

FIDELIS CARE MEDICAID MANAGED CARE MEMBER HANDBOOK

Revised December 2022

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-888-343-3547 (TTY: 711) .	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-343-3547 (TTY: 711) .	Spanish
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 1-888-343-3547 (TTY: 711) .	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-343-3547 (TTY: 711) رقم هاتف الصم والبكم	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-888-343-3547 (TTY: 711) 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-343-3547 (телетайп: 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-343-3547 (TTY: 711).	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-343-3547 (TTY: 711).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-343-3547 (TTY: 711).	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט >1-888-343-3547 (TTY: 711)	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-343-3547 (TTY: 711)	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-343-3547 (TTY: 711).	Tagalog
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে ফোন করুন ১-১-৮৮৮-৩৪৩-৩৫৪৭ (TTY: 711)	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-343-3547 (TTY: 711).	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-343-3547 (TTY: 711).	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-888-343-3547 (TTY: 711)	Urdu

NOTICE OF NON-DISCRIMINATION

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

Fidelis Care 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 Fidelis Care at 1-888-343-3547. For TTY/TDD services, call 711.

If you believe that Fidelis Care 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 Fidelis Care by:

Mail: 25-01 Jackson Avenue, Long Island City, NY 11101,
Phone: 1-888-343-3547 (for TTY/TDD services, call 711)
Fax: 1-315-849-3885
In person: 31 British American Boulevard, Latham, NY 12110
Email: nondiscrimination@fideliscare.org

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/TDD 800-537-7697)

HERE'S WHERE TO FIND INFORMATION YOU WANT

WELCOME to Fidelis Care's Medicaid Managed Care Program	1
How Managed Care Works.....	1
How to Use This Handbook.....	2
Help From Member Services	3
Your Health Plan ID Card	4
PART I First Things You Should Know.....	4
How To Choose Your PCP.....	4
How To Get Regular Care	6
How To Get Specialty Care And Referrals	7
Get These Services From Fidelis Care Without A Referral	9
Emergencies.....	11
Urgent Care.....	12
We Want To Keep You Healthy	12
PART II Your Benefits And Plan Procedures	14
Benefits	14
Services Covered By Fidelis Care	14
Benefits You Can Get From Fidelis Care OR With Your Medicaid Card	29
Benefits Using Your Medicaid Card Only.....	31
Services NOT Covered	33
Service Authorization And Actions	34
Prior Authorization and Timeframes	36
Retrospective Review and Timeframes	38
How Our Providers Are Paid	38
Information From Member Services.....	39
Keep Us Informed.....	39
Disenrollment Options	40
1. If You Want to Leave Fidelis Care	40
2. You Could Become Ineligible for Medicaid Managed Care	41
3. We Can Ask You to Leave Fidelis Care	41
Plan Appeals & External Appeals.....	42
Fair Hearings.....	47
Complaint Process	49
How to File a Complaint.....	49
What Happens Next	50
Appeals	50
Member Rights And Responsibilities	52
Important Phone Numbers	54

WELCOME to Fidelis Care's Medicaid Managed Care Program

We are glad that you enrolled in Fidelis Care. This handbook will be your guide to the full range of health care services available to you. We want to be sure you get off to a good start as a new member. In order to get to know you better, we will attempt to reach out to you in the next two or three weeks. You can ask us any questions you have, or get help making appointments. If you need to speak with us before we call on you, however, just call us at 1-888-FIDELIS (1-888-3433547).

HOW MANAGED CARE WORKS

The Plan, Our Providers, and You

- Fidelis Care has a contract with the State Department of Health to meet the health care needs of people with Medicaid. In turn, we choose a group of health care providers to help us meet your needs. These doctors and specialists, hospitals, labs, and other health care facilities make up our **provider network**. You will find a list in our provider directory or on our website at <https://www.fideliscare.org>. If you do not have a provider directory, call 1-888-FIDELIS (1-888-343-3547) if you would like to order a copy.
- When you join Fidelis Care, one of our providers will take care of you. Most of the time, that person will be your Primary Care Provider (PCP). If you need to have a test, see a specialist, or go into the hospital, your PCP will arrange it.
- Your PCP is available to you 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 PCP will get back to you as soon as possible. Even though your PCP is your main source for health care, in some cases, you can self-refer to certain doctors for some services. See page 8 for details.
- You may be restricted to certain plan providers if you have been identified as a restricted recipient. Below are examples of why you may be restricted:
 - Getting care from several doctors for the same problem.
 - Getting medical care more often than needed.
 - Using prescription medicine in a way that may be dangerous to your health.
 - Allowing someone other than yourself to use your plan ID card.

Confidentiality

We respect your right to privacy. Fidelis Care recognizes the trust needed between you, your family, your doctors, and other care providers. Fidelis Care 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 Fidelis Care, your Primary Care Provider, other providers who give you care, and your authorized representative. Referrals to such providers will always be discussed with you in advance by your Primary Care Provider or your Health Home Care Manager, if you have one. Fidelis Care staff has 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 Fidelis Care. This handbook is your guide to health and wellness services. It tells you the steps to take to make the plan work for you.

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

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

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

HELP FROM MEMBER SERVICES

There is someone to help you at Member Services:

Monday through Friday

8:30 AM-6:00 PM

Call **1-888-FIDELIS (1-888-343-3547) TTY: 711**

If you need help at other times, also call

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

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

- You can call Member Services to get help **anytime you have a question**. You may call us to choose or change your Primary Care Provider (PCP for short), to ask about benefits and services, to get help with referrals, to replace a lost ID card, to report the birth of a new baby, or ask about any change that might affect you or your family's benefits.
- If you are or become pregnant, your child will become part of Fidelis Care on the day he or she is born. This will happen unless your newborn child is in a group that cannot join managed care. You should call us and your LDSS or the New York State of Health right away if you become pregnant and let us help you to choose a doctor for your **newborn baby** before he or she is born.
- **If you do not speak English**, we can help. We want you to know how to use your health care plan, no matter what language you speak. Just call us and we will find a way to talk to you in your own language. We have a group of people who can help. We will also help you find a PCP (Primary Care Provider) who can serve you in your language.
- **For people with disabilities:** If you use a wheelchair, 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 711)
 - 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.

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

YOUR HEALTH PLAN ID CARD

After you enroll, we will send you a Welcome Letter. Your Fidelis Care ID card should arrive within 14 days after your enrollment date. Your card has your PCP's (Primary Care Provider's) name and phone number on it. It will also have your Client Identification Number (CIN). If anything is wrong on your Fidelis Care ID card, call us right away.

Carry your ID card at all times and show it each time you go for care. If you need care before the card comes, your welcome letter is proof that you are a member. You should keep your Medicaid Benefit card. You will need the card to get services that Fidelis Care does not cover.

PART I FIRST THINGS YOU SHOULD KNOW

HOW TO CHOOSE YOUR PRIMARY CARE PROVIDER (PCP)

- You may have already picked your Primary Care Provider (PCP) to serve as your regular doctor. This person could be a doctor or a nurse practitioner. **If you have not chosen a PCP for you and your family, you should do so right away.** If you do not choose a doctor within 30 days, we will choose one for you.
- Each family member can have a different PCP, or you can choose one PCP to take care of the whole family. A pediatrician treats children. Family practice doctors treat the whole family. Internal medicine doctors treat adults. Member Services (1-888-FIDELIS (1-888-343-3547) can check to see if you already have a PCP or help you choose a PCP.
- With this Handbook, you should have a provider directory. This is a list of all the doctors, clinics, hospitals, labs, and other providers who work with Fidelis Care. It lists the address, phone, and special training of the doctors. The provider directory will show which doctors and providers are taking new patients. You should call their offices to make sure that they are taking new patients at the time you choose a PCP. You can also get a list of providers on our website at <https://www.fideliscare.org>.

You may want to find a doctor that:

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

- Women can also choose one of our OB/GYN doctors to deal with women’s health care. Women do not need a PCP referral to see a plan OB/GYN doctor. They can have routine check-ups (twice a year), follow-up care if needed, and regular care during pregnancy.
- We also contract with FQHCs (Federally Qualified Health Centers). All FQHCs give primary and specialty care. Some consumers want to get their care from FQHCs because the centers have a long history in the neighborhood. Maybe you want to try them because they are easy to get to. You should know that you have a choice. You can choose any one of the providers listed in our directory or you can sign up with a primary care physician at one of the FQHCs that we work with. **A complete list of our contracted FQHCs is included at the end of this Handbook.** Just call Member Services at 1-888-FIDELIS (1-888-343-3547) for help.
- In almost all cases, your doctors will be Fidelis Care providers. There are four instances when you can still **see another provider that you had before you joined Fidelis Care.** In these cases, your provider must agree to work with Fidelis Care. You can continue to see your doctor if:
 - You are more than 3 months pregnant when you join Fidelis Care and you are getting prenatal care. In that case, you can keep your provider until after your delivery through post-partum care.
 - At the time you join Fidelis Care, 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 Fidelis Care, 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. Fidelis Care will work with you and your provider to make sure you keep getting the care you need.
 - At the time you join Fidelis Care, 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. **Fidelis Care** 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, other long term health problems, or would like to choose a behavioral health provider as your PCP, you may be able to **choose a specialist to act as your PCP.** Member Services can help you make these arrangements. Call Member Services at 1-888-FIDELIS (1-888-343-3547).
- If you need to, you can **change your PCP** in the first 30 days after your first appointment with your PCP. After that, you can change your PCP at any time by visiting the Member Portal at <http://members.fideliscare.org> or by contacting Member Services at 1-888-FIDELIS (1-888-343-3547). You can change your PCP 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 Fidelis Care**, we will tell you within 15 days from when we know about this. If you wish, you may be able to see that provider **if** you are more than three months pregnant or if you are receiving ongoing treatment for a condition. If you are pregnant, you may continue to see your doctor for up to 60 days after delivery. If you are seeing a doctor regularly for an ongoing condition, you may continue your present course of treatment for up to 90 days. Your doctor must agree to work with the Plan during this time. If any of these conditions apply to you, check with your PCP or call Member Services at 1-888-FIDELIS (1888-343-3547).

HOW TO GET REGULAR HEALTH CARE

- Regular health care means exams, regular check-ups, shots, or other treatments to keep you well; give you advice when you need it and refer you to the hospital or specialists when needed. It means you and your PCP working together to keep you well or to see that you get the care you need.
- Day or night, your PCP is only a phone call away. Be sure to call him or her whenever you have a medical question or concern. If you call after hours or weekends, leave a message with where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how the health plan works.
- Your care must be **medically necessary**. The services you get must be needed:
 1. to prevent, or diagnose and correct what could cause more suffering, **or**
 2. to deal with a danger to your life, or
 3. to deal with a problem that could cause illness, or
 4. to deal with something that could limit your normal activities.
- Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. If ever you can't keep an appointment, call to let your PCP know.
- As soon as you choose a PCP, call to make a first appointment. If you can, prepare for your first appointment. Your PCP will need to know as much about your medical history as you can tell him or her. Make a list of your medical background, any problems you have now, any medications you are taking, and the questions you want to ask your PCP. In most cases, your first visit should be within 3 months of your joining the plan.

- **If you need care before your first appointment**, call your PCP's office to explain your concern. He or she will give you an earlier appointment. You should still keep the first appointment to discuss your medical history and ask questions.
- Use the following list as an **appointment guide for our limits on how long you may have to wait after your request for an appointment**:
 - adult baseline and routine physicals: within 12 weeks
 - urgent care: within 24 hours
 - non-urgent sick visits: within 3 days
 - routine, preventive care: within 4 weeks
 - first pre-natal visit: within 3 weeks during 1st trimester (within 2 weeks during 2nd trimester, within 1 week during 3rd trimester)
 - first newborn visit: within 2 weeks of hospital discharge
 - first family planning visit: within 2 weeks
 - follow-up visit after mental health/substance abuse ER or inpatient visit: within 5 days
 - non-urgent mental health or substance abuse visit: within 2 weeks

Health Home Care Management

Fidelis Care 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 1-888-FIDELIS (1-888-3433547).

HOW TO GET SPECIALTY CARE AND REFERRALS

- If you need care that your PCP cannot give, he or she will REFER you to a specialist who can. If your PCP refers you to another doctor, we will pay for your care. Most of these specialists are Fidelis Care providers. Talk with your PCP to be sure you know how referrals work.

- If you think a specialist does not meet your needs, talk to your PCP. Your PCP can help you if you need to see a different specialist.
- There are some treatments and services that your PCP must ask Fidelis Care to approve *before* you can get them. Your PCP will be able to tell you what they are.
- If you are having trouble getting a referral you think you need, contact Member Services at 1-888-FIDELIS (1-888-343-3547).
- If we do not have a specialist in 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 Fidelis Care for approval *before* you can get an out-of-network referral. You or your PCP can call Member Services at 1-888-FIDELIS (1-888-343-3547). If your PCP or Fidelis Care refers you to a provider who is not in our network, you are not responsible for any of the costs except any co-payments as described in this handbook.
- Member Services will assist you and your PCP in finding the appropriate specialist to provide the medically necessary care to treat your condition. Asking to see an out-of-network specialist is a service authorization request. For more information on service authorization requests, see the **Service Authorization and Actions** section on page 34.
- Sometimes we may not approve an out-of-network referral because we have a provider in the Fidelis Care network 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 42 to find out how.
 - You will need to ask your doctor to send the following information with your action appeal:
 - 1) A statement in writing from your doctor that the out-of-network treatment is very different from the treatment you can get from Fidelis Care's provider. Your doctor must be a board certified or board eligible specialist who treats people who need the treatment you are asking for, and
 - 2) Two medical or scientific documents that prove the treatment you are asking for is more helpful to you and will not cause you more harm than the treatment you can get from Fidelis Care's provider.

- If your doctor does not send this information, we will still review your action appeal. However, you may not be eligible for an external appeal. See Page 35 for more information about external appeals. You, your designee, or your provider can submit any information with your appeal if you believe that Fidelis Care’s in-network provider does not have the training and experience needed to treat your condition.
- 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 Fidelis Care’s 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 42 to find out how.
- There are no limitations on accessing the entire approved network.
- If you need to see a specialist for ongoing care, your PCP may be able to refer you for a specified number of visits or length of time (a **standing referral**). If you have a standing referral, you will not need a new referral for each time you need care.
- *If you have a long-term disease or a disabling illness that gets worse over time,* your PCP may be able to arrange for:
 - your specialist to act as your PCP; or
 - a referral to a specialty care center that deals with the treatment of your illness.
 - You can also call Member Services for help in getting access to a specialty care center.
- If you need to talk to your physician after normal business hours, call the physician's office and you will be directed to your physician, an answering machine with directions on where to obtain services, or another physician that is providing coverage. If you are experiencing an emergency, immediately call 911.

GET THESE SERVICES FROM OUR PLAN *WITHOUT* A REFERRAL

Women’s Health Care

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

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

Eye Care

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

New eyeglasses, with Medicaid approved frames, are usually provided once every 2 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. For members with vision coverage, your benefits are covered through Davis Vision, a leading vision care plan. If you need to see an eye specialist for care of an eye disease or defect, your PCP will refer you.

Behavioral Health – (Mental Health and Substance Use)

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

Smoking Cessation

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

Maternal Depression Screening

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

EMERGENCIES

You are always covered for emergencies.

An emergency means a medical or behavioral

condition: □ that comes on all of a sudden, and

□ has pain or other symptoms.

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

Examples of an emergency include:

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

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

Tell the person you speak with what is happening. Your PCP 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.

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

Remember

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

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

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

URGENT CARE

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

- This could be a child with an 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.

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 check-ups and the shots you and your family need, here are some other ways to keep you in good health:

- Classes for you and your family
- Stop-smoking classes
- Pre-natal care and nutrition
- Grief / Loss support
- Breast feeding and baby care
- Stress management
- Weight control
- Cholesterol control
- Diabetes counseling and self-management training
- Asthma counseling and self-management training
- Sexually Transmitted Infection (STI) Testing & Protecting Yourself from STIs
- Domestic Violence Services

Call Member Services at 1-888-FIDELIS (1-888-343-3547) or visit our website at <https://www.fideliscare.org> to find out more and get a list of upcoming classes.

PART II YOUR BENEFITS AND PLAN PROCEDURES

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

BENEFITS

Medicaid Managed Care provides a number of services in addition to those you get with regular Medicaid. Fidelis Care will provide or arrange for most services that you will need. You can get a few services, however, without going through your PCP. These include emergency care, family planning/HIV testing and counseling, and specific self-referral services, including those you can get from within Fidelis Care and some that you can choose to go to any Medicaid provider of the service. Please call our Member Services Department at 1-888-FIDELIS (1-888343-3547) if you have any questions or need help with any of the services below.

SERVICES COVERED BY FIDELIS CARE

You must get these services from the providers who are in Fidelis Care. All services must be medically or clinically necessary and provided or referred by your PCP (Primary Care Provider). Please call our Member Services Department at 1-888-FIDELIS (1-888-343-3547) if you have any questions or need help with any of the services below.

Regular Medical Care

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

Preventive Care

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

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

Maternity Care

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

Infertility Services

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

Fidelis Care covers some drugs for infertility. This benefit is limited to coverage for 3 cycles of treatment per lifetime.

Fidelis Care also covers services related to prescribing and monitoring the use of such drugs. 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 6 months of regular, unprotected sex.

Home Health Care

- Must be medically needed and arranged by Fidelis Care
- 1 medically necessary post-partum home health visit, additional visits as medically necessary for high-risk women
- at least 2 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 Fidelis Care
- Personal Care/Home Attendant - Provides some or total assistance with personal hygiene, dressing, feeding, meal preparation, and housekeeping.

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

- CDPAS – Provides some or total assistance with personal hygiene, dressing, feeding, meal preparation, and housekeeping as well as, home health aide and nursing tasks. This is provided by an aide chosen and directed by you. If you want more information, contact Member Services at 1-888-FIDELIS (1-888-343-3547).

Personal Emergency Response System (PERS)

- This is 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 some or all of the following: health education, nutrition, interdisciplinary care planning, nursing and social services, assistance and supervision with the activities of daily living, restorative rehabilitative and maintenance therapy, planned therapeutic or recreational activities, pharmaceutical services as well as, referrals for necessary dental services and subspecialty care.

AIDS Adult Day Health Care Services

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

Directly Observed Therapy for Tuberculosis Disease

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

National Diabetes Prevention Program (NDPP) Services

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

Fidelis Care covers diabetes prevention services through the National Diabetes Prevention Program (NDPP). This benefit covers 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.

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 Fidelis Care.
- Provides support services and some medical services to patients who are ill and expect to live for 1 year or less.
- You can get these services in your home or in a hospital or nursing home.
- Children under age twenty-one (21) who are getting hospice services can also get medically needed curative services and palliative care.

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

Dental Care

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

How to Get Dental Services:

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

If you need to find a dentist or change your dentist, please call DentaQuest at 1-800-516-9615 or please call 1-888-FIDELIS (1-888-343-3547). Customer Services Representatives are there to help you. Many speak your language or have a contract with Language Line Services.

When you go to the dentist, show your Fidelis Care Member ID card to access dental benefits.

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

Orthodontic Care

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

Vision Care

- services of an ophthalmologist, ophthalmic dispenser, and optometrist, and coverage for contact lenses, polycarbonate lenses, artificial eyes, and or replacement of lost or destroyed glasses, including repairs, when medically necessary. Artificial eyes are covered as ordered by a plan provider
- eye exams, generally every two years, unless medically needed more often
- glasses (new pair of Medicaid approved frames every 2 years, or more often if medically needed)
- low vision exam and vision aids ordered by your doctor
- specialist referrals for eye diseases or defects

How to Get Vision Services:

If you need to find a vision specialist, please call Davis Vision at 1 (800) 999-5431 or please call 1-888-FIDELIS (1-888-343-3547). Customer Services Representatives are there to help you. Many speak your language or have a contract with Language Line Services.

Pharmacy

- Prescription drugs
- Over-the-counter medicines
- Insulin and diabetic supplies

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

- Smoking cessation agents, including OTC products
- Hearing aid batteries
- Enteral formula
- Medical and surgical supplies

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

- Consumers younger than 21 years old.
- Consumers who are pregnant. Pregnant women are exempt during pregnancy and for the 2 months after the month in which the pregnancy ends.
- Consumers in an OMH or OPWDD Home and Community Based Services (HCBS) Waiver Program.
- Consumers in a DOH HCBS Waiver Program for Persons with Traumatic Brain Injury (TBI).
- Family Planning drugs and supplies like birth control pills and male or female condoms.
- Drugs to treat mental illness (psychotropic), tuberculosis, or substance use disorders.

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

- There is a co-payment for each new prescription *and* each refill.
- If you have a co-payment, your maximum pharmacy co-payment (co-pay) will be \$50 per quarter year. The co-pay maximum re-sets each quarter, regardless of the amount you paid last quarter.

These quarters are:

- First quarter: January 1 – March 31
- Second quarter: April 1 – June 30
- Third quarter: July 1 – September 30
- Fourth quarter: October 1 – December 31

If you are unable to pay the requested co-pay you should tell the provider. The provider cannot refuse to give you services or goods because you are unable to pay the co-pay. (Unpaid co-pays are a debt you owe the provider.)

- If you transferred plans during the calendar year, keep your receipts as proof of your co-payments or you may request proof of paid co-payments from your pharmacy. You will need to give a copy to your new plan.
- Certain medications may require that your doctor get prior authorization from us before writing your prescription. Your doctor can work with Fidelis Care to make sure you get the medications that you need. A list of Fidelis Care’s approved medications, called a formulary, is available for download on our website, FidelisCare.org, or can be mailed to you by request to Member Services. Learn more about prior authorization later in this handbook.
 - No prior authorization is required for a seventy-two (72) hour emergency supply of the prescribed drug or medication for Behavioral Health, or a seven-day supply of a prescribed drug or medication associated with the management of opioid withdrawal and/or stabilization.
- You have a choice in where you fill your prescriptions. You can go to any Pharmacy that participates with our plan. For more information on your options, please contact Member Services at 1-888-FIDELIS (1-888-343-3547).

Hospital Care

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

Emergency Care

- Emergency care services are procedures, treatments, or services needed to evaluate or stabilize an emergency.
- After you have received emergency care, you may need other care to make sure you remain in stable condition. Depending on the need, you may be treated in the Emergency Room, in an inpatient hospital room, or in another setting. This is called **Post-Stabilization Services**.
- For more about emergency services, see page 10.

Specialty Care

Includes the services of other practitioners, including:

- occupational, physical, and speech therapists— Fidelis Care has removed service limits on physical therapy (PT), occupational therapy (OT), and speech therapy (ST). Instead, Fidelis Care covers medically necessary PT, OT, and ST visits that are ordered by a doctor or other licensed professional. audiologists
- midwives
- cardiac rehabilitation
- Podiatrists if you are diabetic

Residential Health Care Facility Services (Nursing Home)

Covered nursing home services include:

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

To get these nursing home services:

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

Rehabilitation

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

Long Term Placement

Fidelis Care 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 Fidelis Care’s network that meets your needs.

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

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

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 Fidelis Care pay for long term nursing home services. The LDSS will review your income and assets to determine your eligibility for long term nursing home services. The LDSS will let you know about any costs you may have to contribute toward your long term nursing home care.

Questions

If you have any questions about these benefits, call our Member Services Department at 1-888FIDELIS (1-888-343-3547; TTY: 711).

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 (alcohol and drugs) treatment and rehabilitation services. All of our members have access to services to help with emotional health, or to help with alcohol or other substance use issues. These services include:

▪ Mental Health Care

- Inpatient and outpatient mental health treatment
- Rehab services if you are in a community home or in family-based treatment
- Individual and group counseling
- Crisis intervention services
- Injections for Behavioral Health Related Conditions
- Children and Family Treatment and Support Services (CFTSS)
- Office of Mental Health (OMH) Outpatient Services OMH designated Serious Emotional Disturbance (SED) Clinic Services
- Assertive Community Treatment (ACT)
- Continuing Day Treatment

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

- Personalized Recovery Oriented Services (PROS)
- Partial Hospitalization
- Psychiatric Services
- Psychological Services
- Comprehensive Psychiatric Emergency Program (CPEP) including Extended Observation Bed
- Inpatient Psychiatric Services

▪ **Substance Use Disorder Services**

- Crisis Services
- Medically Managed Withdrawal Management
- Medically Supervised Withdrawal Management (Inpatient/Outpatient*)
- Inpatient addiction treatment services (hospital or community based)
- Residential addiction treatment services
- Stabilization in Residential Setting
- Rehabilitation in Residential Setting
- Outpatient addiction treatment services
- Intensive Outpatient Treatment
- Outpatient Rehabilitation Services
- Outpatient Withdrawal Management
- Medication Assisted Treatment
- Opioid Treatment Programs (OTP)

Fidelis Care will cover these services for all eligible children and youth under age 21, including those:

- With Supplemental Security Income (SSI);
- Who have federal Social Security Disability Insurance (SSDI) status; or
- Who have been determined certified disabled by a New York State Medical Disability Review.

Crisis Residence Services for Children and Adults

Fidelis Care pays for Crisis Residence services. These are overnight services. These services treat children and adults who are having an emotional crisis. These services include:

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.

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.

Children's Home and Community Based Services

New York State covers Children's Home and Community Based Services (HCBS) under the Children's Waiver. Fidelis Care 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 is 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 Support and Services
- Community Self Advocacy Training and Support
- Prevocational Services- must be age 14 and older
- Supported Employment- must be age 14 and older
- Respite Services (Planned Respite and Crisis Respite)

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

- Palliative Care
- Environmental Modifications
- Vehicle Modifications
- Adaptive and Assistive Equipment
- Youth Peer Support Services and Training
- Crisis Intervention

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. Fidelis Care 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), Fidelis Care will work with C-YES and provide your care management.

To learn more about these services, call Member Services at 1-888-FIDELIS (1-888-343-3547); TTY: 711.

Children and Family Treatment and Support Services (CFTSS)

Fidelis Care covers Children and Family Treatment and Support Services (CFTSS). These services help children and their families improve their health, well-being, and quality of life.

CFTSS are for children under age 21 with behavioral health needs. These services may be provided at home or in the community. These services include:

- Other Licensed Practitioner (OLP)
- Psychosocial Rehabilitation (PSR)
- Community Psychiatric Treatment and Supports (CPST)
- Family Peer Support Services

Youth Peer Support and Training (YPST). This benefit is provided by a credentialed Youth Peer Advocate, or Certified Recovery Peer Advocate with a youth focus who has similar experiences.

Get support and assistance with:

- Developing skills to manage health challenges and be independent.
- Feeling empowered to make decisions

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

- Making connections to natural supports and resources
- Transitioning to the adult health system when the time is right.

Crisis Intervention. Professional help at home or in the community when a child or youth is distressed and can't be helped by family, friends and other supports. Including support and help with using crisis plans to de-escalate the crisis and prevent or reduce future crises.

Harm Reduction Services

If you are in need of help related to substance use disorder, Harm Reduction Services can offer a complete patient-oriented approach to your health and well-being. Fidelis Care 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 1-888-FIDELIS (1-888-343-3547); TTY: 711.

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

Starting **July 1, 2021**, Fidelis Care will cover 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.

The 29-I VFCA Health Facility services available on July 1, 2021 include:

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)

Fidelis Care will cover Core Limited Health Related Services for children and youth placed with a 29-I VFCA Health Facility.

Fidelis Care will cover Other Limited Health Related Services provided by 29-I VFCA Health Facilities to eligible children and youth.

To learn more about these services, call Member Services at 1-888-FIDELIS (1-888-343-3547); TTY: 711.

Transportation

Emergency: If you need emergency transportation, call 911.

Fidelis Care covers emergency transportation in Rockland County. **If you need emergency transportation, call 911.**

Non-Emergency

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

Fidelis Care covers non-emergent transportation in **Rockland County**. Call our Member Services Department at 1-888-FIDELIS (1-888-343-3547) for more information. Transportation must be scheduled in advance by 4:00 pm the business day before your appointment. If you require an attendant to go with you to your doctor's appointment or if your child is the member of the plan, transportation is also covered for the attendant or parent or guardian. **If you have an emergency and need an ambulance, you must call 911.**

If you have questions about transportation, please call Member Services at 1-888-FIDELIS (1888-343-3547).

Other Covered Services

- Durable Medical Equipment (DME) / Hearing Aids / Prosthetics / Orthotics
- Court Ordered Services
- Case Management
- Help getting social support services
- FQHC
- Services of a Podiatrist

BENEFITS YOU CAN GET FROM FIDELIS CARE OR WITH YOUR MEDICAID CARD

For some services, you can choose where to get the care. You can get these services by using your Fidelis Care membership card. You can also go to providers who will take your Medicaid Benefit card. You do not need a referral from your PCP to get these services. Call us if you have questions at 1-888-FIDELIS (1-888-343-3547).

Family Planning

- You can get the following family planning services: advice about birth control, birth control prescriptions, male and female condoms, pregnancy tests, sterilization, or an abortion. During your visits for these things, you can also get tests for sexually transmitted infections, a breast cancer exam or a pelvic exam.
- You do not need a referral from your PCP to get these services. In fact, you can choose where to get these services. You can use your Fidelis Care ID card to see one of our family planning providers. Check the plan's Provider Directory or call Member Services for help in finding a provider.
- Or, you can use your Medicaid card if you want to go to a doctor or clinic outside our plan. Ask your PCP or Member Services 1-888-FIDELIS (1-888-343-3547; 711 TTY) for a list of places to go to get these services. You can also call the New York State Growing Up Healthy Hotline (1-800-522-5006) for the names of family planning providers near you.

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

- You can get an HIV or STI test any time you have an office or clinic visit.
- You can get an HIV or STI test any time you have family planning services. You do not need a referral from your PCP (Primary Care Provider). Just make an appointment with any family planning provider. If you want an HIV or STI test, but not as part of a family planning service, your PCP can provide or arrange it for you.
- Or, if you'd rather not see one of our Fidelis Care providers, you can use your Medicaid card to see a family planning provider outside Fidelis Care. For help in finding either a Plan provider or a Medicaid provider for family planning services call Member Services at 1-888-FIDELIS (1-888-3433547).
- 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.

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

TB Diagnosis and Treatment

You can choose to go either to your PCP or to the county public health agency for diagnosis and/or treatment. You do not need a referral to go to the county public health agency.

BENEFITS USING YOUR MEDICAID CARD ONLY

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

Transportation

▪ Non-Emergency Transportation

If you live in New York City, non-emergency transportation will be covered by regular Medicaid. To get non-emergency transportation you or your provider must call LogistiCare at 1877-564-5922. If possible, you or your provider should call LogistiCare at least 3 days before your medical appointment and provide your Medicaid identification number (ex. AB12345C), appointment date and time, address where you are going, and doctor you are seeing. **How you get emergency transportation will not change. If you have an emergency and need an ambulance, you must call 911.**

If you live in Nassau or Suffolk Counties, emergency and non-emergency medical transportation is covered by regular Medicaid. To get non-emergency transportation, you or your provider must call LogistiCare at 1-844-678-1103. If possible, you or your provider should call LogistiCare at least 3 days before your medical appointment and provide your Medicaid identification number (ex. AB12345C). Non-emergency transportation includes: bus, taxi, ambulette, and public transportation. **How you get emergency transportation will not change. If you have an emergency and need an ambulance, you must call 911.**

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

Medical Answering Services - Non-Emergency Transportation Services
www.medanswering.com

Albany County	855-360-3549
Allegany	866-271-0564
Broome County	855-852-3294
Cattaraugus County	866-371-4751
Cayuga County	866-932-7743
Chautauqua County	855-733-9405
Chemung County	855-733-9399
Chenango County	855-733-9396
Clinton County	866-753-4435
Columbia County	855-360-3546
Cortland County	855-733-9397
Delaware County	866-753-4434
Dutchess County	866-244-8995
Erie County	800-651-7040
Essex County	866-753-4442
Franklin County	888-262-3975
Fulton County	855-360-3550
Genesee County	855-733-9404
Greene County	855-360-3545
Hamilton County	866-753-4618
Herkimer County	866-753-4524
Jefferson County	866-558-0757
Lewis County	800-430-6681
Livingston County	888-226-2219
Madison County	855-852-3286
Monroe County	866-932-7740
Montgomery County	855-360-3548

Niagara County	866-753-4430
Oneida County	855-852-3288
Onondaga County	855-852-3287
Ontario County	855-733-9402
Orange County	855-360-3543
Orleans County	866-260-2305
Oswego County	855-733-9395
Otsego County	866-333-1030
Putnam County	855-360-3547
Rensselaer County	855-852-3293
Saratoga County	865-852-3292
Schenectady County	855-852-3291
Schoharie County	855-852-3290
Schuyler County	866-753-4480
Seneca County	866-753-4437
St. Lawrence County	866-722-4135
Steuben County	855-733-9401
Sullivan County	866-573-2148
Tioga County	855-733-9398
Tompkins County	866-753-4543
Ulster County	866-287-0983
Warren County	855-360-3541
Washington County	855-360-3544
Wayne County	855-852-3295
Westchester County	866-883-7865
Wyoming County	855-733-9403
Yates County	866-753-4467

Developmental Disabilities

- Long-term therapies

Fidelis Care Medicaid Managed Care Member Handbook
 1-888-FIDELIS (1-888-343-3547; TTY: 711)
 Crisis Line: 1-866-694-3399

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

SERVICES NOT COVERED

These services are **not available** from Fidelis Care 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 Fidelis Care, unless it is a provider you are allowed to see as described elsewhere in this handbook or Fidelis Care or your PCP sent you to that provider.
- Services for which you need a referral (approval) in advance and you did not get it.

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

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

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

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 Fidelis Care at 1-888-FIDELIS (1-888-343-3547) right away. Fidelis Care can help you understand why you may have gotten a bill. If you are not responsible for payment, Fidelis Care will contact the provider and help fix the problem for you.

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

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

SERVICE AUTHORIZATION AND ACTIONS

Prior Authorization

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

1. Select ambulatory surgery procedures
2. Medically necessary cosmetic surgery
3. Ancillary Services: DME, Orthotics, Prosthetics, and Artificial eyes
4. Home Health Care: Physical, Occupational, and Speech Therapy
5. Inpatient admissions, elective (with the exception of SUD services, which do not require a prior authorization)
6. Morbid obesity treatments
7. Out-of-network specialty referrals
8. Physical, Occupational, and Speech Therapy (no authorization for the initial visit, subsequent visits require prior authorization)
9. Select surgical procedures
10. Outpatient diagnostic and therapeutic procedures
 - a. Cochlear implants
 - b. Contact lenses (special)
 - c. Inpatient rehabilitation, short term
 - d. Pain management
 - e. PET scans
 - f. Sleep Apnea/Apnea monitoring
11. New technology and treatments

Services Requiring PCP referral only:

- a. Diagnostic Services, Ambulatory
- b. Angiograms
- c. Bronchoscopy
- d. Cardiac Rehabilitation
- e. Cardiolute/Thallium Stress Tests
- f. Colonoscopy
- g. CT scans
- h. Echocardiograms
- i. EKG (Specialist reading)
- j. EMG and Nerve Conduction Studies
- k. Flexible sigmoidoscopy
- l. Endoscopy, upper GI
- m. ERCPs
- n. Lithotripsy
- o. MRIs
- p. Myelograms
- q. Vascular Studies, Doppler

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

New technologies include procedures (both medical and behavioral health), drugs, devices, or new applications of established procedures, drugs and devices. Fidelis Care evaluates new technologies when a new technology is identified as having a potential value to members. When evaluating new technology, Fidelis Care conducts a comprehensive search of clinical literature, reviews information from applicable government and regulatory bodies and develops a recommendation for coverage. The recommendation is provided to Fidelis Care's Clinical Advisory Committee (CAC) on an as needed basis for determination of coverage. The CAC is comprised of specialists and professionals with expertise in the new technology.

Recommendations pertaining to drug coverage are also reviewed by Fidelis Care's Pharmacy and Therapeutics Committee. New technology evaluation and coverage decisions are updated throughout the plan year as appropriate to ensure that members have access to safe and effective care.

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

Fidelis Care
Attention: Quality Health Care Management
25-01 Jackson Ave
Long Island City, NY 11101-5095

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

What happens after we get your service authorization request

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

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.

Fidelis Care Medicaid Managed Care Member Handbook
1-888-FIDELIS (1-888-343-3547; TTY: 711)
Crisis Line: 1-866-694-3399

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 of 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.

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 an outpatient prescription drug we will make a decision within 24 hours of your 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 with 24 hours for outpatient prescription drugs. For other drugs, we will make a decision within 14 days of your 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 someone you trust may also ask us to take more time to make a decision. This may be because you have more information to give the plan to help decide your case. This can be done by calling 1-888-FIDELIS (1-888-343-3547) or writing to:

Fidelis Care
 Attention: Quality Health Care Management
 25-01 Jackson Ave
 Long Island City, NY 11101-5095

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

We will notify you by the date our time for review has expired. But if for some reason you do not hear from us by that date, it is the same as if we denied your service authorization request. If 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.

Fidelis Care Medicaid Managed Care Member Handbook
 1-888-FIDELIS (1-888-343-3547; TTY: 711)
 Crisis Line: 1-866-694-3399

Other Decisions About Your Care

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

Timeframes for notice of other actions

- In most cases, if we make a decision to reduce, suspend, or terminate a service we have already approved and you are now getting, we must tell you at least 10 days before we change the service.
- We must tell you at least 10 days before we make any decision about long term services and supports, such as home health care, personal care, CDPAS, adult day health care, and permanent nursing home care.

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

HOW OUR PROVIDERS ARE PAID

You have the right to ask us whether we have any special financial arrangement with our physicians that might affect your use of health care services. You can call Member Services at 1888-FIDELIS (1-888-343-3547) if you have specific concerns. We also want you to know that most of our providers are paid in one or more of the following ways:

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

- Providers may also be paid by **fee-for-service**. This means they get a Plan-agreed-upon fee for each service they provide.

Fidelis Care is committed to providing members with the best and most appropriate care possible. Utilization management decisions are based only on the appropriateness of care and existence of coverage. At no time does Fidelis Care directly or indirectly reward practitioners or other individuals for issuing denials of coverage, service, or care. There are no financial incentives offered or compensation rewarded to individuals, as UM decision makers, to encourage underutilization or inappropriate use of services.

INFORMATION FROM MEMBER SERVICES

Here is information you can get by calling Member Services at 1-888-FIDELIS (1-888-3433547)

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

KEEP US INFORMED

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

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

If you no longer get Medicaid, check with your local Department of Social Services or the New York State of Health. You *may* be able to enroll in another program.

DISENROLLMENT AND TRANSFER OPTIONS

1. If You Want to Leave Fidelis Care

You can try us out for 90 days. You may leave Fidelis 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 Fidelis Care for 9 more months, *unless* you have a good reason (Good Cause).

Some examples of Good Cause include:

- Our health plan does not meet New York State requirements and members are harmed because of it.
- You move out of our service area.
- You, the plan, and the LDSS or the New York State of health 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.

To disenroll or change plans:

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

For all other counties, you can call your local Department of Social Services or the New York State of Health. The phone numbers for the Departments of Social Services and the New York State of Health are listed starting on Page 62.

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 2 and 6 weeks to process, depending on when your request is received. You will get a notice that the change will take place by a certain date. Fidelis Care will provide the care you need until then.

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

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

2. You Could Become Ineligible for Medicaid Managed Care

- You or your child may have to leave Fidelis Care if you or the child:
 - move out of the county or service area
 - change to another managed care plan
 - join an HMO or other insurance plan through work
 - go to prison
 - otherwise lose eligibility

- Your child may have to leave Fidelis Care or change plans if he or she:
 - joins a Physically Handicapped Children's Program, or
 - is placed in foster care by an agency that has a contract to provide that service for the local Department of Social Services

If you have to leave Fidelis Care 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 1-855-222-8350 right away if this happens.

3. We Can Ask You to Leave Fidelis Care

You can also lose your Fidelis Care membership, if you often:

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

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 the plan's 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 1-888-FIDELIS (1-888-343-3547; TTY: 711) 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.

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

Give us your information and materials by phone, fax, or mail:

Mail: 25-01 Jackson Avenue, Long Island City, NY 11101,
Phone: 1-888-343-3547 (for TTY/TDD services, call 711)
Fax: 1-315-849-3885

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

If you are asking for 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.

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

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) that recommends 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 Fidelis Care at 1-888-FIDELIS (1-888-343-3547) 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.

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

- 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 in 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:

- 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**
- If your request was denied when you asked to continue receiving care that you are now getting or need to extend a service that has been provided; **or**
- If your request was denied when you asked for home health care after you were in the hospital; **or**
- If your request was denied when you asked for more inpatient substance use disorder treatment at least 24 hours before you were to leave the hospital.

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 the plan to help decide your case. This can be done by calling Member Services at 1-888-FIDELIS (1-888-343-3547; TTY: 711) or writing.

You or your representative can file a complaint with the plan 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.

If we do not decide your Plan Appeal on time, and we said the service you are asking for is: 1) not medically necessary; 2) experimental or investigational; 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, the original denial will be reversed. This means your service authorization request will be approved.

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

Before you ask for an External Appeal:

- You must file 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 the plan may agree to skip the plan's appeals process and go directly to External Appeal; **or**
- You can prove the plan did not follow the rules correctly when processing your Plan Appeal.

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

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

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

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

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

You can get a faster decision if:

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

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

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

When you ask for a Fair Hearing about a decision Fidelis Care 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,

Fidelis Care Medicaid Managed Care Member Handbook

1-888-FIDELIS (1-888-343-3547; TTY: 711)

Crisis Line: 1-866-694-3399

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 1-888-FIDELIS (1-888-343-3547; TTY: 711) to ask for it.

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

Complaint Process

Complaints:

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

You can call Member Services at 1-888-FIDELIS (1-888-343-3547) 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 with Our Plan:

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 at 1-888-FIDELIS (1-888-343-3547) Monday through Friday 8:30am – 6:00pm. If you call us after hours, leave a message. We will call you back the next work day. If we need more information to make a decision, we will tell you.

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

Fidelis Care
Attn: Member Services Department
25-01 Jackson Ave
Long Island City, NY 11101-5095

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** Member Services at 1-888-FIDELIS (1-888-343-3547) 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 in 45 days of when we have all the information we need to answer your complaint, but you will hear from us in no more than 60 days from the day we get your complaint. We will write you and will tell you the reasons for our decision.
- When a delay would risk your health, we will let you know our decision in 48 hours of when we have all the information we need to answer your complaint but you will hear from us in no more than 7 days from the day we get your complaint. We will call you with our decision or try to reach you to tell you. You will get a letter to follow up our communication in 3 work days.
- You will be told how to appeal our decision if you are not satisfied and we will include any forms you may need.
- If we are unable to make a decision about your Complaint because we don't have enough information, we will send a letter and let you know.

Complaint Appeals:

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

How to make a complaint appeal:

- If you are not satisfied with what we decide, you have at least 60 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 work days. If a delay would risk your health you will get our decision in 2 work days of when we have all the information we need to decide the appeal. You will be given the reasons for our decision and our clinical rationale, if it applies. If you are still not satisfied, you or someone on your behalf can file a complaint at any time with the New York State Department of Health at 1-800-206-8125.

MEMBER RIGHTS AND RESPONSIBILITIES

Your Rights

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

- Be cared for with respect, without regard for health status, sex, race, color, religion, national origin, age, marital status, or sexual orientation.
- Be told where, when, and how to get the services you need from Fidelis Care and your practitioner.
- Be told about your member rights and responsibilities.
- Suggest changes to Fidelis Care's policies and member rights and duties.
- 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.
- Discuss treatment options regardless of cost of benefit coverage.
- 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.
- Make complaints and/or appeals about Fidelis Care and its services.
- Use the Fidelis Care complaint system to settle any complaints, or complain to the New York State Department of Health or the local Department of Social Services any time you feel you were not fairly treated.
- Use the State Fair Hearing system.
- Appoint someone (relative, friend, lawyer, etc.) to speak for you if you are unable to speak for yourself about your care and treatment.
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

Your Responsibilities

As a member of Fidelis Care you agree to:

- Work with your PCP to guard and improve your health.
- Find out how your health care system works and understand your health problems.
- Listen to your PCP's advice and ask questions when you are in doubt. □ To the best of your ability, help your PCP create treatment goals.
- Provide information that is needed for your care to Fidelis Care and your PCP.
- Follow plans and instructions for care you have agreed to.
- Call or go back to your PCP if you do not get better, or ask for a second opinion.
- Treat health care staff with the respect you expect yourself.
- Tell us if you have problems with any health care staff. Call Member Services.
- Keep your appointments. If you must cancel, call as soon as you can.
- Use the emergency room only for real emergencies.
- Call your PCP when you need medical care, even if it is after-hours.

ADVANCE DIRECTIVES

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

Health Care Proxy

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

CPR and DNR

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

Organ Donor Card

This wallet sized card says that you are willing to donate parts of your body to help others when you die. Also, check the back of your driver's license to let others know if and how you want to donate your organs.

IMPORTANT PHONE NUMBERS

Federally Qualified Health Centers (FQHCS)

Albany

Whitney M Young Jr Health Center Inc
10 Dewitt Street
Albany, NY 12207
(518) 463-3882

Whitney M Young Jr Health Center Inc
920 Lark Drive
Albany, NY 12207
(518) 465-4771

Allegany

Southern Tier Community Health Center Network Inc
132 West Main Street
Cuba, NY 14727
(716) 375-7500

Southern Tier Community Health Center Network Inc
9864 Luckey Drive
Houghton, NY 14744
(716) 375-7500

Bronx

AHRC HealthCare Inc
1420 Ferris Place
Bronx, NY 10461
(718) 730-1004

Bella Vista Health Center
890 Hunts Point Avenue
Bronx, NY 10474
(718) 589-2141

Bronx-Lebanon Hospital Center - Concourse Division
1650 Grand Concourse
Bronx, NY 10457
(718) 590-1800

Bronx-Lebanon Hospital Center - Fulton Division
1276 Fulton Avenue
Bronx, NY 10456
(718) 590-1800

Care for the Homeless
1911-21 Jerome Avenue
Bronx, NY 10453
(718) 943-1340

Castle Hill Family Practice
2175 Westchester Avenue
Bronx, NY 10462
(718) 829-6770

Community Healthcare Network, Inc
975 Westchester Avenue
Bronx, NY 10459
(718) 320-4466

Comprehensive Family Care Center
1621 Eastchester Road
Bronx, NY 10461
(718) 405-8040

Comprehensive Health Care Center
301-305 East 161st Street
Bronx, NY 10451
(718) 579-2500
Damian Family Care Centers Inc dba Project Samaritan Health Services
1381 University Avenue
Bronx, NY 10452
(718) 538-7000

Damian Family Care Centers Inc dba Project Samaritan Health Services
1600 Macombs Road
Bronx, NY 10452
(718) 503-7700

Dr. Martin Luther King Jr Health Center Inc
1265 Franklin Avenue
Bronx, NY 10456
(718) 992-7669

HELP/PSI Services Corporation
1543-1545 Inwood Avenue
Bronx, NY 10452
(718) 299-1777

Morris Heights Health Center, Inc
85 West Burnside Avenue
Bronx, NY 10453
(718) 716-4400

Plaza Del Castillo Health Center
1515 Southern Boulevard
Bronx, NY 10460
(718) 589-1600

Promesa, Inc.
1776 Clay Avenue
Bronx, NY 10457
(718) 299-1100

Urban Health Plan
1065 Southern Boulevard
Bronx, NY 10459
(718) 589-2440

Cattaraugus

Seneca Nation of Indians dba Lionel R John Health Center FQHC
987 Robert C Hoag Drive
Salamanca, NY 14779
(716) 945-5894
Southern Tier Community Health Center Network Inc
135 North Union Street
Olean, NY 14760
(716) 375-7500

Cayuga

East Hill Family Medicine, Inc
144 Genesee Street Auburn,
NY 13021
(315) 253-8477

Chautauqua

Cattaraugus Indian Reservation Health Center (FQHC)
36 Thomas Indian School Drive
Irving, NY 14081
(716) 532-5582

Columbia

Hudson River Health Care
750 Union Street
Hudson, NY 12534
(518) 751-3060

Cortland

Family Health Network of Central NY Inc
22-24 East Main Street
Marathon, NY 13803
(607) 849-3271

Family Health Network of Central NY Inc
2805 Cincinnatus Road
Cincinnatus, NY 13040
(607) 863-4126

Family Health Network of Central NY Inc
4038 West Road
Cortland, NY 13045
(607) 758-3008

Dutchess

Hudson River Health Care
1 Webster Avenue, Suite 202
Poughkeepsie, NY 12601
(845) 790-7990

Hudson River Health Care
29 North Hamilton Street
Poughkeepsie, NY 12601
(845) 454-8204

Hudson River Health Care
3360 Route 343
Amenia, NY 12501
(845) 838-7038

Hudson River Health Care
19 Pilch Street
Pine Plains, NY 12567
(518) 398-8844

Hudson River Health Care
3174 Route 22
Dover Plains, NY 12522
(845) 877-4793

Hudson River Health Care
6 Henry Street
Beacon, NY 12508
(845) 831-0400

Northern Dutchess Hospital
11 Crum Elbow Road
Hyde Park, NY 12538
(845) 229-1020

Erie

Community Health Center of Buffalo, Inc
34 Benwood Avenue
Buffalo, NY 14214
(716) 986-9199

Essex

Hudson Headwaters Health Network
24 Fairfield Avenue
Schroon Lake, NY 12870
(518) 532-7120

Hudson Headwaters Health Network
102 Race Track Road
Ticonderoga, NY 12883
(518) 585-6708

Hudson Headwaters Health Network
33 Tom Phelps Lane
Mineville, NY 12956
(518) 942-7123

Franklin

St Regis Mohawk Health Services - FQHC
412 State Route 37
Hogansburg, NY 13655
(518) 358-3141

Greene

Greenville Family Health Care
20 Bryants Country Square
Greenville, NY 12083
(518) 966-8786

Hudson Headwaters Health Network
Main Street & Pelon Road
South Cairo, NY 12482-0684
(518) 648-5707

Hamilton

Hudson Headwaters Health Network
6356 NYS Route 30
Indian Lake, NY 12842-1500
(518) 648-5707

Jefferson

North Country Family Health Center, Inc
238 Arsenal Street
Watertown, NY 13601
(315) 782-6400

Kings (Brooklyn)

Bedford Stuyvesant Community Health Center
1456 Fulton Street
Brooklyn, NY 11216
(718) 636-4500

Brooklyn Plaza Medical Center
650 Fulton Street
Brooklyn, NY 11217
(718) 596-9896

Brownsville Multi-Service Family Health Center
592 Rockaway Avenue
Brooklyn, NY 11212
(718) 345-5000

Community Healthcare Network, Inc
999 Blake Avenue
Brooklyn, NY 11208
(718) 277-8303

Community Healthcare Network, Inc
1167 Nostrand Avenue
Brooklyn, NY 11225
(718) 778-0198

Community Healthcare Network, Inc
94-98 Manhattan Avenue
Brooklyn, NY 11206
(718) 388-0390

Family Physician Health Center
5616 6th Avenue
Brooklyn, NY 11220-3419
(718) 439-5440

Help/PSI Inc
803 Sterling Place
Brooklyn, NY 11216
(718) 681-8700

L'Refuah Medical and Rehabilitation Center
1312 38th Street
Brooklyn, NY 11218
(718) 686-7600

Mental Health Center
514 49th Street
Brooklyn, NY 11220
(718) 431-2600

Park Slope Family Health Center
220 13th Street
Brooklyn, NY 11215
(718) 832-5980

Lewis

North Country Family Health Center, Inc
7785 North State Street
Lowville, NY 13367
(315) 376-4500

Livingston

Rochester Primary Care Network
1 Murray Hill Drive
Mount Morris, NY 14510
(585) 243-7840

Tri-County Family Medicine Program, Inc
22 Red Jacket Street
Dansville, NY 14437-0339
(585) 335-6041

Monroe

Anthony L Jordan Health Center, Inc
82 Holland Street
Rochester, NY 14605
(585) 423-5800

Clinton Family Health Center
293 Upper Falls Boulevard
Rochester, NY 14605
(585) 922-0200

Genesee Health Service
222224 Alexander Street
Rochester, NY 14607
(585) 922-8230

Genesee Valley Family Health
3800 Dewey Avenue
Rochester, NY 14616
(585) 922-2440

Oak Orchard Community Health Center
300 West Ave
Brockport, NY 14420
(585) 637-3905

The Unity Hospital of Rochester
2260 Lake Avenue
Rochester, NY 14612
(585) 254-1850

The Unity Hospital of Rochester
158 Orchard Street
Rochester, NY 14611
(585) 368-4500

The Unity Hospital of Rochester
2655 Ridgeway Avenue
Rochester, NY 14626
(585) 295-1890

Nassau

Long Island FQHC, Inc dba Family Health Centers
380 Nassau Road
Roosevelt, NY 11575
(516) 571-8600

Long Island FQHC, Inc dba Family Health Centers
135 Main Street
Hempstead, NY 11550
(516) 572-1300

New York (Manhattan)

Betances Health Center
280 Henry Street
New York, NY 10002
(212) 227-8401

Charles B. Wang Community Health Center
268 Canal Street
New York, NY 10013
(212) 379-6996

Charles B. Wang Community Health Center
125 Walker Street
New York, NY 10013
(212) 226-3888

Heritage Health and Housing Inc
1727 Amsterdam Avenue
New York, NY 10031
(212) 862-0054

Ryan Chelsea-Clinton Center
645 Tenth Avenue
New York, NY 10036
(212) 265-4500

The Institute For Family Health
16 East 16th Street
New York, NY 10003
(212) 206-5200

William F. Ryan Community Health Center
110 West 97th Street
New York, NY 10025
(212) 749-1820

William F. Ryan Community Health Center
279 East 3rd Street
New York, NY 10009
(212) 477-8500

AHRC HealthCare Inc
83 Maiden Lane
New York, NY 10038
(212) 895-3410
Community Healthcare Network, Inc
81 West 115th Street
New York, NY 10026
(212) 426-0088

Community Healthcare Network, Inc
1996 Amsterdam Avenue
New York, NY 10032
(212) 781-7979

Covenant House New York / Under 21, Inc
460 West 41st Street
New York, NY 10036
(212) 613-0300

East Harlem Council for Human Services Inc
2265 Third Avenue
New York, NY 10035
(212) 289-6650

Michael Callen-Audre Lorde Community Health Center
356 West 18th Street
New York, NY 10011
(212) 271-7200

Project Renewal Inc
8 East 3rd Street
New York, NY 10003
(212) 533-8400

Saint Christopher's Inc
690 Amsterdam Ave
New York, NY 10025
(212) 865-4104

Settlement Health
212 East 106th Street
New York, NY 10029
(212) 360-2600

The Institute for Family Health
690 Amsterdam Avenue
New York, NY 10025
(212) 865-4104

Upper Room Aids Ministry Inc
123-125 West 124th Street
New York, NY 10027
(212) 531-1300

William F. Ryan Community Health Center
801 Amsterdam Avenue
New York, NY 10025
(212) 316-8300

Niagara

Community Health Center of Buffalo, Inc
38 Heritage Court
Lockport, NY 14094
(716) 478-6655

Oneida

Rochester Primary Care Network
1651 Oneida Street
Utica, NY 13501
(315) 793-7600

Onondaga

Syracuse Community Health Center
819 South Salina Street
Syracuse, NY 13210
(315) 476-7921

Syracuse Community Health Center
1938 East Fayette Street
Syracuse, NY 13218
(315) 474-4077

Syracuse Community Health Center
603 Oswego Street
Syracuse, NY 13204
(315) 424-0800

Syracuse Community Health Center
1701 South Avenue
Syracuse, NY 13207
(315) 234-8336

Syracuse Community Health Center
120 Gifford Street
Syracuse , NY 13202
(315) 701-3870

Ontario

Finger Lakes Migrant Health Care Project, Inc
601-B West Washington Street
Geneva , NY 14456
(315) 781-8448

Orange

Ezras Choilim Health Center Inc.
49 Forest Road
Monroe, NY 10950
(845) 782-3242

Greater Hudson Valley Family Health Center Inc.
147 Lake Street
Newburgh, NY, 12550
(845) 563-8000

Hudson River Health Care
888 Pulaski Highway
Goshen, NY 10924
(845) 651-2298

Hudson River Health Care
75 Orange Avenue
Walden, NY 12586
(845) 778-2700

Middletown Community Health Center Inc.
14 Grove Street
Middletown, NY 10940
(845) 344-2273

Middletown Community Health Center Inc.
10 Benton Avenue
Middletown, NY 10940
(845) 343-8838

United Community Health Center Clinic
99 Cameron Street
Pine Bush, NY 12566
(845) 744-2067

Orleans

Oak Orchard Community Health Center
301 West Avenue
Albion, NY 14411
(585) 589-5613

Oswego

Northern Oswego County Health Services, Inc dba Pulaski Health Center
61 Delano Street
Pulaski, NY 13142
(315) 298-6564

Otsego

Town of Cherry Valley/Community Health Center
2 Main Street
Cherry Valley, NY 13320
(607) 264-3036

Queens

Charles B. Wang Community Health Center
136-26 37th Avenue Flushing,
NY 11354
(718) 886-1200

Community Healthcare Network, Inc
97-04 Sutphin Boulevard
Jamaica, NY 11435
(718) 657-7088

Damian Family Care Centers Inc dba Project Samaritan Health Services
137-50 Jamaica Avenue
Jamaica, NY 11435
(718) 298-5130

Help/PSI Inc
105-04 Sutphin Boulevard
Jamaica, NY 11435
(718) 681-8700

Joseph P. Addabbo Family Health Center
130-22 Farmers Boulevard
Jamaica, NY 11434
(718) 945-7150

Joseph P. Addabbo Family Health Center
1288 Central Avenue
Far Rockaway, NY 11691
(718) 945-7150

Joseph P. Addabbo Family Health Center
6200 Beach Channel Drive
Far Rockaway, NY 11692
(718) 945-7150

The Floating Hospital, Inc 25-15
Queens Plaza North
Long Island City, NY 11101-4001
(718) 784-0149

Rensselaer

Whitney M Young Jr Health Center Inc
6 102nd Street
Troy, NY 12180
(518) 833-6900

Richmond (Staten Island)

Beacon Christian Community Center
2079 Forest Avenue
Staten Island, NY 10303
(718) 815-6560

Community Health Center of Richmond, Inc
235 Port Richmond Avenue
Staten Island, NY 10302
(718) 876-1732

Rockland

Community Medical and Dental Care, Inc
175 Route 59
Spring Valley, NY 10977
(845) 352-6800

Community Medical and Dental Care, Inc
40 Robert Pitt Drive
Monsey, NY 10952
(845) 352-6800

Hudson River Health Care
31 West Broad Street -3rd Floor
Haverstraw, NY 10927
(845) 429-4499

St. Lawrence

UCPA of the North Country
4 Commerce Lane
Canton, NY 13617
(315) 386-8191

Saratoga

Hudson Headwaters Health Network
1448 State Route 9
South Glens Falls, NY 12803
(518) 761-6961

Schenectady

Hometown Health Centers
1044 State Street
Schenectady, NY 12307
(518) 370-1441

Seneca

Finger Lakes Migrant Health Care Project, Inc
7150 North Main Street
Ovid, NY 14521
(607) 403-0065

Steuben

Finger Lakes Migrant Health Care Project, Inc
117 East Steuben Street
Bath, NY 14810
(607) 776-9700

Suffolk

Hudson River Health Care
327 Front Street
Greenport, NY 11944
(631) 477-2678

Hudson River Health Care Inc dba Elsie Owens North Brookhaven Health Cente
82 Middle Country Road
Coram, NY 11727
(631) 320-2220

Sullivan

Hudson River Health Care
23 Lakewood Avenue
Monticello, NY 12701
(845) 794-2010

Tompkins

Cayuga Medical Center at Ithaca
101 Dates Drive
Ithaca, NY 14850
(607) 277-1600

Ulster

The Institute For Family Health
1 Foxhall Avenue
Kingston, NY 12401
(845) 338-8444

The Institute For Family Health
279 Main Street, Suite 102
New Paltz, NY 12561
(845) 255-2930

The Institute For Family Health
One Family Practice Drive
Kingston, NY 12401
(845) 338-6400

The Institute For Family Health
6 Healthy Way
Ellenville, NY 12428
(845) 647-4500

Warren

Hudson Headwaters Health Network
11 Cross Street
Bolton Landing, NY 12814-0539
(518) 644-9471

Hudson Headwaters Health Network
14 Manor Drive
Queensbury, NY 12804-1906
(518) 798-6400

Hudson Headwaters Health Network
100 Broad Street
Glens Falls, NY 12801
(518) 792-2223

Hudson Headwaters Health Network
126 Ski Bowl Road
North Creek, NY 12853
(518) 251-2541

Hudson Headwaters Health Network
3767 Main Street
Warrensburg, NY 12885
(518) 623-2844

Hudson Headwaters Health Network
6223 State Route 9
Chestertown, NY 12817
(518) 494-2761

Hudson Headwaters Health Network
161 Carey Road
Queensbury, NY 12804
(518) 824-8610

Washington

Hudson Headwaters Health Network
48 East Street
Fort Edward, NY 12828
(518) 824-8630

Wayne

Finger Lakes Migrant Health Care Project, Inc
6692 Middle Road
Sodus, NY 14551
(315) 483-1199

Rochester Primary Care Network
1519 Nye Road
Lyons, NY 14489
(315) 871-3178

Westchester

Hudson River Health Care
1037 Main Street
Peekskill, NY 10566
(914) 734-8800

Hudson River Health Care
2 Park Avenue
Yonkers, NY 10703-3402
(914) 964-7862

Hudson River Health Care
503 South Broadway
Yonkers, NY 10705
(914) 965-9771

Mount Vernon Neighborhood Health Center Network
30 South Broadway
Yonkers, NY 10701
(914) 968-4898

Mount Vernon Neighborhood Health Center Network
107 West Fourth Street
Mount Vernon, NY 10550
(914) 699-7200

Mount Vernon Neighborhood Health Center Network
330 Tarrytown Road
White Plains, NY 10607
(914) 989-7600

St. John's Riverside Hospital - Park Care Pavilion
2 Park Avenue
Yonkers, NY 10703
(914) 964-7300

Wyoming

Oak Orchard Community Health Center
81 South Main Street
Warsaw, NY 14569
(585) 228-1195

Yates

Finger Lakes Migrant Health Care Project, Inc
160 Main Street
Penn Yan, NY 14527
(315) 536-2752

Finger Lakes Migrant Health Care Project, Inc
112 Kimball Avenue
Penn Yan, NY 14527
(315) 536-2752

Rochester Primary Care Network
2 Rubin Drive
Rushville, NY 14544
(585) 554-4400

Your PCP.....

THE PLAN

Member Services1-888-FIDELIS(1-888-343-3547)

Member Services TTY/TDD711

Other Units (e.g., Nurse Hotline, Utilization Review, etc.)

Your Nearest Emergency Room

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

Other Health Providers:

_____	_____
_____	_____
_____	_____

New York Medicaid Choice.....1-800-505-5678

NYSOH Marketplace..... (855) 355-5777

<https://nystateofhealth.ny.gov/>

LOCAL DEPARTMENTS OF SOCIAL SERVICES

Albany County

162 Washington Avenue
Albany, New York 12210..... (518) 447-7492

Allegany County

7 Court Street
Belmont, New York 14813-1077 (585) 268-9622

Broome County

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

Cattaraugus County

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

Cayuga County

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

Chautauqua County

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

Chemung County

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

Chenango County

5 Court Street
PO Box 590
Norwich, New York 13815..... (607) 337-1500

Clinton County

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

Columbia County

25 Railroad Avenue PO Box 458

Hudson, New York 12534..... (518) 828-9411

Cortland County

60 Central Avenue

Cortland, New York 13045 (607) 753-5248

Delaware County

111 Main Street

Delhi, New York 13753..... (607) 832-5300

Dutchess County

60 Market Street

Poughkeepsie, New York 12601 (845) 486-3000

Erie County

95 Franklin Street

Buffalo, New York 14202 (716) 858-8000

Essex County

7551 Court Street

PO Box 217

Elizabethtown, New York 12932 (518) 873-3441

Franklin County

355 West Main Street

Malone, New York 12953..... (518) 481-1768

Fulton County

4 Daisy Lane

PO Box 549

Johnstown, New York 12095..... (518) 736-5600

Genesee County

5130 East Main Street, Suite #3,

Batavia, New York 14020..... (585) 344-2580

Greene County

411 Main Street

PO Box 528

Catskill, New York 12414 (518) 943-3200

Hamilton County
PO Box 725
White Birch Lane
Indian Lake, New York 12842 (518) 648-6131

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

Jefferson County
250 Arsenal Street
Watertown, New York 13601 (315) 782-9030

Lewis County
5274 Outer Stowe Street
PO Box 193
Lowville, New York 13367..... (315) 376-5400

Livingston County
1 Murray Hill Drive
Mount Morris, New York 14510..... (585) 243-7300

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

Monroe County
111 Westfall Road
Rochester, New York 14620-4686 (585) 753-6298

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

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

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

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

Oneida County

800 Park Avenue

Utica, New York 13501 (315) 798-5632

Onondaga County

421 Montgomery Street

Syracuse, New York 13202 (315) 435-2928

Ontario County

3010 County Complex Drive

Canandaigua, New York 14424..... (585) 396-4060

Orange County

11 Quarry Road, Box Z

Goshen, New York 10924-0678 (845) 291-4000

Orleans County

14016 Route 31 West

Albion, New York 14411 (585) 589-7000

Oswego County

100 Spring Street

PO Box 1320

Mexico, New York 13114 (315) 963-5000

Otsego County

County Office Building

197 Main Street

Cooperstown, New York 13326-1196 (607) 547-1700

Putnam County

110 Old Route 6

Carmel, NY 10512..... (845) 808-1500

Rensselaer County

1801 Sixth Avenue

Troy, New York 12180 (518) 266-7800

Rockland County

Sanatorium Road, Building L

Pomona, New York 10970 (845) 364-3040

St. Lawrence County

Harold B. Smith County Office Building

6 Judson Street

Canton, New York 13617-1197 (315) 379-2111

Saratoga County

152 West High Street

Ballston Spa, New York 12020 (518) 884-4148

Schenectady County

797 Broadway

Schenectady, New York 12305 (518) 388-4445

Schoharie County

County Office Building

PO Box 687

Schoharie, New York 12157 (518) 295-8334

Schuyler County

County Office Building

323 Owego Street

Montour Falls, New York 14865 (607) 535-8303

Seneca County

1 Di Pronio Drive

PO Box 690

Waterloo, New York 13165 (315) 539-1800

Steuben County

3 East Pulteney Square

Bath, New York 14810..... (607) 664-2000

Suffolk County

3085 Veterans Memorial Highway

Ronkonkoma, New York 11779-8900 (631) 854-9700

Sullivan County

16 Community Lane

PO Box 231

Liberty, New York 12754 (845) 292-0100

Tioga County

1062 State Route 38

PO Box 240

Owego, New York 13827. (607) 687-8300

Tompkins County

320 West State Street

Ithaca, New York 14850 (607) 274-5359

Ulster County

1061 Development Court

Kingston, New York 12401 (845) 334-5000

Warren County

Municipal Center Annex

1340 State Route 9

Lake George, New York 12845-9803 (518) 761-6321

Washington County

Municipal Building

383 Broadway

Fort Edward, New York 12828 (518) 746-2300

Wayne County

77 Water Street

PO Box 10

Lyons, New York 14489 (315) 946-4881

Westchester County

White Plains District Office

85 Court Street

White Plains, New York 10601 (914) 995-3333

Wyoming County

466 North Main Street

Warsaw, New York 14569 (585) 786-8900

Yates County

County Office Building

417 Liberty Street, Suite 2122

Penn Yan, New York 14527 (315) 536-5183

Other Helpful Contacts

NY State Office of Mental Health (OMH)

44 Holland Avenue

Albany, NY 12229

1-800-597-8481

Web: <https://omh.ny.gov/omhweb/bho/education.html/>

NY State Department of Health (DOH)

Corning Tower

Empire State Plaza,

Albany, NY 12237

Managed Care Complaints: 1-800-206-8125

Email: dohweb@health.ny.gov

Web: https://health.ny.gov/health_care/managed_care/complaints/

NY State Office of Addiction Services and Supports (OASAS)

1450 Western Avenue

Albany, New York 12203-3526

Or

501 7th Avenue

New York, NY 10018-5903

(518)-473-3460

Independent Consumer Advocacy Network (ICAN)

Phone: 1-844-614-8800 (TTY Relay Service: 711)

www.icannys.org

Email: ican@cssny.org

Community Health Access to Addiction and Mental Healthcare Project (CHAMP)

Helpline: 1-888-614-5400

Email: Ombuds@oasas.ny.gov

NY State Domestic Violence Hotline

1-800-942-6906

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

YOUR MEMBER HANDBOOK HAS BEEN CHANGED TO INCLUDE MORE SERVICES

Applied Behavior Analysis (ABA) Services

Starting **January 1, 2023**, Fidelis Care will cover 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. Fidelis Care 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.

To learn more about these services, call Member Services at 1-888-FIDELIS (1-888-343-3547).

YOUR MEMBER HANDBOOK HAS BEEN CHANGED TO UPDATE SOME SERVICES

Gambling Disorder Treatment Provided by Office of Addiction Services and Supports (OASAS) Certified Programs.

Starting **January 1, 2023**, Fidelis Care will cover 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 them 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 Fidelis Care member services at the number listed below.

To learn more about these services, call Member Services at 1-888-FIDELIS (1-888-343-3547).