Our members who receive care through AdvantageCare Physicians are happy with the results. It all stems from the patient-centered approach to care. Whether you need to see a specialist or have diagnostic testing — these services all take place at the same location and are coordinated by your primary doctor.

Some members have reported getting “red carpet” treatment. Here’s why: Before the date of your appointment, your care team — which includes your primary doctor, a nurse, a medical assistant and a patient service representative — plans for your arrival. They review your medical needs, previous lab results and treatment plan for your condition. And if you need to see a specialist, a plan of action is put into motion.

That’s what coordination of care is all about.

Through AdvantageCare Physicians, we help fill the gaps in care that can sometimes occur when members have a primary doctor and a specialist at different locations without a common link. All your doctors should be in the loop, and your total well-being should be their focus.

If you’d like to know more about AdvantageCare Physicians and their “best-in-class” care, visit acpny.com. With close to 40 locations, you’re sure to find one with convenient evening, weekend and holiday hours. AdvantageCare Physicians believes in holding your health to a higher standard. We hope you do, too.
Take Good Care of Your Diabetes

If you have diabetes, you know that it’s important to eat right, be physically active and follow your doctor’s advice. At EmblemHealth, we have lots of ways to help you do just that.

**Take the PATH to Better Health**

Our members with diabetes may be eligible to join our **Diabetes Care PATH Program**. In this program, all participants receive helpful information about self-care, and some will have their condition assessed by a Nurse Health Coach by phone. Members with diabetes can also visit an **EmblemHealth Neighborhood Care** location, conveniently located in Harlem, Cambria Heights or Chinatown. There you can stop in to chat with a nurse or pharmacist about your diabetes questions, get reliable information and find out about diabetes management classes. To learn more about our Diabetes Care PATH program or Neighborhood Care, call us at **1-877-842-3625**, Monday through Friday, 8 am to 8 pm.

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**Know the Care You Need**

If you’re living with diabetes, it is important that you remember to have the routine medical examinations and tests listed below.

**Check off the box next to each exam or test you have had and add the date.**

- **Flu shot** (once a year, October to mid-November).
  - Last done: ________  Next one: ________

- **Pneumonia shot** (every 5 years after the first shot).
  - Last done: ________  Next one: ________

- **Hemoglobin A1c blood test** (every 3 to 6 months).
  - Last done: ________  Next one: ________

- **Eye exam.**
  - Last done: ________  Next one: ________

- **Foot exam.**
  - Last done: ________  Next one: ________

- **Kidney function test.**
  - Last done: ________  Next one: ________

- **Cholesterol test.**
  - Last done: ________  Next one: ________

- **Dental checkup (at least twice a year).**
  - Last done: ________  Next one: ________

Take this list with you next time you see your doctor and discuss which exams and tests you need. Together, fill in the “next one” dates. Keep your checklist where you’ll often see it.

*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.
Preparing for the Future

Advance Directives
Put Your Wishes into Words

Have you made your medical wishes known? Completing a legal advance directive will provide clear directions for your family and caregivers — and peace of mind for yourself — if you can’t express your wishes for medical or end-of-life care.

Two main types of advance directives are:

- **Living will.** This document records your end-of-life instructions in case you become too ill to speak for yourself. It allows you to accept or refuse types of medical care. You can specify if you want to be resuscitated or if you’d like to donate certain organs.

- **Health care proxy.** A health care proxy lets you name someone to make medical decisions on your behalf. This person does not have to be a family member. Naming someone you trust allows this person to make decisions based on individual situations that may arise.

Completing these forms may be easier than you think. Sample forms are available online; you don’t need to meet with a lawyer. Once you complete the paperwork, be sure to give copies to your doctor, health care proxy, lawyer and others involved in your care, such as family members. You can update these forms later if your medical situation or wishes change. Advance directives prevent confusion and heartache for your loved ones should you become ill. Since accidents and illness aren’t age dependent, completing these forms is important for people of all ages.

Get the Most From Your Mental Health Medication

Many mental health conditions, such as depression and anxiety, are best treated early. That’s why it’s so important to talk to your doctor or a mental health expert if you’ve been struggling emotionally for more than a few weeks. Sometimes medicine may be needed. If a doctor has prescribed medication to treat your mental health condition, it’s important to take it properly.

When taken as recommended, today’s medicines have helped many people better handle the ups and downs of life. But remember, when you start to feel better, don’t stop taking your medication. Talk with the doctor first.

**Are You a Medication Maven?**

Are you taking your medication as your doctor intended? Test your knowledge by filling in the blanks below.

**Word choices:** expiration, better, pillbox, time, share

- Take your pills at the same ___________ every day. (Keep a reminder on the fridge.)

- Do NOT ______________ your prescription medicine with anyone. (Doing so can be dangerous.)

- Use a ___________ to help you know when to take your medication.

- Do not stop taking any of your medications, even if you are feeling ___________. (Talk to your doctor first.)

- Check the ___________ dates on your medicine bottles. (Dispose of outdated medicines responsibly by checking with local police precincts or hospitals for medication collection services.)

*Answers are at the bottom of this page.*

If you have questions about how you should take your medicine, be sure to ask your doctor or pharmacist. They are here to help you feel better!
Your External Appeal Rights

Follow These Steps If 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, 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 need help with an external appeal application, call DFS at 1-800-400-8882 or visit their website, dfs.ny.gov.

Note: This process does not apply to federal employees or Administrative Services Only (ASO) members.

Help When You Need It Most

We want you and your family to live life to its fullest, even if you have a serious illness, injury or condition. That’s why we offer programs to assess, plan, implement, coordinate, monitor and evaluate medical and behavioral health care options on your behalf.

While your primary care doctor is the one who determines your care needs, your plan’s case managers can work closely with your doctor to help you make the most of your treatment. As part of the case management program, registered nurses and social workers offer:

- A better understanding of your disease or condition
- A link between you and the doctors and nurses on your care team
- A liaison with community agencies
- A health care advocate
- More personalized attention
- Expert guidance on effective self-care

For conditions that call for a high level of care coordination, your case manager can also help you get the right care in the right setting.

If you think you may be a candidate for our case management program, speak with your doctor or call 1-800-447-0768.
Am I Covered for That?

Answers to this and other questions you have about your plan can be found in your Member Handbook, available online at emblemhealth.com. Helpful information throughout our site includes:

- Covered benefits and services, including a list of covered drugs
- Procedures to follow for prescription drug coverage, as well as your plan’s pharmacy restrictions and preferences
- Copays and other fees for which you are responsible
- Printing a temporary ID card and requesting a replacement permanent card
- The most up-to-date list of network doctors and other practitioners in the network
- How to change your primary doctor
- Submitting claims for covered services
- Benefit restrictions for out-of-network or out-of-area services

- Receiving care after your doctor’s office hours
- How to obtain primary care, specialty care, hospital services, mental health care and substance abuse services
- How to get care when you’re out of your plan’s service area
- How to voice a complaint or file an appeal
- How to obtain translation services
- Emergency care and when to call 911
- How we evaluate new medical technology for covered benefits
- Creating a personal health record
- Taking a health risk assessment
- Health and wellness information
- The latest on health reform
You’re Pregnant! Now What?

As soon as you think you’re pregnant, schedule your first prenatal (during pregnancy) appointment. Whether you choose a family physician, obstetrician (OB) or midwife, regular prenatal care is an important part of a healthy pregnancy.

You should see the provider you choose about 14 times before your baby comes and at least one time between 21 and 56 days after you give birth.

To guide you through your pregnancy (even if it’s not your first), we offer a free Healthy Beginnings PATH program. You’ll get a pregnancy book, access to a 24/7 nurse call line for your questions and much more. Call 1-877-736-2229 to join.

If you recently had a baby and have a question, speak with a nurse case manager during the first eight weeks after your delivery at 1-888-447-0337.
No one likes to be sick. That’s why it is important to know what you can do to protect yourself and others from getting sick, especially during the upcoming cold and flu season.

**FIGHTING THE FLU**
Getting a yearly flu shot (vaccination) is the best way to protect yourself and others from getting the flu. If you don’t like needles, you may be able to choose a nasal spray instead. Some people are at a greater risk for getting the flu. These include young children, people age 65 or older, and those living with a chronic condition like asthma, diabetes or heart disease. While it’s important for everyone to get a yearly flu shot, if you are in one of these high-risk groups, it is especially important.

If you do catch the flu or other viral infection, talk with your doctor about over-the-counter medicines to help relieve your symptoms. In addition to taking medicine, here are some other ways to make you feel better when you have a cold or the flu:

- Get plenty of rest.
- Drink plenty of fluids — drink water even when you are not thirsty.
- Use a humidifier.
- If you’re a smoker, don’t smoke.

**FIGHTING PNEUMONIA**
In addition to being vaccinated for the flu, there is also a vaccine to protect you from pneumonia. It’s called the pneumococcal (NEW-mo-cock-al) vaccine. If you have chronic health problems or are over 65, ask your doctor if this shot is right for you.

**Preventive Health Guidelines**
To learn about the preventive care you and your family need to stay well, visit [www.emblemhealth.com/preventivehealthguidelines](http://www.emblemhealth.com/preventivehealthguidelines). Be sure to discuss preventive care with your doctor to make sure your shots and exams are up to date.

**Seven Reasons to Register at emblemhealth.com**
Taking charge of your health doesn’t have to be a hassle. These seven easy-to-use timesavers are only a click away at emblemhealth.com:

1. Review your benefits.
2. Print a temporary ID card.
3. Check on claims.
4. Find covered drugs.
5. Find a doctor in your network.
6. See your prescription history and order refills.
7. Create a personal health record.

It’s easy to get started. Just register on emblemhealth.com.
Use Our Convenient Online Directory

You can find a doctor quickly and efficiently when you visit emblemhealth.com. Our website gives you access to the most current provider information, including primary care doctors, specialists, hospitals, laboratories and other health care providers and facilities. Plus, our mobile Find a Doctor tool with built-in GPS searching is supported on most smartphones and tablets. If you’d like a printed directory mailed to you, call your plan’s Customer Service number (listed among other contact numbers on the right side of this page). To be sure the doctor you select is still in our network, confirm this when you call to schedule a visit. If your plan provides for out-of-network services, remember that choosing a network doctor will save you money.

HOW TO CONTACT US

- **EmblemHealth**: 1-877-842-3625
- **GHI HMO**: 1-877-244-4466
- **GHI PPO**: 1-800-624-2414
- **HIP**: 1-800-447-8255
- **Child Health Plus**: 1-855-283-2146

**New Hours:** 8 am to 8 pm, daily (excluding major holidays)

**Mental Health and Substance Abuse**
- **EmblemHealth CompreHealth HMO/EPO**: 1-877-347-2552
- **EmblemHealth EPO/PPO**: 1-866-208-1424
- **GHI PPO NYC residents**: 1-800-692-2489
- **GHI PPO non-NYC residents**: 1-866-208-1424
- **GHI HMO**: 1-888-447-2526
- **HIP**: 1-888-447-2526

**Quit Smoking**
- 1-866-611-QUIT (1-866-611-7848)
- 1-866-NY-QUITS (1-866-697-8487)
- 1-800-QUIT-NOW (1-800-784-8669)

**Report Insurance Fraud**
- 1-888-4KO-Fraud (1-888-456-3728)

**Web Resources**
- emblemhealth.com
- questdiagnostics.com/patient (Lab)
- valueoptions.com (Mental Health)