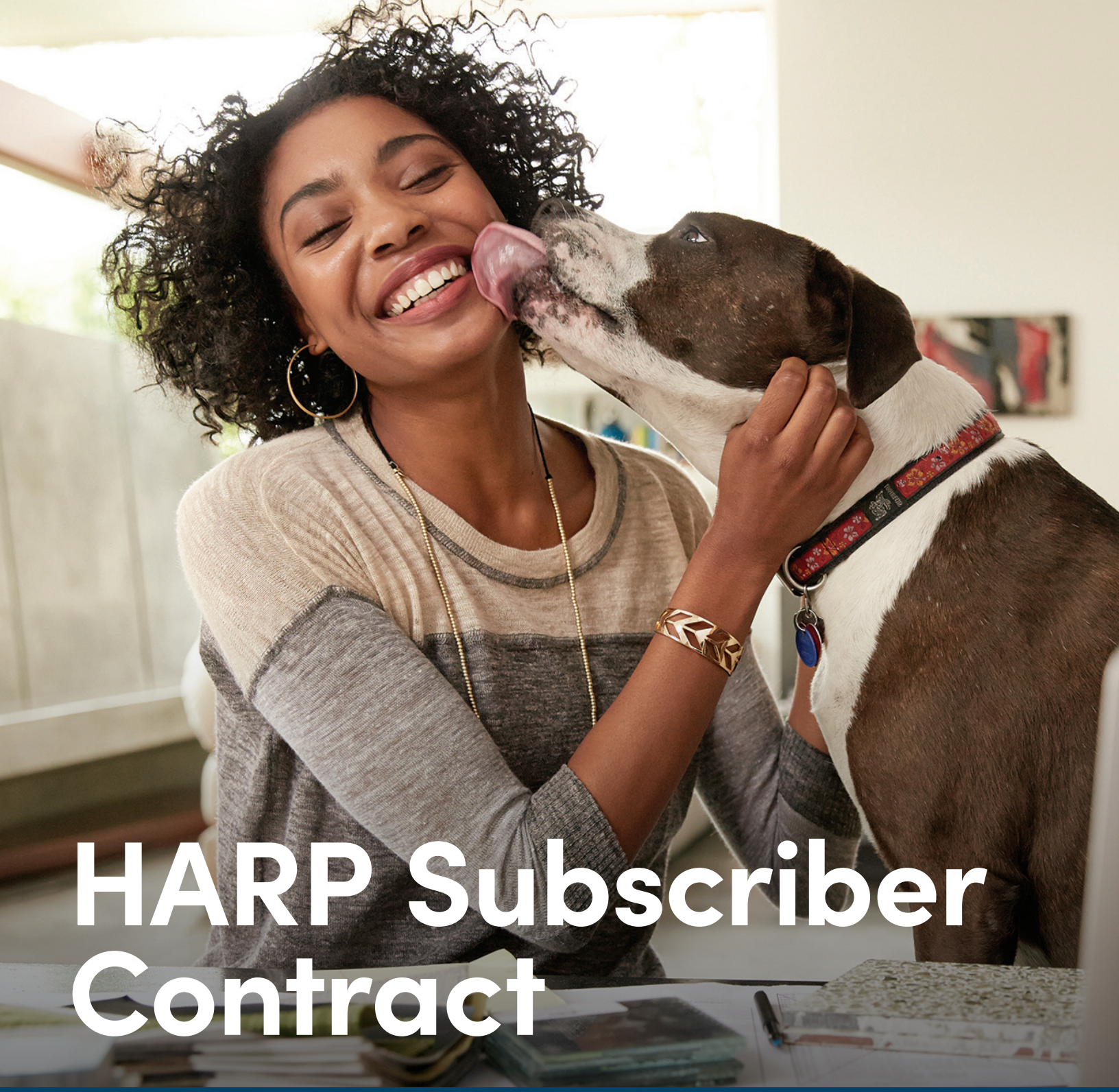

HARP Subscriber Contract

HIGHMARK
WESTERN NEW YORK

Highmark Blue Cross Blue Shield
of Western New York

bcbswny.com/stateplans

1043907NYMENHWN 08/22

Highmark Blue Cross Blue Shield of Western New York
Member Handbook

March 2023

This handbook will tell you how to use your
Highmark Blue Cross Blue Shield of Western New York plan.

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

Western New York
bcbswny.com/stateplans

ATTENTION: Language assistance services, free of charge, are available to you. Call 866-231-0847 (TTY 711).	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-231-0847 (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 866-231-0847 (TTY 711).	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (TTY 711) (رقم هاتف الصم والبكم 866-231-0847	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 866-231-0847 (TTY 711) 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 866-231-0847 (телетайп: TTY 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 866-231-0847 (TTY 711).	Italian
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 866-231-0847 (TTY 711).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 866-231-0847 (TTY 711).	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט (TTY 711) 866-231-0847.	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 866-231-0847 (TTY 711).	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 866-231-0847 (TTY 711).	Tagalog
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে৷ ফোন করুন ১- 866-231-0847 (TTY 711).	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 866-231-0847 (TTY 711).	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 866-231-0847 (TTY 711).	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں . کال کریں 866-231-0847 (TTY 711).	Urdu
BAA ÁKOHWIINIDZIN: Saad bee áka'e'eyeed bee áka'anída'awo', t'áá jíík'eh ła' ná hóló̧go át'é. Kohjį' 866-231-0847 (TTY 711) hodíilnih.	Navajo

NOTICE OF NON-DISCRIMINATION

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) complies with Federal civil rights laws. **Highmark BCBSWNY** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Highmark BCBSWNY 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 **Highmark BCBSWNY** at 866-231-0847. For TTY/TDD services, call 711.

If you believe that **Highmark BCBSWNY** 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 **Highmark BCBSWNY** by:

Mail: Member Complaints and Appeals Department
P.O. Box 62429
Virginia Beach, VA 23466-2429
Phone: 866-231-0847 (for TTY/TDD services, call 711)
Fax: 844-759-5954
In person: Highmark Blue Cross Blue Shield of Western New York
257 West Genesee Street, #110
Buffalo, NY 14202

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 hhs.gov/ocr/office/file/index.html
Phone: 800-368-1019 (TTY/TDD 800-537-7697)

Here's where to find the information you want

WELCOME TO HIGHMARK BLUE CROSS BLUE SHIELD OF WESTERN NEW YORK HEALTH AND RECOVERY PLAN

We are glad you enrolled in the Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) Health and Recovery Plan, or HARP, approved by New York State. HARPs are a new kind of plan providing Medicaid members with their healthcare, plus care for behavioral health. In this handbook, behavioral health means mental health, substance use disorder, and rehabilitation.

We are a special healthcare plan with providers who have a lot of experience treating persons who may need mental health and/or substance use care to stay healthy. We also provide care management services to help you and your healthcare team work together to keep you as healthy as possible.

This handbook will be your guide to the full range of healthcare services available to you.
We want to be sure you have a good start as a new member of Highmark BCBSWNY. In order to know you better, we will be in touch with you in the next two weeks. You can ask us any questions you have, or get help making appointments. If you want to speak with us sooner, just call us at **866-231-0847 (TTY 711)**. You can also visit our website at **bcbswny.com/stateplans** for more information about Highmark BCBSWNY.

How Health and Recovery Plans work

The plan, our providers, and you
You may have seen or heard about the changes in healthcare. Many consumers receive their health benefits through managed care, which provides a central home for your care. If you were receiving behavioral health services using your Medicaid card, now those services may be available through Highmark BCBSWNY.

As a member of Highmark BCBSWNY, you will have all the benefits available in regular Medicaid. You can also use specialty services to help you reach your health goals. We offer extended services to help you become and stay healthy, and help with your recovery.

Highmark BCBSWNY offers new services, called Behavioral Health Home and Community-Based Services (BH HCBS) and Community Oriented Recovery and Empowerment (CORE) Services, to members who qualify.

These services may help you:

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

- Manage stress.
- Prevent crises.

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

You may be using your Medicaid card to receive a behavioral health service now available through Highmark BCBSWNY. To find out if a service you already have is now provided by Highmark BCBSWNY, contact Member Services at **866-231-0847 (TTY 711)**.

You and your healthcare team will work together to make sure you enjoy the best physical and emotional health possible. You can access special services for healthy living, such as nutrition classes and help to stop smoking.

Highmark BCBSWNY has a contract with the New York State Department of Health to meet the healthcare needs of people with Medicaid. In turn, we choose a group of healthcare, mental health, and substance use providers to help us meet your needs. These doctors and specialists, hospitals, clinics, labs, case managers, and other healthcare facilities make up our **provider network**. You will find a list in our provider directory. If you do not have a provider directory, call Member Services at **866-231-0847 (TTY 711)** to receive a copy or visit our website at **bcbswny.com/stateplans**.

When you join Highmark BCBSWNY, one of our providers will take care of you. Most of the time, that person will be your **primary care provider (PCP)**. You may want to choose a PCP from your mental health or substance use clinic. If you need to have a test, see another specialist, or go into the hospital, your PCP will arrange it.

Your PCP is available to you every day, day and night. If you need to speak to them after hours or weekends, leave a message and how you can be reached. Your PCP will return your call as soon as possible. Even though your PCP is your main source for healthcare, in some cases, you can self-refer to certain doctors for some services. See page 18 for details.

You may be restricted to certain plan providers if you are:
- Receiving care from several doctors for the same problem.
- Receiving 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. Highmark BCBSWNY recognizes the trust needed between you, your family, your doctors and other care providers. Highmark BCBSWNY will never give

out your medical or behavioral health history without your written approval. The only persons who will have your clinical information will be Highmark BCBSWNY, your PCP, your Health Home care manager and other providers who give you care, and your authorized representative. Referrals to such providers will always be discussed with you in advance by your PCP and/or Health Home care manager. Highmark BCBSWNY staff have been trained in keeping strict member confidentiality.

How to use this handbook

This handbook will tell you how your new healthcare plan will work and how you can benefit the most from Highmark BCBSWNY. 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 Member Services at **866-231-0847 (TTY 711)**. You can also call the New York Medicaid Choice Helpline at **800-505-5678**.

Help from Member Services

There is someone to help you at Member Services Monday through Friday, 8:30 a.m. to 6 p.m., or any time you are in crisis. Call **866-231-0847 (TTY 711)**.

You can call Member Services for help **any time you have a question.** You may call us to choose or change your primary care provider (PCP), to ask about benefits and services, for help with referrals, to replace a lost ID card, to report you are pregnant, report the birth of a new baby, or ask about any change that might affect your benefits.

We offer **free sessions** to explain our health plan and how we can best help you. It's a great time for you to ask questions and meet other members. If you would like to come to one of the sessions, call us to find a time and place best for you.

If you do not speak English, we can help. We want you to know how to use your healthcare plan, no matter what language you speak. Just call us and we will find a way to talk to you in your own language. We have a group of people who can help. We will also help you find a PCP who can speak to 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:

- A TTY/TDD machine (Our TTY phone number is **711**.).
- Information in large print.
- Case management.

- Help in making or finding transportation to appointments.
- Names and addresses of providers who specialize in your disability.

If you are receiving care in your home now, your nurse or attendant may not know you have joined our plan. **Call us right away** to make sure your home care does not stop unexpectedly.

Your Highmark BCBSWNY ID card

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

Carry your ID card at all times and show it each time you go for care. If you need care before the card comes, your Welcome Letter is proof you are a Highmark BCBSWNY member. You should also keep your Medicaid benefit card. You will need your Medicaid card for services Highmark BCBSWNY does not cover.

PART I – FIRST THINGS YOU SHOULD KNOW

How to choose your primary care provider (PCP)

You may have already picked your PCP. **If you have not chosen a PCP, you should do so right away.** If you do not choose a doctor within 30 days, we will choose one for you. Member Services **(866-231-0847 [TTY 711]**) can check to see if you already have a PCP or help you choose one. **You may also be able to choose a PCP at your behavioral health clinic.**

With this handbook, you should have a provider directory. This is a list of all the providers, clinics, hospitals, labs, and others who work with Highmark BCBSWNY. 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 they are taking new patients at the time you choose a PCP. You can also find a list of providers on our website at **bcbswny.com/stateplans**.

You may want to find a doctor who:

- You have seen before.
- Understands your health problems.
- Is taking new patients.
- Can speak to you in your language.
- Is easy to get to.
- Is at a clinic you go to.

Women can also choose one of our OB/GYN doctors for women's healthcare. Women do not need a PCP referral to see a plan OB/GYN doctor. They can have routine check-ups, follow-up care if needed, and regular care during pregnancy.

We also contract with several Federally Qualified Health Centers (FQHCs). All FQHCs give primary and specialty care. Some members want to access 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 you have a choice. You can choose one of our providers or you can sign up with a PCP in one of the FQHCs we work with, listed below. Just call Member Services at **866-231-0847 (TTY 711)** for help.

Highmark BCBSWNY Federally Qualified Health Centers

Community Health Center
of Buffalo
34 Benwood Ave.
Buffalo, NY 14214
716-986-9199

Community Health Center
of Cheektowaga
934 Cleveland Drive
Cheektowaga, NY 14225
716-986-9199

Community Health Center of Lockport
38 Heritage Court
Lockport, NY 14094
716-986-9199

Community Health Center of Niagara
2715 Highland Ave.
Niagara Falls, NY 14305
716-986-9199

Jericho Road Community
Health Center — Barton
184 Barton St.
Buffalo, NY 14213
716-881-6191

Jericho Road Community
Health Center — Broadway
1021 Broadway St.
Buffalo, NY 14212
716-529-3020

Jericho Road Community
Health Center — Genesee
1609 Genesee St.
Buffalo, NY 14211
716-892-2775

Jericho Road Community
Health Center — Vive
50 Wyoming Ave.
Buffalo, NY 14215
716-892-4354

Northwest Buffalo Community
Healthcare Center
155 Lawn Ave.
Buffalo, NY 14207
716-875-2904

Northwest Buffalo Community
Healthcare Center
300 Niagara St.
Buffalo, NY 14201
716-875-2904

Northwest Buffalo Community
Healthcare Center — Blasdell
4233 Lake Ave.
Blasdell, NY 14219
716-875-2904

Northwest Buffalo Community
Healthcare Center — Southtowns
151 Elmview Ave.
Hamburg, NY 14075
716-875-2904

Oak Orchard Community
Health Center — Albion
301 West Ave.
Albion, NY 14411
585-589-5613

Oak Orchard Community
Health Center — Brockport
300 West Ave.
Brockport, NY 14420
585-637-5319

Oak Orchard Community
Health Center — Warsaw
81 S. Main St.
Warsaw, NY 14569
585-637-3905

Southern Tier Community
Healthcare Network — Cuba
132 W. Main St
Cuba, NY 14727
716-375-7500

Southern Tier Community
Healthcare Network — Olean
135 N. Union St.
Olean, NY 14760
716-375-7500

The Chautauqua Center
319 Central Ave.
Dunkirk, NY 14048
716-338-2935

The Chautauqua Center — Dunkirk Dental
314 Central Ave.
Dunkirk, NY 14048
716-363-6050

The Chautauqua Center — Jamestown
110 E. Fourth St.
Jamestown, NY 14701
716-363-6050

Universal Primary Care — Salamanca
445 Broad St.
Salamanca, NY 14779
716-375-7500

In almost all cases, your doctors will be Highmark BCBSWNY providers. There are three instances when you can still **see another provider you had before you joined Highmark BCBSWNY**. In these cases, your provider must agree to work with Highmark BCBSWNY. You can continue to see your provider if:

- You are more than three months pregnant when you join Highmark BCBSWNY and you are receiving prenatal care. In that case, you can keep your doctor until after your delivery through postpartum care.
- At the time you join Highmark BCBSWNY, you have a life-threatening disease or condition worsening with time. In that case, you can ask to keep your provider for up to 60 days.
- At the time you join Highmark BCBSWNY, 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. Highmark BCBSWNY will work with you and your provider to make sure you keep receiving the care you need.

If regular Medicaid was paying for your home care when you joined Highmark BCBSWNY, and you need to keep receiving that care for at least 120 days, you can keep your same home care agency, nurse, or attendant, and the same amount of home care, for at least 90 days. Highmark BCBSWNY must tell you about any changes to your home care before the changes take effect.

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 once every six months without cause or more often if you have a good reason. You can also change your OB/GYN or a specialist to which your PCP has referred you.

If your **provider leaves** Highmark BCBSWNY, we will tell you within five 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 through postpartum care. If you are seeing a doctor regularly for a special medical problem, you may continue your present course of treatment for up to 90 days. Your doctor must agree to work with Highmark BCBSWNY during this time. If any of these conditions apply to you, check with your PCP or call Member Services at **866-231-0847 (TTY 711)**.

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

Highmark BCBSWNY can help you enroll with a Health Home that will assign your personal Health Home care manager. Your Health Home care manager can help you make appointments, help you access social services, and keep track of your progress.

Your Health Home is responsible for giving you an assessment to see what Behavioral Health Home and Community-Based Services (BH HCBS) you may need. Using the assessment, you and your Health Home care manager will work together to make a plan of care designed especially for you.

Your Health Home care manager can:

- Work with your PCP and other providers to coordinate all of your physical and behavioral healthcare.
- Work with the people you trust, like family members or friends, to help you plan and access your care.
- Support you receiving social services, like SNAP (food stamps) and other social services benefits.
- Develop a plan of care with you to help identify your needs and goals.
- Help set appointments with your PCP and other providers.
- Help managing ongoing medical issues like diabetes, asthma, and high blood pressure.
- Help you find services to help with weight loss, healthy eating, exercise, and to stop smoking.
- Support you during treatment.
- Identify resources you need within your community.
- Help you with finding or applying for stable housing.
- Help you safely return home after a hospital stay.
- Make sure you receive follow-up care, medications, and other needed services.

Your Health Home care manager will be in touch with you right away to find out what care you need and to help you with appointments. Your Health Home care manager or someone from your

Health Home provider is available to you 24 hours a day, seven days a week.

If you are in crisis and need to talk to someone right away, call **866-231-0847 (TTY 711)**.

We also offer care coordination for all members and Case Management services if you are not enrolled with a Health Home. Our case managers can help link you to services and supports you need. We can help you find resources, coordinate care between your providers, help with filling prescriptions, and work with Health Homes to make sure your needs are being met.

Regular healthcare

Your healthcare will include regular checkups for all your healthcare needs. We provide referrals to hospitals or specialists. We want new members to see their PCP for a first medical visit soon after enrolling in Highmark BCBSWNY. This will give you a chance to talk with your PCP about your past health issues, the medicines you take, and any questions you have.

Day or night, your PCP is only a phone call away. Be sure to call your PCP whenever you have a medical question or concern. If you call after hours or on weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how the health plan works.

You can call Highmark BCBSWNY 24 hours a day, seven days a week at **866-231-0847 (TTY 711)** if you have questions about services or if for some reason you cannot reach your PCP.

Your care must be **medically necessary** — the services you receive must be needed:

- To prevent, or diagnose, and correct what could cause more suffering, or
- To deal with a danger to your life, or
- To deal with a problem that could cause illness, or
- To deal with something that could limit your normal activities.

Your PCP will take care of most of your healthcare needs. You should have an appointment to see your PCP. If you can't keep an appointment, call to let your PCP know.

As soon as you choose a PCP, call to make a first appointment. If you can, prepare for your first appointment. Your PCP will need to know as much about your medical history as you can tell them. Make a list of your medical background, any problems you have now, any medications you are taking, and the questions you want to ask your PCP. In most cases, your first visit should be within four weeks of you joining the plan. If you have the need for treatment over the coming weeks, make your first appointment in the first week of joining Highmark BCBSWNY. Your Health Home care manager can help you make and prepare for your first appointment.

If you need care before your first appointment, call your PCP's office to explain your concern.

They will give you an earlier appointment for this concern. (You should still keep your first appointment to discuss your medical history and ask questions.)

Use the following list as a guide for the longest time you may have to wait after you ask for an appointment. Your care manager can also help you make appointments.

- Urgent care: within 24 hours
- Non-urgent sick visits: within three days
- Routine, preventive care: within four weeks
- First prenatal visit: within three weeks during the first trimester, two weeks during the second, and one week during the third
- First family planning visit: within two weeks
- Follow-up visit after mental health/substance use ER or inpatient visit: within five days
- Non-urgent mental health or substance use specialist visit: within one week
- Adult baseline and routine physicals: within four weeks

Behavioral healthcare and home and community based services (BH HCBS)
Behavioral healthcare includes mental health and substance use treatment services. You have access to services that can help you with emotional health. You can also receive help with alcohol or other substance use issues.

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

To be eligible for these services, you will need to be assessed. To find out more, call us at **866-231-0847 (TTY 711)** or ask your care manager about these services.

See page 30 of this handbook for more information about these services and how to access them.

Behavioral Health Community Oriented Recovery and Empowerment (CORE) Services
Eligible members can get CORE Services through a recommendation from a qualified provider for:

- Psychosocial Rehabilitation (PSR)
  This service helps with life skills, like making social connections, finding or keeping a job, starting or returning to school, and using community resources.

- Community Psychiatric Supports and Treatment (CPST)
  This service helps you manage symptoms through counseling and clinical treatment.

- Empowerment Services – Peer Supports
  This service connects you to peer specialists who have gone through recovery. You will get support and assistance with learning how to:
  - Live with health challenges and be independent,
  - Help you make choices about your own recovery, and
  - Find natural supports and resources.

- Family Support and Training (FST)
  This service gives your family and friends the tips and skills to help and support you

How to get specialty care and referrals

If you need care your PCP cannot give, they will refer you to other specialists who can. If your PCP refers you to another doctor, we will pay for your care. Most of these specialists are Highmark BCBSWNY providers. Talk with your PCP to be sure you know how referrals work.

If you think the specialist does not meet your needs, talk to your PCP. They can help you if you need to see a different specialist.

There are some treatments and services your PCP must ask our plan to approve before you can receive them. Your PCP will be able to tell you what they are.

If you are having trouble receiving a referral you think you need, contact Member Services at **866-231-0847 (TTY 711)**.

If we do not have a specialist in our provider network who can give you the care you need, we will find 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 Highmark BCBSWNY for approval before you can receive an out-of-network referral. If your PCP or plan provider refers you to a provider who is not in our network, you are not responsible for any of the costs except any co-payments as described in this handbook.

Your PCP can obtain a preauthorization for services with out-of-network providers by calling **866-231-0847 (TTY 711)**. Time frames for review can be found in the **Service authorizations** section of this handbook.

Sometimes we may not approve an out-of-network referral because we have a provider in Highmark BCBSWNY who 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 46 to find out how.

Sometimes, we may not approve an out-of-network referral for a specific treatment because you asked for care not very different from what a Highmark BCBSWNY provider can offer. 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 46 to find out how.

Your doctor must be a board-certified or board-eligible specialist who treats people who need the treatment you are asking for.

If your doctor does not send this information, we will still review your Plan Appeal. You may not be eligible for an External Appeal. See page 51 for more information about External Appeals.

You may need to see a specialist for ongoing care of a medical or behavioral health condition. Your PCP may be able to refer you for a specified number of visits or length of time (**a standing referral**) for medical conditions. If you have a standing referral, you will not need a new referral for each time you need care. No referral is required and there are no specified number of visits for behavioral health services.

If you have a long-term disease or a disabling illness growing worse over time, your PCP may be able to arrange for:

- Your specialist to act as your PCP.
- A referral to a care center specializing in the treatment of your illness.

Get these services from Highmark BCBSWNY without a referral

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

- You are pregnant.
- You need OB/GYN services.
- You need family planning services.
- You want to see a midwife.
- You need to have a breast or pelvic exam.

Family planning
You can receive the following family planning services:

- Advice about birth control
- Birth control prescriptions
- Male and female condoms
- Pregnancy tests
- Sterilization
- An abortion

During your visits for these things, you can also receive tests for sexually transmitted infections, a breast cancer exam, or a pelvic exam.

You do not need a referral from your PCP for these services. In fact, you can choose where to receive these services. You can use your Highmark BCBSWNY 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 at **866-231-0847 (TTY 711)** for a list of places to go to receive these services. You can also call the New York State Growing Up Healthy Hotline (**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 healthcare.

You can test for HIV or STIs anytime you have an office or clinic visit.

You can test for HIV or STIs anytime you have family planning services. You do not need a referral from your PCP. Just make an appointment with any family planning provider. If you want an HIV or STI test, but not as part of a family planning service, your PCP can provide or arrange it for you.

Or, if you'd rather not see one of our Highmark BCBSWNY providers, you can use your Medicaid card to see a family planning provider outside Highmark BCBSWNY. For help in finding either a plan provider or a Medicaid provider for family planning services, call Member Services at **866-231-0847 (TTY 711)**.

Everyone should talk to their doctor about having an HIV test. To find free HIV testing or testing where your name isn't given, call **800-541-AIDS** (English) or **800-233-SIDA** (Spanish).

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

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

If you are HIV positive, we can help you talk to your partners. We can also help you talk to your family and friends to help them understand HIV and AIDS, and how to be treated. If you need help talking about your HIV status with future partners, Highmark BCBSWNY staff will assist you. We can even help you talk to your children about HIV.

Eye care
The covered service includes the needed services of an ophthalmologist, optometrist, and an ophthalmic dispenser, and includes an eye exam and pair of eyeglasses, if needed. You can receive 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 can just choose one of our participating providers.

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

Behavioral health (mental health and substance use)
We want to help you receive the mental health and substance use services 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**. There is no specific amount of visits for behavioral services.

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

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

Emergencies

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

- That comes on all of a sudden.
- Has pain or other symptoms.

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

Examples of an emergency are:

- A heart attack or severe chest pain.
- Bleeding that won't stop or a bad burn.
- Broken bones.
- Trouble breathing, convulsions, or loss of consciousness.
- When you feel you might hurt yourself or others.
- If you are pregnant and have signs like pain, bleeding, fever, or vomiting.
- Drug overdose.

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

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

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

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

Tell the person you speak with what is happening. Your PCP or Highmark BCBSWNY representative will tell you one of these things:

- What to do at home
- To go to the PCP's office
- About community services you can use, like 12-step meetings or a shelter
- To go to the nearest emergency room

You can also contact Highmark BCBSWNY Member Services at 866-231-0847 (TTY 711) 24 hours a day, seven days a week, if you are in crisis or need help with mental health or substance use.

If you are **out of the area** when you have an emergency:

- Go to the nearest emergency room or call 911.
- Call Highmark BCBSWNY as soon as you can (within 48 hours if you can).

Remember:

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

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

If you have questions, call your PCP or our plan at **866-231-0847 (TTY 711)**.

Urgent care

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

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

You can make an appointment for an urgent care visit for the same or next day. If you are at home or away, call your PCP anytime, day or night. If you cannot reach your PCP, call us at **866-231-0847 (TTY 711)**. Tell the person who answers what is happening. They will tell you what to do.

Care outside of the United States

If you travel outside of the United States, you can use urgent and emergency care only in Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa. If you need medical care while in any other country, including Canada and Mexico, you will have to pay for it.

We want to keep you healthy

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

- Classes for help quitting smoking
- Prenatal care and nutrition
- Grief/loss support
- Breastfeeding and baby care
- Stress management
- Weight control
- Cholesterol control
- Diabetes counseling and self-management training
- Asthma counseling and self-management training
- Sexually transmitted infection (STI)

testing and protecting yourself from STIs

- Domestic violence services

Call Member Services at **866-231-0847 (TTY 711)** or visit our website at **bcbswny.com/stateplans** to find out more and for 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 non-covered services. If you have a complaint, the handbook tells you what to do. The handbook has other information you may find useful. Keep this handbook handy for when you need it.

Benefits
Health and Recovery Plans provide a number of services in addition to those you receive with regular Medicaid. We will provide or arrange for most services you will need. You can use a few services without going through your PCP. These include:

- Emergency care
- Family planning
- HIV testing
- Mobile crisis services
- Specific self-referral services, including those from within Highmark BCBSWNY and some you can choose to go to any Medicaid provider of the service

Services covered by our plan
You must receive these services from the providers who are in our plan. All services must be medically or clinically necessary and provided or referred by your PCP. Please call Member Services at **866-231-0847 (TTY 711)** if you have any questions or need help with any of the services below.

Regular medical care

- Office visits with your PCP
- Referrals to specialists
- Eye/hearing exams
- Help staying on schedule with medicines
- Coordination of care and benefits

Preventive care

- Regular checkups
- Access to free needles and syringes
- Smoking cessation care and counseling
- HIV education and risk reduction
- Referral to community based organizations for supportive care

Maternity care

- Pregnancy care
- Doctor, midwife, and hospital services
- Screening for depression during pregnancy and up to a year after birth

Home healthcare

- Must be medically needed and arranged by Highmark BCBSWNY
- One medically necessary postpartum home health visit, additional visits as medically necessary for high-risk women
- Other home healthcare 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 Highmark BCBSWNY
- Personal care/home attendant — help with bathing, dressing, feeding, help preparing meals, and housekeeping.
- CDPAS — help with bathing, dressing, feeding, help preparing meals and housekeeping, plus a home health aide and nursing. This is provided by an aide chosen and directed by you. If you want more information, contact 866-231-0847 (TTY 711).

Personal emergency response system

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

Adult day healthcare

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

Therapy for tuberculosis (TB)

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

Hospice care

- Hospice helps patients and their families with their special needs during the final stages of illness and after death.
- Must be medically needed and arranged by Highmark BCBSWNY.
- Provides support services and some medical services to patients who are ill and expect to live for one year or less.
- You can receive these services in your home or in a hospital or nursing home.

If you have any questions about these services, you can call Member Services at 866-231-0847 (TTY 711).

Dental care

Highmark BCBSWNY believes providing you with good dental care is important to your overall healthcare. We offer dental care through a contract with LIBERTY Dental Plan, an expert in

providing high quality dental services. Covered services include regular and routine dental services, such as preventive dental checkups, cleanings, X-rays, fillings, and other services to check for any changes or abnormalities requiring treatment and/or follow-up care for you. You do not need a referral from your PCP to see a dentist.

How to receive dental services
Once you enroll in Highmark BCBSWNY, you will receive a letter from Member Services letting you know it's time to choose your primary care dentist (PCD). You must choose a PCD within 30 days from the date of this letter, or we will choose one for you.

If you need to find a dentist or change your dentist, please call LIBERTY at **833-276-0846 (TTY 711)** or please call Highmark BCBSWNY Member Services at **866-231-0847 (TTY 711)**. Customer service representatives are there to help you. Many speak your language or have a contract with Language Line Services.

Show your member ID card to access dental benefits. You will not receive a separate dental ID card. When you visit your dentist, you should show your plan ID card.

You can also go to a dental clinic run by an academic dental center without a referral. If you need help locating a dental clinic, you can call LIBERTY at **833-276-0846 (TTY 711)**.

Vision care
- Services of an ophthalmologist, ophthalmic dispenser, and optometrist
- Coverage for contact lenses, polycarbonate lenses, artificial eyes, and/or replacement of lost or destroyed glasses, including repairs, when medically necessary. Artificial eyes are covered as ordered by a plan provider.
- Eye exams, generally every two years, unless medically needed more often
- Glasses, with a new pair of Medicaid approved frames every two years, or more often if medically needed
- Low vision exam and vision aids ordered by your doctor
- Specialist referrals for eye diseases or defects

Pharmacy — included in your coverage:
- Prescription drugs
- Over-the-counter medicines
- Insulin and diabetic supplies
- Smoking cessation agents, including OTC products
- Hearing aid batteries
- Emergency contraception (six per calendar year)
- Medical and surgical supplies
- Enteral formula

Pharmacy — excluded from your coverage:
- Cosmetic alteration drugs
- Impotence agents

- Anorexic, anti-obesity drugs

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

- Members who are pregnant, during the entire pregnancy and for the first two months after the month the pregnancy ends
- Family planning drugs and supplies like birth control pills, male or female condoms, syringes, and needles
- Consumers in an Office of Mental Health (OMH) or Office for People With Developmental Disabilities (OPWDD) Home and Community Based Services (HCBS) waiver program
- Consumers in an NYS OMH or OPWDD home and community based services waiver program
- Consumers in an NYS Department of Health home and community based services waiver program for persons with a traumatic brain injury
- Family planning drugs and supplies like birth control pills and male or female condoms
- Drugs to treat mental illness (psychotropic) and tuberculosis
- Members belonging to a federally recognized Native American tribe

Prescription item	**Co-payment**	**Co-payment details**
Brand name prescription drugs	$3.00/$1.00	One co-pay charge for each new prescription and each refill
Generic prescription drugs	$1.00	
Over the counter drugs, such as for smoking cessation and diabetes	$0.50	

If you have a co-pay:

- There is a co-payment for each new prescription and each refill.
- Your maximum pharmacy co-payment (co-pay) is $50 per quarter year (three months). The co-pay maximum resets each quarter, no matter what amount you paid last quarter.

The 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.)

To learn more about these services, call Member Services at **866-231-0847 (TTY 711)**.

If you transferred to a new plan during the calendar year, keep your receipts as proof of your co-payments or you may request proof of paid co-payments from your pharmacy. You will need to give a copy to your new plan.

Certain drugs may require your doctor to receive prior authorization before writing your prescription. Your doctor can work with Highmark BCBSWNY to make sure you have the medications you need. Learn more about prior authorization later in this handbook.

You have a choice in where you fill your prescriptions. You can go to any pharmacy participating with our plan or you can fill your prescriptions by using a mail order pharmacy. For more information on your options, please contact Member Services at **866-231-0847 (TTY 711)**.

Hospital care

- Inpatient care
- Outpatient care
- Lab, X-ray, and other tests

Emergency care

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

Specialty care

Includes the services of other practitioners, including:

- Occupational, physical, and speech therapists that are ordered by a doctor or other licensed professional
- Audiologists
- Midwives
- Cardiac rehabilitation
- Podiatrists

Residential healthcare facility care (nursing home)

- Includes short term, or rehab stays
- Must be ordered by a physician and authorized by Highmark BCBSWNY
- Covered nursing home services include medical supervision, 24-hour nursing care,

assistance with daily living, physical therapy, occupational therapy, and speech-language pathology

If you are in need of long term placement in a nursing home, your local Department of Social Services must determine if you meet certain Medicaid income requirements. Highmark BCBSWNY and the nursing home can help you apply.

Long term (permanent) nursing home stays are not a covered benefit in Highmark BCBSWNY HARP plan. If you qualify for permanent long term placement, you will need to disenroll from Highmark BCBSWNY HARP Plan. This benefit will be covered by Medicaid fee-for-service until you are enrolled in a Medicaid managed care plan.

Call **866-231-0847 (TTY 711)** for help finding a nursing home in our network.

Behavioral healthcare
Behavioral healthcare 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:

Adult Mental Health Services
- Inpatient and outpatient mental health treatment
- Partial hospital care
- Comprehensive Psychiatric Emergency Program (CPEP) (including Extended Observation Bed)
- Rehab services if you are in a community home or in family-based treatment
- Continuing day treatment
- Personalized Recovery Oriented Services (PROS) (18+)
- Assertive Community Treatment Services (ACT)
- Individual and group counseling
- Crisis intervention

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

Office of Addiction Services and Supports (OASAS)
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
- Stabilization in Residential Setting

Outpatient addiction treatment services

- Intensive Outpatient Treatment
- Outpatient Rehabilitation Services
- Outpatient Withdrawal Management
- Medication Assisted Treatment

Opioid Treatment Programs (OTP)

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

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) covers Gambling Disorder Treatment provided by 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 Highmark BCBSWNY Member Services at the number listed below.

Behavioral Health Home and Community-Based Services (BH HCBS)
BH HCBS can help you with life goals such as employment, school, or other areas of your life you want to work on. To find out if you qualify, a Health Home care manager must complete a brief screening with you to show if you can benefit from these services. If the screening shows you can benefit, the care manager will complete a full assessment with you to find out what your whole health needs are, including physical, behavioral, and rehabilitation services.

BH HCBS includes:

- Habilitation services — helps you learn new skills in order to live independently in the community.
- Education support services — helps you find ways to return to school to get education and training to will help you get a job.

- Pre-vocational services — helps you with skills needed to prepare for employment.
- Transitional employment services — gives you support for a short time while trying out different jobs. This includes on-the-job training to strengthen work skills to help keep a job at or above minimum wage.
- Intensive supported employment services — helps you find a job at or above minimum wage and keep it.
- Ongoing supported employment services — helps you keep your job and be successful at it.
- Non-Medical Transportation — transportation to non-medical activities related to a goal in your plan of care.

You will need an assessment for BH HCBS. You need to do the New York State Eligibility Assessment with your care manager or recovery coordinator to get BH HCBS.

Behavioral Health Community Oriented Recovery and Empowerment (CORE) Services
Highmark BCBSWNY will cover Behavioral Health Community Oriented Recovery and Empowerment (CORE) services. You can use your plan card to get the CORE services.

CORE services are easier to get than BH HCBS. Eligible members can get CORE Services through a recommendation from a qualified provider. These services include:

- **Psychosocial Rehabilitation (PSR):** This service helps with life skills, like making social connections, finding or keeping a job, starting or returning to school, and using community resources. You can work with a CORE PSR provider to help you:
    - Get a job or go to school while managing mental health or addiction struggles;
    - Live on your own and manage your household; and
    - Build or strengthen healthy relationships.
- **Community Psychiatric Supports and Treatment (CPST):** This service helps you manage symptoms through counseling and clinical treatment.
- **Empowerment Services – Peer Supports:** This service connects you to peer specialists who have gone through recovery. You will get support and assistance with learning how to:
    - Live with health challenges and be independent;
    - Help you make choices about your own recovery; and
    - Find natural supports and resources.
- **Family Support and Training (FST):** This service gives your family and friends the tips and skills to help and support you.

If you were previously getting PSR, CPST, Peer Supports, or FST under BH HCBS, you can keep getting the same services from your provider under CORE. Your provider will talk to you about any changes that affect you. You can also ask your care manager for help.

You do not need the New York State Eligibility Assessment to get CORE services. You can get a CORE service if it is recommended for you by a qualified provider, like a doctor or social worker. The qualified provider may want to discuss your diagnosis and needs before making a recommendation for a CORE service.

Your primary care provider or therapist may be able to make a recommendation for CORE services. If you need help finding a qualified provider, call Member Services at **866-231-0847 (TTY 711)**. You may also ask your care manager for help.

Crisis Residence Services
Highmark BCBSWNY will pay for crisis residence services. These are overnight services. These services are used to treat people who are having an emotional crisis. These services include:

- **Residential crisis support:** This is a program for people 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 having severe emotional distress.

Infertility Services
If you are unable to become pregnant, Highmark BCBSWNY covers services that may help.

Highmark BCBSWNY will cover some drugs for infertility. This benefit is limited to coverage for three cycles of treatment per lifetime.

Highmark BCBSWNY will also cover 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 become pregnant after 12 months of regular, unprotected sex.
- You are 35-44 years old and are unable to become pregnant after 6 months of regular, unprotected sex.

To learn more about these services, call Member Services at **866-231-0847 (TTY 711)**.

National Diabetes Prevention Program (NDPP) Services

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

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

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

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

- At least 18 years old,
- Not currently pregnant,
- Overweight, and
- Have not been previously diagnosed with Type 1 or Type 2 Diabetes.

And, you meet one of the following criteria:

- You have had a blood test result in the prediabetes range within the past year, **or**
- You have been previously diagnosed with gestational diabetes, **or**
- You score 5 or higher on the CDC/American Diabetes Association (ADA) Prediabetes Risk Test.

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

To learn more about these services, call Member Services at **866-231-0847 (TTY 711)**.

Physical Therapy, Occupational Therapy, and Speech Therapy Visits
Service limits have been removed from physical therapy (PT), occupational therapy (OT), and speech therapy (ST). Instead, Highmark BCBSWNY will cover medically necessary PT, OT, and ST that are ordered by a doctor or licensed professional.

Other covered services

- Durable medical equipment, hearing aids, prosthetics, or orthotics
- Court-ordered services
- Social support services (help in finding community services)

- FQHC or similar services

Benefits you can receive from our plan or with your Medicaid card

For some services, you can choose where to find care. You can receive these services by using your Highmark BCBSWNY 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 receive these services. Call Member Services if you have questions at **866-231-0847 (TTY 711)**.

Family planning

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

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

HIV and STI screening

You can use this service anytime from your PCP or Highmark BCBSWNY doctors. When you use this service as part of a family planning visit, you can go to any doctor or clinic that takes Medicaid and offers family planning services. You do not need a referral when you use this service as part of a family planning visit.

Everyone should talk to their doctor about having an HIV test. To access free HIV testing or testing where your name isn't given, call **800-541-AIDS** (English) or **800-233-SIDA** (Spanish).

TB diagnosis and treatment

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

Special care for pregnant members

New Baby, New Life℠ is the Highmark BCBSWNY program for all pregnant members. It is very important to see your PCP or obstetrician or gynecologist (OB/GYN) for care when you are pregnant. This kind of care is called prenatal care. It can help you to have a healthy baby. Prenatal care is always important, even if you have already had a baby. With our program, members receive health information and rewards for receiving prenatal and postpartum care.

Our program also helps pregnant members with complicated healthcare needs. Nurse care managers work closely with these members to provide:

- Education.
- Emotional support.
- Help in following their doctor's care plan.
- Information on services and resources in your community, such as transportation, WIC, home-visitor programs, breastfeeding, and counseling.

Our nurses also work with doctors and help with other services members may need. The goal is to promote better health for members and delivery of healthy babies.

Quality care for you and your baby
At Highmark BCBSWNY, we want to give you the very best care during your pregnancy. That's why you will also be part of My Advocate®, which is part of our New Baby, New Life program. My Advocate gives you the information and support you need to stay healthy during your pregnancy.

Learn about My Advocate
My Advocate delivers maternal health education by phone, web, and smartphone app that is helpful and fun. You will meet Mary Beth, My Advocate's automated personality. Mary Beth will respond to your changing needs as your baby grows and develops. You can count on:

- Education you can use.
- Communication with your care manager based on My Advocate messaging should questions or issues arise.
- An easy communication schedule.
- No cost to you.

With My Advocate, your information is kept secure and private. Each time Mary Beth calls, she'll ask you for your year of birth. Please don't hesitate to tell her. She needs the information to be sure she's talking to the right person.

Helping you and your baby stay healthy
My Advocate calls give you answers to your questions, plus medical support if you need it. There will be one important health screening call followed by ongoing educational outreach. All you need to do is listen, learn, and answer a question or two over the phone. If you tell us you have a problem, you'll receive a call back from a care manager. My Advocate topics include:

- Pregnancy and postpartum care
- Well-child care
- Dental care
- Immunizations
- Healthy living tips

When you become pregnant
If you think you are pregnant:

- Call your PCP or OB/GYN doctor right away. You do not need a referral from your PCP to see an OB/GYN doctor.
- Call Member Services if you need help finding an OB/GYN in the Highmark BCBSWNY network.

When you find out you are pregnant, you must also call Member Services at **866-231-0847 (TTY 711)**.

While you are pregnant, you need to take good care of your health. You may be able to receive healthy food from the Women, Infants, and Children (WIC) program. Member Services can give you the phone number for the WIC program close to you.

When you are pregnant, you must go to your PCP or OB/GYN at least:

- Every four weeks for the first six months.
- Every two weeks for the seventh and eighth months.
- Every week during the last month.

Your PCP or OB/GYN may want you to visit more than this based on your health needs.

When you have a new baby

When you deliver your baby, you and your baby may stay in the hospital at least:

- 48 hours after a vaginal delivery.
- 72 hours after a Cesarean section (C-section).

You may stay in the hospital less time if your PCP or OB/GYN and the baby's provider see that you and your baby are doing well. If you and your baby leave the hospital early, your PCP or OB/GYN may ask you to have an office or in-home nurse visit within 48 hours.

After you have your baby, you must:

- Call **866-231-0847 (TTY 711)** as soon as you can to let us know you had your baby. We will need details about your baby.
- Call your Medicaid agency to apply for Medicaid for your baby.

After you have your baby

If you were enrolled in My Advocate and received educational calls during your pregnancy, you will now receive calls on postpartum and well-child education up to 12 weeks after your delivery.

It's important to set up a visit with your PCP or OB/GYN after you have your baby for a postpartum checkup. You may feel well and think you are healing, but it takes the body at least six weeks to mend after delivery.

- The visit should be done between 7 to 84 days after you deliver.
- If you delivered by C-section or had complications with your pregnancy or delivery, your PCP or OB/GYN may ask you to come back for a one- or two-week checkup. This is not considered a postpartum checkup. You will still need to go back and see your provider within 7 to 84 days after your delivery for your postpartum checkup.

Benefits using your Medicaid card only

There are some services Highmark BCBSWNY does not provide. You can access these services

from any provider who takes Medicaid by using your Medicaid benefit card.

Applied Behavior Analysis (ABA) Services
Highmark Blue Cross Blue Shield of Western New York covers Applied Behavior Analysis (ABA) therapy provided by:

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

Who can get ABA?
Children/youth under the age of 21 with a diagnosis of autism spectrum disorder and/or Rett Syndrome. If you think you are eligible to get ABA services, talk to your provider about this service. Empire 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 **866-231-0847 (TTY 711)**.

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

For non-emergency transportation, you or your provider must call ModivCare at **866-481-9667**.
If possible, you or your provider should call LogistiCare at least three days before your medical appointment and provide your Medicaid identification number (ex. AB12345C), appointment date and time, address where you are going, and doctor you are seeing. Non-emergency medical transportation includes: personal vehicle, bus, taxi, ambulette, and public transportation.

If you have an emergency and need an ambulance, you must call 911.

Developmental disabilities

- Long-term therapies
- Day treatment
- Housing services
- Medicaid service coordination program
- Services received under the home and community based services waiver
- Medical model (care-at-home) waiver services

New types of care

Our medical directors and doctors are always looking at new medical treatments and studies. They do this to see if:

- These new treatments should be covered benefits.
- The government has agreed the treatment is safe and effective.
- The results are as good as or better than covered benefit treatments in use now.

Services not covered

These services are **not available** from Highmark BCBSWNY **or** Medicaid. If you receive 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 not part of Highmark BCBSWNY, unless it is a provider you are allowed to see as described elsewhere in this handbook, or Highmark BCBSWNY or your PCP sends you to that provider

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

This includes:

- Non-covered services (listed above).
- Unauthorized services.
- Services provided by providers not part of Highmark BCBSWNY.

If you receive a bill

If you receive a bill for a treatment or service you do not think you should pay for, do not ignore it. Call Highmark BCBSWNY at **866-231-0847 (TTY 711)** right away. Highmark BCBSWNY can help you understand why you may have received a bill. If you are not responsible for payment, Highmark BCBSWNY 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 Highmark BCBSWNY should cover. See the Fair Hearing section later in this handbook.

If you have any questions, call Member Services at 866-231-0847 (TTY 711).

Service authorization

Prior authorization

There are some treatments and services you need 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.

Inpatient behavioral health services do not require prior authorization
Prior authorization is not required for medically necessary in-network OASAS licensed, certified or otherwise authorized Substance Use Disorder (SUD) inpatient services including detoxification, rehabilitation, residential treatment, intensive outpatient, outpatient clinic, outpatient rehabilitation, and outpatient opioid treatment.

The following treatments and services must be approved before you use them:

- Some ambulatory surgery
- Chemotherapy
- Dialysis
- Durable medical equipment
- Growth hormone evaluation and therapy
- Digital hearing aids
- Home care
- Hyperbaric oxygen therapy
- Inpatient services
- Lithotripsy
- Nonemergent fixed wing transportation
- Obstetrical services (except family planning services)
- Oxygen equipment/respiratory therapy
- Prosthetics and orthotics
- Some drugs
- Transplant evaluation

Asking for approval of a treatment or service is called a **service authorization request**. To receive approval for these treatments or services, you need to ask your doctor to call the Highmark BCBSWNY Medical Management department at **866-231-0847 (TTY 711)**.

You will also need prior authorization if you are receiving one of these services now, but need to continue with more care. This is called **concurrent review.**

What happens after we receive your service authorization request
The health plan has a review team to be sure you receive the services we promise. We check that the service you are asking for is covered under your health plan. 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 may decide to deny a service authorization request or to approve it for an amount less than requested. These decisions will be made by a qualified healthcare professional. If we decide 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 healthcare professional who typically provides the care you requested. You can request the specific medical standards, called **clinical review criteria**, we use to make decisions about medical necessity.

After we receive your request, we will review it under either a **standard** or a **fast track** process. You or your doctor can ask for a fast track review if it is believed 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 receiving right now.

In all cases, we will review your request as fast as your medical condition requires us to do so, but no later than mentioned below.

We will tell you and your provider both by phone and in writing if your request is approved or denied. We will also tell you the reason for the decision. We will explain what options for appeals or fair hearings you will have if you don't agree with our decision. (See also the Plan Appeals and Fair Hearing sections later in this handbook.)

Timeframes for prior authorization requests
Standard review: We will make a decision about your request within three 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 one 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 one 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 one 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 healthcare, we will make a decision within 72 hours of your request.

If you are receiving 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 within 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 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 **866-231-0847 (TTY 711)** or writing to:
Highmark BCBSWNY
P.O. Box 38
Buffalo, NY 14240-0038

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 the request. You or someone you trust can also file a complaint about the review time with the New York State Department of Health by calling **800-206-8125**.

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

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

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

Timeframes for other decisions about your care

In most cases, if we make a decision to reduce, suspend, or terminate a service we have already approved and you are now receiving, 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 healthcare, personal care, consumer directed personal assistance services, adult day healthcare, and nursing home care.

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

How our providers are paid

You have the right to ask us whether we have any special financial arrangement with our physicians that might affect your use of healthcare services. You can call Member Services at **866-231-0847 (TTY 711)** if you have specific concerns. We also want you to know 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 receive a **salary**. The number of patients they see does not affect this.

Our PCPs who work from their own offices may receive 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 receive 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 set by the Plan.

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

You can help with plan policies

We value your ideas. You can help us develop policies to best serve our members. If you have ideas, tell us about them. Maybe you'd like to work with one of our member advisory boards or committees. Call Member Services at **866-231-0847 (TTY 711)** to find out how you can help.

Information from Member Services

Here is information you can receive by calling Member Services at **866-231-0847 (TTY 711)**:

- A list of names, addresses, and titles of our Highmark BCBSWNY board of directors, officers, controlling parties, owners, and partners.
- A copy of the most recent financial statements/balance sheets, summaries of income, and expenses.
- A copy of the most recent individual direct pay subscriber contract.
- Information from the Department of Financial Services about consumer complaints about Highmark BCBSWNY.
- How we keep your medical records and member information private.
- In writing, we will tell you how our plan checks on the quality of care to our members.
- We will tell you which hospitals our health providers work with.
- If you ask us in writing, we will tell you the guidelines we use to review conditions or diseases covered by Highmark BCBSWNY.
- If you ask us in writing, we will tell you the qualifications needed and how healthcare providers can apply to be part of Highmark BCBSWNY.
- If you ask, we will tell you: 1) If our contracts or subcontracts include physician incentive arrangements affecting the use of referral services; and, if so, 2) The types of arrangements we use; and 3) If stop loss protection is provided for physicians and physician groups.
- Information about how our company is organized and how it works.

Keep us informed

Call Member Services at **866-231-0847 (TTY 711)** whenever these changes happen in your life:

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

If you no longer have Medicaid, check with your local Department of Social Services. You **may** be able to enroll in another program.

Disenrollment and transfers

If you want to leave Highmark BCBSWNY

You can try us out for 90 days. You may leave Highmark BCBSWNY and join another health plan at any time during that time. If you do not leave in the first 90 days, you must stay in Highmark BCBSWNY for nine more months, unless you have a good reason (good cause).

Some examples of good cause include:

- Our health plan does not meet New York State requirements and members are harmed because of it.
- You move out of our service area.
- You, the plan, and the LDSS all agree disenrollment is best for you.
- You are or become exempt or excluded from managed care.
- We do not offer a Medicaid managed care service you can receive from another health plan in your area.
- You need a service related to a benefit we have chosen not to cover and receiving the service separately would put your health at risk.
- We have not been able to provide services to you as we are required to under our contract with the State.

To change plans:

- Call the Managed Care staff at your local Department of Social Services.
- If you live in Erie County, call New York Medicaid Choice at **800-505-5678**. The New York Medicaid Choice counselors can help you change health plans.

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

It may take between two and six weeks to process, depending on when your request is received. You will receive a notice that the change will take place by a certain date. Highmark BCBSWNY will provide the care you need until then. You can ask for faster action if you believe the timing of the regular process will cause added damage to your health. You can also ask for faster action if you have complained because you did not agree to the enrollment. Just call your local Department of Social Services or New York Medicaid Choice.

You could become ineligible for Medicaid Managed Care and Health and Recovery Plans
You may have to leave Highmark BCBSWNY if you:

- Move out of the county or service area.
- Change to another managed care plan.
- Join an HMO or other insurance plan through work.
- Go to prison.
- Otherwise lose eligibility.

If you have to leave Highmark BCBSWNY 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 **800-505-5678** right away if this happens.

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

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

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

Plan Appeals

There are some treatments and services you need 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 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 **866-231-0847 (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 receiving 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 10 days from being told your care is changing; or**
- **By the date the change in services is scheduled to occur, whichever is later.**

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

You can call, write, or visit us 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
- Member number
- Service you asked for and reason(s) for appealing
- Any information you want us to review, such as medical records, doctors' letters or other information explaining 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 **866-231-0847 (TTY 711)**.

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

Phone	**866-231-0847 (TTY 711)**
Fax	**844-759-5954**
Mail	Grievance and Appeals Department P.O. Box 62429 Virginia Beach, VA 23466-2429
Online	**bcbswny.com/stateplans**
In person	Highmark BCBSWNY

257 West Genesee St.
Buffalo, NY 14202

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 an out of network service or provider:

- If we said the service you asked for is not very different from a service available from a participating provider, you can ask us to check if this service is medically necessary for you. You will need to ask your doctor to send this information with your Plan Appeal:
  1) A statement in writing from your doctor that the out of network service is very different from the service the plan can provide from a participating provider. Your doctor must be a board certified or board eligible specialist who treats people who need the service you are asking for.
  2) Two medical or scientific documents proving 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. 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. You may not be eligible for an External Appeal. See the External Appeal section later in this handbook.

What happens after we receive your Plan Appeal:
Within 15 days, we will send you a letter to let you know we are working on your 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 **866-231-0847 (TTY 711)** if you are not sure what information to give us.

Plan Appeals of clinical matters will be decided by qualified healthcare 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 less than requested is called a final adverse determination.

If you think our final adverse determination is wrong:

- You can ask for a fair hearing. See the Fair Hearing section of this handbook.
- For some decisions, you may be able to ask for an External Appeal. See the External Appeal section of this handbook.
- You may file a complaint with the New York State Department of Health at **800-206-8125**.

Time frames 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 two working days from your Plan Appeal, but not more than 72 hours from when you asked for your Plan Appeal.

- We will tell you within 72 hours if we need more information.
- If your request was denied when you asked for more inpatient substance use disorder treatment at least 24 hours before you were to leave the hospital, we will make a decision about your appeal within 24 hours.
- We will tell you our decision by phone and send a written notice later.

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

- You or your doctor asks to have your Plan Appeal reviewed under the fast track process. Your doctor would have to explain how a delay will cause harm to your health. If your request for fast track is denied, we will tell you and your Plan Appeal will be reviewed under the standard process; **or**
- Your request was denied when you asked to continue receiving care or need to extend a service that has been provided; **or**

- Your request was denied when you asked for home healthcare after you were in the hospital; **or**
- Your request was denied when you asked for more inpatient substance use disorder treatment at least 24 hours before you were to leave the hospital.

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

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

You 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 you decide your case. This can be done by calling **866-231-0847 (TTY 711)** or writing to:
Grievance and Appeals Department
P.O. Box 62429
Virginia Beach, VA 23466-2429

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 **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 receive 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.

Aid to Continue while appealing a decision about your care:

In some cases, you may be able to continue the services while you wait for your Plan Appeal to be decided. **You may be able to continue the services scheduled to end or be reduced if you ask for a fair hearing:**

- Within **10 days** from being told your request is denied or care is changing; or
- By the date the change in services is scheduled to occur.

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

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 find 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 with the plan and receive 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 an External Appeal; **or**
- You can prove the plan did not follow the rules correctly when processing your Plan Appeal.

You have four 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 four 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 **866-231-0847 (TTY 711)** if you need help filing an appeal. You and your doctors will have to give information about your medical problem. The External Appeal application says what information will be needed.

Here are some ways to receive an application:

- Call the Department of Financial Services, **800-400-8882**.

- Go to the Department of Financial Services website, dfa.ny.gov.
- Contact Highmark BCBSWNY at **866-231-0847 (TTY 711)**.

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 receive a faster decision if:

- Your doctor says 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 telling 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 a both 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 Highmark BCBSWNY.
- 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 with your services until the fair hearing decision. 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 your doctor's decision to not order services you wanted.
- You feel the doctor's decision stops or limits your Medicaid benefits. You must file a complaint with Highmark BCBSWNY. If Highmark BCBSWNY agrees with your doctor, you may ask for a Plan Appeal. If you receive a final adverse determination, you will have 120 calendar days form the date of the final adverse determination to ask for a state fair hearing.
- You are not happy with a decision 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 receiving; or
    - Deny care you wanted; or
    - Deny payment for care you received; or
    - Not let you dispute a co-pay amount, other amount you owe, or payment you made for your healthcare.

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 receiving now, you can continue with 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.

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.

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

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

When you ask for a fair hearing about a decision Highmark BCBSWNY made, we must send you a copy of the **evidence packet.** This is information we used to make our decision about your care. The plan will give this information to the hearing officer to explain our action. If there is not time

enough to mail it to you, we will bring a copy of the evidence packet to the hearing for you. If you do not receive your evidence packet by the week before your hearing, you can call **866-231-0847 (TTY 711)** to ask for it.

Remember, you can complain anytime to the New York State Department of Health by calling **800-206-8125**. In some cases, you may be able to keep your care the same way while you wait for your Fair Hearing. Call Member Services at **866-231-0847 (TTY 711)** if you have questions.

Complaint process

Complaints:
We hope our health plan serves you well. If you have a problem, talk with your PCP, or call or write Member Services. Most problems can be solved right away. If you have a problem or dispute with your care or services, you can file a complaint with the plan. Problems 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 **866-231-0847 (TTY 711)** 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 **800-206-8125** or write to:
Complaint Unit
Bureau of Consumer Services
OHIP DHPCO 1CP-1609
New York State Department of Health
Albany, NY 12237

You may also contact your local Department of Social Services with your complaint at any time. You may also call the New York State Department of Financial Services at **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 a complaint by phone, call Member Services at **866-231-0847 (TTY 711)** Monday through Friday from 8:30 a.m. to 6 p.m. Eastern time. If you call us after hours, leave a message. We will call

you back the next working day. If we need more information to make a decision, we will tell you.

You can write to us with your complaint or call the Member Services number and request a complaint form. It should be mailed to:
Complaint Specialist
Quality Management Department
P.O. Box 62429
Virginia Beach, VA 23466-2429

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

- The department working on your complaint.
- How to contact the department (address and phone number).
- If we need more information.

You can also provide information to be used for reviewing your complaint in person or in writing. Call Highmark BCBSWNY at **866-231-0847 (TTY 711)** 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 healthcare 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. You will hear from us in no more than 60 days from the day we receive your complaint. We will write you and will tell you the reasons for our decision.
- When a delay would risk your health, we will call you with our decision in 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 seven days from the day we receive your complaint. We will call you with our decision or try to reach you to tell you. You will receive a letter to follow up our communication in three working days.
- You will be told how to appeal our decision if you are not satisfied and we will include any forms you may need.
- If we are unable to make a decision about your complaint because we don't have enough information, we will send you a letter and let you know.

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

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 in writing. If you make a complaint appeal by phone, it must be followed up in writing. If you agree with our summary, you must sign and return the form to us. You can make any needed changes before sending the form back to us.

What happens after we receive your complaint appeal

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

- Who is working on your complaint appeal,
- How to contact that person, and
- If we need more information.

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

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

We will give you the reasons for our decision and our clinical rationale, if it applies. If you are still not satisfied, you or someone on your behalf can file a complaint at any time with the New York State Department of Health at **800-206-8125**.

Member rights and responsibilities

Your rights

As a member of Highmark BCBSWNY, 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 access the services you need from Highmark BCBSWNY.
- Be told by your PCP what is wrong, what can be done for you, and what will likely be the result regardless of cost or benefit coverage, in a language you understand.
- Receive a second opinion about your care.
- Give your OK to any treatment or plan for your care after that plan has been fully explained to you.
- Refuse care and be told what you may risk if you do.

- Refuse enrollment into a Health Home and be told how to receive your physical and behavioral healthcare needs without having an assigned Health Home care manager.
- Receive a copy of your medical record, and talk about it with your PCP. To ask, if needed, for your medical record be amended or corrected.
- Be sure your medical record is private and will not be shared with anyone except as required by law, contract, or with your approval.
- Use the Highmark BCBSWNY complaint system to settle any complaints, or you can complain to the New York State Department of Health or the local Department of Social Services anytime 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 Highmark BCBSWNY, you agree to:

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

Advance directives

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

Healthcare proxy
With this document, you name another adult 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 do not resuscitate (DNR) order for your medical records. You can also receive a DNR form to carry with you and/or a bracelet to wear letting any emergency medical provider know about your wishes.

Organ donor card
This wallet sized card says 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.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN RECEIVE ACCESS TO THIS INFORMATION WITH REGARD TO YOUR HEALTH BENEFITS. PLEASE REVIEW IT CAREFULLY.

HIPAA Notice of Privacy Practices

The original effective date of this notice was April 14, 2003. The most recent revision date is shown at the end of this notice.

Please read this notice carefully. This tells you who can see your protected health information (PHI). It tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information.

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you're a member right now or if you used to be, your information is safe.

We receive information about you from state agencies for Medicaid and the Child Health Plus program after you become eligible and sign up for our health plan. We also receive it from your doctors, clinics, labs and hospitals so we can OK and pay for your healthcare.

Federal law says we must tell you what the law says we have to do to protect PHI told to us, in writing or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- On paper (called physical), we:
  - Lock our offices and files
  - Destroy paper with health information so others can't see it
- Saved on a computer (called technical), we:
  - Use passwords so only the right people can have access
  - Use special programs to watch our systems
- Used or shared by people who work for us, doctors or the state, we:
  - Make rules for keeping information safe (called policies and procedures)
  - Teach people who work for us to follow the rules

When is it OK for us to use and share your PHI?
We can share your PHI with your family or a person you choose who helps with or pays for your healthcare if you tell us it's OK. Sometimes, we can use and share it **without** your OK:

- **For your medical care**
  - To help doctors, hospitals, and others provide you the care you need

- **For payment, healthcare operations, and treatment**
  - To share information with the doctors, clinics, and others who bill us for your care
  - When we say we'll pay for healthcare or services before you receive them
  - To find ways to make our programs better, as well as giving your PHI to health information exchanges for payment, healthcare operations, and treatment. If you don't want this, please visit bcbswny.com/stateplans for more information.
- **For healthcare business reasons**
  - To help with audits, fraud and abuse prevention programs, planning, and everyday work
  - To find ways to make our programs better
- **For public health reasons**
  - To help public health officials keep people from becoming sick or hurt
- **With others who help with or pay for your care**
  - With your family or a person you choose who helps with or pays for your healthcare, if you tell us it's OK
  - With someone who helps with or pays for your healthcare, if you can't speak for yourself and it's best for you

We must receive your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research, or other things listed below. We have to receive your written OK before we share psychotherapy notes from your doctor about you.

You may tell us in writing that you want to take back your written OK. We can't take back what we used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

Other ways we can — or the law says we have to — use your PHI:

- To help the police and other people who make sure others follow laws
- To report abuse and neglect
- To help the court when we're asked
- To answer legal documents
- To give information to health oversight agencies for things like audits or exams
- To help coroners, medical examiners, or funeral directors find out your name and cause of death
- To help when you've asked to give your body parts to science
- For research
- To keep you or others from becoming sick or badly hurt
- To help people who work for the government with certain jobs
- To give information to workers' compensation if you are sick or hurt at work

What are your rights?

- You can ask to look at your PHI and receive a copy of it. We don't have your whole medical record, though. **If you want a copy of your whole medical record, ask your doctor or**

health clinic.

- You can ask us to change the medical record we have for you if you think something is wrong or missing.
- Sometimes, you can ask us not to share your PHI. But we don't have to agree to your request.
- You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.
- You can ask us to tell you all the times over the past six years we've shared your PHI with someone else. This won't list the times we've shared it because of healthcare, payment, everyday healthcare business, or some other reasons we didn't list here.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

What do we have to do?

- The law says we must keep your PHI private except as we've said in this notice.
- We must tell you what the law says we have to do about privacy.
- We must do what we say we'll do in this notice.
- We must send your PHI to some other address or in a way other than regular mail if you ask for reasons that make sense, like if you're in danger.
- We must tell you if we have to share your PHI after you've asked us not to.
- If state laws say we have to do more than what we've said here, we'll follow those laws.
- We have to let you know if we think your PHI has been breached.

Contacting you

We, along with our affiliates and/or vendors, may call or text you using an automatic telephone dialing system and/or an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we won't contact you in this way anymore. Or you may call **844-203-3796** to add your phone number to our Do Not Call list.

What if you have questions?

If you have questions about our privacy rules or want to use your rights, please call Member Services at **866-231-0847 (TTY 711)**.

What if you have a complaint?

We're here to help. If you feel your PHI hasn't been kept safe, you may call Member Services or contact the Department of Health and Human Services. Nothing bad will happen to you if you complain.

Write to or call the Department of Health and Human Services:
Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 3312
New York, NY 10278
Phone: **800-368-1019**
TDD: **800-537-7697**
Fax: 212-264-3039

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we'll tell you about the changes in a newsletter. We'll also post them on the web at **bcbswny.com/stateplans**.

Race, ethnicity, and language
We receive race, ethnicity, and language information about you from the state Medicaid agency and the Child Health Plus program. We protect this information as described in this notice.

We use this information to:

- Make sure you receive the care you need.
- Create programs to improve health outcomes.
- Develop and send health education information.
- Let doctors know about your language needs.
- Provide translator services.

We do **not** use this information to:

- Issue health insurance.
- Decide how much to charge for services.
- Determine benefits.
- Disclose to unapproved users.

Your personal information
We may ask for, use, and share personal information (PI) as we talked about in this notice. Your PI is not public and tells us who you are. It's often taken for insurance reasons.

- We may use your PI to make decisions about your:
  - Health
  - Habits
  - Hobbies

- We may receive PI about you from other people or groups like:
  - Doctors
  - Hospitals
  - Other insurance companies
- We may share PI with people or groups outside of our company without your OK in some cases.
- We'll let you know before we do anything where we have to give you a chance to say no.
- We'll tell you how to let us know if you don't want us to use or share your PI.
- You have the right to see and change your PI.
- We make sure your PI is kept safe.

Revised November 20, 2017
Reviewed May 27, 2020

Important phone numbers

Your PCP.....……	_____ (write number above)
Your nearest emergency room.....……..	_____ (write number above)
Highmark BCBSWNY Member Services	866-231-0847 (TTY 711)
24/7 NurseLine	866-231-0847 (TTY 711)
Quality Management (Complaints and Appeals)	844-401-2292
New York State Department of Health (Complaints)	800-206-8125
OMH Complaints	800-597-8481
OASAS Complaints Ombudsman	518-473-3460
Information on NYS Medicaid Managed Care	
County Department Social Services	
Allegany County Department of Social Services	585-268-9300
Cattaraugus County Department of Social Services	716-373-8077
Chautauqua County Department of Social Services	877-653-0216
Erie County Department of Social Services	716-858-6105
Genesee County Department of Social Services	585-344-8502
Niagara County Department of Social Services	716-278-8400
Orleans County Department of Social Services	585-589-3209
Wyoming County Department of Social Services	585-786-8900
Medical Answering Services (MAS)	
Allegany	866-271-0564
Cattaraugus	866-371-4751
Chautauqua	855-733-9405
Erie	800-651-7040
Genesee	855-733-9404
Niagara	866-753-4430
Orleans	866-260-2305
Wyoming	855-733-9403
New York Medicaid Choice	800-505-5678
NYS HIV/AIDS Hotline	800-541-AIDS (2437)
Spanish	800-233-SIDA (7432)
TDD	800-369-AIDS (2437)

Community Health Access to Addiction and Mental Healthcare Services (CHAMP)	888-614-5400
New York City HIV/AIDS Hotline (English and Spanish)	800-TALK-HIV (8255-448)
HIV Uninsured Care Programs	800-542-AIDS (2437)
TDD	518-459-0121
Child Health Plus (free or low-cost health insurance for children)	855-693-6765
PartNer Assistance Program	800-541-AIDS (2437)
In New York City (CNAP)	212-693-1419
Social Security Administration	800-772-1213
NYS Domestic Violence Hotline	800-942-6906
Spanish	800-942-6908
Hearing impaired	800-810-7444
Americans with Disabilities Act (ADA) information line	800-514-0301
TDD	800-514-0383
Independent Consumer Advocacy Network (ICAN)	844-614-8800 (TTY 711)

Local pharmacy _____
(write number above)

Other health providers

_____ _____
(write number above)

_____ _____
(write number above)

Important websites

Highmark BCBSWNY: bcbswny.com/stateplans

NYS Department of Health: nystateofhealth.ny.gov

NYS Office of Mental Health (OMH): omh.ny.gov

NYS Office of Addiction Services and Supports (OASAS): oasas.ny.gov

Community Health Access to Addiction and Mental Healthcare Services (CHAMP): Ombuds@oasas.ny.gov

NYS DOH HIV/AIDS information: health.ny.gov/diseases/aids

NYS DOH Uninsured Care Programs: health.ny.gov/diseases/aids/general/resources/adap

NYS DOH HIV testing resource directory: health.ny.gov/diseases/aids/providers/testing

NYC Health: nyc.gov/health

NYC Health HIV/AIDS information: nyc.gov/site/doh/health/health-topics/aids-hiv.page

Independent Consumer Advocacy Network (ICAN): Web: icannys.org | Email: ican@cssny.org

866-231-0847 (TTY 711) | bcbswny.com/stateplans