
Spanish.....	1-800-233-SIDA (7432)
TDD.....	1-800-369-AIDS (2437)
New York City HIV/AIDS Hotline (English & Spanish)	1-800-TALK-HIV (8255-448)
HIV Uninsured Care Programs (ADAP)	1-800-542-AIDS (2437)
TDD..... Relay, then	1-518-459-0121
Child Health Plus	1-800-698-4KIDS (4543)
-Free or low cost health insurance for children	
PartNer Assistance Program.....	1-800-541-AIDS (2437)
-In New York City (CNAP).....	1- (212) 693-1419
Social Security Administration.....	1-(800)-772-1213
AIDS Clinical Trials Information Service (ACTIS)	1-(800)-874-2572
NYS Domestic Violence Hotline.....	1-800-942-6906
Spanish.....	1-800-942-6908
Hearing Impaired.....	1-800-810-7444
Americans with Disabilities Act (ADA) Information Line	1-800-514-0301
TDD.....	1-800-514-0383
Local Pharmacy	<hr/>
Other Health Providers:	<hr/>

Important Web Sites

Amida Care	www.amidacareny.org
NYS Department of Health	www.nyhealth.gov
NYS DOH HIV/AIDS Information	www.health.state.ny.us/nysdoh/research/hivaids.htm
NYS HIV Uninsured Care Programs	www.health.state.ny.us/diseases/aids/resources/adap/index.htm
HIV Testing Resource Directory	www.health.state.ny.us/diseases/aids/testing/sites.htm
NYC DOHMH	www.nyc.gov/html/doh/html/home/home.shtml
NYC DOHMH HIV/AIDS Information	www.nyc.gov/html/doh/html/ah/ahbasic.shtml
HIV Clinical Guidelines	www.hivguidelines.org
HIV treatment, prevention, research, guidelines, clinical trials	www.aidsinfo.nih.gov
U.S. Social Security Administration	www.ssa.gov/
American Civil Liberties Union	www.aclu.org/hiv/index.html
HIV Information	www.thebody.com/
NYS Medicaid	www.health.state.ny.us/health_care/medicaid/