AdvantageCare Physicians: Patient-Centered Care, for the Healthiest You

Did you know you can get care at AdvantageCare Physicians (ACP), a physician-led practice offering primary and specialty care at 36 locations throughout New York City and Long Island? ACP is part of the Select Care Network, the provider network linked to your health plan. With ACP, you’ll have access to:

- **A Personal Care Team** made up of your primary care doctor, nurse, medical assistant and patient service representative — all focused on your optimal care.
- **Full range of health services**, often in one location — primary care, pediatric care, cardiology, OB/GYN, laboratory, pharmacy, X-ray and more.
- **Urgent care and extended hours** at most locations.
- **Wide range of specialists** connected to most of the leading hospitals in the New York metro area.
- **Secure electronic health records**, available at all 36 locations.
- **MyACP**, a secure, online website for managing your health care, such as test results, prescription orders and emails to your Personal Care Team.

Visit [acpny.com](http://acpny.com) for a closer look

To find ACP doctors and other health care providers in the Select Care Network, search our online provider directory at [emblemhealth.com/Find-a-Doctor](https://emblemhealth.com/Find-a-Doctor).

The **A** symbol next to a doctor’s name tells you that doctor is part of ACP.
Cancer Screening Saves Lives

Did you know that your Select Care plan provides 100 percent coverage for certain preventive screenings that test for cancer and other diseases?

Preventive screenings are important because they can find diseases early, when they’re easier to treat.

For the screenings that qualify, you’ll pay no out-of-pocket costs (no copay, coinsurance or deductible) as long as you get these tests from a health care provider in the Select Care Network.

The chart below shows what you should be screened for and when. You may have different health needs, so talk with your doctor about what’s right for you.

Learn More: Review the 2015 Preventive Health Guidelines. Visit emblemhealth.com/2015preventiveguide for more on the tests and screenings that may be right for you and your family.

<table>
<thead>
<tr>
<th>Screening</th>
<th>What does it test for?</th>
<th>When should I get it?</th>
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<tbody>
<tr>
<td><strong>Colonoscopy</strong></td>
<td><strong>Colorectal cancer.</strong> This screening can find polyps (small growths in the intestines), which usually show no symptoms and can turn into cancer if untreated.</td>
<td>Every 10 years between ages 50 and 75. You may need to start earlier if you’re at higher risk due to your medical or family history.</td>
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<tr>
<td><strong>FIT / FOBT</strong></td>
<td><strong>Colorectal cancer.</strong> This test checks for blood in your stool. You can do this yourself in the privacy of your home and then send it to a lab.</td>
<td>Every year between ages 50 and 75. You may need to start earlier if you’re at higher risk due to your medical or family history.</td>
</tr>
<tr>
<td><strong>Mammogram</strong></td>
<td><strong>Breast cancer.</strong> To get this test, you just need a prescription from your doctor — you don’t need a referral.</td>
<td>Every 1 to 2 years, starting at age 40.</td>
</tr>
<tr>
<td><strong>Pap test</strong></td>
<td><strong>Cervical cancer.</strong> No referral or prescription is needed to get this test.</td>
<td>Every 3 years, between ages 21 and 65.**</td>
</tr>
</tbody>
</table>

*FIT = fecal immunochemical test, FOBT = fecal occult blood test
**Or every 5 years between ages 30 and 65 when combined with a human papillomavirus (HPV) test

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Health Matters is published by EmblemHealth to inform members of current health issues and improve the use of services. This publication should not replace the care and advice of your doctor. Always talk to your doctor about your personal health needs. HIP Health Plan of New York (HIP) and Group Health Incorporated (GHI) are EmblemHealth companies.
What’s Your Favorite Healthy Meal?
A high-fiber diet, with lots of fruit and vegetables, can help reduce your risk for several serious medical conditions.

We asked some EmblemHealth employees to name a favorite healthy meal. Here’s what they said:

“Whole wheat pasta with fresh tomato sauce and grilled chicken. The whole wheat pasta is high in fiber, with fewer calories than traditional pasta. The grilled chicken is packed with protein — it’s also tasty and easy to cook.” – Robert, Claims

“Irish oatmeal with yogurt, chia seeds, walnuts and honey. It hits every part of my palate and is very satisfying.”
– Ben, Account Services

“Grilled chicken over salad. It’s quick and easy to make after a long commute.” – Janine, Health Care Reform

“Quinoa and green bean salad. It’s filling, but light — and so delicious!” – Ellen, Marketing

External Appeal Rights
Understand your rights. If you disagree with any coverage decisions we make about your care, you can take steps to appeal our decision.

Follow these steps when you disagree with a coverage decision:
You have the right to an external appeal when health care services are denied as not medically necessary, experimental/investigational, a clinical trial, and a rare disease treatment or, in certain cases, as out-of-network.

Providers also have their own rights to an external appeal when these health care services are denied concurrently or retrospectively. External appeal requests must be submitted to the New York State Department of Financial Services (DFS). DFS will assign independent medical experts to review the appeal.

These medical experts may overturn your plan’s decision in whole or in part. Or, they may uphold your plan’s denial of coverage. Their decision is binding on both you and your plan.

To appeal to DFS, you first request your plan’s internal or first-level appeal. You have 180 days to request an internal or first-level appeal from your plan after receiving your Adverse Determination (denial). If we uphold the original denial, you will receive a letter known as a Final Adverse Determination.

You have four months after you receive our final adverse decision on your appeal to ask for an external appeal. If you and your plan agree to skip our appeal process, you must ask for the external appeal within four months after the agreement with your plan is made.

Keep in mind that to file an external appeal, the health care services had to have been denied as not medically necessary, experimental/investigational, a clinical trial, a rare disease treatment or, in certain cases, as out-of-network. When we issue a final adverse determination denial, you will receive instructions on how to file an external appeal along with an external appeal application.

If you have questions or if you need help with an external appeal application, call DFS at 1-800-400-8882 or visit their website, dfs.ny.gov.
Take Charge of Diabetes

It’s important to talk to your doctor about your risk for diabetes and how to prevent it.

Millions of Americans are at risk for diabetes. This rate is even higher for African Americans and Hispanics. If you have a family history of diabetes, your risk increases.

The symptoms of diabetes are hard to notice; many people don’t know they have it. Signs can include getting really tired or thirsty, going to the bathroom a lot or having wounds that heal slowly. The sooner you find out, the sooner you can get the care you need.

If you have diabetes, you should have at least one doctor visit per year. Your doctor will tell you it’s important to eat right, be physically active and have regular checkups.

Do you know which tests you should have and when to have them to properly monitor your diabetes?

Match each test or exam below with the recommended time frame for getting each service. Check the answers at the bottom of the page.

___ 1. Hemoglobin A1c (HbA1c) blood test  A. Every doctor visit
___ 2. Urine test to check kidney function  B. Every 3 to 6 months
___ 3. Blood pressure check  C. Once a year
___ 4. Dilated retinal eye exam by an optometrist or ophthalmologist

Work closely with your doctor to manage your diet and medication, and to keep your blood pressure under 140/90 mm Hg. You should also have a flu shot once a year and a dental checkup at least twice a year.

Diabetes Care PATH Program

Your Select Care plan includes free support to help you manage diabetes. To join or learn more, call 1-888-881-3112, Monday to Friday, 8:30 am to 8:30 pm, or Saturday, 9 am to 7:30 pm.

Improving Your Care, Daily

At EmblemHealth, we have special programs designed to enhance the care you get from doctors and hospitals. These programs focus on helping you:

☑ Stay healthy. You may get mail, newsletters and phone calls reminding you about healthy behaviors, like preventive care.


☑ Get the best care possible. We provide tools and resources to our network doctors, to help coordinate the services we provide you.

Find a Select Care Doctor or Hospital

Choose doctors from the Select Care Network to be sure your care is covered. Go to emblemhealth.com/Find-a-Doctor, follow the instructions and click on your Select Care plan (Platinum, Gold, Silver, Bronze or Basic) — they all use the Select Care Network. To request a printed provider directory, please call EmblemHealth Customer Service.
Help When You Need It

A registered nurse or social worker (case manager) can help you sort through your health care options. This person will work closely with you and your primary doctor to:

- Help you better understand your disease or condition
- Be a link between you and your doctors
- Connect you to community agencies
- Be your health care advocate
- Offer expert guidance on effective self-care

If you have a condition that requires a lot of care, your case manager can help you get the right care, in the right setting.

If you think this program may be right for you, speak with your doctor or call 1-800-447-0768.

Get Appointments in Good Time

To help you get the care you need, when you need it, EmblemHealth sets guidelines for our network providers that require them to schedule your appointments within a certain time frame.

How long will you wait to get an appointment? It depends on the reason for your care:

- Urgent care — within 24 hours of calling your doctor
- Nonurgent sick visits — within 48 to 72 hours of calling your doctor
- Routine mental health care or drug abuse concerns — within 10 business days of your request
- Routine care — within 4 weeks of calling your doctor
- Routine specialty care — within 4 weeks of your request

Reminder! Pay Your Bill by the 10th of Each Month

Whether you’re new to EmblemHealth or a returning member, you must pay your premium (monthly plan cost) by the 10th of each month to keep your coverage. There are four ways you can pay — see the back of this newsletter for details.

New! Pay by phone!

Call 1-888-447-7703 and choose the option to pay your monthly premium securely by phone. You can pay through your checking or savings account, or by using your Visa or MasterCard.
Coordinate Your Care

Having a major medical condition, like heart disease, cancer or diabetes, can increase the risk for behavioral health and substance abuse issues.

To help ensure you get the best, most holistic care — and can quickly recover when you need to — it’s important to update your medical and behavioral health doctor on both your physical and mental health.

What you can do:

- Make sure you have signed a “Release of Information” form with both your medical and behavioral health doctors.
- Ask your medical and behavioral health doctors to share relevant information with each other to better coordinate your care.

What EmblemHealth will do:

- As your health plan, we will remind our network doctors to consult each other and share relevant information at your request.

Managing Your Health, Made Easier

Being healthy requires having the resources to get and stay well. To help you better manage your health goals, we offer you free, online tools, like the ones below:

- **Health Assessment**: Take this brief survey and get a summary of your health risks and suggestions for digital wellness coaching you can access as part of your plan.

- **Personal Health Record**: Securely store your health records online, such as medications, medical history, tests and contacts. Once you start an account, your prescription and lab records will be automatically uploaded. You can print these records for your doctors.

- **Treatment Cost Calculator**: Get the estimated costs of medical care before seeing a doctor. This tool tells you what you might pay for hundreds of treatments. You can also compare the price of seeing doctors in and out of the Select Care Network, the provider network for your plan.

To start using these tools, sign in to or register for your secure account at emblemhealth.com.

Need Help Quitting Smoking?

Join our Tobacco-Free PATH program at no extra cost.

Call today!

- New York State residents: **1-866-NY-QUITS** (1-866-697-8487)
- Non-NY State residents: **1-877-500-2393**
- TTY/TDD users: 711

Call Monday to Friday, 8 am to 9 pm, Saturday, 9 am to 7 pm, or Sunday, 9 am to 5 pm.

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Are You Pregnant or Planning a Pregnancy?

Our Healthy Beginnings PATH program offers support from maternity nurse case managers to help you have a healthy pregnancy and newborn. To register at no extra cost, call 1-888-447-0337. Also visit emblemhealth.com/hbpath.

Stay in the Right Health Plan

Certain life events may affect which health plan you should be in. Call the NY State of Health marketplace right away at 1-855-355-5777 if you:
1. Lose other health coverage, such as Medicaid or a job-based health plan.
2. Have a change in family size (for example, you get married, have a baby or adopt a child).
3. Become a U.S. citizen or if your immigration status changes.
4. Have a change in income (for example, you get a new job or leave your job).
5. Move out of New York State.

Missing Word Puzzle: Affordable Care Act (“Obamacare”)

Complete the puzzle by choosing the terms from the word bank that are missing from each definition. Check the answers at the bottom of the page.

Word Bank: cardiology, drugs, family member, fixed amount, health insurer, monthly, participate, percentage, policy, specialist

1. COINSURANCE A __________ of the cost an insured person pays for a covered health service
2. COPAY A _____ ______ an insured person pays each time they receive medical services
3. DEDUCTIBLE A fixed amount an insured person pays before a ______ _______ starts paying for covered health services
4. DEPENDENT Spouse, child or other eligible ______ ______ covered under a subscriber’s health plan
5. FORMULARY List of _____ covered under a health plan
6. IN-NETWORK CARE Health services an insured person receives from doctors who ___________ in the provider network linked to the person’s health plan
7. PREMIUM The _______ cost of a health care plan
8. REFERRAL A recommendation by a doctor that a patient get care from a _________ or at a facility
9. SPECIALIST Doctor trained in a specific area of medicine, such as __________ or dermatology
10. SUBSCRIBER Main person on a health insurance ______
Paying Your Monthly Bill

Each month you will need to pay EmblemHealth a premium (monthly plan cost). You have four payment options:

1. **Auto bill-pay (online).** Sign up for this EmblemHealth service, which automatically withdraws your premium from your bank account each month.

2. **Online each month.** Pay each month through your secure online member account.

3. **By phone.** Call 1-888-447-7703 and choose the option to pay by phone — through your checking or savings account, or with your Visa or MasterCard.

4. **By mail.** Send in a check with the bill you get in the mail each month.

Visit emblemhealth.com/paymybill for details.

**Sign Up to Go Paperless**

Going paperless is a great way to reduce clutter, stay organized and store your information in one safe place. By choosing this option, you’ll receive EmblemHealth communications in your secure online message center at emblemhealth.com, instead of by mail.

Just go to emblemhealth.com and sign in to or register for your secure online account. Once you get to your account home page, select “Go Paperless” under “Tools That Help You.”

**Let Your Voice Be Heard**

Join our online panel, EmblemHealth Member Insights Community. We’ll use ideas we gather to create new tools and improve your EmblemHealth experience. Visit emblemhealth.com/community.

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**HOW TO CONTACT US**

**EmblemHealth:** 1-888-447-7703
daily, 8 am-8 pm (excluding major holidays)

**NY State of Health marketplace:**
1-855-355-5777
Mon-Fri, 8 am-8 pm, and Sat, 9 am-1 pm
(Call for questions about your tax credits and subsidies.)

**Lab Services — Quest Diagnostics**
• 1-888-277-8772 (appointments)
• 1-866-697-8378 (customer service)

**Emblem Behavioral Health Services:**
1-888-447-2526

**Healthy Beginnings PATH:** 1-888-447-0337
(one-on-one support before and after pregnancy)

**Web Resources**
• emblemhealth.com
• acpny.com (AdvantageCare Physicians)
• ehnc.com (EmblemHealth Neighborhood Care)
• emblemhealth.com/familycaregiver (EmblemHealth’s Care for the Family Caregiver program)
• nystateofhealth.ny.gov (NY State of Health marketplace)
• questdiagnostics.com/patient (lab services)