

MVP Child Health Plus Member Handbook

Revised August 2026



Non-Discrimination Notice

For Medicaid, Child Health Plus, MVP Harmonious Health Care Plan®, and Essential Plans

MVP Health Care® complies with Federal civil rights laws. MVP 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)).

MVP Health Care Provides the Following:

Free aids and services to people with disabilities to help you communicate with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Free language services to people whose first language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call MVP at:

- Medicaid and Child Health Plus members call **1-800-852-7826**
- MVP Harmonious Health Care Plan members call **1-844-946-8002**
- Essential Plan members call **1-888-723-7967**
- TTY users call **711**

How to File a Grievance or Complaint

If you believe that MVP has not given you these services or has treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with MVP's Civil Rights Coordinator.

Mail: ATTN: CIVIL RIGHTS
COORDINATOR
MVP HEALTH CARE
625 STATE ST
SCHENECTADY NY 12305-2111

Phone: **1-800-852-7826**
(TTY/TDD: **711**)

Fax: **518-386-7600**

In person: 625 State Street, Schenectady, NY

Email: **civilrightscordinator@
mvphealthcare.com**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

Online: **ocrportal.hhs.gov**

Mail: US DEPT OF HEALTH & HUMAN SVCS
200 INDEPENDENCE AVE SW
HHH BLDG ROOM 509F
WASHINGTON DC 20201

Phone: **1-800-368-1019**
(TTY/TDD: 1-800-537-7697)

Complaint forms are available by visiting **hhs.gov/ocr** and selecting *Filing with OCR*.

This notice is available at MVP's website:
mvphealthcare.com/NDN.

Language Assistance



ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call **1-844-946-8010 (TTY 711).**

English

ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al **1-844-946-8010** (TTY 711).

Español
(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 **1-844-946-8010** (TTY 711)。

繁體中文
(Chinese)

ملاحظة: **1-844-946-8010** (TTY 711).
خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم

العربية
(Arabic)

주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다
1-844-946-8010 (TTY 711). 번으로 연락해 주십시오.

한국어
(Korean)

ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру **1-844-946-8010** (TTY 711).

Русский
(Russian)

ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il **1-844-946-8010** (TTY 711).

Italiano
(Italian)

ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le **1-844-946-8010** (TTY 711).

Français
(French)

ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele **1-844-946-8010** (TTY 711).

Kreyòl Ayisyen
(French Creole)

אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועילעבל פאר אייך אומזיסט. רופט
1-844-946-8010 (TTY 711).

אידיש
(Yiddish)

UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: **1-844-946-8010** (TTY 711).

Polski
(Polish)

ATENSYON: Available ang mga serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa **1-844-946-8010** (TTY 711).

Tagalog
(Tagalog-Filipino)

মনোযোগ নামূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ।
1-844-946-8010 (TTY 711)।-এ ফোন করুন।

বাংলা
(Bengali)

VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi **1-844-946-8010** (TTY 711).

Shqip
(Albanian)

ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο **1-844-946-8010** (TTY 711).

Ελληνικά
(Greek)

توجہ فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں
1-844-946-8010 (TTY 711)۔ کریں

اردو
(Urdu)

Welcome to MVP!

In this Child Health Plus Member Handbook you will find all of the information you need to get the most from your new health care benefits.

Thank you for choosing MVP. We look forward to offering you access to excellent health services. If you have any questions about our services or your new benefits, please call the MVP Customer Care Center. We'll be here, when and where you need us.

Call the MVP Customer Care Center to speak to a member of our team. 1-800-852-7826 (TTY 711) Monday–Friday, 8am–6pm.

Visit Us Online. You can visit our website at: **mvphealthcare.com** Access your member handbook online at: **mvphealthcare.com/memberhandbooks** then select *Child Health Plus (CHPlus)*.

Get Started with Gia®, the MVP digital health experience!

Access Gia online at **my.mvphealthcare.com** or through the Gia by MVP mobile App.

Learn more about Gia at mvphealthcare.com/GetGia



625 State Street
Schenectady, NY 12305-2111
mvphealthcare.com

HERE'S WHERE TO FIND INFORMATION YOU WANT

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WELCOME to the MVP Child Health Plus Program

We are glad your child enrolled in the MVP Child Health Plus Program!

MVP 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 **1-800-852-7826** (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, MVP. 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:

1-800-852-7826 (TTY 711) Monday–Friday, 8am–6pm

MVP 24/7 Nurse Advice Line

We have a 24/7 Nurse Advice Line that you can call for expert advice if you or a family member has a minor injury or illness. Call **1-800-852-7826** to talk to a nurse anytime.

If you call us after hours, leave a message. We will call you back the next working 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 ID card, or
- 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 **1-866-942-7966** (TTY 711) Monday—Friday 8:30 am—5 pm
- Help making appointments
- Names and addresses of providers who specialize in your child's disability

How Child Health Plus Works

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

Your child is enrolled in the MVP 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: **1-855-355-5777 (TTY: 1-800-662-1220)** to report a change. You can also visit 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: **1-800-852-7826** (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 1-855-355-5777 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 **1-800-852-7826** (TTY 711). We can also tell you how you can pay your bill.

If your child is disenrolled for non-payment 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 MVP 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 you need a replacement ID card, call MVP Member Services at **1-800-852-7826** (TTY 711).

There is always a digital version of your child's ID card in Gia®. Visit

my.mvphealthcare.com to log into Gia to see their 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. MVP staff have been trained in keeping strict member 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 **1-800-852-7826** (TTY 711) to get a copy or visit our website at **mvphealthcare.com/Findadoctor**.

You can also find a doctor for your child through Gia. Sign in at **my.mvphealthcare.com** to find providers by your location.

You need to select a Primary Care Provider (PCP) 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 **1-800-852-7826** (TTY 711) can check to see if your child already has a PCP or help you choose one. You can also sign in to: **my.mvphealthcare.com**, select Primary Care Provider to see if your child already has a PCP or to 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:

.mvphealthcare.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 **1-800-852-7826** (TTY 711) for help.

ALBANY COUNTY**Whitney M Young Jr Health Center**

920 Lark Dr, Albany NY, 12207-1300

(518) 465-4771

10 Dewitt St, Albany NY, 12207-2423

(518) 465-4771

1804 2nd Ave, Watervliet NY, 12189-2818

(518) 465-4771

CLINTON COUNTY**Champlain Family Health**

828 State Route 11, Champlain NY, 12919-

4966

(518) 298-2691

COLUMBIA COUNTY**Sun River Health**

750 Union St, Hudson NY, 12534-3002

(518) 751-3060

DUTCHESS COUNTY**Sun River Health**

6 Henry St, Beacon NY, 12508-3058

(845) 831-0400

34 Livingston St, Poughkeepsie NY, 12601-

4713

(845) 483-6099

3174 Route 22, Dover Plains NY, 12522-

5924

MONROE COUNTY**Anthony Jordan Health Center**

666 Plymouth Ave S, Rochester NY, 14608-

2766

(585) 423-5836

151 Parsells Ave, Rochester NY, 14609-5118

(585) 784-5940

41 Kestrel St, Rochester NY, 14613-2120

(585) 423-5837

82 Holland St, Rochester NY, 14605-2131

(585) 423-5800

322 Lake Ave, Rochester NY, 14608-1162

(585) 254-6480

273 Upper Falls Blvd, Rochester NY, 14605-

2103

(585) 454-2630

480 Genesee St, Rochester NY, 14611-3634

(585) 436-3040

950 Norton St, Rochester NY, 14621-3732

(585) 324-3726

Oak Orchard Community Health Center

300 West Ave, Brockport NY, 14420-1118

(585) 637-3905

Rochester General

222 Alexander St, Rochester NY, 14607-4039

(585) 922-8003

655 Colfax St, Rochester NY, 14606-3113

(585) 324-7760

500 Webster Ave, Rochester NY, 14609-4732

(585) 482-9290

224 Alexander St, Rochester NY, 14607-4039

(585) 922-8400

309 Upper Falls Blvd, Rochester NY, 14605-

(845) 877-4793

29 N Hamilton St, Poughkeepsie NY, 12601-2541

(845) 454-8204

11 Pilch Dr, Pine Plains NY, 12567-5657

(518) 398-1100

1 Webster Ave, Poughkeepsie NY, 12601-1361

(845) 483-5700

3360 Route 343, Amenia NY, 12501-5619

(845) 373-9006

The Institute for Family Health

11 Crum Elbow Rd, Hyde Park NY, 12538-2852

(845) 229-1020

ESSEX COUNTY

Hudson Headwaters Health Network

24 Fairfield Road, Schroon Lake NY, 12870-0000

(518) 532-7120

102 Race Track Rd, Ticonderoga NY, 12883-4004

(518) 585-6708

GENESEE COUNTY

Oak Orchard Community Health Center

3384 Church St, Alexander NY, 14005-9629

(585) 599-6446

319 W Main St, Batavia NY, 14020-1347

(585) 599-6446

2105

(585) 922-4200

485 N Clinton Ave, Rochester NY, 14605-1817

(585) 324-7610

1415 Portland Ave, Rochester NY, 14621-3038

(585) 922-4200

293 Upper Falls Blvd, Rochester NY, 14605-2184

(585) 482-4300

1455 E Ridge Rd, Rochester NY, 14621-2006

(585) 922-4882

The Unity Hospital Of Rochester

819 W Main St, Rochester NY, 14611-2334

(585) 235-0360

Unity Family Medicine at Orchard St

158 Orchard St, Rochester NY, 14611-1361

(585) 368-4500

Unity Hospital of Rochester

89 Genesee St, Rochester NY, 14611-3201

(585) 368-3031

2260 Lake Ave, Rochester NY, 14612-5700

(585) 254-1850

860 Main Rd, Corfu NY, 14036-9753

MONTGOMERY COUNTY

Hometown Health Centers at Amsterdam

67 Division St, Amsterdam NY, 12010-4099
(518) 627-2110

ONTARIO COUNTY

(585) 599-6446

HAMILTON COUNTY

Indian Lake Health Center

6356 NYS Route 30, Indian Lake NY, 12842-2021

(518) 648-5707

JEFFERSON COUNTY

North Country Family Health Center Inc

238 Arsenal St, Watertown NY, 13601-2504
(315) 782-9450

13180 US Route 11, Adams Center NY,
13606-2276

(315) 583-5200

171 E Hoard St, Watertown NY, 13601-1515
(315) 786-1767

LEWIS COUNTY

North Country Family Health Center Inc

7785 N State St, Lowville NY, 13367-1229
(315) 376-4500

LIVINGSTON COUNTY

Tri County Family Medicine Prog Inc

50 E South St, Geneseo NY, 14454-1300
(585) 243-1700

61 N State St, Nunda NY, 14517-9785

Anthony Jordan Health Center

120 N Main St, Canandaigua NY, 14424-1258
(585) 396-0222

FLMHCP

601B W Washington St, Geneva NY, 14456-2119
(315) 781-8448

ORANGE COUNTY

Cornerstone Family Healthcare

147 Lake St, Newburgh NY, 12550-5263
(845) 563-8000

Sun River Health

75 Orange Ave, Walden NY, 12586-1816
(845) 778-2700
888 Pulaski Hwy, Goshen NY, 10924-6034
(845) 651-2298

The Greater Hudson Valley Family Health Center Inc

100 Broadway, Newburgh NY, 12550-5514
(845) 569-8412
2 Fletcher St, Goshen NY, 10924-1402
(845) 563-8000
290 Broadway, Newburgh NY, 12550-5441
(845) 561-3759
3 Commercial Pl, Newburgh NY, 12550-5306
(845) 220-2146
127 Main St, Highland Falls NY, 10928-4019

<u>(585) 468-2528</u> <u>60 Red Jacket St, Dansville NY, 14437-1769</u> <u>(585) 335-6041</u> PUTNAM COUNTY <u>Open Door Family Medical Center, Inc</u> <u>155 Main St, Brewster NY, 10509-1521</u> <u>(845) 279-6999</u> RENSSELAER COUNTY <u>Whitney M Young, Jr Health Center, Inc</u> <u>6 102nd St, Troy NY, 12180-1152</u> <u>(518) 465-4771</u> ROCKLAND COUNTY <u>Community Medical and Dental Care,</u> <u>Inc- OP MH</u> <u>40 Robert Pitt Dr, Monsey NY, 10952-3333</u> <u>(845) 352-6800</u>	<u>(845) 446-4076</u> <u>91 Blooming Grove Tpke, New Windsor NY,</u> <u>12553-7757</u> <u>(845) 220-2074</u>
<u>Refuah Health Center</u> <u>728 N Main St, New Square NY, 10977-8916</u> <u>(845) 354-9300</u> <u>5 Twin Ave, Spring Valley NY, 10977-3950</u> <u>(845) 354-9300</u> <u>Sun River Health</u> <u>31 W Broad St, Haverstraw NY, 10927-1810</u> <u>(845) 429-4499</u> <u>2 Perlman Dr, Spring Valley NY, 10977-5245</u>	WARREN COUNTY <u>Bolton Health Center</u> <u>11 Cross St, Bolton Landing NY, 12814-0539</u> <u>(518) 644-9471</u> <u>Hudson Headwaters Health Network</u> <u>100 Broad St, Glens Falls NY, 12801-4349</u> <u>(518) 792-2223</u>

(845) 573-9860
26 New Main St, Haverstraw NY, 10927-1810
(845) 429-4499

SARATOGA COUNTY

Hudson Headwaters Health Network
Moreau Family Health

1448 Route 9, South Glens Falls NY, 12803-1285
(518) 761-6961

SCHENECTADY COUNTY

Hometown Health Centers

1044 State St, Schenectady NY, 12307-1508
(518) 370-1441

SULLIVAN COUNTY

Refuah Health Center

36 Laurel Ave, South Fallsburg NY, 12779-5804
(845) 354-9300

Sun River Health

23 Lakewood Ave, Monticello NY, 12701-2021
(845) 794-2010

ULSTER COUNTY

Cornerstone Family Healthcare

3767 Main St, Warrensburg NY, 12885-1890
(518) 761-0300
6223 State Route 9, Chestertown NY, 12817-2823
(518) 494-2761
3761 Main St, Warrensburg NY, 12885-1837
(518) 623-3918
33 Tom Phelps Lane, North Creek NY, 12853-0000
(518) 942-7123
14 Manor Dr, Queensbury NY, 12804-1906
(518) 798-6400
126 Ski Bowl Rd, North Creek NY, 12853-2607
(518) 251-2541

Hudson Headwaters Women's Health

90 South St, Glens Falls NY, 12801-4328
(518) 792-7841

West Mountain Family Health and West Mountain Specialty Care

161 Carey Rd, Queensbury NY, 12804-7821
(518) 824-8610

WASHINGTON COUNTY

Fort Edward-Kingsbury Health Center

48 East St, Fort Edward NY, 12828-1811
(518) 824-8630

WESTCHESTER COUNTY

Mount Vernon Neighborhood Health Center

99 Cameron St, Pine Bush NY, 12566-7113
(845) 563-8000

Sun River Health

1 Paradies Ln, New Paltz NY, 12561-4031
(845) 255-1760

The Institute for Family Health

1 Family Practice Dr, Kingston NY, 12401-
6449

(845) 338-6400

279 Main St, New Paltz NY, 12561-1623
(845) 255-3766

50 Shoprite Blvd, Ellenville NY, 12428-5632
(845) 647-4500

1 Foxhall Ave, Kingston NY, 12401-5107
(845) 338-8444

107 W 4Th St, Mount Vernon NY, 10550-4002
(914) 699-7200

9 Union Ln, Mount Vernon NY, 10553-1728
(914) 668-6828

30 S Broadway, Yonkers NY, 10701-3712
(914) 968-4898

295 Knollwood Rd, White Plains NY, 10607-
1822

(914) 989-7600

25 Lake St, White Plains NY, 10603-4032
(914) 681-7181

100 California Rd, Mount Vernon NY, 10552-
1404

(914) 669-4860

Open Door Family Medical Center, Inc

1 Tamarack Rd, Port Chester NY, 10573-2407
(914) 934-5211

113 Bowman Ave, Rye Brook NY, 10573-2808
(914) 939-1477

132 Rectory St, Port Chester NY, 10573-3240
(914) 939-1205

30 W Main St, Mount Kisco NY, 10549-1910
(914) 666-3272

351 E Main St, Mount Kisco NY, 10549-3003
(914) 720-4214

75 Park Ave, Port Chester NY, 10573-2441
(914) 934-2183

80 Beekman Ave, Sleepy Hollow NY, 10591-
2503

(914) 631-4141

165 Main St, Ossining NY, 10562-4702
(800) 632-2737

Sun River Health

1037 Main St, Peekskill NY, 10566-2913
(914) 734-8800

2 Park Ave, Yonkers NY, 10703-3402
(914) 964-7862

	<u>503 S Broadway, Yonkers NY, 10705-6201</u> <u>(914) 965-9771</u>
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ALTERNATE LANGUAGE: If not contracting with FQHCs:

Federally Qualified Health Centers (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. Besides primary and specialty care, FQHCs have social support services, case management, and classes to help people stop smoking, control diabetes, or lose weight. We have all these services too, but if you decide you want your child to get care from a FQHC, you can disenroll from our health plan at any time. For more information, call **1-800-852-7826** (TTY 711).

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 **1- 800-852- 7826** (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 MVP who is not in our network if:

- Your child is more than 3 months pregnant when your child joins MVP 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.
- At the time your child joins MVP 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.

When a Specialist Can be Your Child's PCP

- If your child has a life-threatening condition or disease or a degenerative and disabling condition or disease, you may ask that a specialist who is a participating provider be your child's PCP. We will consult with the specialist and your child's PCP and decide whether it would be appropriate for the specialist to serve in this capacity.

Standing Referral to a Network Specialist

- If your child needs ongoing specialty care, they may receive a referral to a specialist who is a participating provider. This means that your child will not need to obtain a new referral from your child's PCP every time they need to see that specialist. We will consult with the specialist and your child's PCP and decide whether such a standing referral would be appropriate in their situation.

Standing Referral to a Specialty Care Center

- If your child has a life-threatening condition or disease, or a degenerative and disabling condition or disease, you may request a standing referral to a specialty care center that is a participating provider. We will consult with your child's PCP, their specialist, and the specialty care center to decide whether such a standing referral is appropriate.

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 your child's PCP by calling the MVP Customer Care Center. If you make your request by the tenth day of the month, MVP will make the change effective on the first day of that month. If you make your request after the tenth day of the month, MVP will arrange for the transfer to be effective on the first day of the month following your request, you can also change your child's OB/GYN or a specialist to whom your child's PCP has referred your child. A member may change their PCP by contacting the Customer Care Center. Upon selecting a new PCP, your child will be issued a new MVP ID card. You can see these changes when you sign into Gia.

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 **1-800-852-7826** (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; or
- 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 medications 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 MVP.

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. MVP members have access to Gia®, the MVP digital

health experience. Gia providers can treat many issues an in-person doctor can treat. You pay \$0 for your child to use Gia. This service is not intended to replace your child's PCP. Register for Gia at **my.mvphealthcare.com**.

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
- non-urgent 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
- non-urgent 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 pre-natal visit: within 3 weeks during 1st trimester (2 weeks during 2nd, 1 week during 3rd)
- 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. MVP 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**, a **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

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 **1-800-852-7826** (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 45 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 [XX] to find out how.

In order to receive benefits, services must generally be provided, arranged, or authorized by the member's PCP and rendered by MVP participating providers, except for emergency care and certain services described in the contract. Care from a non-participating (out-of-network) provider is covered only in an emergency or when the member's PCP refers the member in writing, and MVP provides prior written approval for the non-participating provider. Members should contact their PCP to request specialty care or any prior approval; the PCP doctor submits the request to MVP for Pre-Service Review (prior approval).

Timeframes for resolving (deciding) prior approval / Pre-Service Review requests:

- Urgent requests: if all needed information is received at the time of request, MVP will decide within 72 hours. If information is missing, MVP will notify the member/provider within 24 hours; the member/provider has 48 hours to submit missing information; MVP will decide within 48 hours of receiving it (or by the end of the submission window, whichever occurs first).
- Non-urgent requests: if all needed information is received at the time of request, MVP will decide within 3 business days. If information is missing, MVP will notify the member/provider within 15 days; the member/provider has 45 days to submit missing information; MVP will decide within 3 business days after receipt of missing information.

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 **1-800- 852-7826** (TTY 711) for help in getting access to a specialty care center

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

We will not provide benefits for any services, including emergency services, provided outside of the United States, its possessions or the countries of Canada and Mexico.

PART II: YOUR BENEFITS AND PLAN PROCEDURES

Prior authorization may be required Please call Member Services with any questions **1-800- 852-7826** (TTY 711).

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 **1-800-852-7826** (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 for 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 set forth 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

Prior authorization may be required Please call Member Services with any questions **1-800-852-7826** (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 Notification required. Please call Member Services with any questions **1-800-852-7826** (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

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.

Notification is required. Please call Member Services with any questions **1-800-852-7826** (TTY 711).

To learn more about these services, call Member Services at **1-800-852-7826** (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 and 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 prior authorization by DentaQuest.

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

How to Get Dental Services:

Your child may visit any dentist in the DentaQuest network. If you do not select a Primary Care Dentist (PCD), DentaQuest will select one for your child. To change your PCD, call DentaQuest at **1-888-307-6551** (TTY 711). You must call DentaQuest to make the change before making an appointment with a new dentist.

- If you need to find a dentist for your child or change your child's dentist, please call DentaQuest at **1-888-307-6551** (TTY 711) or by visiting **mvphealthcare.com/DentaQuest** or MVP at **1-800-852-7826** (TTY 711). Member Service Representatives are there to help you. Many speak your language

or have a contract with Language Line Services.

Note:

- You will receive a separate dental ID card with the name of your child's assigned dentist. Show your child's dental ID card to access dental benefits.

Your child can also go to a dental clinic that is run by an academic dental center. Please call MVP Member Services at **1-800-852-7826** (TTY 711) if you need help finding an academic dental center.

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 prior authorization 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 **1-888-307-6551** TTY 1-800-466-7566 Or call MVP Member Services us **1-800-852-7826** (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; and
- are usually not fitted, designed, or fashioned for a particular person's use

DME includes but is not limited to:

- crutches
- wheelchair
- nebulizer
- 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 **1-800-852-7826** (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 **1-800-852-7826** (TTY 711).
- Post-stabilization Services may require prior authorization. For questions on Post-stabilization Services call us at **1-800-852-7826** (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; or
- 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 **1-800-852-7826** (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

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 5 visits for bereavement counseling
- children getting hospice services can also get medically needed palliative care

If you have any questions about this benefit, you can call Member Services at **1-800-852-7826** (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 non-emergency admissions, check with us by calling Member Services at **1-800-852-7826** (TTY 711) to make sure that the hospital and any procedures or test will be Covered. Your child's PCP can help you with checking.

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 means that, according to generally accepted professional standards, the services

are expected to provide significant, measurable clinical improvement within a reasonable and medically predictable period of time, not to exceed two months, beginning with the first day of therapy.

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.

Pharmacy

Medications prescribed by a licensed provider are covered, including:

- prescription drugs
- over-the-counter medicines (Tylenol, ibuprofen)
- contraception
- emergency contraception
- smoking cessation agents, including OTC products

Certain medications may require that your child's doctor get prior authorization from us before writing the prescription. Your child's providers can work with us to make sure your child gets the medications that your child needs. Learn more about prior authorization 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. For more information on your options, please contact Member Services at **1-800-852-7826** (TTY 711).

Pre-surgical 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
- shots 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

Prior authorization may be required. Please call Member Services with any questions **1-800-852-7826** (TTY 711).

Second medical opinion

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

Specialty Care

- Occupational and physical therapy
 1. We cover short term physical and occupational therapy services. The therapy must be skilled therapy. For more information on therapy services call us at **1-800-852-7826** (TTY 711).
 2. We will provide benefits for short term physical and occupational therapy services. The therapy must be skilled therapy. Short Term means that, according to generally accepted professional standards, the services are expected to provide significant, measurable clinical improvement within a reasonable and medically predictable period of time, not to exceed two months, beginning with the first day of therapy.
- Speech therapy
 1. 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.
 2. We cover speech therapy for children diagnosed with an autism spectrum disorder if the services are deemed habilitative or non-restorative.

- Hearing services
 1. We cover one hearing examination per calendar year, unless follow-up hearing exams are medically necessary.
 2. Hearing Aids, including batteries and repairs, are covered through your child's plan.

Therapeutic Services

- chemotherapy
- radiation therapy
- hemodialysis
- infusion of blood clotting factor and services in connection with the treatment of blood clotting protein deficiencies

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 MVP Member Services at **1-800-852-7826** (TTY 711).

Note: 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

We Want to Keep Your Child Healthy

To help you get oriented to MVP and your new benefits, a member of our care team will reach out with an orientation call within 30 days of enrollment.

Members can access our community events and programs by visiting our website **mvphealthcare.com/LivingWell** or call **1-800-852-7826** (TTY 711).

We want to keep your child healthy.

MVP Case Management Program – We’re Here to Help

Whether you need assistance managing a medical, behavioral health, or substance use issue, or need help finding community resources, the MVP Case Management Team is here for you. To speak with a Case Manager, call **1-866-942-7966** (TTY 711), Monday-Friday, 8:30 am – 5 pm.

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 **1-800-852-7826** (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 **1-800-852-7826** (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 **1-800-852-7826** (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 Prior Authorization

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 **prior authorization**. 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 1-800-852-7826 (TTY 711) or send your request in writing to MVP Health Care, 625 State Street, Schenectady, NY12305-2207.
- You will also need to get prior authorization if your child is getting services that require prior authorization 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.

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 **1-800-331-3021** or writing to [MVP Health Care, 625 State Street, Schenectady, NY 12305-2207.

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 **1-800-852-7826** (TTY 711) if you have specific concerns. Most of our providers are paid in one or more of the following ways:

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

have met the incentive standards set by MVP 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 **1-800-852-7826** (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 **1-800-852-7826** (TTY 711):

- A list of names, addresses, and titles of MVP'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 MVP
- 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:
 1. Whether our contracts or subcontracts include physician incentive plans that affect the use of referral services, and, if so,
 2. Information on the type of incentive arrangements used; and
- 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 MVP

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 MVP 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 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 MVP

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 **prior 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 **1-800-852-7826** 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 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 **1-800-852-7826**. 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..... **1-800-852-7826** (TTY 711)

Fax**518-386-7600**

Mail..... 625 State Street, Schenectady, NY 12305

In Person 625 State Street, Schenectady, NY 12305

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 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 **1-800-852-7826** if you are not sure what information to give us.
- Plan Appeals of clinical matters will be decided by qualified health care professionals who did not make the first decision, at least one of whom will be a clinical peer reviewer.
- Non-clinical decisions will be handled by persons 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:**
 1. for some decisions, you may be able to ask for an External Appeal for your child. See the External Appeal section of this handbook.

2. 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.
 1. We will tell you within 72 hours if we need more information.
 2. 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.
 3. 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 1-800-852-7826.**

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 **1-800-852-7826** or writing.

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**.

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 the MVP 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 the MVP network
4. available from a participating provider 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.

To ask for an External Appeal, fill out an application and send it to the Department of Financial Services. You can call Member Services at **1-800-852-7826** 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 **1-800-852-7826**

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 MVP 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 MVP 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 MVP 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 **1-800-852-7826** (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** 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 **1-800-852-7826** (TTY 711), Monday to Friday 8 am—6 pm. 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 **1-800-852-7826** (TTY 711) and ask for a complaint form. It should be mailed to:

ATTENTION: CUSTOMER CARE MVP HEALTH PLAN INC

625 STATE ST

SCHENECTADY NY 12305-2111

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 **1-800-852-7826** 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 **1-800-852-7826** (TTY 711) if you think a provider has billed for medical services your child did not receive. To submit a request online visit **mvphealthcare.com/ReportFraud**. 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 MVP, 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
- **1-800-852-7826** (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 **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

My Health Care Contacts

Resource	Contact information
Your PCP	
Your nearest Emergency Room	
Local Pharmacy	
Other Health Providers	

MVP and Plan Services

Resource	Contact information
MVP Member Services	1-800-852-7826 (TTY 711)
Member Services TTY/TDD	711
MVP Nurse Advice Line	1-800-852-7826 (TTY 711)
Gia® Telemedicine	1-877-GoAskGia (1-877-462-7544)
DentaQuest (routine dental care)	1-888-307-6551 (TTY 711)

New York State Resources and Complaints

Resource	Contact information
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) Complaint	1-518-473-3460
Ombudsman: Community Health Access to Addiction & Mental Healthcare Project (CHAMP)	1-888-614-5400
Mailbox	Ombuds@oasas.ny.gov

Additional Support Lines

Resource	Contact information
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
New York State Domestic Violence 24/Hour Hotline -Spanish Language	1-800-942-6908
New York State Domestic Violence 24/Hour Hotline - Hearing Impaired	1-800-810-7444

Important Websites

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

Authorization to Disclose Information

Protecting your confidentiality is important to MVP Health Care, Inc. and its subsidiaries (collectively, “MVP”). If you would like MVP to share your health information with another party, you must first give your permission to do so.

By completing and signing this form, you give that permission. MVP may then share your health information with the people you have authorized. Please read this form carefully.

Instructions for Completing this Form

There are six sections on this form to complete.

Section 1: Fill in your name, MVP member identification number, address, and date of birth identifying you as the MVP member.

This section may also be used if you are giving MVP permission to share health information of a minor for whom you are the parent or legal guardian.

Section 2: Fill in the name(s), address(es), and phone number(s) of the person(s) with whom you are authorizing MVP to share your health information.

Be sure to write the contact’s full name and address. MVP will only share information if the contact correctly verifies the name, address, and phone number you have written.

Section 3: Reason for the disclosure.

This section tells MVP the reason for the disclosure.

Section 4: Select the health information you are authorizing MVP to share.

There are three options:

- The **first** option gives MVP permission to share all of your health information, except for information involving HIV/AIDS, mental health and substance use, family planning and pregnancy, or sexually transmitted diseases. You must specifically authorize MVP to share this information with another party.
- The **second** option gives MVP permission to share only the information you specify, such as eligibility information only, information specific to a particular service, or claims information for a specific provider.

- The **third** option gives MVP permission to share information about HIV/AIDS, mental health and substance use, family planning and pregnancy, or sexually transmitted diseases, and is explained more fully below.

Information for Parents of Minors with Sensitive Diagnoses

MVP has a policy in place to protect the privacy of minors with sensitive diagnoses. MVP has developed this position based upon legal requirements together with MVP’s commitment to safeguarding the privacy of its members who receive care for sensitive needs. If a minor 12–18 years old receives services or treatment related to mental health, chemical dependency or substance use, venereal disease, HIV/AIDS, family planning, prenatal care, or abortion-related services, MVP must have an Authorization to Disclose Information form on file from the minor to disclose most information to a parent or guardian.

MVP will not share this information if you have not authorized MVP to do so by initialing the specific items. Please read the special notice from the New York State Department of Health on page 2 of these instructions.

Section 5: Read and make sure you understand your rights under this authorization.

You may use this section to specify an expiration date on this form, otherwise it will remain in effect indefinitely or until you request it to be revoked.

For members covered on plans written in the State of Vermont, this form shall be valid until the expiration date you specify, which in no event shall be more than 24 months.

Section 6: Sign and print your name, and date the form.

If you are using this form to give MVP permission to share health information of a minor for whom you are the parent or legal guardian, make sure to write in your relationship to that member.

If you are authorizing a person to act on your behalf, that person must also sign and date the form.

By signing this form electronically, you acknowledge that your electronic signature has the same legal consequences as your written signature.

When completed, please email, mail, or fax the completed *Authorization to Disclose Information* form to the email address, mailing address, or fax number on the top of the form.

Your Rights Related to the Authorization to Disclose Information

1. You may authorize someone to appeal an issue on your behalf (with the exception of Medicare members, additional information is required). By doing so you are exercising your right to appeal and will not be permitted to appeal the same issue yourself.
2. MVP shall not condition treatment, payment, enrollment, or eligibility for benefits under its insured plans on receipt of this authorization.
3. Information disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.
4. If information is disclosed from alcohol and drug use records protected by Federal confidentiality rules (42 CFR Part 2), these Federal rules prohibit the recipient from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.

Your Rights Relating to the Release of Confidential HIV* Related Information

Confidential HIV related information is any information indicating that a person had an HIV

related test, or has HIV infection, HIV related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV.

Under New York State Law, confidential HIV related information can only be given to people you allow to have it by signing a written release, or to people who need to know your HIV status in order to provide medical care and services, including: medical care providers; persons involved with foster care or adoption; parents and guardians who consent to care of minors; jail, prison, probation and parole employees; emergency response workers and other workers in hospitals, other regulated settings or medical offices, who are exposed to blood/body fluids in the course of their employment; and organizations that review the services you receive. State law also allows your HIV information to be released under limited circumstances: by special court order; to public health officials as required by law; and to insurers as necessary to pay for care and treatment. Under State law, anyone who illegally discloses HIV related information may be punished by a fine of up to \$5,000 and a jail term of up to one year. However, some re-disclosures of such information are not protected under federal law. For more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at **1-800-962-5065**.

By signing and initialing where indicated on the form, HIV related information can be given to the people listed on the form, and for the reason(s) you may list on the form. You do not have to sign the form, and you can change your mind at any time by indicating your change in writing.

The law protects you from HIV-related discrimination in housing, employment, health care, and other services. For more information, call the New York State Division of Human Rights Office at **1-888-392-3644** or the New York City Commission on Human Rights at **212-306-7450**. These agencies are responsible for protecting your rights.

*Human Immunodeficiency Virus that causes AIDS.

Authorization to Disclose Information

By completing this form, you allow MVP Health Care® to disclose health information to those identified below.

Return this completed form by email, mail, or fax

Email: **members@mvphealthcare.com**

Mail:

MVP Health Care

PO Box 2207

Schenectady NY 12301-2207

Fax: **1-800-765-3808**

If This Form is Needed for An Appeal

Return this completed form by email, mail, or fax.

Email: **mvpdisclosure@mvphealthcare.com**

Mail:

Attn: Appeals

MVP Health Care

PO Box 2207

Schenectady NY 12301-2207

Fax: **518-386-7600**

Section 1: Information About the Member Whose Information is to be Released

(please print)

Member Name	Date of Birth	MVP Member ID No.	
Street Address	City	State	Zip Code

Section 2: Information About the Person(s) with Whom Your Health Information is to be Shared

Name	Phone No.		
Street Address	City	State	Zip Code
Name	Phone No.		
Street Address	City	State	Zip Code

Section 3: Reason for the Disclosure

☐ Request of Individual ☐ Other (explain):

Section 4: Health Information to be Released (check all that apply)

☐ All health information (except the health information that requires your initials below)

☐ Other (specify the health information you are authorizing MVP to disclose):

Member NameMVP Member ID No.

(Section 4 continued)

If you initial any items below, MVP can discuss the health information with the appointed person(s).

(Initials) HIV/AIDS related information and/or records *(see page 2 of instructions)*

(Initials) Mental health information and/or records

(Initials) Drug/alcohol diagnosis and treatment information

(Initials) Pregnancy, family planning, abortion information

(Initials) Sexually transmitted disease information

Information for Parents of Minors with Sensitive Diagnoses: MVP has a policy in place to protect the privacy of minors with sensitive diagnoses. MVP has developed this position based upon legal requirements together with MVP's commitment to safeguarding the privacy of its members who receive care for sensitive needs. If a minor 12–18 years old receives services or treatment related to mental health, chemical dependency or substance use, venereal disease, HIV/AIDS, family planning, prenatal care, or abortion-related services, MVP must have an Authorization to Disclose Information form on file from the minor to disclose most information to a parent or guardian.

Section 5: Read and Understand Your Rights *(see page 2 of instructions)*

This authorization shall be in force and effect until such time as MVP Health Care no longer maintains the health information, or until revoked by the undersigned in the manner described below or until *(insert applicable date or event)* _____.

I understand that I have the right to revoke this authorization, at any time by sending written notification to the address indicated below. The revocation should clearly state your intent to revoke this authorization and the date such revocation is to take effect.

For members covered on plans written in the State of Vermont, this form shall be valid until the expiration date you specify, which in no event shall be more than 24 months.

Section 6: Sign and Date this Form

By signing this form electronically, you acknowledge that your electronic signature has the same legal consequences as your written signature.

Member Signature

Name (print)

Signature Date

Authorized Representative Signature

Name (print)

Signature Date

Authorized Representative Signature

Name (print)

Signature Date

Sexually Transmitted Diseases & HIV Facts

One in four Americans has a sexually transmitted disease (STD). This means that 110 million people in the United States carry an STD and can pass it on to others.

There are Many STDs

Many people think there are only two STDs—syphilis and gonorrhea. In fact, there are many STDs, like herpes, chlamydia, genital warts, vaginitis, hepatitis B, and HIV.

STDs are Passed During Sex

STDs spread from person to person by vaginal sex, anal sex, or oral sex.

Some STDs are also spread by skin-to-skin contact. Even skin that looks normal may be infected. If you have another STD, it's easier for you to get HIV.

HIV is an STD

Most people who have HIV or another STD have no symptoms.

You can't tell by looking at someone that they have an STD. You may not know you have an STD. Even if you have no signs or symptoms, you can still spread an STD to others. The only way to know for sure is to get tested.

You can lower your chances of getting an STD.

Each time you have sex, use a latex condom or a female condom. Make sure you use it the right way. This will lower your chance of getting an STD or HIV. Latex condoms work very well against HIV and many other STDs (like gonorrhea and chlamydia).

The good news is that some STDs can be cured.

Treatment can help if you have HIV or another STD that can't be cured. Getting treated can help you live a longer, healthier life.

Get Tested and Treated

If you think you have an STD, visit your doctor or clinic right away. Call the numbers below to find out where you can get tested for HIV and other STDs.

An untreated STD could lead to brain damage, heart disease, cancer, or death. STDs can make it hard for women to get pregnant. The longer you wait to get tested and treated, the more damage the disease may cause. And, the more chances you can pass the STD to others.

Source: New York State Department of Health

Resources

National HIV/AIDS Hotline

1-800-232-4636 (TTY: 1-888-232-6348)

New York State HIV/AIDS Hotline

1-800-541-AIDS (TDD: 1-800-369-2437)

health.ny.gov/diseases/aids/general/publications

health.ny.gov/diseases/communicable/std

Health Survey



MVP Health Care® wants to help keep you healthy. The information you provide in this survey will only be used to assess the condition of your overall health and to determine if one of our nurses or case managers can assist you with your health care needs. If you would prefer to complete this survey over the phone, please call MVP Member Services/Customer Care Center at **1-800-852-7826** (TTY: 1-800-662-1220). Your answers will be kept confidential and are not used to determine eligibility for health insurance.

Please complete one survey for each member of your family who has been enrolled in the MVP Medicaid program.

Section 1: MVP Member Information *(please print)*

Member Name			MVP Subscriber ID
Date of Birth	Home Phone No.	Alternate Phone No.	

Section 2: Health Questions—these questions apply to you only.

- What is the primary language spoken in your home? ☐ English ☐ Spanish ☐ Other: _____
If English is not your primary language, is there someone who can interpret for you? ☐ Yes ☐ No
If **Yes**, who is that person? _____
- Who is your Primary Care Physician? _____
- Have you had a recent physical? ☐ Yes ☐ No
If **Yes**, tell us of any health problems identified that we can help you with.

- If you have not had a recent physical, do you need help with any of the following to make an appointment?
☐ Transportation ☐ Choosing a new health care provider ☐ Other: _____
- Are you on any medications at this time? ☐ Yes *(list all below)* ☐ No

Medications Prescribed by Provider	Over-the-Counter Herbal Supplements/Medications
_____	_____
_____	_____
_____	_____
- Are you receiving any of the following long-term services?

☐ Home care by a nurse	☐ Personal care	☐ Consumer Directed Personal Assistance Services (CDPAS)
☐ Private duty nursing	☐ Adult day care	☐ Other: _____
- Do you smoke? ☐ Yes ☐ No If **Yes**, do you want help to stop smoking? ☐ Yes ☐ No
- Do you have hepatitis C? ☐ Yes ☐ No

9. Please check each health question or on-going medical issue below for which you are being treated.

For any condition checked, have you been seen in the emergency room or admitted to the hospital within the past year for this condition?

☐ Pregnancy (currently pregnant)	☐ Yes How many times?
☐ Heart problems	☐ Yes How many times?
☐ High blood pressure	☐ Yes How many times?
☐ Diabetes	☐ Yes How many times?
☐ Asthma	☐ Yes How many times?
☐ Emphysema or COPD	☐ Yes How many times?
☐ Stroke or transient ischemic attack (TIA)	☐ Yes How many times?
☐ Cancer (indicate part of the body affected)	☐ Yes How many times?
☐ Kidney problems	☐ Yes How many times?
☐ Depression-sadness, anxiety, or panic attacks lasting more than two weeks	☐ Yes How many times?
☐ Problems with drugs or alcohol	☐ Yes How many times?
☐ Problems with high cholesterol	☐ Yes How many times?
☐ Seizures (fits or convulsions)	☐ Yes How many times?
☐ Tuberculosis (TB)	☐ Yes How many times?
☐ Thyroid problems	☐ Yes How many times?
☐ Blood disease such as Sickle Cell Anemia	☐ Yes How many times?
☐ Problems with your eyesight	☐ Yes How many times?
☐ Hearing problems	☐ Yes How many times?
☐ Other, please explain:	☐ Yes How many times?

10. Please tell us of any other issues or questions that we can assist you with.

If you have any questions, please contact MVP Member Services/Customer Care Center at **1-800-852-7826** (TTY: 1-800-662-1220). Thank you for taking the time to complete this Health Survey. We look forward to assisting you and your family with your health care needs. Please return your completed Health Survey to:
ATTN: MEDICAID DEPARTMENT, MVP HEALTH CARE, 625 STATE ST, SCHENECTADY NY 12305-2111.



Notice of Privacy Practices

MVP Health Plan, Inc.
MVP Health Services Corp.
MVP Health Insurance Company

Effective Date

This Notice of Privacy Practices is effective as of April 1, 2014 and revised February 13, 2026.

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

MVP Health Plan, Inc., MVP Health Services Corp., and MVP Health Insurance Company (collectively “MVP”, “we”, or “us”) respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information, provide you with this notice of our privacy practices and legal duties, and to abide by the terms of this notice.

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and state laws and regulations regarding the confidentiality of health information, MVP provides this notice to explain how we may use and disclose your health information to carry out payment and health care operations and for other purposes permitted or required by law. Health information is defined as enrollment, eligibility, benefit, claim, and any other information that relates to your past, present, or future physical or mental health.

The terms and conditions of this privacy notice supplement any other communications, policies, or notices that MVP may have provided regarding your health information. In the event of conflict between this notice and any other MVP communications, policies, or notices, the terms and conditions of this notice shall prevail.

MVP’s Duties Regarding Your Health Information

MVP is required by law to:

- Maintain the privacy of information about your health in all forms including oral, written, and electronic
- Train all MVP employees in the protection of oral, written, and electronic protected health information (PHI)
- Limit access to MVP’s physical facility and information systems to the required minimum necessary to provide services
- Maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard PHI
- Notify you following a breach of unsecured health information
- Provide you with this notice of our legal duties and health information privacy rules
- Abide by the terms of this notice.

We reserve the right to change the terms of this notice at any time, consistent with applicable law, and to make those changes effective for health information we already have about you. Once revised, we will advise you that the notice has been updated, provide you with information on how to obtain the updated notice, and will post it on mvphealthcare.com.

How We Use or Disclose Your Health Information

As a member, you agree to let MVP share information about you for treatment, payment,

and health care operations. The following are ways we may use or disclose your health information.

For Treatment

We may share your health information with another health care provider in order for them to provide you with treatment.

For Payment

We may use and/or disclose your health information to collect premium payments, determine benefit coverage, or to provide payment to health care providers who render treatment on your behalf.

For Health Care Operations

We may use or disclose your health information for health care operations that are necessary to enable us to arrange for the provision of health benefits, the payment of health claims, and to ensure that our members receive quality service. For example, we may use and disclose your health information to conduct quality assessment and improvement activities (including, e.g., surveys), case management and care coordination, licensing, credentialing, underwriting, premium rating, fraud and abuse detection, medical review, and legal services. We will not use or disclose your health information that is genetic information for underwriting purposes. We also use and disclose your health information to assist other health care providers in performing certain health care operations for those health care providers, such as quality assessment and improvement, reviewing the competence and qualifications of health care providers, and conducting fraud detection or investigation, provided that the information used or disclosed pertains to the relationship you had or have with the health care provider.

Health-Related Benefits and Services

We may use or disclose your health information to tell you about alternative medical treatments and programs, or about health-related products and services that may be of interest to you.

Disclosures to a Business Associate

We may disclose your health information to other companies that perform certain functions on our behalf. These companies are called Business Associates. These Business Associates must agree in writing to protect your privacy and follow the same rules we do.

Disclosures to a Plan Sponsor

We may disclose limited information to the plan sponsor of your group health plan (usually your employer) so that the plan sponsor may obtain premium bids, modify, amend, or terminate your group health plan and perform enrollment functions on your behalf.

Disclosures to a Third-Party Representative

We may disclose to a Third-Party Representative (family member, relative, friend, etc.) health information that is directly relevant to that person's involvement with your care or payment for care if we can reasonably infer that the person is involved in your care or payment for care and that you would not object.

Disclosures to a Third-Party Application

You may direct MVP to provide specific information it maintains about you, including health information, through a third-party application chosen by you. If so, MVP may disclose your information to one or more third-party applications as directed by you.

Email or Telephonic Communications to You

You agree that we may communicate as allowed by applicable law via email or phone, including by text message, with you regarding insurance premiums or for other purposes relating to your benefits, claims, or our products/services. Your agreement includes consent to receive email, phone, or text message communications from us to the extent such consent is required or allowed by applicable law, including as may be allowed or required under the Telephone Consumer Protection Act. Further, you understand that such communications (utilizing encryption software for our email transmissions

or other security controls for phone and text message) may contain confidential information, protected health information, or personally identifiable information.

Disclosures Authorized by You

Except for the scenarios described in this notice, HIPAA prohibits the disclosure of your health information without first obtaining your authorization. MVP will not use or disclose your health information to engage in marketing, other than face to face communications, the offering of a promotional gift, or as set forth in this notice, unless you have authorized such use or disclosure. MVP will not use or disclose your health information for any reason other than those described above, unless you have provided authorization. We can accept an *Authorization to Disclose Information* form if you would like us to share your health information with someone for a reason we have not stated above. Using this form, you can designate whom you would like us to share information with, what information you would like us to share, and how long you want us to be able to share your information with that individual. A copy of this form is available by calling the MVP Member Services/Customer Care Center. Or visit [**mvphealthcare.com/ADI**](http://mvphealthcare.com/ADI). You must complete this form and return it to MVP by mail or fax. You can cancel this Authorization at any time in writing and per the requirements on the form.

SUD Treatment Information

Some information we receive may be protected by federal law 42 CFR Part 2 ("Part 2"). Part 2 provides added privacy protections for substance use disorder (SUD) treatment information and may prohibit or limit certain uses and disclosures that would otherwise be allowed under HIPAA. This means that, in some situations, we may be required to follow Part 2 before we may use or share your information, including for treatment, payment, or health care operations. If we receive or maintain any information about you from a Part 2 Program through a general consent you provide to that Program, we may

use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as permitted by Part 2 and as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or that you give to another party authorizing disclosure to us, we will use and disclose your Part 2 Program record only as allowed under the terms of that consent and consistent with Part 2.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

Disclosures to Parents (or Other Third-Party Representatives) of Minors

MVP has a policy in place to protect the privacy of minors with sensitive diagnoses. MVP has developed this position based upon legal requirements together with MVP's commitment to safeguarding the privacy of its members who receive care for sensitive needs.

If a minor 12–18 years old receives services or treatment related to mental health, chemical dependency or substance use, venereal disease, HIV/AIDS, family planning, prenatal care, or abortion-related services, MVP must have an *Authorization to Disclose Information* form on file from the minor to disclose most information to a parent, guardian, or other third-party representative. Please note that MVP can always share benefit/eligibility/cost-share information with a subscriber for their dependents.

Information that we disclose in accordance with HIPAA may be subject to redisclosure by the recipient and may no longer be protected by HIPAA.

To download the *Authorization to Disclose Information* form, visit [**mvphealthcare.com/ADI**](http://mvphealthcare.com/ADI).

You can also call the MVP Member Services/ Customer Care Center at the phone number listed on the back of your MVP Member ID card (TTY 711).

Special Use and Disclosure Situations

Under certain circumstances, as required by law, MVP would be required to share your information without your permission. Some circumstances include the following:

Uses and Disclosures Required by Law

We may use and disclose health information about you when we are required to do so by federal, state, or local law.

Public Health

We may disclose your health information for public health activities. These activities include preventing or controlling disease, injury, or disability; reporting births or deaths; or reporting reactions to medications or problems with medical products, or to notify people of recalls of products they have been using.

Health Oversight

We may disclose your health information to a health oversight agency that monitors the health care system and government programs for designated oversight activities.

Legal Proceedings

We may disclose your health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) and, in certain situations, in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose your health information, so long as applicable legal requirements are met, for law enforcement purposes.

Abuse or Neglect

We may disclose your health information to a public health authority, or other government authority authorized by law to receive reports

of child abuse, neglect, or domestic violence consistent with the requirements of applicable federal and state laws.

Coroners, Funeral Directors, and Organ Donation

We may disclose your health information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose your health information to funeral directors as necessary to carry out their duties. If you are an organ donor, we may release your health information for procurement, banking, or transplantation.

Research Purposes

In certain circumstances, we may use and disclose your health information for research purposes.

Criminal Activity

We may disclose your health information when necessary to prevent or lessen serious and imminent threat to the health and safety of a person or the public.

Military Activity

We may disclose your health information to authorized federal officials if you are a member of the military (or a veteran of the military).

National Security

We may disclose your health information to authorized federal officials for national security, intelligence activities, and to enable them to provide protective services for the President and others.

Workers' Compensation

We may disclose your health information as authorized to comply with workers' compensation laws and other similar legally established programs.

What are your rights?

The following are your rights with respect to your health information. Requests for restrictions, confidential communications, accounting of disclosures, amendments to your health information, to inspect or copy your health

information, or questions about this notice can be made by using the Contact Information below.

Right to Request Restrictions

You have the right to request a restriction or limitation on your health information we disclose for payment or health care operations. You also have the right to request a limit on the information we disclose about your health to someone who is involved in your care or the payment for your care, like a family member, relative, or friend. While we will try to honor your request, we are not legally required to agree to restrictions or limitations. If we agree, we will comply with your request or limitations except in emergency situations.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your health information in a certain way or at a certain location if the disclosure of information could endanger you. We will require the reason for the request and will accommodate all reasonable requests.

Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures of your health information made by us other than those necessary to carry out treatment, payment, and health care operations, disclosures made to you or authorized by you, or in certain other situations.

Right to Inspect and Obtain Copies of Your Health Information

You have the right to inspect and obtain a copy of certain health information that we maintain. In limited circumstances, we may deny your request to inspect or obtain a copy of your health information. If we deny your request, we will notify you in writing of the reason for the denial and if applicable the right to have the denial reviewed.

Right to Amend

If you feel that the health information we maintain about you is incomplete or inaccurate, you may ask us to amend the information. In certain circumstances we may deny your request. If we deny the request, we will explain your right to file a

written statement of disagreement. If we approve your request, we will include the change in your health information and tell others that need to know about your changes.

Right to a Copy of the Notice of Privacy Practices

You have the right to obtain a copy of this notice at any time. You can also view this notice at **mvphealthcare.com/privacy-notices**.

Exercising Your Rights

Unless you provide us with a written authorization, we will not use or disclose your health information in any manner not covered by this notice. If you authorize us in writing to use or disclose your health information in a manner other than described in this notice, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your authorization; however, we will not reverse any uses or disclosures already made in reliance on your authorization before it was revoked.

You have a right to receive a copy of this notice at any time. You can also view this notice at **mvphealthcare.com/privacy-notices**.

If you believe that your privacy rights have been violated, you may file a complaint by contacting an MVP Member Services/Customer Care Representative at the address or phone number indicated in the **Contact Information** at the end of this notice.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem. We will provide you with this address upon request.

We Will Not Take Any Action Against You for Filing a Complaint

We will not retaliate in any way if you choose to file a complaint in good faith with us or with the U.S. Department of Health and Human Services. We support your rights to the privacy of your medical information.

Contact Information

If you have questions, or would like to request this notice in an alternate language or format, call the MVP Member Services/Customer Care Center at the phone number listed below. The phone number is also on the back of your MVP Member ID card for your convenience.

MVP Medicare Customer Care Center

October 1–March 31, call seven days a week, 8 am–8 pm Eastern Time. April 1–September 30, call Monday–Friday, 8 am–8 pm Eastern Time.

1-800-665-7924 (TTY 711)

MVP Member Services/Customer Care Center

Monday–Friday, 8 am–6 pm Eastern Time.

MVP Medicaid, Child Health Plus, and MVP Harmonious Health Care Plan® Members

1-800-852-7826 (TTY 711)

MVP DualAccess (D-SNP) Members

1-866-954-1872 (TTY 711)

All Other MVP Members

1-888-687-6277 (TTY 711)

Mail written communications to MVP at:

MVP CUSTOMER CARE CENTER
625 STATE STREET
SCHENECTADY NY 12305

Help Us Fight Insurance Fraud

At MVP Health Care[®], we are committed to providing access to top-quality, affordable health care. That's why we're tough on fraud.

The MVP Special Investigations Unit

Every year, billions of dollars are spent on fraudulent claims throughout the insurance industry, translating into escalating costs and expenses. The MVP Special Investigations Unit (SIU) deals exclusively with situations regarding potential fraud, waste, and abuse. The SIU works closely with federal and state agencies responsible for identifying and investigating potential insurance fraud, waste, and/or abuse, as well as our many providers and other insurance companies.

Insurance Fraud is More Common than You Might Think

Common forms include:

- A health care provider bills you for services you never received
- Payments are made for services previously covered by another insurance carrier
- Payments are made to or for someone who was not an eligible subscriber or dependent
- Someone uses your MVP Member ID card to obtain medical care, supplies, or equipment

How You Can Help

If you suspect insurance fraud, you should report it right away. Contact the MVP Special Investigations Unit at **1-877-TELL-MVP** (1-877-835-5687). Your privacy will be respected and any information you provide will be kept in strict confidence.

Should you wish to make an anonymous report, contact EthicsPoint at **1-888-357-2687**.

Contact Us

If you have questions, please contact the MVP Member Services/Customer Care Center Monday–Friday, 8 am–6 pm Eastern Time.

Medicaid and Child Health Plus Members

1-800-852-7826 (TTY 711)

MVP Harmonious Health Care Plan[®] Members

1-844-946-8002 (TTY 711)



Nonpublic Personal Financial Information Policy

MVP Health Plan, Inc. (except for Medicare Advantage products), MVP Health Services Corp., and MVP Health Insurance Company (collectively “MVP”).

Your Privacy is Important to MVP

MVP is committed to safeguarding your information. We want you to understand what information we may gather and how we may share it. This Nonpublic Personal Financial Information Policy (the “Policy”) explains MVP’s collection, use, retention, and security of nonpublic personal information such as: your social security number, your payment history, your date of birth, and your status as an MVP member.

How MVP collects information. We collect nonpublic personal financial information about you from the following sources:

- Your applications and other forms;
- Your transactions with us, our affiliates, and others; and
- Consumer reporting agencies, in some cases.

Sharing your information. We do not disclose any nonpublic personal financial information about our members or former members to anyone, except as permitted by law. We may disclose the following information to companies that perform marketing services on our behalf or to other companies with which we have joint marketing agreements:

- Information we receive from you on applications or other forms, such as your name, address, or status as an MVP member;
- Information about your transactions with us, our affiliates, or others, such as your health plan coverage, premium and payment history.

Our former members. Even if you are no longer an MVP member, our Policy will continue to apply to you.

Our security practices and information

accuracy. We also take steps to safeguard member information. We restrict access to the nonpublic personal financial information of our members to those MVP employees who need to know that information in the course of their job responsibilities. We maintain physical, electronic, and procedural safeguards that comply with federal and state standards to protect member information. We also have internal controls to keep member information as accurate and complete as we can. If you believe that any information about you is not accurate, please let us know.

Other Information

This Policy applies to products or services that are purchased or obtained from MVP. We reserve the right to change this policy and any of the policies described above, at any time. The examples contained within this policy are illustrations; they are not intended to be exclusive or exhaustive.

Contact Information

Members can obtain a copy of our Privacy Notice by visiting mvphealthcare.com/notices and selecting *Privacy Notices*, or by calling the MVP Customer Care Center at **1-888-687-6277** (TTY 711).