

Child Health Plus

Member Handbook



Welcome

to EmblemHealth Child Health Plus

Please take a few minutes to review this Member Handbook. We're ready to answer any questions you may have. Our Member Services team can be reached at **855-283-2146** (TTY: **711**), 8 a.m. – 6 p.m., Monday – Friday. You can also visit our website at **emblemhealth.com/CHPlus**.



This handbook will tell you how to use your child's EmblemHealth plan.
Put this handbook where you can find it when you need it.



LANGUAGE ASSISTANCE

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 877-411-3625 (TTY: 711).	English
ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 877-411-3625 (TTY: 711).	Spanish
请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 877-411-3625 （文本电话： 711 ）。	Chinese
ملاحظة: خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم 877-411-3625 (711) .	Arabic
주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. 877-411-3625 (TTY: 711) 번으로 연락해 주십시오.	Korean
ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру 877-411-3625 (TTY: 711).	Russian
ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il 877-411-3625 (TTY: 711).	Italian
ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le 877-411-3625 (TTY: 711).	French
ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele 877-411-3625 (TTY: 711).	French Creole
אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועילעבל פאר איין אומזיסט. רופט 877-411-3625 (711) .	Yiddish
UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: 877-411-3625 (TTY: 711).	Polish
ATENSYON: Available ang mga serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa 877-411-3625 (TTY: 711).	Tagalog
মনোযোগ নামূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ। 877-411-3625 (TTY: 711) -এ ফোন করুন।	Bengali
VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi 877-411-3625 (TTY: 711).	Albanian
ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο 877-411-3625 (TTY: 711).	Greek
توجہ فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں 877-411-3625 (711) ۔	Urdu

NOTICE OF NONDISCRIMINATION

EmblemHealth complies with Federal civil rights laws. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (as defined in 45 CFR § 92.101(a)(2)).

EmblemHealth 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 EmblemHealth at **877-411-3625**. For TTY/TDD services, call **711**.

If you believe that EmblemHealth 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 the Civil Rights Coordinator by contacting EmblemHealth's Grievance and Appeals Department:

- Mail: P.O. Box 2844, New York, NY 10116-2844
- Phone: **877-411-3625** (for TTY/TDD services, call **711**)
- Fax: **212-510-5320**

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 **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**)

This notice is available at EmblemHealth's website at **emblemhealth.com/legal/nondiscrimination**.

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EmblemHealth's Child Health Plus Program

We are glad your child enrolled in EmblemHealth!

EmblemHealth has a contract with the New York State Department of Health (DOH) to provide health care to children eligible for the Child Health Plus program. This handbook is your guide to the full range of health care services available to your child through Child Health Plus.

To get to know your child better, we will be in touch with you in the next two or three weeks. You can ask us questions or get help making appointments for your child. If you need to speak with us before we reach out to you, call us at **855-283-2146** (TTY: **711**).

How To Use This Handbook

This handbook tells you how your child's Child Health Plus coverage works. It also tells you how you can get the most from your child's health plan, EmblemHealth. This handbook is your guide to accessing health and wellness services for your child.

The first several pages tell you what you need to know **right away**. When you have a question about using services, check this Handbook or call Member Services.

Help From Member Services

If you have any questions about your child's coverage, please call Member Services:

855-283-2416 (TTY: **711**) from 8 a.m. to 6 p.m., Monday through Friday. During nonbusiness hours leave us a message and we will return your call on the next business day.

- You can call Member Services to get help **anytime you have a question**. You may call us to:
 - Choose or change your child's primary care provider (PCP)
 - Ask about benefits and services
 - Get help with referrals
 - Replace a lost member ID card
 - Ask about any change that might affect your child's benefits
- **We offer free sessions** to explain our health plan and how we can best help your child. It's a great time to ask questions and meet other members. If you'd like to come to one of the sessions, call us to find a time and place that is best for you.
- **If you do not speak English**, we can help. We want you to know how to use your child's health care plan no matter what language you speak. Just call us and we will find a way to talk to you in your own language. We have a group of people who can help. We will also help you find a PCP who can serve your child in your language.

- **For people with disabilities:** If your child uses a wheelchair, is blind, or has trouble hearing or understanding, call us if you need extra help. We can tell you if a provider's office is wheelchair accessible or has special communications devices available. Also, we have services like:
 - TTY machine (Our TTY phone number is **711**)
 - Information in Large Print
 - Case Management
 - Help making appointments
 - Names and addresses of providers who specialize in your child's disability

How Child Health Plus Plans Work

Child Health Plus is low cost, quality health insurance coverage for eligible children in New York State.

Your child is enrolled in EmblemHealth Child Health Plus through NY State of Health.

Your child is eligible for Child Health Plus if they meet the eligibility requirements established by New York State:

- Your child is younger than age 19
- Your child does not have other health insurance coverage
- Your child is not eligible for Medicaid
- Your child is a New York State resident
- Your child's parent, stepparent, or guardian is not a public employee with access to family health insurance coverage by a state health benefits plan, known as the New York State Health Insurance Program (NYSHIP)
- Your child is not an inmate of a public institution or a patient of an institution for mental diseases

Keep Us Informed

You must tell NY State of Health about any changes that could affect your child's eligibility for Child Health Plus. Whenever these changes happen report them within 30 days:

- You or your child move or change telephone number
- Your child becomes pregnant
- There is a change in insurance coverage for your child
- You or your child gain access to or enroll in NYSHIP
- There is a change in your household, such as marriage
- There is a change in household income

If you do not report a change, you may have to pay back some or all of the subsidies New York State paid for your child.

You can call the NY State of Health helpline at **855-355-5777** (TTY: **800-662-1220**) to report a change. You can also visit <https://nystateofhealth.ny.gov/> to make changes to your NY State of Health account online.

We can also help you report a change. Call Member Services at **855-283-2146** (TTY: **711**).

If your child is no longer eligible for Child Health Plus, you *may* be able to enroll your child in another health insurance program. Contact NY State of Health, The Official Health Plan Marketplace, at **855-355-5777** (TTY: **800-662-1220**) or nystateofhealth.ny.gov.

Family Premium Contribution

Your child may have a monthly premium depending on your household income and family size. This is the only out-of-pocket cost in Child Health Plus. If your child has a monthly premium, we will send you a bill. You must pay the initial premium before your child can be enrolled. We will also send a monthly premium bill.

If you have questions about your child's monthly premium call **855-283-2146** (TTY: **711**). We can also tell you how you can pay your bill.

If your child is disenrolled for nonpayment of the premium, you will be responsible for medical bills for services your child received after the disenrollment date.

Your Child's Health Plan ID Card

When your child enrolls, we will send you a Welcome Letter. Your child's EmblemHealth member ID card should arrive no later than 20 days after your child's enrollment date. If your child needs care before the card comes, your welcome letter is proof that your child is a member.

If anything is wrong on your child's ID card, call us right away.

Always carry your child's ID card and show it each time your child goes for care.

If your plan membership card is damaged, lost, or stolen, call Customer Service at **855-283-2146** (TTY: **711**) right away and we'll send you a new card.

Keeping Your Child Covered - Recertification

You must resubmit an application to NY State of Health every year to make sure your child is still eligible for Child Health Plus. This is called "recertification" or "renewal."

NY State of Health will send you a renewal notice when it is time to renew your child's coverage. This notice will have more information on the renewal process.

Confidentiality

We respect your child's right to privacy. We recognize the trust needed between you, your child, your doctors, and other providers. We will never give out your child's medical records, behavioral health history, or substance use disorder records without your written approval. The only people that will have your child's clinical information will be us, your child's providers, and your child's authorized representative. Your child's PCP will always discuss with you first when making referrals to other providers. Our staff has been trained in keeping strict member information confidentiality.

How to Get Care for Your Child

We have a group of health care providers to meet your child's needs. These doctors, specialists, hospitals, labs, and other health care facilities make up our provider network.

Our provider network is listed in our provider directory. The provider directory lists the address, phone number, and special training of the providers. It will also show which providers are taking new patients. If you need a provider directory, call **855-283-2146** (TTY: **711**) to get a copy or visit emblemhealth.com/findadoctor to find a doctor.

How to find a provider online:

- Visit **emblemhealth.com/findadoctor**
- Click on "Search by Network or Plan"
- Enter Child Health Plus (CHPlus) then click "Go"
- Choose "Primary Care Provider"
- If you have a provider's name, enter it here or click "Next" to see all providers.

You need to select a Primary Care Provider (PCP for short) for your child from our provider network. If your child needs to have a test, see a specialist, or go into the hospital, your child's PCP will arrange it. All care must be medically necessary. In some cases, your child can see certain doctors for some services without a referral from your child's PCP.

PART I: FIRST THINGS YOU SHOULD KNOW

How To Choose Your Child's Primary Care Provider (PCP)

- You may have already picked your child's PCP to serve as your child's regular doctor. This person could be a doctor, a nurse practitioner, clinical nurse specialist, or physician assistant. **If you have not chosen a PCP for your child, you should do so right away.** If you do not choose a PCP within 30 days, we will choose one for your child. Member Services (**855-283-2146**) can check to see if your child already has a PCP or help you choose one.
- Each child in your family enrolled in our plan can have a different PCP. Or you can choose one PCP to take care of all your children. A pediatrician treats children. Family practice doctors treat the whole family.
- Our 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 for your child. You can get a list of providers on our website at **[emblemhealth.com/findadoctor](https://www.emblemhealth.com/findadoctor)**. You may want to find a provider who:
 - Your child has seen before
 - Understands your child's health problems
 - Is taking new patients
 - Can serve your child in your language
 - Is easy to get to
- We also contract with Federally Qualified Health Centers (FQHCs). All FQHCs provide primary and specialty care. Some people want to get their care from FQHCs because the centers have a long history in the neighborhood, or because they are easy to get to. You can choose a PCP for your child at one of the FQHCs we work with. Just call Member Services at **855-283-2146** (TTY: **711**) for help.

You can find FQHCs in your area on our website at **[emblemhealth.com/findadoctor](https://www.emblemhealth.com/findadoctor)**.

- Your child can receive primary care at a Behavioral Health Clinic. You must choose a specific provider, or provider team, within the clinic as your child's PCP. Call Member Services at **855-283-2146** (TTY: **711**) for help choosing a PCP at a Behavioral Health Clinic.
- Your child may be able to see a provider they had before joining EmblemHealth who is not in our network if:
 - Your child is more than 3 months pregnant when your child joins EmblemHealth and your child is getting prenatal care. In that case, your child can keep their provider for the duration of the pregnancy through post-partum care. This post-partum care continues up to 60 days after delivery.

PART I: FIRST THINGS YOU SHOULD KNOW

- At the time your child joins EmblemHealth, your child has a life-threatening disease or condition, including a behavioral health condition, or a degenerative and disabling disease or condition. In this case, you can ask to keep your child's provider for up to 60 days.

In these cases, your child's provider must agree to work with us.

- *If your child has a long-term disease or a disabling illness that gets worse over time, you may be able to choose a specialist to act as your child's PCP. We will not approve a specialist who is not part of our network unless we determine we do not have an appropriate provider in our network. If we approve a specialist who is not in our network, you are not responsible for any of the costs. Speak to your PCP and specialist about this. Your specialist must request preauthorization from EmblemHealth. Whenever possible, the specialist acting as a PCP should be dually board-certified. If you, the specialist, your PCP, and we agree, the specialist will then provide your routine care.*
- If you need to, you can **change your child's PCP** in the first 30 days after your child's first appointment. After that, you can change any time, for any reason. You can also change your child's OB/GYN or a specialist to whom your child's PCP has referred your child.
- If your child's provider leaves our network, we will tell you within 15 days from when we find out. If your child is pregnant, your child may continue to see their provider for the duration of the pregnancy through post-partum care. If your child is seeing a provider regularly for an ongoing condition, your child may be able to continue their present course of treatment for up to 90 days. Your child's provider must agree to work with us during this time.
- If any of these conditions apply to your child, check with your child's PCP, or call Member Services at **855-283-2146** (TTY: **711**).

How To Get Regular Care

Regular health care means exams, regular check-ups, shots, or other treatments to keep your child well. It means working with your child's PCP to keep your child well or get the care your child needs. Your child's PCP is almost always the first stop. Call them first for your child's health needs unless it is an emergency.

- Day or night, your child's PCP is only a phone call away. Call your child's PCP whenever you have a medical question or concern for your child. If you call after hours or on weekends, leave a message with information on how you can be reached. If you have an urgent concern, your child's PCP will call you back as quickly as possible.
- Your child's care must be **medically necessary**. The services your child gets must be needed:
 - To prevent, or diagnose and correct what could cause more suffering
 - To deal with a danger to your child's life
 - To deal with a problem that could cause illness
 - To deal with something that could limit your child's normal activities
- There are some treatments and services that your child's PCP must ask us to approve *before* your child can get them. Your child's PCP will be able to tell you what they are.
- Your child's PCP will take care of most of your child's health care needs, but you must have an appointment to see your child's PCP. If you can't keep an appointment with your child's PCP, call them to let them know.
- As soon as you choose a PCP for your child, call to make a first appointment. Your child's PCP will need to know about your child's medical history. Prepare for your child's first appointment. Make a list of your child's medical background, any problems your child has,

any medicines your child is taking, and the questions you want to ask. In most cases, your child's first visit should be within 3 months of your child joining EmblemHealth.

- **If your child needs care before the first appointment**, call your child's PCP's office. Your child's PCP will give your child an earlier appointment. You should keep the first appointment to discuss your child's medical history and ask questions.
- Minors seeking care and treatment for reproductive healthcare or mental health and substance use disorders are protected under NYS confidentiality laws. This means they can get care on their own for these services without their parents or guardians knowing.
- Telehealth visits are covered if your child receives covered services which are medically necessary from a participating provider.
- Use the following list as an **appointment guide for our limits on how long you may have to wait after your request for an appointment**:
 - Well child care: within 4 weeks
 - Urgent care: within 24 hours
 - Nonurgent sick visits: within 2 to 3 days
 - Routine, preventive care: within 4 weeks
 - Follow-up visit after emergency room (ER), inpatient visit, or mental health/substance use visit: 5 days
 - Nonurgent mental health or substance use visit: 2 weeks
 - Initial appointment with a behavioral health outpatient facility or clinic: 10 business days
 - Initial appointment with a behavioral health care professional who is not employed by or contracted with an outpatient facility of clinic: 10 business days
 - First prenatal visit: within 3 weeks during first trimester (2 weeks during second trimester, 1 week during third trimester)
 - First newborn visit: within 2 weeks of hospital discharge
 - First family planning visit: within 2 weeks

Behavioral Health Access Complaint

If you are unable to schedule a behavioral health appointment with a participating provider for your child, you can submit a behavioral health access complaint. EmblemHealth must provide you with the name and contact information of a provider that can treat your child's behavioral health condition. We must provide this information within 3 business days after receiving your complaint.

How to Get Urgent or Emergency Care

Urgent Visits

Your child may get sick or hurt and needs to be seen promptly. Or, sometimes you just need advice. The best thing to do is call your child's PCP first. Or you can call us. Your child's PCP can tell you how to take care of your child at home, whether they can be seen in the PCP's office that day, or if you need to go somewhere else to be seen. If you can't get in touch, then you can take your child to a participating provider of urgent care services for evaluation of issues such as:

- Ear pain, sore throats, nose bleeds that don't stop, and pink eye
- Coughs, colds, fevers, and stomach bugs
- Cuts, scrapes, burns, rashes, splinters, bites and stings that need special attention, or stitches
- Twisted ankles, jammed fingers, head bumps, and possible broken bones

Emergencies

Your child is always covered for emergencies. If you think your child needs medical care right away, go to the emergency room (ER) or call **911**.

An emergency is when you believe a severe injury, illness, or behavioral condition is threatening your child's health or may cause permanent harm. If your child needs an ambulance to take them to the ER, we will cover the emergency transportation.

You do not need our approval or your child's PCP's approval before getting emergency care. Your child is not required to use our participating hospitals or providers for emergency care. **Examples of an emergency are:**

- Strange or more withdrawn and less alert behavior
- Unconsciousness or no response when you talk with your child
- Rhythmic jerking (a seizure)
- Increasing effort or trouble with breathing
- Skin or lips that look blue, purple, or gray
- Neck stiffness with fever
- Increasing or severe persistent pain
- A cut that is large, deep, or to the head, chest, or abdomen
- Bleeding that does not stop after applying pressure for 5 minutes
- A burn that is large or involves the hands, feet, groin, chest, or face
- Any loss of consciousness, ongoing or worsening confusion, headache, or vomiting after a head injury
- Fever higher than 100.4 degrees Fahrenheit in a child younger than 2 months old.
- Thoughts about hurting themselves or others.
- Pain, bleeding, fever, or vomiting during pregnancy.
- Worsening or uncontrolled chronic illness (diabetes, asthma).

Many emergencies involve sudden injuries. These injuries are often caused by the following events:

- Bicycle crashes
- Falls
- Burns or smoke inhalation
- Choking
- Drowning
- Electric shocks
- Poisoning*

*Call the Poison HELP line at **1-800-222-1222** at once if your child has swallowed a suspected poison, another person's medicine, a **button battery**, or a **magnet**—even if your child has no signs or symptoms.

How To Get Specialty Care

- If your child needs care that your child's PCP cannot give, your child's PCP will REFER your child to a specialist who can. Specialists include the services of other practitioners, including:
 - Pediatricians who specialize in certain conditions.
 - Physical therapists.
 - Oral and speech therapists.
 - Audiologists.
 - Other specialty care.
 - Cardiologists
 - Neurologists
 - Podiatrists
 - Dermatologists
 - Ophthalmologists
- If your child's PCP refers your child to another provider, we will pay for your child's care. Most of these specialists are our participating providers. Talk with your child's PCP to be sure you know how referrals work.
- If you think a specialist does not meet your child's needs, talk to your child's PCP. Your child's PCP can help you if your child needs to see a different specialist.
- If you are having trouble getting a referral you think your child needs, contact Member Services at **855-283-2146** (TTY: **711**).
- If we do not have a specialist in our provider network who can give your child the care your child needs, we will get you the care your child needs from a specialist outside our network. This is called an **out-of-network referral**. Your child's PCP or plan provider must ask us for approval *before* your child can get an out-of-network referral. If your child's PCP or plan provider refers your child to a provider who is not in our network and we approve it, you are not responsible for any of the costs.
 - Sometimes we may not approve an out-of-network referral because we have a provider in our network that can treat your child. If you think our plan provider does not have the right training or experience to treat your child, you can ask us to check if your child's out-of-network referral is medically needed. You will need to ask for a **Plan Appeal**. See page 26 to find out how.
 - Sometimes, we may not approve an out-of-network referral for a specific treatment because you asked for care that is not very different from what your child can get from one of our providers. You can ask us to check if your child's out-of-network referral for the treatment you want is medically needed. You will need to ask for a **Plan Appeal**. See page 26 to find out how.
- To request services by a specialist or provider outside of our network, contact Member Services at **855-283-2146** (TTY: **711**). We will need a written reason why you need to see a specialist or provider who is not in our network. You can ask your PCP or other provider to send us this information on your behalf. We will follow the same rules for preauthorization requests.

PART I: FIRST THINGS YOU SHOULD KNOW

- If your child needs to see a specialist for ongoing care, your child's PCP may be able to refer your child for a specified number of visits or length of time. This is known as a **standing referral**. If your child has a standing referral, you will not need a new referral each time your child needs care. We will not approve a standing referral for a specialist who is not part of our network unless we determine we do not have an appropriate provider in our network. If we approve a standing referral to a provider who is not in our network, you are not responsible for any of the costs.
- *If your child has a long-term disease or a disabling illness that gets worse over time*, your child's PCP may be able to arrange for:
 - Your *child's* specialist to act as your child's PCP.
 - A referral to a specialty care center that deals with the treatment of your child's illness. Call Member Services at **855-283-2146** (TTY: **711**) for help.
- We will not approve a referral for a specialty care center that is not part of our network unless we determine we do not have an appropriate specialty care center in our network. If we approve a referral to a specialty care center that is not in our network, you are not responsible for any of the costs.

Care Outside of the United States

Care outside of the United States is not covered.

PART II: YOUR BENEFITS AND PLAN PROCEDURES BENEFITS

Child Health Plus provides several services for your child. Your child must get these services from providers who are in our network. All services must be medically or clinically necessary and provided or referred by your child's PCP. We will provide or arrange for services that your child will need.

Your child can get a few services without a referral from your child's PCP. These include emergency care, including care for a behavioral health emergency, Obstetrics and Gynecological (OB/GYN) care, reproductive health services, vision care, and dental care.

Call our Member Services department at **855-283-2146** (TTY: **711**) if you have any questions or need help with any of the services below.

Article 29-I Voluntary Foster Care Agency (VFCA) Core Limited Health-Related Services

Article 29-I VFCA Health Facilities work with families to promote well-being and positive outcomes for children in their care. Article 29-I VFCA Health Facilities use trauma informed practices to meet the unique needs of each child. We cover the following Article 29-I VFCA core limited health-related services for children placed in foster care:

- Skill building
- Nursing services
- Treatment planning and discharge planning
- Clinical consultation/supervision services
- VFCA Child Health Plus liaison/administrator

Behavioral Health – (Mental Health and Substance Use Services)

Behavioral health care includes mental health, drug or alcohol use services, and rehabilitation services that your child may need.

Your child has access to behavioral health services which include:

- **Assertive Community Treatment (ACT)**

We cover Young Adult ACT and Youth ACT. Coverage includes comprehensive and integrated combination of treatment, rehabilitation, case management, and support services primarily provided in the client's residence or other community locations by a mobile, multi-disciplinary mental health treatment team. Services must be referred by a physician or other licensed provider of the healing arts, within their scope of practice under State Law, for maximum

reduction of physical or intellectual disability and restoration of a child to their best possible functional level.

- **Children and Family Treatment and Support Services (CFTSS)**

We cover services including:

- **Other Licensed Practitioner (OLP):** services performed by a Non-physician Licensed Behavioral Health Provider (NP-LBHP) who is licensed in the state of New York operating within the scope of practice defined in State law and in any setting permissible under State practice law for treatment necessary to address the prevention (to encourage and increase protective factors and healthy behaviors that can help prevent the onset of a diagnosable Behavioral Health disorder and reduce risk factors that can lead to the development of a Behavioral Health disorder), diagnosis, and/or treatment of health impairments; the ability to achieve age-appropriate growth and development; and the ability to attain, maintain, or regain functional capacity.
- **Outpatient and Residential Crisis Intervention (CI):** services for engagement, symptom reduction, stabilization, and restoring individuals to a previous level of functioning or developing coping mechanisms to minimize or prevent the crisis in the future. Crisis Intervention includes five modalities: Mobile Crisis, Crisis Stabilization, Children's Crisis Residence, Residential Crisis Support and Intensive Residential Crisis.
- **Community Psychiatric Supports and Treatment (CPST):** services designed to provide community-based services to children and families who may have difficulty engaging in formal office settings but can benefit from community-based rehabilitative services. CPST allows delivery of services within a variety of permissible settings including community locations where the member lives, works, attends school, or engages in services.
- **Psychosocial Rehabilitation (PSR):** activities focused on addressing the rehabilitative needs of your child as part of a treatment plan and can be provided in coordination with treatment interventions by a licensed practitioner or provider of CPST. Includes services for restoration, rehabilitation, and support for a child/youth's functional level as necessary for the integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional interventions.
- **Family Peer Support Services (FPSS):** formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges. Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth's treatment plan.
- **Youth Peer Support (YPS):** activities must be intended to develop and achieve the identified goals and/or objectives in your child's individualized treatment plan. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills.

- **Home and Community Based Services (HCBS)**

Children's HCBS offers health care services and related supportive services to meet the needs of each child/youth. HCBS is provided where children/youth and families are most comfortable and supports them as they work towards goals and achievements. *Please note, children who may be eligible for HCBS under Medicaid will be referred to Medicaid to determine eligibility.*

Who can get HCBS?

Children's HCBS are for children and youth who are assessed and found eligible who:

- Need extra care and support to remain at home/in the community
- Have complex health, developmental, physical and/or behavioral health needs
- Want to avoid going to the hospital or a long-term care facility
- Need to return safely home and to their community from a higher level of care

Members may be eligible to get these services:

- Adaptive and assistive technology
- Caregiver/ family advocacy and support services
- Community habilitation
- Environmental modifications
- Non-medical transportation
- Palliative care: counseling and support services, expressive therapy, massage therapy, pain, and symptom management
- Prevocational services – must be age 14 and older
- Supported employment – must be age 14 and older
- Respite services (planned respite and crisis respite)
- Vehicle modifications

Preauthorization may be required. Please call Member Services with any questions **855-283-2146** (TTY: **711**).

- **Inpatient Mental Health and Alcohol and Substance Use Services**

We will cover inpatient mental health, substance use disorder, detoxification and rehabilitation services when they are done in a facility that is one of the following:

- Operated by the Office of Mental Health under Sec. 7.17 of the Mental Hygiene Law
- Issued an operating certificate pursuant to Article 23 or Article 31 of the Mental Hygiene Law

A general hospital as defined in Article 28 of the Public Health Law Preauthorization may be required. Please call Member Services with any questions **855-283-2146** (TTY: **711**).

- **Outpatient Visits for Mental Health and for the Diagnosis and Treatment of Alcoholism and Substance Use**

We will cover outpatient visits to diagnose and treat mental health conditions and substance use disorders. We will also pay for outpatient visits for your family members if these visits are directly related to your mental health or substance use disorder treatment.

- **Residential Rehabilitation Services for Youth (RRSY)**

Includes all services provided by a program licensed, certified or otherwise authorized by the Office of Addiction Services and Supports (OASAS). Services must be clinically indicated and specified in the individualized treatment/recovery plan and/or progress notes. RRSY services include, but are not limited to:

- Clinical services
- Recovery support services
- Educational and vocational assessments and services
- Medication for addiction treatment
- Food and nutrition services

PART II: YOUR BENEFITS AND PLAN PROCEDURES BENEFITS

Clinical services include individual, group, and family counseling, assessment and referral services for patients and significant others. Services must be clinically indicated and specified in the individualized treatment/recovery plan and/or progress notes.

We offer behavioral health care through a contract with Carelon Behavioral Health. To learn more about these services, call Carelon Behavioral Health at **888-447-2526** (TTY: **711**).

Dental Care

We believe that providing your child with good dental care is important to your child's overall health care. We offer dental care through a contract with DentaQuest, an expert in providing high quality dental services.

Covered services include regular and routine dental services such as preventive dental check-ups, cleaning, fluoride treatments, x-rays, fillings, and other services to check for any changes or abnormalities that may require treatment and/or follow-up care for your child such as endodontics and prosthodontics. Some dental services may require preauthorization by DentaQuest.

We also cover emergency dental services to alleviate pain and suffering caused by dental disease or trauma. Your child does not need preauthorization for emergency dental care.

How to Get Dental Services:

You may see any dentist in the DentaQuest network.

- If you need to find a dentist for your child or change your child's dentist, please call DentaQuest at **844-776-8748** (TTY: **711**). Member services representatives are there to help you. Many speak your language or have a contract with Language Line Services.
- Show your child's member ID card to access dental benefits. You will not receive a separate dental ID card.

Your child can also go to a dental clinic that is run by an academic dental center.

Call EmblemHealth Member Services at **855-283-2146** (TTY: **711**) for a list of academic dental centers near you.

Orthodontic Care

We will cover braces for children who have a severe problem with their teeth, such as: can't chew food due to severely crooked teeth, cleft palette, or cleft lip. Your child must receive preauthorization for orthodontic care. Treatment must be approved, and active therapy begun (appliances placed and activated) before your child's 19th birthday. If you have any questions about this benefit, please call DentaQuest at **844-776-8748** (TTY: **711**).

Diabetic Education and Home Visits

- Self-management education
- Nutrition education
- Home visits for monitoring and/or education

Diagnostic and Lab Tests

Laboratory tests, x-rays, and other diagnostic procedures

Durable Medical Equipment (DME), Prosthetic Appliances and Orthotic Devices:

DME means devices and equipment ordered by a practitioner for the treatment of a specific medical condition which:

- Can withstand repeated use for a protracted period of time
- Are primarily and customarily used for medical purposes
- Are generally not useful in the absence of illness or injury
- Are usually not fitted, designed, or fashioned for a particular person's use

DME includes but is not limited to:

- Crutches
- Wheelchairs
- Nebulizers
- Oxygen and oxygen supplies

Emergency Care

Your child is always covered for emergencies.

An emergency means a medical or behavioral condition:

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

An emergency would make an average person fear that someone will suffer serious harm without care right away. **You do not need prior approval for emergency services for your child.**

If you believe your child has an **emergency, call 911** or go to the nearest emergency room. If your child is seriously ill or injured, it is safer for your child to be transported to the emergency room by ambulance. You do not need our approval or your child's PCP's approval before getting emergency care. Your child is not required to use our participating hospitals or providers for emergency care.

REMEMBER

You do not need prior approval for emergency services for your child.

Use the emergency room **only** if your child has an **emergency**.

If you have questions, call your child's PCP or **US** at **855-283-2146** (TTY: **711**).

Emergency Care and Post-stabilization Services

Emergency care services are procedures, treatments, or services needed to evaluate or stabilize an emergency.

After your child has received emergency care, your child may need other care to make sure your child remains in stable condition. Depending on the need, your child may be treated in the Emergency Room, in an inpatient hospital room, or in another setting. This is called **Post-stabilization Services**.

- For more information on Post-stabilization Services, call us at **855-283-2146** (TTY: **711**).
- Post-stabilization Services may require preauthorization. For questions on Post-stabilization Services call us at **855-283-2146** (TTY: **711**).

Emergency Transportation

If you need emergency transportation, call 911.

We cover **Ambulance Services** for pre-hospital emergency medical services, including prompt evaluation and treatment of an emergency condition, and transportation to a hospital.

We will cover **Air Ambulance Services** if:

- Your child has a catastrophic, life-threatening illness or condition
- Your child is at a hospital that is unable to properly manage the medical condition
- Your child needs to be transported to a uniquely qualified hospital facility and ground transport is not appropriate for the child
- Rapid transport is necessary to minimize the risk of death or deterioration of the child's condition
- Life-support equipment and advanced medical care is necessary during transport

We will also cover air and ground emergency transportation between facilities for emergency conditions, this includes transportation from an emergency room to:

- A psychiatric center
- A trauma/cardiac care/burn center
- Another emergency room
- Another facility

If you have questions about emergency transportation, please call Member Services at **855-283-2146** (TTY: **711**).

Home Health Care

Home Health Care must be medically needed and arranged by your child's PCP and us. It is only covered if your child would have to be admitted to a hospital or skilled nursing facility if home care was not provided. We will cover 40 such visits of home health care provided by a licensed or certified home health agency in our network. Home health care includes the following services:

- Part-time or intermittent home nursing care by or under the supervision of a registered professional nurse
- Part-time or intermittent home health aide services which consist primarily of caring for the child

- Physical, occupational, or speech therapy if provided by the home health agency
- Medical supplies, drugs and medications prescribed by a physician and laboratory services by or on behalf of a certified home health agency to the extent such items would have been covered if the child had been in a hospital

Pre-authorization may be required. Please call Member Services with any questions **855-283-2146** (TTY: **711**).

Hospice Care

Hospice helps patients and their families with their special needs that come during the final stages of illness and after death.

- Care must be medically needed and arranged by us
- Provides support services and some medical services to patients who are ill and expect to live for six months or less
- You can get these services for your child in your home or in a hospital
- Family members are eligible for up to five visits for bereavement counseling
- Children getting hospice services can also get medically needed palliative care

Preauthorization may be required. If you have any questions about this benefit, you can call Member Services at **855-283-2146** (TTY: **711**).

Hospital Inpatient Services

We cover hospital inpatient services for treatment of an illness, injury or condition which cannot be treated on an outpatient basis. The hospital must be a short-term, acute care facility and New York State licensed.

For nonemergency admissions, check with us by calling Member Services at **855-283-2146** (TTY: **711**) to make sure that the hospital and any procedures or tests will be covered. Your child's PCP can help you.

Preauthorization may be required. Please call Member Services with any questions at **855-283-2146** (TTY: **711**).

Inpatient Rehabilitation

We cover services, supplies, and equipment related to physical medicine, occupational therapy, and short-term rehabilitation (also known as "rehab") stays, in a hospital.

Short-term is a brief period following a hospitalization due to surgery, illness, or injury for a period of up to three months (90 days). EmblemHealth defines short-term care as rehab in a temporary, goal-oriented, and pre-approved services designed to help members recover from an acute illness, injury, or surgery.

Preauthorization may be required. Please call Member Services with any questions **855-283-2146** (TTY: **711**).

Maternity Care

- Pregnancy care: prenatal, labor and delivery*
- Doctors/midwife
- Inpatient hospital coverage for at least 48 hours after childbirth for any delivery other than C-section and at least 96 hours following a C-section
- Newborn nursery care
- Maternal depression screening: your child can get a screening for depression during pregnancy and up to a year after delivery
- Parent education
- Assistance and training in breast or bottle feeding

*Note: Newborn delivery charges are covered under the Maternity Care benefit in Child Health Plus when the mother is eligible and enrolled in a Child Health Plus policy.

Medical Supplies

- Hearing aid batteries
- Enteral formula
- Insulin and diabetic supplies
- Ostomy equipment

Outpatient Surgery

Outpatient surgery performed in a provider's office or at an ambulatory surgery center, including anesthesia services.

Preauthorization may be required. Please call Member Services with any questions **855-283-2146** (TTY: **711**).

Pharmacy

Medicines prescribed by a licensed provider are covered, including:

- Prescription drugs
- Over-the-counter (OTC) medicines (Tylenol, ibuprofen)
- Contraception
- Emergency contraception
- Smoking cessation agents, including OTC products

Certain medicines may require that your child's doctor get preauthorization from us before writing the prescription. Your child's providers can work with us to make sure your child gets the medicines that your child needs. Learn more about preauthorization later in this handbook.

You have a choice where you fill your child's prescriptions. You can go to any pharmacy that participates with us. Or, you can fill your prescriptions by using a home delivery pharmacy. For more information on your options, please contact Member Services at **855-283-2146** (TTY: **711**).

Presurgical testing

All tests ordered by a physician, such as laboratory and x-rays, which are medically necessary prior to your child receiving inpatient or outpatient surgery and the surgery takes place within 7 days after the testing. If the surgery is canceled because of pre-surgical test findings, or because of a second surgical opinion, we will still cover the tests.

Professional Services for Diagnosis and Treatment of Illness and Injury

Provides services on ambulatory basis by a covered provider for Medically Necessary diagnosis and treatment of sickness and injury and other conditions. Includes all services related to visits. Professional services are provided on outpatient basis and inpatient basis.

Preventive Care

- Well baby care
- Well child care
- Regular check-ups
- Vaccines from birth through childhood
- Health education
- Tuberculin testing (Mantoux)
- Hearing testing
- Dental and developmental screening
- Clinical laboratory and radiological tests
- Eye screening
- Lead screening
- Smoking cessation
- Lab tests
- Reproductive health services, with direct access to such reproductive health services

Screening, Diagnosis and Treatment of Autism Spectrum Disorders

- Counseling and treatment programs
- Applied behavioral analysis
- Psychiatric care
- Psychological care
- Medical care
- Therapeutic care
- Pharmacy care
- Assistive communication devices

Preauthorization may be required. Please call Member Services with any questions **855-283-2146** (TTY: **711**).

Second medical opinion

Your child can obtain a second medical opinion by an appropriate specialist, including one affiliated with a specialty care center, where there has been a positive or negative diagnosis of cancer, or a recommendation of a course of treatment of cancer.

Second surgical opinion

Your child can obtain a second surgical opinion from a qualified physician.

Specialty Care

- Occupational and physical therapy
 - We cover short term physical and occupational therapy services. The therapy must be skilled therapy. For more information on therapy services call us at **855-283-2146** (TTY: **711**).
 - Short-term is a brief period following hospitalization due to surgery, illness, or injury for a period up to three months (90 days). EmblemHealth defines short-term care as temporary, goal-oriented, and pre-approved services designed to help members recover from an acute illness, injury, or surgery.
- Speech therapy
 - We cover speech therapy for conditions that will significantly improve within a two-month period of beginning therapy and if they are performed by an audiologist, language pathologist, a speech therapist and/or an otolaryngologist.
 - We cover speech therapy for children diagnosed with an autism spectrum disorder if the services are deemed habilitative or non-restorative.
- Hearing services
 - We cover one hearing examination per calendar year, unless follow-up hearing exams are medically necessary.
 - Hearing Aids, including batteries and repairs, are covered.
- Other specialty care
 - Cardiologists
 - Neurologists
 - Podiatrists
 - Dermatologists
 - Ophthalmologists

Therapeutic Services

- Chemotherapy
- Radiation therapy
- Hemodialysis
- Infusion of blood clotting factors and services in connection with the treatment of blood clotting protein deficiencies

Preauthorization may be required. Please call Member Services with any questions **855-283-2146** (TTY: **711**).

Vision Care

We offer vision care through a contract with EyeMed, an expert in providing high quality vision care.

Covered benefits include the services of an ophthalmologist, optometrist, and an ophthalmic dispenser, and include an eye exam and pair of eyeglasses, if needed. Generally, your child can get these once every 12 months, or more often if medically needed.

New eyeglasses, with approved frames, are usually provided once every 12-month period. New lenses may be ordered more often with appropriate documentation. Contact lenses are only covered when they are medically necessary. If your child needs to see an eye specialist for care of an eye disease or defect, your child's PCP will refer you.

You must choose one of our participating providers. If you need to find a vision provider for your child please call EyeMed at **877-324-2791**.

Show your child's Member ID card to access vision benefits. You will not receive a separate vision ID card.

Women's Health Care

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

- Your child is pregnant
- Your child needs OB/GYN services/reproductive health services
- Your child needs family planning services
- Your child can choose where to get family planning services. Check the plan's Provider Directory or call Member Services for help finding a provider.
- Your child wants to see a midwife
- Your child needs to have a breast or pelvic exam

Services NOT Covered

These services are not covered under Child Health Plus by our plan. If your child gets any of these services, you will have to pay the bill:

- Experimental medical or surgical procedures
- Experimental drugs
- Drugs which can be bought without prescription, except as defined
- Prescription drugs used for purposes of treating erectile dysfunction
- Prescription drugs and biologicals and the administration of these drugs and biologicals that are furnished for the purpose of causing or assisting in causing the death, suicide, euthanasia or mercy killing of a person
- Private duty nursing
- Home health care, except as defined
- Care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column
- Services in a skilled nursing facility
- Cosmetic, plastic, or reconstructive surgery, except as defined
- In vitro fertilization, artificial insemination or other means of conception and infertility services
- Services covered by another payment source
- Non-Emergency Medical Transportation
- Personal or comfort items
- Services which are not medically necessary

If You Get a Bill

If you get a bill for a treatment or service you do not think you should pay for, do not ignore it. Call us at **855-283-2146** (TTY: **711**) right away. We can help you understand why you may have gotten a bill. If you are not responsible for payment, we will contact the provider and help fix the problem for you.

If you have any questions, call Member Services at **855-283-2146** (TTY: **711**).

If we deny a service for your child, you have the right to ask for a Plan Appeal. See the Plan Appeal section later in this handbook for more information.

Protection from Surprise Bills

Surprise bills happen when an out-of-network provider treats your child at a hospital or ambulatory surgical center in our network. They can also happen if your child is referred by a provider in our network to an out-of-network provider.

Your child is protected from surprise bills if:

- They are treated by an out-of-network provider at a hospital or ambulatory surgical center in our network
- A provider in our network refers them to a non-participating provider
- They receive emergency services in hospitals following emergency room treatment, including inpatient care

If you receive a surprise bill, call us at **855-283-2146** (TTY: **711**) so we can help you.

If your child had services at a participating facility and a participating provider was available, but you chose to receive services from a non-participating provider, you will be responsible for those bills.

Service Authorization

Preauthorization

There are some treatments and services that your child needs approval for before your child can receive them or to continue receiving them. This is called **preauthorization**. You, your child, or someone you trust can ask for this.

Asking for approval of a treatment or service is called a **service authorization request**. To get approval for these treatments or services you need to: You or your child's doctor may call our Member Services number at **877-833-2729**.

You will also need to get preauthorization if your child is getting services that require preauthorization now but your child needs to continue or get more of the care. This is called **concurrent review**.

What happens after we get your child's service authorization request:

We have a review team who checks that the service you are asking for is covered under your child's 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 your child. They do this by checking your child's treatment plan against medically acceptable standards.

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

After we get your request, we will review it under a **standard** or **fast track** process. You or your child's provider can ask for a fast track review.

We will fast track your review if:

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

If your request for a fast track review is denied, we will tell you. Your child's case will then be handled under the standard review process.

In all cases, we will review your request as fast as your child's medical condition requires us to do so. But we will make a decision no later than the timeframes mentioned below.

We will tell you and your child's 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 you have if you don't agree with our decision. (See the Plan Appeals section later in this handbook.)

Timeframes for prior authorization requests:

- **Standard review:** We will make a decision about your request within 3 workdays of when we have all the information we need, but you will hear from us no later than 7 calendar days after we receive your request. We will tell you by the 7th 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.

Special timeframes for other requests:

- If you are asking for home health care which would keep your child out of the hospital or a skilled nursing facility, we will make a decision within 72 hours of your request.
- If your child is getting inpatient substance use disorder treatment, and you ask for more services at least 24 hours before your child is to be discharged, we will make a decision within 24 hours of your request.
- If you are asking for an outpatient prescription drug for your child, we will make a decision within 24 hours of your request.

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

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

PART II: YOUR BENEFITS AND PLAN PROCEDURES BENEFITS

You, your child's provider, or someone you trust may 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 child's case. This can be done by calling **877-833-2729**

You or your child's representative can file a complaint with the plan if you don't agree with our decision to take more time to review your child's request. You or someone you trust can also file a complaint about the review time with the New York State Department of Health by calling **1-800-206-8125** or sending an email to: managedcarecomplaint@health.ny.gov.

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 child's service authorization request.

If we do not respond to a request to override a step therapy protocol on time, your child's request will be approved.

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

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 child's health care. You can call Member Services at **855-283-2146** (TTY: **711**) if you have specific concerns. Most of our providers are paid in one or more of the following ways:

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

You Can Help with Plan Policies

You can help us develop policies that best serve our members. If you have ideas, please tell us about them. Let us know if you would like to work with one of our member advisory boards or committees. Call Member Services at **855-283-2146** (TTY: **711**) to find out how you can help.

Additional Information from Member Services

Here is information you can get by calling Member Services at **855-283-2146** (TTY: **711**):

- A list of names, addresses, and titles of EmblemHealth's Board of Directors, Officers, Controlling Parties, Owners, and Partners
- A copy of the most recent financial statements/balance sheets, summaries of income and expenses

- A copy of the most recent individual direct pay subscriber contract
- Information from the Department of Financial Services about consumer complaints about EmblemHealth
- How we keep your child's medical records and member information private
- In writing, we will tell you how we check on the quality of care to our members
- We will tell you which hospitals our health providers work with
- If you ask us in writing, we will tell you the guidelines we use to review conditions or diseases that are covered by us
- If you ask in writing, we will tell you the qualifications needed and how health care providers can apply to be part of our network
- If you ask, we will tell you:
 - Whether our contracts or subcontracts include physician incentive plans that affect the use of referral services, and, if so,
 - Information on the type of incentive arrangements used; and
- Whether stop loss protection is provided for physicians and physicians' groups
- Information about how our company is organized and how it works

Disenrollment

1. If YOU want to leave EmblemHealth

Your child may leave our plan and join another Child Health Plus health plan at any time.

To change plans, call NY State of Health at **1-855-355-5777** or visit nystateofhealth.ny.gov.

2. Your child may become ineligible for Child Health Plus if your child:

- Becomes Medicaid eligible
- Is enrolled in other health insurance coverage
- Gains access to the New York State Health Insurance Program (NYSHIP) for public employees
- Turns 19
- Moves out of state

3. Your child may be disenrolled from EmblemHealth if:

- You fail to pay your child's family premium by the due date
 - If your child is disenrolled for non-payment of the family premium, you can reapply for coverage by calling the NY State of Health helpline at **1-855-355-5777**. Or, reapply online at <https://nystateofhealth.ny.gov>
- Your child moves out of the county or our service area
- We stop operating in your child's county, or we leave the Child Health Plus Program
- The State law which provides funding for the Child Health Plus program ends

4. We can ask your child to leave EmblemHealth

Your child can lose membership if you often:

- Refuse to work with your child's PCP on your child's care
- Don't follow our rules
- Do not fill out forms honestly or do not give true information (commit fraud)
- Cause abuse or harm to plan members, providers, or staff
- Act in ways that make it hard for us to do our best for your child and other members even after we have tried to fix the problems

Appeals

There are some treatments and services that you need to get approval for before your child can receive them or to continue receiving them. This is called **pre-authorization**. Asking for approval of a treatment or service is called a **service authorization request**. This process is described earlier in this handbook. We will notify you of our decision to deny a service authorization request or to approve it for an amount that is less than requested. This is called an **Initial Adverse Determination**.

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

Your child's provider can ask for reconsideration:

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

You can file a Plan Appeal:

If you think our decision about your child's service authorization request is wrong, you can ask us to look at your child's 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 for your child.
- You can call Member Services at **855-283-2146** (TTY: **711**) if you need help asking for a Plan Appeal. They can also help you follow 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 for your child. 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 or your child any differently because you ask for a Plan Appeal.

You can call, write, or visit us at any of our Neighborhood Care locations to ask for a Plan Appeal. When you ask for a Plan Appeal for your child, or soon after, you will need to give us:

- Your child's name and address
- Your child's enrollee number
- Service you asked for your child and the reason(s) for appealing
- Any information you want us to review, such as your child's medical records, providers' letters, or other information that explains why your child needs the service.
- Any specific information we said we needed in the Initial Adverse Determination notice.

To help prepare for your child's Plan Appeal, you can ask to see the guidelines, medical records, and other documents we used to make the Initial Adverse Determination. You can ask to see these documents or ask for a free copy by calling **855-283-2146**. If your child's Plan Appeal is fast-tracked, there may be a short time to give us information you want us to review.

Give us your child's information and materials by:

Phone **855-283-2146**
 Fax **212-510-5320**
 Mail Grievance and Appeals Department, 55 Water St., New York, NY 10041
 In Person Visit any of our EmblemHealth Neighborhood Care locations
 (emblemhealth.com/about/neighborhood-care/locations)

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

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

If your child's provider does not send this information, we will still review your child's Plan Appeal. However, your child 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 for your child, you can ask us to check if it is medically necessary for your child to be referred to an out-of-network provider. You will need to ask your child's provider 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 child's needs, and
 2. that That recommends an out of network provider with the correct training and experience who can provide the service for your child.

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

What happens after we get your child's Plan Appeal:

- Within 15 days, we will send you a letter to let you know we are working on your child's Plan Appeal.
- We will send you a free copy of the medical records and any other information we will use to make the appeal decision. If your child's Plan Appeal is fast tracked, we will also contact you by phone.
- You can also provide information to be used in making the decision in person or in writing. Call us at **855-283-2146** (TTY: **711**) if you are not sure what information to give us.

PART II: YOUR BENEFITS AND PLAN PROCEDURES BENEFITS

- Plan Appeals of clinical matters will be decided by qualified health care professionals who did not make the first decision, at least one of whom will be a clinical peer reviewer.
- Nonclinical decisions will be handled by persons not involved in any previous level of review or decision making and of higher authority than those that completed the previous review.
- If you win your Plan Appeal, your child's service will be covered. If you lose your Plan Appeal, we will send you our **Final Adverse Determination**. The **Final Adverse Determination** will explain the reasons for our decision and your additional appeal rights.
- **If you think our Final Adverse Determination is wrong:**
 - For some decisions, you may be able to ask for an External Appeal for your child. See the External Appeal section of this handbook.
 - For some decisions, you may be able to ask for a State CHPlus Review for your child. See the State CHPlus Review section of this handbook.

Timeframes for Plan Appeals:

- **Standard Plan Appeals:** If we have all the information we need, we will tell you our decision within 30 calendar days from when you asked for the Plan Appeal.
- **Fast Track Plan Appeals:** If we have all the information we need, a decision will be made in 2 working days from your child's Plan Appeal but not more than 72 hours from when you asked for your child's 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 your child was to leave the hospital, we will make a decision about your child's appeal within 24 hours.
 - We will tell you our decision by phone and send a written notice later.

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

You or your child's provider can ask for your Plan Appeal to be **fast tracked** if you think a delay will cause harm to your child's health. **If you need help, or need a Plan Appeal right away, call us at 855-283-2146 (TTY: 711).**

Your Plan Appeal will be fast tracked if:

- A delay will seriously risk your child's health, life, or ability to function;
- Your child's provider says the appeal needs to be faster;
- You are asking for more of a service your child is getting right now;
- You are asking for home care services after your child leaves the hospital; or
- You are asking for more inpatient substance use treatment at least 24 hours before your child is discharged;

If your request for a Fast Track Plan Appeal is denied, we will let you know in writing and will review your appeal in the standard time.

For both Standard and Fast Track - If we need more information about your child's case, and it is in your child's best interest, it may take up to 14 days longer to review your child's Plan Appeal. We will tell you in writing if this happens.

You or your child's provider may also ask the plan to take up to 14 days longer to review your child's Plan appeal.

You or your child's representative may also ask us to take more time to make a decision. This may be because you have more information to give the plan to help decide your child's case. This can be done by calling **855-283-2146** (TTY: **711**) or in writing to the Grievance and Appeals Department, 55 Water St., New York, NY 10041.

You or your child's representative can file a complaint with us if you don't agree with our decision to take more time to review your child's Plan Appeal. You, or someone you trust, can file a complaint about the review time with the New York State Department of Health by calling **1-800-206-8125** (TTY: **711**).

If we do not decide your child's Plan Appeal on time, and we said the service you are asking for is:

1. Not medically necessary; or
2. Experimental or investigational; or
3. Not different from care your child can get in EmblemHealth's network; or
4. Available from a participating provider who has correct training and experience to meet your child's needs; or
5. Not in our prescription drug formulary

You may be able to ask for an External Appeal for your child. See the External Appeal section of this handbook.

External Appeals

Your child has 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 your child can get in EmblemHealth's network
4. Available from an in-network health care professional who has correct training and experience to meet your child's needs
5. Not in our prescription drug formulary

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 us or the state. These reviewers are qualified people approved by New York State.

Before you ask for an External Appeal:

- You must file a Plan Appeal and get our Final Adverse Determination; **or**
- If you ask for a Fast Track Plan Appeal, you may also ask for a Fast Track External Appeal at the same time; or
- You may ask us to agree to skip our Plan Appeal process and go directly to External Appeal; **or**
- If the time for us to decide your Plan Appeal has expired, including any extensions, or you do not receive a response to your Plan Appeal, you may ask for an External Appeal.

You have **4 months** after your child receives our Final Adverse Determination to ask for an External Appeal for your child. If you asked us to skip our Plan Appeal process and we agreed, then you must ask for the External Appeal for your child within 4 months of that agreement.

PART II: YOUR BENEFITS AND PLAN PROCEDURES BENEFITS

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 **855-283-2146** (TTY: **711**) if you need help filing an appeal. You and your child's providers will have to give information about your child's medical problem. The External Appeal application says what information will be needed.

Here are some ways to get an application:

- Call the Department of Financial Services, **1-800-400-8882**
- Go to the Department of Financial Services' web site at www.dfs.ny.gov.
- Email externalappealquestions@dfs.ny.gov.
- Contact us at **855-283-2146** (TTY: **711**).

Your child's 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 EmblemHealth will be told the final decision within two days after the decision is made.

You can get a faster decision if:

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

This is called a **Fast Track 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 your child was to leave the hospital, we will continue to pay for your child's 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 child's stay until there is a decision made on your child's appeals. We will make a decision about your child's 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 EmblemHealth the decision right away by phone or fax. Later, a letter will be sent that tells you the decision.

State CHPlus Review

For other denials, you can ask for a State CHPlus Review.

Before you ask for a State CHPlus Review:

- You must file a Plan Appeal and get our Final Adverse Determination; **or**
- If you ask for a Fast Track Plan Appeal, you may also ask for a Fast Track State CHPlus Review at the same time; **or**
- You may ask us to agree to skip the Plan Appeal process and go directly to a State CHPlus Review; **or**
- If the time for us to decide your Plan Appeal has expired, including any extensions, or you do not receive a response from us, you may ask for a State CHPlus Review

You have **120 calendar days** after your child receives our Final Adverse Determination to ask for a State CHPlus Review for your child. If you asked us to skip the Plan Appeal process and we agreed, then you must ask for the State CHPlus Review for your child within 120 calendar days of that agreement.

To ask for a State CHPlus Review:

- Call NY State of Health: at **1-855-355-5777**, TTY: **1-800-662-1220**; or
- Email: **CHPlusStateReview@health.ny.gov**.

When you ask for a State CHPlus review you will need to give:

- Your child's name
- Your child's NY State of Health account number
- You must say you are asking for a State CHPlus Review
- The service you asked for your child, the date of service, and the reason(s) for asking for a review

The State CHPlus Review decision will be made in 30 days. Fast track decisions are made in 72 hours. The decision will be sent to you in writing.

If you request an extension on your fast tracked review, the Department of Health may take up to 14 days longer to make a decision.

You can get a faster decision if:

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

This is called a **Fast Track State CHPlus Review**. The State CHPlus reviewer will decide a Fast Track State CHPlus Review in 72 hours or less.

If you asked for inpatient substance use disorder treatment at least 24 hours before your child was to leave the facility, we will continue to pay for your child's stay if:

- You ask for a Fast Track Plan Appeal within 24 hours, **AND**
- You ask for a Fast Track State CHPlus Review at the same time.

We will continue to pay for your child's stay until there is a decision made on your child's appeals. We will make a decision about your child's Fast Track Plan Appeal in 24 hours. The Fast Track State CHPlus Review will be decided in 72 hours.

The State CHPlus reviewer will tell you and EmblemHealth the decision right away by phone or fax. Later, a letter will be sent that tells you the decision.

Complaint Process

Complaints

We hope we serve your child well. If you have a problem, talk with your child's PCP, or call or write to Member Services. Most problems can be solved right away. If you have a problem or dispute with your child's care or services, you can file a complaint with the plan.

Problems that are not solved right away over the phone and any complaint that comes in the mail will be handled according to our complaint procedure described below.

You can call Member Services **855-283-2146** (TTY: **711**) if you need help filing a complaint. They can also help you to follow 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 or your child for filing a complaint.

If you have a concern about the care you receive through your child's managed care plan, you can contact the New York State Department of Health Managed Care Complaint Unit by calling **1-800-206-8125** or sending an email to: managedcarecomplaint@health.ny.gov.

You may call NY State of Health at **1-855-355-5777** (TTY: **800-662-1220**) if your complaint involves a billing problem with your child's monthly family premium contribution.

How to File a Complaint

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

To file by phone, call Member Services at **855-283-2146** (TTY: **711**). If you call us after hours, leave a message. We will call you back the next workday. If we need more information to make a decision, we will tell you.

You can write to us with your complaint or call Member Services at **855-283-2146** (TTY: **711**) and ask for a complaint form. It should be mailed to Grievance and Appeals Department, 55 Water St., New York, NY 10041.

What Happens Next

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

- Who is working on your complaint
- How to contact this person
- If we need more information

You can also provide information to be used to review your complaint in person or in writing. Call us at **855-283-2146** (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 child's case will be reviewed by one or more qualified health care professionals.

After we review your complaint:

- If we have all the information we need, we will tell you our decision in writing in 45 calendar days.
- If your complaint is concerning a request for a referral or if a requested service is covered, we will tell you our decision in writing within 30 calendar days from when we have all the information we need to make a decision.
- If a delay would risk your child's health, you will get our decision in 48 hours from when we have all the information we need to make a decision.
 - In this case, we will call you with our decision. We will also send a written notice within 3 workdays.
- If we are unable to make a decision about your complaint because we don't have enough information, we will send a letter and let you know. You will be told how to appeal our decision if you are not satisfied, and we will include any forms you may need.

Complaint Appeals

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

How to make a complaint appeal:

- If you are not satisfied with what we decide, you have at least 60 workdays 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.
- After your call, we will send you a form which is a summary of your phone appeal.

What happens after we get your complaint appeal:

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

- Who is working on your complaint appeal
- How to contact this person
- If we need more information

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

If we have all the information we need, you will know our decision in 30 workdays. If a delay would risk your child's health, you will get our decision in 2 workdays from when we have all the information we need to decide the appeal.

You will be given the reasons for our decision and our clinical rationale if it applies.

If you are still not satisfied, you or someone on your behalf can file a complaint at any time with the New York State Department of Health at **1-800-206-8125**.

Reporting Fraud and Abuse

Health insurance fraud is not a victimless crime. You can help fight fraud, waste, and abuse by protecting your child's benefits and reporting potentially suspicious behavior or incidents. To report fraud, waste, and abuse, you can fill out a fraud allegation form online: <https://apps.omig.ny.gov/bmfa/bmfa.aspx>. Or you can call **1-877-873-7283**.

You can call us at **855-283-2146** (TTY: **711**) if you think a provider has billed for medical services your child did not receive. You can call us if you have any questions.

Examples of Provider Fraud:

- Billing for services that were not provided
- Giving out or selling unnecessary prescriptions
- Ordering unnecessary tests
- Giving money or presents to you or your child for agreeing to get medical care

Member Rights and Responsibilities

Your Child's Rights

As a member of our plan your child has a right to:

- Be cared for with respect and due consideration for your child's dignity, without regard for health status, sex, race, color, religion, national origin, age, marital status, or sexual orientation
- Be told where, when, and how to get the services and treatment options available to meet your child needs from us in a language and manner you understand
- Be told by your child's PCP what is wrong, what can be done for your child, and what will likely be the result in language you understand
- Get a second opinion about your child's care
- Give your OK to any treatment or plan for your child's care after that plan has been fully explained to you and your child
- Refuse care and be told what your child may risk if you do
- Get a copy of your child's medical record, and talk about it with your child's PCP, and to ask, if needed, that your child's medical record be amended or corrected
- Be sure that your child's medical record is private and will not be shared with anyone except as required by law, contract, or with your approval
- Use our complaint system to settle any complaints, or you can complain to the New York State Department of Health any time you feel your child was not fairly treated
- Appoint someone (relative, friend, lawyer, etc.) to speak for your child if you are unable to speak for your child about your child's care and treatment
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints or seclusion
- Be free to exercise these rights without us or our participating providers treating your child adversely

Your and Your Child's Responsibilities

As a member of EmblemHealth, you agree to:

- Work with your child's PCP to guard and improve your child's health
- Find out how your child's health care system works
- Listen to your child's PCP's advice and ask questions when you are in doubt
- Call or go back to your child's PCP if your child does not get better, or ask for a second opinion
- Treat health care staff with the respect you expect yourself
- Tell us if you have problems with any health care staff. Call Member Services **855-283-2146** (TTY: **711**) if you have any problems with any health care staff
- Keep your child's appointments. If you must cancel, call as soon as you can
- Use the emergency room only for real emergencies
- Call your child's PCP when your child needs medical care, even if it is after-hours

Advanced Directives

There may come a time when you are not able to decide about your own health care. By planning in advance, you can arrange now for your wishes to be carried out.

- First, let family, friends, and your doctor know what kinds of treatment you do or do not want
- Second, you can appoint an adult you trust to make decisions for you
- Third, it is best to put your thoughts in writing

Health Care Proxy

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

Do Not Resuscitate (DNR)

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

Organ Donor Card

Anyone 16 or older can join the New York State Donate Life Registry. Anyone who enrolls through the New York State Donate Life Registry will receive a wallet sized card that says they are willing to donate parts of their body to help others when they die. Your child can choose to be an organ donor and can specify if they want to donate for transplant purposes, research purposes, or both. If your child is an organ donor and dies before age 18, you can rescind their organ donor status. To enroll, please visit donatelife.ny.gov. Your child can also enroll by answering yes to the question "Would you like to be added to the Donate Life Registry?" in your NY State of Health online account <https://nystateofhealth.ny.gov/>. Or, your child can enroll through the New York State Department of Motor Vehicles website <https://dmv.ny.gov/more-info/register-become-organ-eye-or-tissue-donor>.

Important Phone Numbers

Your PCP	_____
Your nearest Room	_____
EmblemHealth	
Member Services	855-283-2146
Member Services TTY/TDD	711
Other Units	
Nurse Hotline	877-444-7988
Utilization Review.....	855-283-2146
Local Pharmacy	_____
Other Health Providers.....	_____
NY State of Health, The Official Health Plan Marketplace.....	1-855-355-5777
New York State Department of Health (DOH) Complaints	1-800-206-8125
NYS Office of Mental Health (OMH) Complaints.....	1-800-597-8481
NYS Office of Addiction Services and Supports (OASAS) Complaints.....	1-518-473-3460
Ombudsman: Community Health Access to Addiction & Mental Healthcare Project (CHAMP).....	1-888-614-5400 Mailbox (Ombuds@oasas.ny.gov)
Americans with Disabilities Act (ADA) Information Line.....	1-800-514-0301
TDD.....	1-800-514-0383
Social Security Administration.....	1-800-772-1213
New York State Domestic Violence 24 Hour Hotline.	1-800-942-6906
(English & Spanish/Multi-language accessibility).	
Hearing Impaired	711

Important Web Sites

EmblemHealth:	emblemhealth.com
NYS Department of Health:	https://www.health.ny.gov/
NY State of Health:	https://nystateofhealth.ny.gov
NYS Child Health Plus:	https://www.health.ny.gov/health_care/child_health_plus/
NYS Office of Mental Health:	https://omh.ny.gov/
NYS Office of Addiction Services and Supports:	https://oasas.ny.gov/
NYS DOH HIV/AIDS Information:	
.....	https://www.health.ny.gov/diseases/aids/consumers/youth/index.htm
HIV Testing Resource Directory:	https://providerdirectory.aidsinstituteny.org/
NYC DOHMH:	https://www.nyc.gov/site/doh/index.page
NYC DOHMH HIV/AIDS Information:.....	
.....	https://www.nyc.gov/site/doh/health/health-topics/aids-hiv.page

