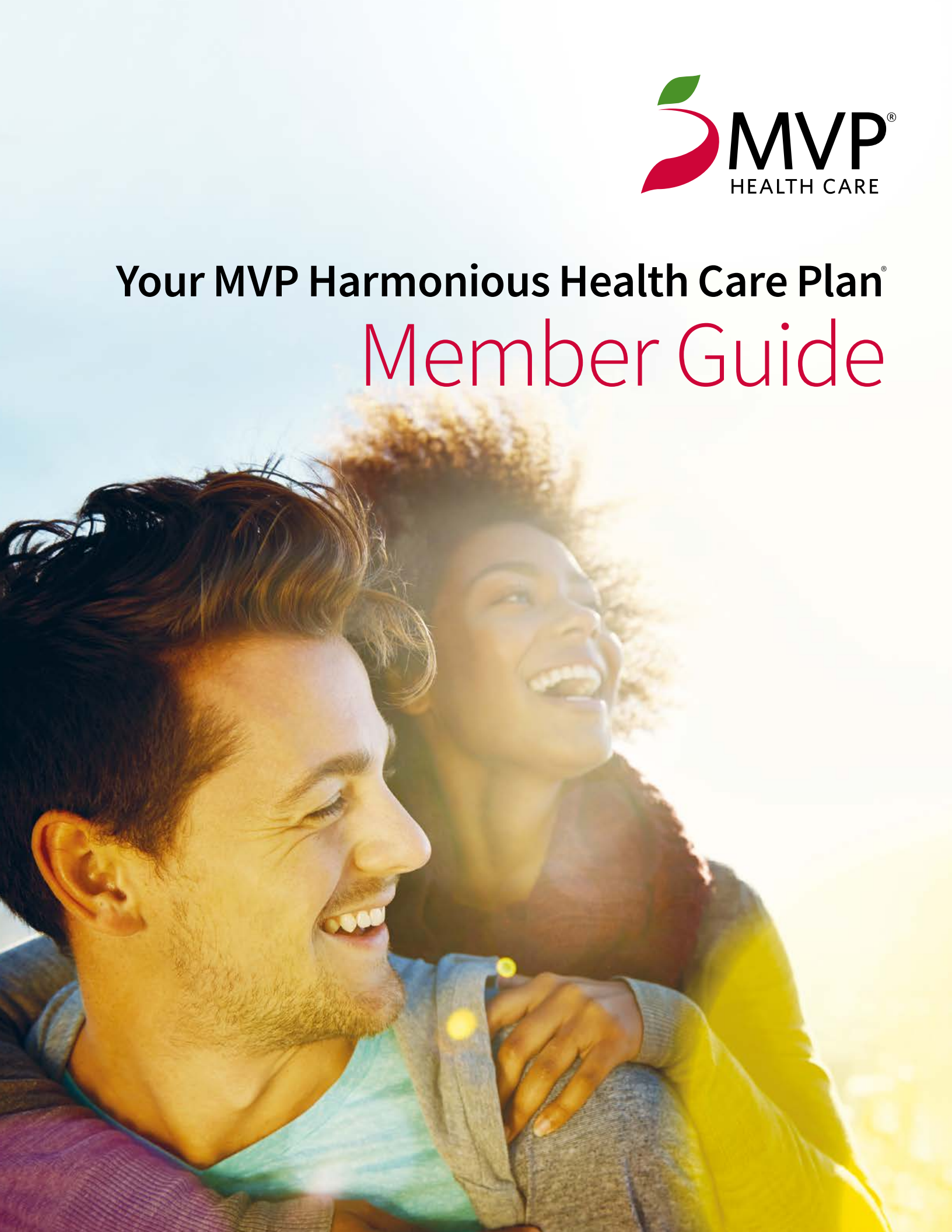
MVP®
HEALTH CARE

Your MVP Harmonious Health Care Plan®

Member Guide



YOUR MEMBER HANDBOOK HAS BEEN CHANGED TO INCLUDE ADDITIONAL SERVICES

Electronic Notice Option

MVP Health Care® (MVP) and our vendors can send you notices about service authorizations, plan appeals, complaints and complaint appeals electronically, instead of by phone or mail. We can also send you communications about your member handbook, our provider directory, and changes to Medicaid managed care benefits electronically, instead of by mail.

We can send you these notices through Gia®. You can access Gia online at **my.mvphealthcare.com** or by downloading the *Gia by MVP®* Mobile App. To receive these notices electronically, you must register for Gia at **my.mvphealthcare.com** or download the *Gia by MVP* Mobile App.

Once you have registered for Gia and set your communications preferences to paperless, MVP will send these notices to you through this account. If you do not have a digital account, please call the MVP Member Services/ Customer Care Center to help you set up your account. You will receive an email when a new electronic notice is available. You can view and print your electronic notices through Gia by signing in at **my.mvphealthcare.com** or in the *Gia by MVP* Mobile App.

If you want to get these notices electronically, you must ask us. To ask for electronic notices contact us by phone, mail, and through your Gia account:

Phone.....	**1-844-946-8002** (TTY 711)
Email.....	**GPEmails@mvphealthcare.com**
Gia.....	**my.mvphealthcare.com & *Gia by MVP* Mobile App**
Mail To.....	MVP Health Care ATTN: Member Services/Customer Care 625 State St Schenectady, New York, 12305

<u>When you contact us, you must:</u>

- Tell us how you want to get notices that are normally sent by mail,
- Tell us how you want to get notices that are normally made by phone call, and
- Give us your contact information (MVP Member ID number, mobile phone number, email address, and mailing address)

MVP will let you know by mail that you have asked to get notices electronically.

If you have any questions or need help using Gia, please call the MVP Member Services/Customer Care Center at **1-844-946-8002** (TTY 711).

YOUR MEMBER HANDBOOK HAS BEEN CHANGED TO INCLUDE ADDITIONAL SERVICES

Social Care Network (SCN)

Starting January 1, 2025, you can connect to organizations in your community that provide services to help with housing, food, transportation, and care management at no-cost to you, through a regional Social Care Network (SCN).

- Through this SCN, you and your child can meet with a Social Care Navigator who can check your eligibility for services that can help with your health and well-being. They will ask you some questions to see where you might need some extra support.
- If you or your child qualify for services, the Social Care Navigator can work with you to get the support you need. You may qualify for more than one service, depending on your situation. These services include:
    - Housing and utilities support:
        - Installing home modifications like ramps, handrails, grab bars to make your home accessible and safe.
        - Repairing and fixing water leaks to prevent mold from growing in your home.
        - Sealing holes and cracks to prevent pests from entering your home.
        - Providing an air conditioner, heater, humidifier, or dehumidifier to help improve ventilation in your home.
        - Helping you find and apply for safe and stable housing in the community.
    - Nutrition support:
        - Getting help from a nutrition expert who will give you guidance and support in choosing healthy foods to meet your health needs and goals.
        - Getting prepared meals, fresh produce, or grocery items delivered to your home for up to six (6) months. These food items will be tailored to your specific health needs.
        - Providing cooking supplies like pots, pans, microwave, refrigerator, and utensils to prepare meals.
    - Transportation services:
        - Helping you with access to public or private transportation to places approved by the SCN such as: going to a job interview, parenting classes, housing court to prevent eviction, local farmers' markets, and city or state department offices to obtain important documents.

- Care management services:
    - Getting help with finding a job or job training program, applying for public benefits, managing your finances, and more.
    - Getting connected to services like childcare, counseling, crisis intervention, health homes program, and more.

If you are interested, please call the MVP Member Services/Customer Care Center at **1-844-946-8002** (TTY 711) and we will connect you to a SCN in your area. The Social Care Navigator will verify your eligibility, tell you more about these services, and help you get connected to them.

YOUR MEMBER HANDBOOK HAS BEEN CHANGED TO INCLUDE ADDITIONAL SERVICES

Benefits You Can Get From MVP Health Care® (MVP) Or With Your Medicaid Card

For some services, you can choose where to get the care. You can get these services by using your MVP Member ID card. You can also go to providers who will take your Medicaid Benefit card. You do not need a referral from your PCP to get these services. Call us if you have questions at 1-844-946-8002 (TTY 711).

Family Planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can visit one of our family planning providers as well. Either way, you do not need a referral from your PCP. You can get birth control drugs, birth control devices (IUDs and diaphragms) that are available with a prescription, plus emergency contraception, sterilization, pregnancy testing, prenatal care, and abortion services. You can also see a family planning provider for HIV and sexually transmitted infection (STI) testing and treatment, and counseling related to your test results. Screenings for cancer and other related conditions are also included in family planning visits.

You can request that MVP send any communication regarding family planning services to a different address or through a different way. To update your communication preferences, sign in to Gia online at **my.mvphealthcare.com** or in the Gia by MVP mobile app. Or call the MVP Member Services/Customer Care Center at **1-844-946-8002** (TTY 711).

YOUR MEMBER HANDBOOK HAS BEEN CHANGED TO INCLUDE ADDITIONAL SERVICES

Get These Services From MVP WITHOUT A Referral

Women's Health Care

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

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

Family Planning

- You can get the following family planning services: advice about birth control, birth control prescriptions, male and female condoms, pregnancy tests, sterilization, and an abortion. During your visits for these things, you can also get tests for sexually transmitted infections, a breast cancer exam, or a pelvic exam.
- You do not need a referral from your PCP to get these services. In fact, you can choose where to get these services. You can use your MVP Member ID card to see one of our family planning providers. Check our Provider Directory or call MVP Member Services for help in finding a provider.
- Or, you can use your Medicaid card if you want to go to a doctor or clinic outside our plan. Ask your PCP or the MVP Member Services/Customer Care Center at **1-844-946-8002** (TTY 711) for a list of places to go to get these services. You can also call the New York State Growing Up Healthy Hotline **(1-800-522-5006)** for the names of family planning providers near you.

You can request that MVP send any communication regarding family planning services to a different address or through a different way. To update your communication preferences, sign in to Gia online at **my.mvphealthcare.com** or in the Gia by MVP mobile app. Or call the MVP Member Services/Customer Care Center at **1-844-946-8002** (TTY 711).

YOUR MEMBER HANDBOOK HAS BEEN CHANGED TO INCLUDE MORE SERVICES

Doula Services

This is an important notice about your Medicaid Managed Care plan benefits. Please read it carefully. If you have any questions, please call us at **1-844-946-8002**.

Starting **April 1, 2025**, MVP Health Care® (MVP) will cover doula services during pregnancy and up to 12 months after the end of pregnancy, no matter how the pregnancy ends. Currently, members can access doula services by using their Medicaid card. Beginning **April 1, 2025,** you can use your MVP plan card to receive doula services.

What is a Doula?

Doulas provide physical, emotional, educational, and non-medical support for pregnant and postpartum persons before, during, and after childbirth or end of pregnancy.

What Doula Services are Available?

Doula services can include up to eight (8) visits with a doula during and after pregnancy and continuous support while in labor and during childbirth. If you become pregnant within the 12 months following a prior pregnancy, your eligibility for doula services will start over with the new pregnancy. Any unused doula services from the prior pregnancy will not carry over.

Doula services may include:

- The development of a birth plan;
- Ongoing support throughout the pregnancy;
- Continuous support during labor and childbirth;
- Education and information on pregnancy, childbirth, and early parenting;
- Assisting with communication between you and your medical providers; and
- Connecting you to community-based childbirth and parenting resources.

Eligibility

If you are pregnant or have been pregnant within the last 12 months, you are eligible for doula services. You are eligible for these services with each pregnancy.

If you started to receive doula services with a Medicaid-enrolled doula(s) before April 1, 2025, your doula services will continue to be covered until 12 months after the end of your pregnancy. If you start to receive doula services on or after April 1, 2025, your doula needs to participate with MVP.

To learn more about these services, call the MVP Member Services/Customer Care Center at **1-844-946-8002**.

YOUR MEMBER HANDBOOK HAS BEEN CHANGED TO INCLUDE ADDITIONAL SERVICES

Dental Services

Starting **January 31, 2024**, MVP Health Care® (MVP) will be covering crowns and root canals in certain circumstances so that you can keep more of your natural teeth.

In addition, replacement dentures and implants will only need a recommendation from your dentist to determine if they are necessary. This will make it easier for you to access these dental services.

To learn more about these services, call the MVP Member Services/Customer Care Center at **1-844-946-8002** (TTY 711), Monday through Friday, 8 am–6 pm.

YOUR MEMBER HANDBOOK HAS BEEN CHANGED TO INCLUDE ADDITIONAL SERVICES

Mobile Crisis Telephonic Triage Response Service

Starting **March 1, 2024**, MVP Health Care® (MVP) will cover the Mobile Crisis Telephonic Triage and Response service for members under the age of 21. This service is already available to members 21 years of age and older.

Currently, members under the age of 21 can access the Mobile Crisis Telephonic Triage and Response service by using their Medicaid card. Effective March 1, 2024, you can use your MVP plan card to receive this service.

Mobile Crisis teams can help you, your child, or other members of your family with mental health and addiction crisis symptoms. These symptoms can be things like:

- increased anxiety,
- depression,
- stress due to a major life event or changes, or
- needing to speak with someone to prevent relapse.

You and your family can call and talk to a professional about a crisis, get support, and be linked to other services when needed.

If you are experiencing a crisis, you can call or text 988 or chat at **www.988lifeline.org** 24 hours a day, 7 days a week.

To learn more about these services, call the MVP Member Services/Customer Care Center at **1-844-946-8002** (TTY 711), Monday through Friday, 8 am–6 pm.

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: **civilrightscoordinator@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.**

Multi-Language Interpreter Services

English	ATTENTION: Language assistance services, free of charge, are available to you. Call **1-800-852-7826** (TTY: **1-800-662-1220**).
Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia linguística. Llame al **1-800-852-7826** (TTY: **1-800-662-1220**).
繁體中文 **(Chinese)**	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-852-7826**（TTY：**1-800-662-1220**）。
Русский **(Russian)**	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-852-7826** (телетайп: **1-800-662-122**0).
Kreyòl Ayisyen (French Creole)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-852-7826** (TTY: **1-800-662-1220**).
한국어 **(Korean)**	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-852-7826** (TTY: **1-800-662-1220**) 번으로 전화해 주십시오.
Italiano (Italian)	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-852-7826** (TTY: **1-800-662-1220**).
אידיש (Yiddish)	אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט **1-800-852-7826** (TTY: **1-800-662-1220**)
বাংলা (Bengali)	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **১-800-852-7826** (TTY: ১-800-662-1220)।
Polski (Polish)	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-852-7826** (TTY: **1-800-662-1220**).
لعربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **6287-258-008-1** (مكبلاو مصلا فتاه مقر: **0221-266-008-1**).
Français (French)	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-852-7826** (ATS : **1-800-662-1220**).
اردو **(Urdu)**	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں. **1-800-852-7826** (TTY: **1-800-662-1220**)
Tagalog (Tagalog-Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-852-7826** (TTY: **1-800-662-1220**).
Ελληνικά **(Greek)**	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-852-7826** (TTY: **1-800-662-1220**).
Shqip (Albanian)	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-852-7826** (TTY: **1-800-662-1220**).

Welcome to MVP. Welcome to great health care.

In this MVP Harmonious Health Care Plan® Member Guide you will find all of the information you need to get the most from your new health care benefits.

If you haven't already done so, please call MVP Member Services at **1-844-946-8002** so we can conduct a brief new member telephone orientation with you. TTY users may call **711**.

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 MVP Member Services.

We'll be here, when and where you need us.

Call MVP Member Services to speak to a real person.

1-844-946-8002

(TTY 711)
Monday–Friday, 8 am–6 pm

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.

Visit Us Online

You can visit MVP anytime at **mvphealthcare.com**

- Search our online health library, Healthwise® Knowledgebase
- Search for providers by name, specialty, or location, and see who's taking new patients. Even print a map to your doctor's office
- Order Member ID cards or print a temporary ID card
- Search for participating pharmacies
- Contact MVP Member Services

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Important Contacts

Your Primary Care Provider

Name

Address

Phone

Other Health Care Providers

Name

Address

Phone

Name

Address

Phone

Nearest Hospital Emergency Room

Name

Address

Phone

Nearest Urgent Care Center

Name

Address

Phone

Local Pharmacy

Name

Address

Phone

MVP Harmonious Health Care Plan Member Services
1-844-946-8002
mvphealthcare.com

MVP Member Services TTY
(for the hearing impaired)
711

MVP Nurse Advice Line
1-800-852-7826 (TTY: 1-800-662-1220)

Gia® Telemedicine
1-877-GoAskGia (1-877-462-7544)

CVS Caremark (MVP's pharmacy partner)
1-866-832-8077

Healthplex (routine dental care)
1-800-468-9868 (TTY: 1-800-662-1220)

Important Resources

New York State Department of Health (Complaints)

1-800-206-8125 **health.ny.gov**

New York Medicaid Choice

Medicaid Managed Care enrollment program of the New York State Department of Health.

1-800-505-5678 **nymedicaidchoice.com**

Child Health Plus

Free or low-cost health insurance for children.

1-800-698-4543 (TTY 1-877-898-5849)

Office of Mental Health (Complaints)

1-800-597-8481

Office of Addition Services and Supports (Complaints)

518-473-3460

Ombudsman Program

1-888-614-5400 **ombuds@oasas.ny.gov**

Independent Consumer Advocacy Network (ICAN)

1-844-614-8800 (TTY 711) **icannys.org**

icna@cssny.org

New York State Office of Mental Health

omh.ny.gov

Office of Addiction Services and Supports

oasas.ny.gov

HIV Uninsured Care Programs

1-800-542-2437 (TTD 518-459-0121)

New York State HIV/AIDS Hotline

English **1-800-541-AIDS** (1-800-541-2437)

Spanish **1-800-233-SIDA** (1-800-233-7432)

TDD **1-800-369-AIDS** (1-800-369-2437)

Partners Notification Assistance Program

1-800-541-AIDS (1-800-541-2437)

Social Security Administration

1-800-772-1213 (TTY 1-800-325-0778)

New York State Domestic Violence Hotline

English **1-800-942-6906**

Spanish **1-800-942-6908**

Hearing Impaired **1-800-810-7444**

Americans with Disabilities Act (ADA)

1-800-514-0301 (TTY 1-800-514-0383)

Important Resources

New York State Social Services Offices

Albany County	**518-447-7492**
Clinton County	**518-565-3300**
Columbia County	**518-828-9411**
Dutchess County	**845-486-3000**
Essex County	**518-873-3441**
Franklin County	**518-481-1888**
Fulton County	**518-736-5640**
Genesee County	**585-344-2580**
Greene County	**518-943-3200**
Hamilton County	**518-648-6131**
Herkimer County	**315-867-1291**
Jefferson County	**315-782-9030**
Lewis County	**315-376-5400**
Livingston County	**585-243-7300**
Monroe County	**585-753-6440**
Montgomery County	**518-853-4646**
Oneida County	**315-798-5632**
Ontario County	**585-396-4599**
Orange County	**845-291-4000**
Putnam County	**845-225-7040**
Rensselaer County	**518-266-7911**
Rockland County	**845-364-2000**
Saratoga County	**518-884-4148**
Schenectady County	**518-388-4470**
St. Lawrence County	**315-379-2111**
Sullivan County	**845-292-0100**
Ulster County	**845-334-5000**
Warren County	**518-761-6321**
Washington County	**518-746-2300**
Westchester County	**1-800-549-7650**

Medical Answering Services (MAS) Non-Emergency Transportation

See page 28 for information about non-emergency transportation.

Albany County	**1-855-360-3549**
Clinton County	**1-866-753-4435**
Columbia County	**1-855-360-3546**
Dutchess County	**1-855-244-8995**
Essex County	**1-866-753-4442**
Franklin County	**1-844-666-6270**
Fulton County	**1-855-360-3550**
Genesee County	**1-855-733-9404**
Greene County	**1-855-360-3545**
Hamilton County	**1-866-753-4618**
Herkimer County	**1-866-753-4524**
Jefferson County	**1-866-558-0757**
Lewis County	**1-855-430-6681**
Livingston County	**1-888-226-2219**
Monroe County	**1-866-932-7740**
Montgomery County	**1-855-360-3548**
Oneida County	**1-855-852-3288**
Ontario County	**1-866-733-9402**
Orange County	**1-855-360-3543**
Putnam County	**1-855-360-3547**
Rensselaer County	**1-855-852-3293**
Rockland County	**1-855-360-3542**
Saratoga County	**1-855-852-3292**
Schenectady County	**1-855-852-3291**
St. Lawrence County	**1-866-722-4135**
Sullivan County	**1-866-573-2148**
Ulster County	**1-866-287-0983**
Warren County	**1-855-360-3541**
Washington County	**1-855-360-3544**
Westchester County	**1-866-883-7865**

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MVP HEALTH CARE

Welcome to the MVP Harmonious Health Care Plan

Welcome to MVP Health Care®

We want to be sure you get off to a good start as a new member. In order to get to know you better, we will get in touch with you in the next two or three weeks. You can ask us any questions you have, or get help making appointments. If you need to speak with us before we call you, call us at **1-844-946-8002** (TTY 711).

We are glad that you enrolled in the MVP Harmonious Health Care Plan.

The MVP Harmonious Health Care Plan is a Health and Recovery Plan, or **HARP**, approved by New York State. The HARP plan is a new kind of plan that provides Medicaid members with their health care, plus care for behavioral health. In this handbook, behavioral health means mental health, substance use disorder, and rehabilitation.

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

This handbook will be your guide to the full range of health care services available to you. We want to be sure you get off to a good start as a new MVP Harmonious Health Care Plan member. In order to get to know you better, we will get in touch with you in the next two weeks. You can ask us any questions you have, or get help making appointments. If you need to speak with us sooner, just call us at **1-844-946-8002** (TTY 711). You can also visit **mvphealthcare.com** to get more information about the MVP Harmonious Health Care Plan.

How Health and Recovery Plans Works

The Plan, Our Providers, and You

You may have heard about the changes in health care. Many consumers now get their health benefits through managed care, which provides a central home for your care. If you were getting behavioral health services using your Medicaid card, those services may now be available through MVP.

As an MVP Harmonious Health Care Plan member, you will have all the benefits available in regular Medicaid, plus you can also get specialty services to help you reach your health goals. We offer extended services to help you get and stay healthy, and help with your recovery.

The MVP Harmonious Health Care Plan offers new services, called Behavioral Health Home and Community Based Services, to members who qualify.

Behavioral Health Home and Community Based Services may help you:

- Find housing
- Live independently
- Return to school
- Find a job
- Get help from people who have been there
- Manage stress
- Prevent crises

As an MVP Harmonious Health Care Plan member, you will also have a Health Home Care Manager who will work with all your physical and behavioral health providers to pay special attention to your whole health care needs. The Health Home Care Manager will help make sure you get the medical, behavioral health and social services you may need, such as help to get housing and food assistance.

You may be using your Medicaid card to get a behavioral health service that is now available through the MVP Harmonious Health Care Plan. To find out if a service you already get is now provided by the MVP Harmonious Health Care Plan, contact MVP Member Services at **1-844-946-8002** (TTY 711).

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

The MVP Harmonious Health Care Plan has a contract with the New York State Department of Health to meet the health care needs of people with Medicaid. In turn, we choose a group of health care, mental health. and substance use providers to help us meet your needs. These doctors and specialists, hospitals, clinics, labs, case managers, and other health care facilities make up our provider network. You will find a list in our provider directory. If you do not have a provider directory, call MVP Member Services at **1-844-946-8002** (TTY 711) or visit **mvphealthcare.com/findadoctor**.

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

Your PCP is available to you every day, day and night. If you need to speak to him or her after hours or weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible. Even though your PCP is your main source for health care, in some cases, you can self-refer to certain doctors for some services. See How to Get Specialty Care on page 12 for details.

You may be restricted to certain plan providers if you are:

- Getting care from several doctors for the same problem
- Getting medical care more often than needed
- Using prescription medicine in a way that may be dangerous to your health
- Allowing someone other than yourself to use your plan ID card

Confidentiality

We respect your right to privacy. MVP recognizes the trust needed between you, your family, your doctors, and other care providers. MVP will never give out your medical or behavioral health history without your written approval. The only persons that will have your clinical information will be MVP, your Primary Care Physician and other providers who give you care, and your authorized representative. Referrals to such providers will always be discussed with you in advance by your Primary Care Physician or your Health Home Care Manager, if you have one. MVP staff have been trained in keeping strict member confidentiality.

How to Use This Handbook

This handbook will tell you how your new health care plan will work and how you can get the most from the MVP Harmonious Health Care Plan. This handbook is your guide to health and wellness services. It tells you the steps to take to make the plan work for you.

The first several pages will tell you what you need to know right away. The rest of the handbook can wait until you need it. Use it for reference or check it out a bit at a time.

When you have a question, check this Handbook or call MVP Member Services. You can also call the New York Medicaid Choice Help Line at **1-800-505-5678**.

Help From MVP Member Services

There is someone available to help you in MVP Member Services.

Call **1-844-946-8002** (TTY 711)
Monday–Friday, 8 am–6 pm

There is a Nurse Advice Line available 24 hours a day, seven days a week.

Call **1-844-946-8002** (TTY 711)

Use this service to:

- Get information about an illness, medical condition, or injury when your doctor is not available
- Help you to understand your treatment options
- Provide guidance in preparing for doctor visits

You can call MVP Member Services to get help anytime you have a question. You may call us to choose or change your PCP, to ask about benefits and services, to get help with referrals, to replace a lost Member ID card, to report that you are pregnant, the birth of a new baby, or ask about any change that might affect you or your family's benefits.

The MVP Member Services team knows that you may need additional support. They can connect you with an MVP Care Manager who will help you and your health care team work together to keep you healthy. Call **1-844-946-8002** (TTY 711) to speak with someone if you need help.

We offer free sessions to explain our health plan and how we can best help you. It's a great time for you to ask questions and meet other members. If you'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 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 you in your language.

For people with disabilities, if you use a wheelchair, are blind, or have trouble hearing or understanding, call us if you need extra help. We can tell you if a particular provider's office is wheelchair accessible or is equipped with special communications devices.

Also, we have services like:

- TTY machine; our TTY phone number is **711**
- Information in large print
- Case management
- Help in making or getting to appointments
- Names and addresses of providers who specialize in your disability

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

Your MVP Member ID Card

After you enroll, we'll send you your **MVP Member ID card**. Your card should arrive within 14 days after your enrollment date. Your card has your PCP's name and phone number, and your Client Identification Number (CIN) on it. If anything is wrong on your ID card, call us right away. Your ID card does not show that you have Medicaid or the MVP Harmonious Health Care Plan.

Carry your ID card at all times and show it each time you go for care. If you need care before the card comes, call MVP Member Services at **1-844-946-8002** (TTY 711). You should keep your

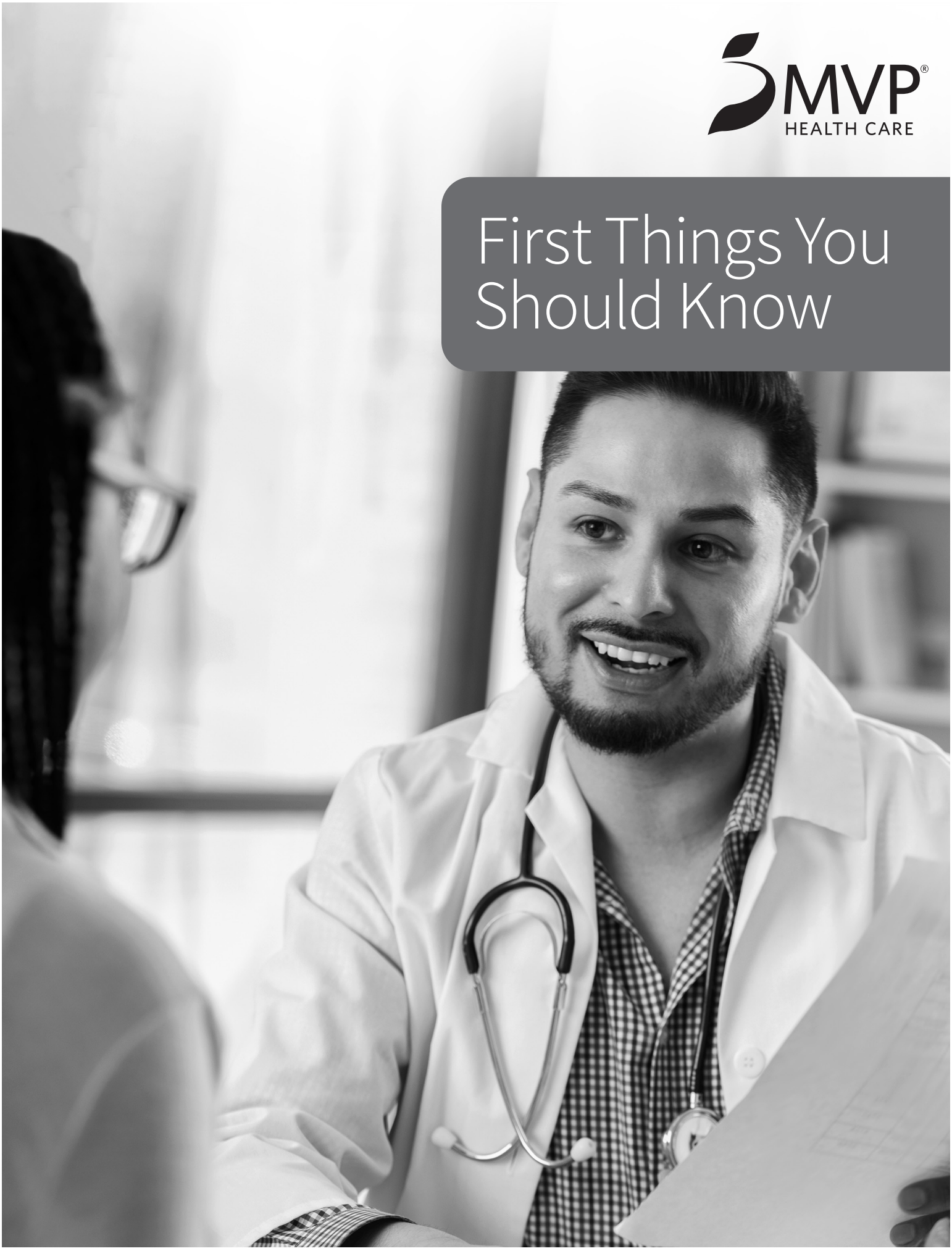
Medicaid benefit card. You will need that card to get services that the MVP Harmonious Health Care Plan does not cover.

If you lose your MVP Member ID card and need a replacement, call MVP Member Services.

You will also receive a **Healthplex Dental ID card** to receive your dental benefits (see **Dental Care** on page 20 of this handbook).

MVP HEALTH CARE

First Things You Should Know



How to Choose Your Primary Care Physician

You may have already picked your Primary Care Physician (PCP) to serve as your regular doctor. This person could be a doctor or a nurse practitioner. **If you have not chosen a PCP for you and your family, you should do so right away.** If you do not choose a doctor within 30 days, we will choose one for you. Each family member can have a different PCP, or you can choose one PCP to take care of the whole family. A pediatrician treats children, a family practice doctor treats the whole family, and an internal medicine doctor treats adults. MVP Members Services can help you choose a PCP or check to see if you already have a PCP. You may also be able to choose a PCP at your behavioral health clinic.

MVP has a network of providers that includes doctors, clinics, hospitals, labs, and others who work with the MVP Medicaid Managed Care plan. To find providers, addresses, phone numbers, and special training of the doctors, visit **mvphealthcare.com/findadoctor**. If you would like a printed directory of our providers, call MVP Member Services at **1-844-946-8002**.

You may want to find a doctor:

- Whom you have seen before
- Who understands your health problems
- Who is taking new patients
- Who can serve you in your language
- Who is easy to get to

Women can also choose one of our OB/GYN doctors to deal with women's health issues. Women do not need a PCP referral to see a plan OB/GYN doctor. They can have routine check-ups (twice a year), follow-up care if there is a problem, and regular care during pregnancy. If you are pregnant, please remember to call MVP Member Services to enroll in our Little Footprints℠ Program.

MVP also contracts with Federally Qualified Health Centers (FQHC). All FQHCs give primary and specialty care. Some consumers want to get their care from FQHCs because the centers have a long history in the neighborhood. Maybe you want to try them because they are easy to get to. **You should know that you have a choice.** You can choose any one of the providers listed in our directory or you can sign up with a primary care physician at one of the FQHCs that we work with. You can find FQHCs by visiting **mvphealthcare.com/findadoctor**. Just call MVP Member Services at **1-844-946-8002** (TTY 711) if you need help.

In almost all cases, your doctors will be MVP providers. In some cases you can continue to see another doctor that you had before you joined MVP, even if he or she does not work with our plan.

You can continue to see your doctor if:

- You are more than three months pregnant when you join MVP and you are getting prenatal care. In that case, you can keep your doctor until after your delivery and through postpartum care.
- At the time you join MVP, you have a life threatening disease or condition that gets worse with time. In that case, you can ask to keep your doctor for up to 60 days.
- At the time you join MVP, you are being treated for a behavioral health condition. In most cases, you can still go to the same provider. Some people may have to choose a provider that works with the health plan. Be sure to talk to your provider about this change. MVP will work with you and your provider to make sure you keep getting the care you need.
- At the time you join MVP, regular Medicaid paid for your home care and you need to keep getting that care for at least 120 days. In that case, you can keep your same home care agency, nurse, or attendant, and the same amount of home care for at least 90 days.

MVP must tell you about any changes to your home care before the changes take effect.

Changing Your Primary Care Physician

If you need to, you can change your PCP in the first 30 days after your first appointment with your PCP. After that, you can change to a new doctor every six months without cause or more often if you have a good reason. To change your PCP, call MVP Member Services. We will help you find a doctor who is right for you. If you do not choose a PCP within 30 days of enrollment and MVP is unable to reach you, we will choose a PCP for you. If you do not wish to keep this PCP, you may change to a new doctor by calling MVP Member Services. You can also change your OB/GYN or a specialist to whom your PCP has referred you.

If your provider leaves MVP, we will tell you within five days from when we know about this. If you wish, you may be able to see that provider if you are more than three months pregnant or if you are receiving ongoing treatment for a condition. If you are pregnant, you may continue to see your doctor through postpartum care. If you are seeing a doctor regularly for a special medical problem, you may continue your present course of treatment for up to 90 days. Your doctor must agree to work with the Plan during this time.

If any of these conditions apply to you, check with your PCP or call MVP Member Services at **1-844-946-8002** (TTY 711).

Health Home Care Management

The MVP Harmonious Health Care Plan is responsible for providing and coordinating your physical health care and your behavioral health services. We use Health Homes to coordinate services for our members. It is your choice if you want to join a Health Home, and we encourage you to join a Health Home for your Care Management.

The MVP Harmonious Health Care Plan can help you enroll with a Health Home that will assign your personal Health Home Care Manager. Your Health Home Care Manager can help you make appointments, help you get social services, and keep track of your progress.

Your Health Home is responsible for giving you an assessment to see what Behavioral Health Home and Community Based Services you may need. Using the assessment, you and your Health Home Care Manager will work together to make a plan of care that is designed especially for you.

Your Health Home Care Manager can:

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

Your Health Home Care Manager will be in touch with you right away to find out what care you need and to help you with appointments. Your Health Home Care Manager or someone from your Health Home provider is available to you 24 hours a day, seven days a week.

If you are in crisis and need to talk to someone right away, call MVP Member Services at **1-844-946-8002** (TTY 711).

Recovery Coordination Services (RCA)

- Help ensure access to Adult Behavioral Health Home and Community Based Services (HCBS) for adults not enrolled with a Health Home
- Develop a plan of care, and identify recovery goals and appropriate services
- Support you in finding providers

How to Get Regular Care

Regular care means exams, regular check-ups, shots, or other treatments to keep you well, give you advice when you need it, and refer you to the hospital or specialists when needed. We want new members to see his or her PCP for a first medical visit soon after enrolling in the MVP Harmonious Health Care Plan. This will give you a chance to talk with your PCP about your past health issues, the medicines you take, and any questions that you have.

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

You can call the MVP Harmonious Health Care Plan 24 hours a day, seven days a week at **1-844-946-8002** if you have questions about getting services or if for some reason you cannot reach your PCP.

Your care must be **medically necessary**. The services you get must be needed to:

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

Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. If ever you can't keep an appointment, call to let your PCP know.

As soon as you choose a PCP, call to make a first appointment. If you can, prepare for your first appointment. Your PCP will need to know as much about your medical history as you can tell him or her. Make a list of your medical background, any problems you have now, any medications you are taking, and the questions you want to ask your PCP. In most cases, your first visit should be within four weeks of your joining the plan. If you have the need for treatment over the coming weeks, make your first appointment in the first week of joining the MVP Harmonious Health Care Plan. Your Health Home Care Manager an help you make and get ready for your first appointment.

If you need care before your first appointment, call your PCP's office to explain the problem. He or she will give you an earlier appointment, but you should still keep the first appointment to discuss your medical history and ask questions.

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.

Adult baseline and routine physicals: Within four weeks

Urgent care: Within 24 hours

Non-urgent sick visits: Within three days

Routine preventive care: Within four weeks

First prenatal visit: Within three weeks during first trimester, within two weeks during second trimester, and within one week during third trimester

First family planning visit: Within two weeks

Follow-up visit after mental health/substance use emergency room or inpatient visit: Five days

Non-urgent mental health or substance use specialist visit: One week

Your Care Manager can also help you make or get appointments.

Behavioral Health Care, and Home and Community Services

Behavioral health care includes mental health and substance use treatment services. You have access to services that can help you with emotional health. You can also get help with alcohol or other substance use issues.

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

To be eligible for these services, you will need to get an assessment. To find out more, call MVP Member Services at **1-844-946-8002** (TTY 711) or ask your Care Manager about these services.

See page 24 of this Handbook for more information about these services and how to get them.

Behavioral Health Home and Community Based Services, and Community Oriented Recovery and Empowerment Services

Your plan services can help you to improve your health, well-being, and quality of life. These services include peer and family supports, as well as services that can help you with independence, education, employment, and managing crises.

For more information about these services, call the MVP Case Management team at **1-866-942-7966** (TTY 711).

See page 24 of this Handbook for more information about these services and how to get them.

How To Get Specialty Care and Referrals

If you need care that your PCP cannot give, he or she will **refer** you to a specialist that can provide the care you need. If your PCP refers you to another doctor, we will pay for your care. Most of these specialists are MVP Harmonious Health Care Plan providers. Talk with your PCP to be sure you know how referrals work. If you think a specialist does not meet your needs, talk to your PCP. Your PCP can help you if you need to see a different specialist. There are some treatments and services that your PCP must ask MVP to approve before you can get them. Your PCP will be able to tell you what they are.

If you are having trouble getting a referral you think you need, contact MVP Member Services at **1-844-946-8002** (TTY 711).

If we do not have a specialist in MVP who can give you the care you need, we will get you the care you need from a specialist outside the MVP network. This is called an **out-of-network referral**. Your PCP or plan provider must ask the MVP Harmonious Health Care Plan for approval before you can get an out-of-network referral. We will tell your PCP what information he or she needs to provide for us to determine if an out-of-network specialist is required. A second opinion from an in-plan or in-area physician may be required for medical review purposes. If you have questions about this process or if you are having difficulty getting a referral you think you need, you can call MVP Member Services at **1-844-946-8002** (TTY 711). If you need care right away, we will make a decision within three workdays and notify you and your PCP of our decision by phone and in writing. If you do not need care right away, we will make a decision within 72 hours of receipt of all the required information, and notify you and your PCP of our decision by phone and in writing. If your PCP or MVP refers you to a provider outside our network, you are not responsible for any

of the costs except any co-payments as described in this handbook.

Sometimes we may not approve an out-of-network referral for a specific treatment because you asked for care that is not different from what you get from an MVP Harmonious Health Care Plan provider. You can ask us to check if your out-of-network referral for the treatment you want is medically necessary. You will have to ask for a **plan appeal**. The **Plan Appeals** section on page 32 of this Handbook will tell you how.

You will need to ask your doctor to send with your plan appeal, a statement in writing that says the MVP Harmonious Health Care Plan provider does not have the right training and experience to meet your needs and that s/he recommends an out-of-network provider with the right training and experience who is able to treat you.

If you need to see a specialist for ongoing care, your PCP may be able to refer you for a specified number of visits or length of time. This is called a **standing referral**. If you have a standing referral, you will not need a new referral for each time you need care.

If you have a long-term disease or a disabling illness that gets worse over time, your PCP may be able to arrange for your specialist to act as your PCP, or a referral you to a specialty care center that deals with the treatment of your illness.

Get These Services from MVP Without a Referral

Women's Services

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

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

Family Planning

You can get the following family planning services without a referral:

- Advice and/or prescription for birth control, including male or female condoms
- Pregnancy tests
- Sterilization
- An abortion

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

You do not need a referral from your PCP to get these services. In fact, you can choose where to get these services. You can use your MVP Harmonious Health Care Plan Member ID card to see one of MVP's family planning providers. Check the MVP Provider Directory or call MVP Member Services for help in finding a provider. Or, you can use your Medicaid card if you want to go to a doctor or clinic outside the MVP provider network. Ask your PCP or call MVP Member Services at **1-844-946-8002** (TTY 711) for a list of places to go to get these services. You can also call the New York State Growing Up Healthy Hotline at **1-800-522-5006** for the names of family planning providers near you.

HIV and Sexually Transmitted Infection Screening

Everyone should know their HIV status. HIV and sexually transmitted infection (STI) screenings are part of your regular health care.

You can get an HIV or STI test any time you have an office or clinic visit. You do not need a referral from your PCP. Just make an appointment with one of our family planning providers. If you want an HIV or STI test, but not as part of a family planning service, ask your PCP to provide or arrange it for you.

Or, if you'd rather not see an MVP Harmonious Health Care Plan provider, you can use your Medicaid card to see a family planning provider outside of the MVP Harmonious Health Care Plan network. For help in finding either a Plan provider or a Medicaid provider for family planning services, call MVP Member Services at **1-844-946-8002** (TTY 711).

Everyone should talk to their doctor about having an HIV test. To get free HIV testing or testing where your name is not given, call the New York State HIV Counseling Hotline at **1-800-541-AIDS** (1-800-872-2777).

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

HIV Prevention Services

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

If you are HIV positive, we can help you talk to your partners. We can help you talk to your family and friends, and help them understand HIV and AIDS and how to get treatment. If you need help talking about your HIV status with future partners, the MVP Harmonious Health Care Plan staff will assist you. We can even help you talk to your children about HIV.

Eye Care

The covered benefits include the needed services of an ophthalmologist, optometrist, and an ophthalmic dispenser, and include an eye exam and pair of eyeglasses, if needed. Generally, you can get these once every two years, or more often if medically needed. Members diagnosed with diabetes may self-refer for a dilated eye (retinal) examination once in any 12-month period. You just choose one of our participating providers.

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

Behavioral Health(Mental Health and Substance Use)

We want to help you get the mental health and drug or alcohol use services that you may need. If at any time you think you need help with mental health or substance use, you can see behavioral health providers in our network to see what services you may need. This includes services like clinic and detox services. You do not need a referral from your PCP.

Smoking Cessation

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

Maternal Depression Screening

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

Emergencies

You are 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

This would make a person with an average knowledge of health fear that someone will suffer serious harm to body parts or functions or serious disfigurement without care right away.

Examples of an emergency are:

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

Examples of non-emergencies are:

- A cold or sore throat
- Upset stomach
- Minor cuts and bruises
- Sprained muscles

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

If you believe you have an emergency, call 911 or go to the emergency room. You do not need approval from the MVP Harmonious Health Care Plan or your PCP before getting emergency care, and you are not required to use our hospitals or doctors.

If you're not sure what to do about an emergency, call your PCP or the MVP Harmonious Health Care Plan. Tell the person you speak with what is happening.

Your PCP or an MVP Harmonious Health Care Plan representative will tell you:

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

You can also contact the MVP Harmonious Health Care Plan Member Services at **1-844-946-8002** (TTY 711), 24 hours a day, seven days a week if you are in crisis or need help with a mental health or drug use situation.

If you are out of the area when you have an emergency, go to the nearest emergency room or call **911**. Call the MVP Harmonious Health Care Plan as soon as you can, within 48 hours if you can.

Remember, you do not need prior approval for emergency services, but use the emergency room only if you have an emergency.

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

If you have questions, call your PCP or MVP at **1-844-946-8002** (TTY 711).

Urgent Care

You may have an injury or an illness that is not an emergency but still needs prompt care. It could be the flu, you need stitches, a sprained ankle, or a bad splinter you can't remove.

You can get an appointment for an urgent care visit for the same or next day. Whether you are at home or away, call your PCP any time, day or night. If you cannot reach your PCP, call the MVP Harmonious Health Care Plan at **1-844-946-8002** (TTY 711).

Tell the person who answers what is happening. They will tell you what to do.

Care Outside of the United States

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

We Want to Keep You Healthy

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

- Stop-smoking classes
- Prenatal care and nutrition
- Grief/loss support
- Breastfeeding and baby care
- Stress management
- Weight control
- Cholesterol control
- Diabetes counseling and self-management training
- Asthma counseling and self-management training
- Sexually transmitted infection (STI) testing and protecting yourself from STIs
- Domestic violence services

Call MVP Harmonious Health Care Plan at **1-844-946-8002** (TTY 711) to find out more and get a list of upcoming classes.

MVP HEALTH CARE

Your Benefits & Plan Procedures

The rest of this handbook is for your information when you need it. It lists the covered and the non-covered services. If you have a complaint, the handbook tells you what to do. The handbook has other information you may find useful. Keep this handbook handy for when you need it.

Benefits

Health and Recovery Plans provide a number of services you get in addition to those you get with regular Medicaid. MVP will provide or arrange for most services that you will need. You can get a few services, however, without going through your Primary Care Physician (PCP). These include emergency care, family planning, HIV testing, mobile crisis services, and specific self-referral services, including those you can get from within the MVP Harmonious Health Care Plan and some that you can choose to go to any Medicaid provider of the service.

Services Covered by MVP

You must get these services from the providers who are in our Plan. All services must be medically or clinically necessary and provided or referred by your PCP. Call MVP Member Services at **1-844-946-8002** if you have any questions or need help with any of the following services.

Regular Medical Care

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

Preventive Care

- Regular check-ups
- Smoking cessation counseling and care
- Access to free needles and syringes
- HIV education and risk reduction
- Referral to Community Based Organizations (CBOs) for supportive care

Maternity Care

- Pregnancy care
- Doctors/mid-wife and hospital services
- Screening for depression during pregnancy and up to a year after delivery

Remember to call and enroll in our Little Footprints℠ Program if you are pregnant.

See **Little Footprints Program for Pregnant Members** on page 25 or call **1-866-942-7966** for more information.

Home Health Care

Home Health Care must be medically needed and arranged by the MVP Harmonious Health Care Plan, and includes:

- One medically necessary postpartum home health visit, additional visits as medically necessary for high-risk women
- Other home health care visits as needed and ordered by your PCP or specialist

Personal Care/Home Attendant/ Consumer Directed Personal Assistance Service (CDPAS)

Personal Care/CDPAS/home attendant services must be medically needed and arranged by the MVP Harmonious Health Care Plan.

- Personal Care/Home Attendant to provide help with bathing, dressing, and feeding, and assist in preparing meals and housekeeping.
- CDPAS provides help with bathing, dressing, and feeding, and help preparing meals and

housekeeping, as well as home health aide and nursing tasks. This is provided by an aide chosen and directed by you.

If you want more information about these services, contact the MVP Harmonious Health Care Plan at **1-844-946-8002**.

Personal Emergency Response System (PERS)

This is a piece of equipment you wear to get help if you have an emergency. To qualify and receive this service you must be receiving personal care/home attendant or Consumer Directed Personal Assistance Program (CDPAP) services.

Therapy for Tuberculosis

This service provides help taking medication for tuberculosis and follow-up care.

Hospice Care

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

Hospice care provides support services and some medical services to patients who are ill and expect to live for one year or less. You can get these services in your home, or in a hospital or nursing home. Hospices services must be medically needed and arranged by the MVP Harmonious Health Care Plan.

If you have any questions about this benefit, you can call the MVP Harmonious Health Care Plan at **1-844-946-8002**.

Telemedicine

MVP is pleased to offer members **Gia**® your ultimate health care connection. Available by phone, web, or mobile app, Gia expertly assesses your needs and quickly refers you to the right care. Save time by getting instant advice about any health care concern, from home or anywhere.

Gia is your connection to MVP's free telemedicine services, including emergency and urgent care (for issues such as sinusitis, upper respiratory infections/flu, pharyngitis, skin disorders, Urinary Tract Infections (UTI), bronchitis, conjunctivitis, earache, back pain). You can schedule virtual appointments with qualified behavioral health professionals, including psychiatrists, psychologists, and Licensed Clinical Social Workers (LCSW), when and where it's convenient for you. You also can schedule consultations with nutritionists, lactation consultants, and more.

This service is not intended to replace your PCP. It is available 24 hours a day, 365 days a year, and does not require an appointment. For more information, visit **GoAskGia.com** or call **1-877-GoAskGia** (1-877-462-7544).

Dental Care

The MVP Harmonious Health Care Plan believes that providing you with good dental care is important to your overall health care. We offer dental care through a contract with **Healthplex**, an expert in providing high quality dental services.

Covered services include regular and routine dental services such as:

- Preventive dental check-ups
- Cleaning
- X-rays
- Fillings
- Other services to check for any changes or abnormalities that may require treatment and/or follow-up care for you
- You do not need a referral from your PCP to see a dentist

To get started, you need to select a **Primary Care Dentist (PCD)** and obtain a Dental ID card. To select a PCD, call the Healthplex Customer Service Department at **1-800-468-9868**. Representatives are available Monday–Friday, 8 am–6 pm. Once you

have selected a PCD, Healthplex will send you a Dental ID card with your plan effective date, as well as your PCD's name, address, and phone number. You should present this card when you go to your PCD.

If you do not select a PCD, Healthplex will select one for you and forward an ID card to you. To change your PCD, call the Healthplex Customer Service Department at **1-800-468-9868**. You must call Healthplex to make the change before making an appointment with a new dentist.

If you need to see a dental specialist, you will need to get a referral from your PCD or from Healthplex.

If you have a dental emergency, call your PCD. If you are unable to reach your dentist, call Healthplex at **1-800-468-9868** to find an emergency treatment site near you.

If your dentist writes you a prescription, use your MVP Member ID card and have the prescription filled at any pharmacy that takes MVP Medicaid Managed Care.

If you need further assistance finding a dentist, please call Healthplex at **1-800-468-9868**. Healthplex Member Services representatives are there to help you and many speak your language. Healthplex will find a way to speak to you in your own language.

You can also go to a dental clinic that is run by an academic dental center without a referral. Call MVP Member Services at **1-844-946-8002** (TTY 711) if you need help finding an academic dental center.

Vision Care

Your vision care benefits include:

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

If you need help finding a vision care provider, you may call MVP at **1-844-946-8002**. Call this number if you have any questions about covered vision care services or participating vision care providers.

Hospital Care

Your hospital benefits include:

- Inpatient care
- Outpatient care
- Lab, x-ray, other tests

Emergency Care

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

After you have received emergency care, you may need other care to make sure you remain in stable condition. Depending on the need, you may be treated in the emergency room, in an inpatient hospital room, or in another setting. These are called **Post Stabilization Services**.

For more about emergency services, see **Emergencies** on page 15.

Specialty Care

Your specialty care benefits includes the services of other practitioners, including:

- Physical therapist
- Occupational and speech therapists
- Audiologists
- Midwives

- Cardiac rehabilitation

MVP will cover medically necessary PT, OT, and ST visits that are ordered by a doctor or other licensed professional. To learn more about these services, call MVP Member Services at **1-844-946-8002** (TTY 711).

Residential Health Care Facility Care Services (Nursing Home)

Covered nursing home services include short term or rehabilitation stays. Services must be ordered by a provider and authorized by the MVP Harmonious Health Care Plan.

Covered nursing home services include:

- Medical supervision
- 24-hour nursing care
- Assistance with daily living
- Physical therapy
- Occupational therapy
- Speech-language pathology

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

Long term (permanent) nursing home stays are not a covered benefit in the Harmonious Health Care Plan. If you qualify for permanent long term placement, you will need to disenroll from the Harmonious Health Care Plan. This benefit will be covered by Medicaid fee-for-service until you are enrolled in a Medicaid managed care plan. Call New York Medicaid Choice at **1-800-505-5678** for help with questions about nursing home providers and plan networks.

Call MVP Member Services at **1-844-946-8002** for help finding a nursing home in our network.

Infertility Benefits

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

MVP will also cover services related to prescribing and monitoring the use of such drugs, including:

- Office visits
- X-rays of the uterus and fallopian tubes
- Pelvic ultrasound
- Blood testing

MVP will cover these fertility services if you meet one of the following requirements:

- You are 21–34 years old and are unable to get pregnant after 12 months of regular, unprotected sex
- You are 35–44 years old and are unable to get pregnant after six months of regular, unprotected sex
- You are unable to conceive due to your sexual orientation or gender identity

Earlier evaluation and treatment may be warranted based on an individual's medical history or physical findings.

National Diabetes Prevention Program (NDPP) Services

If you are at risk of developing Type 2 diabetes, MVP covers services that may help.

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

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

Eligibility

You may be eligible for diabetes prevention services if you have a recommendation by a physician or other licensed practitioner and meet **all** of the following criteria:

- Are at least 21 years old
- Are not currently pregnant
- Are overweight
- Have not been previously diagnosed with Type 1 or Type 2 diabetes

In addition, you must meet **one** of the following criteria:

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

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

Behavioral Health Care

Behavioral health care includes mental health and substance use (alcohol and drugs) treatment and rehabilitation services. All MVP Harmonious Health Care Plan members have access to services to help with emotional health, or to help with alcohol or other substance use issues. These services include:

Mental Health Care

- Clinic
- Inpatient mental health treatment
- Partial hospital care
- Continuing day treatment
- Personalized Recovery Oriented Services (PROS)
- Assertive Community Treatment Services (ACT)
- Individual and group counseling
- Crisis intervention services, including Mobile Crisis and Telephonic Crisis Services
- Injections for behavioral health related conditions
- Crisis Intervention
- Comprehensive Psychiatric Emergency Program (CPEP) including extended observation
- Rehabilitation services if you are in a community home or in family-based treatment
- Psychiatric services
- Psychological services

Crisis Residence Services for Adults

MVP will pay for Crisis Residence services. These are overnight services that treat adults who are having an emotional crisis. These services include Residential Crisis Support and Intensive Crisis Residence.

Residential Crisis Support is a program for people who are age 18 or older with symptoms of emotional distress. These symptoms cannot be managed at home or in the community without help.

Intensive Crisis Residence is a treatment program for people who are age 18 or older who are having severe emotional distress.

Substance Use Disorder Services

Crisis Services/Detoxification

- Medically Managed Withdrawal and Stabilization Services
- Medically Supervised Inpatient Withdrawal and Stabilization Services
- Medically Supervised Outpatient Withdrawal and Stabilization Services

Inpatient Rehabilitation Services

Residential Addiction Treatment Services

- Stabilization
- Rehabilitation
- Reintegration

Outpatient Addiction Treatment Services in Outpatient Clinic

- Intensive Outpatient Treatment
- Ancillary Withdrawal Services

- Medication Assisted Treatment

Outpatient Rehabilitation Services

Opioid Treatment Programs (OTP)

Behavioral Health Community Oriented Recovery and Empowerment (CORE) Services

MVP covers CORE services. Eligible members can get the following CORE services if it is recommended for you by a qualified provider, like a doctor or social worker. The qualified provider may want to discuss your diagnosis and needs before making a recommendation for a CORE service.

If you need help finding a qualified provider, contact MVP Member Services at **1-844-946-8002** (TTY 711). You can also ask your care manager for help.

Psychosocial Rehabilitation (PSR)

This services helps you with life skills, like making social connections, finding or keeping a job, starting or returning to school, and using community resources.

Community Psychiatric Support and Treatment (CPST)

This service helps you manage symptoms through counseling and clinical treatment.

Empowerment Services—Peer Supports

This service connects you to peer specialists who have gone through recovery. You will get support and assistance with learning how to:

- Live with health challenges and be independent
- Help yourself make decisions about your own recovery
- Find natural supports and resources

Family Support and Training (FST)

This service gives your family and friends the information and skills to help and support you.

Behavioral Health Home and Community Based Services (BH HCBS)

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

Behavioral Health Home and Community Based Services include:

Habilitation Services

These services help you learn new skills in order to live independently in the community.

Education Support Services

These services help you find ways to return to school to get education and training that will help you get a job.

Pre-Vocational Services

These services help you with skills needed to prepare for employment.

Transitional Employment Services

These services give you support for a short time while trying out different jobs. This includes on-the-job training to strengthen work skills to help keep a job at or above minimum wage.

Intensive Supported Employment Services

These services help you find a job at or above minimum wage and keep it.

Ongoing Supported Employment Services

These services help you keep your job and be successful at it.

Non-Medical Transportation

This service provides transportation to non-medical activities related to a goal in your plan of care.

Gambling Disorder Treatment

MVP covers Gambling Disorder Treatment that is provided by the Office of Addiction Services and Supports (OASAS) certified programs.

You can get Gambling Disorder Treatment face-to-face or through telehealth services.

If you need Gambling Disorder Treatment services, you can get them from an OASAS outpatient program, or if necessary, an OASAS inpatient or residential program. You do not need a referral from your PCP to get these services.

To learn more about these services, or if you need help finding a provider, contact MVP Member Services at **1-844-946-8002** (TTY 711).

Harm Reduction Services

If you are in need of help related to substance use disorder, Harm Reduction Services can offer a complete patient-oriented approach to your health and well-being. MVP covers services that may help reduce substance use and other related harms.

These services include:

- A plan of care developed by a person experienced in working with substance users
- Individual supportive counseling that assists in achieving your goals
- Group supportive counseling in a safe space to talk with others about issues that affect your health and well-being
- Counseling to help you with taking your prescribed medication and continuing treatment
- Support groups to help you better understand substance use and identify coping techniques and skills that will work for you

To learn more about these services, call MVP Member Services at **1-844-946-8002** (TTY 711).

Little Footprints℠ Program for Pregnant Members

The Little Footprints program is a special MVP Case Management program for pregnant members. The program's services begin as soon as we receive information that someone is pregnant. We urge our pregnant members to contact us as soon as possible so we can send important health education materials and coordinate care and services with the member's provider to make sure each pregnant member receives the proper prenatal health care. As an added bonus, we have attractive gift items for all pregnant members that are useful to new mothers and their babies.

Mastectomy-Related Services

The Women's Health and Cancer Rights Act of 1998 requires MVP Health Care to provide benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). For more information, call MVP Member Services at **1-844-946-8002** (TTY 711).

Other Covered Services

- Durable medical equipment (DME)/hearing aids/prosthetics/orthotics
- Court ordered services
- Help getting community social support services
- Federally Qualified Health Center (FQHC) services
- Services of a Podiatrist as medically necessary

Benefits You Can Get From MVP or With Your Medicaid Benefit Card

For some services, you can choose where to get the care. You can get these services by using your MVP Harmonious Health Care Plan Member ID card. You

can also go to providers who will take your Medicaid Benefit card. You do not need a referral from your PCP to get these services. Call us at **1-844-946-8002** (TTY 711) if you have questions.

Family Planning

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

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

HIV and Sexually Transmitted Infections Screening

You can get these services from your PCP or MVP Harmonious Health Care Plan doctors. When you get this service as part of a family planning visit, you can go to any doctor or clinic that takes Medicaid and offers family planning services. You do not need a referral when you get this service as part of a family planning visit.

Everyone should talk to their PCP about having an HIV test. To access free HIV testing or testing where your name is not given, call the New York State HIV Counseling Hotline at **1-800-541-AIDS** (1-800-872-2777).

Tuberculosis Diagnosis and Treatment

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

Benefits You Can Get Using Your Medicaid Benefit Card Only

There are some services the MVP Harmonious Health Care Plan does not provide. You can get the following services from a provider who takes Medicaid by using your Medicaid Benefit card.

Pharmacy

You can get prescriptions, over-the-counter medicines, enteral formulas, and some medical supplies from any pharmacy that takes Medicaid. A co-payment may be required for some people, for some medications and pharmacy items.

Certain medications may require that your doctor get prior authorization from Medicaid before the pharmacy can dispense your medication. Getting prior authorization is a simple process for your doctor and does not prevent you from getting medications that you need.

Do you have questions or need help? The Medicaid Helpline can assist you. They can talk to you in your preferred language. They can be reached at **1-800-541-2831** (TTY 711).

They can answer your call:
Monday–Friday, 8 am–8 pm
Saturday, 9 am–1 pm

Transportation

Emergency and/or non-emergency medical transportation will be covered by regular Medicaid.

Emergency Transportation

It is very important to MVP that our members have access to care when they need it. If you need emergency transportation, call **911**.

Non-Emergency Transportation

If you need assistance arranging transportation for non-emergencies, you or your provider must call

Medical Answering Services (MAS) at the phone numbers listed in the **Important Resources** at the front of this Member Guide.

If possible, you or your provider should call at least three days before your medical appointment and provide your Medicaid client identification number (example, AB12345C, found on your MVP Member ID card or your Medicaid Benefit card), appointment date and time, address where you are going, and doctor you are seeing. Non-emergency transportation includes personal vehicle, bus, taxi, ambulette, and public transportation.

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

Developmental Disabilities

Members who need services for developmental disabilities can use their Medicaid Benefit card for:

- Long-term therapies
- Day treatment
- Housing services
- Medicaid Service Coordination (MSC) program
- Services received under the Home and Community Based Services Waiver
- Medical Model (Care-at-Home) Waiver Services

Services Not Covered by MVP or Medicaid

These services are **not available** from the MVP Harmonious Health Care Plan or Medicaid. If you get any of these services, you may have to pay the bill:

- Cosmetic surgery if not medically needed
- Personal and comfort items
- Services from a provider that is not part of the MVP Harmonious Health Care Plan, unless it is a provider you are allowed to see as described elsewhere in this handbook, or the MVP Harmonious Health Care Plan or your PCP sends you to that provider
- Services for which you need a referral (approval) in advance and you did not get it

You may have to pay for any service that your PCP does not approve. Also, if before you get a service, you agree to be a private pay or self-pay patient, you will have to pay for the service. This includes:

- Non-covered services (listed above)
- Unauthorized services
- Services provided by providers not part of the MVP Harmonious Health Care Plan

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 MVP Member Services at **1-844-946-8002** (TTY 711) right away. The MVP Harmonious Health Care Plan can help you understand why you may have gotten a bill. If you are not responsible for payment, the MVP Harmonious Health Care Plan will contact the provider and help fix the problem for you.

You have the right to ask for a fair hearing if you think you are being asked to pay for something Medicaid or the MVP Harmonious Health Care Plan should cover (see **Fair Hearings** on page 36 of this handbook).

If you have any questions, call MVP Member Services at **1-844-946-8002** (TTY 711).

Notification

MVP follows New York State Insurance Laws for inpatient mental health admissions for children ages 0–17, requiring notification within two business days of admission, for in-network, Office of Mental Health (OMH) licensed hospitals, and facilities. Authorization for the full duration of admission may be required if notification is not received timely or if provider is not licensed by OMH. Services must be medically necessary.

MVP follows New York State Insurance Laws for inpatient and residential substance use admissions,

requiring notification within two business days of admission, for in-network, Office of Addiction Services and Supports (OASAS) licensed hospitals and facilities. Authorization for full duration of admission may be required if notification is not received timely or if provider is not licensed by OASAS. Services must be medically necessary.

Service Authorizations

Prior Authorization

There are some treatments and services that you need to get approval for before you receive them or in order to be able to continue receiving them. This is called **prior authorization**. You or someone you trust can ask for this.

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

- Inpatient services, not related to substance use admissions (emergency services don't need MVP's prior approval)
- Home care services, personal care services, and personal emergency response systems (PERS)
- Surgery
- Some specialty services and tests
- Some radiology tests (MRIs, CT Scans, PET scans, some heart scans, and more)
- Durable medical equipment and prosthetics/ orthotics
- Some medications
- Experimental and investigational services
- Services from any doctor that is not an MVP Medicaid Managed Care doctor

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 consult with your PCP or other MVP Medicaid Managed Care doctor. Your PCP or other MVP Medicaid Managed Care doctor will ask for the approval from MVP. If you have a question about this process or if you are having difficulty getting care you think you need, please MVP Member Services at **1-844-946-8002** (TTY 711).

You will also need to get prior authorization if you are getting one of these services now, but need to continue or get more of the care. This includes a request for home health care while you are in the hospital or after you have just left the hospital. This is called **concurrent review**.

What Happens After We Get Your Service Authorization Request

MVP has a review team to be sure you get the services we promise. We check that the service you are asking for is covered under your health plan. Doctors and nurses are on the review team. Their job is to be sure the treatment or service you asked for is medically needed and right for you. They do this by checking your treatment plan against medically acceptable standards.

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

After we get your request we will review it under a **standard** or **fast track review process**. You or your provider can ask for a fast track review if it is believed that a delay will cause serious harm to your health. If your request for a fast track review is denied, we will tell you and your case will be handled under the standard review process.

We will fast track your review if:

- A delay will seriously risk your healthy, life, or ability to function

- Your provider says the review must be faster
- You are asking for more service than you are getting right now

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

We will tell you and your provider both by phone and in writing if your request is approved or denied. We will also tell you the reason for the decision. We will explain what options for appeals or fair hearings you will have if you don't agree with our decision (see Plan Appeals on page 32 and Fair Hearings on page 36).

Time Frames for Prior Authorization Requests

Standard Review

We will make a decision about your request within three workdays of when we have all the information we need, but you will hear from us no later than 14 days after we receive your request. We will tell you by the fourteenth 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.

Time Frames for Concurrent Review Requests

Standard Review

We will make a decision within one workday of when we have all the information we need, but you will hear from us no later than 14 days after we received your request. We will tell you by the fourteenth day if we need more information.

Fast Track Review

We will make a decision within one workday of when we have all the information we need. You will hear from us no later than 72 hours after we have received your request. We will tell you within one workday if we need more information.

Special Time Frames for Other Requests

If you are in the hospital or have just left the hospital, and your are asking for home health care, we will make a decision within 72 hours of your request.

If your are getting inpatient substance use disorder treatment and you ask for more services at least 24 hours before you are to be discharged, we will make a decision within 24 hours of your request.

If you are asking for mental health or substance use disorder services that may be related to a court appearance, we will make a decision within 72 hours of your request.

If you are asking for an outpatient prescription drug, we will make a decision within 24 hours of your request.

If you are asking for approval to override a stop therapy protocol, we will make a decision within 24 hours for outpatient prescription drugs. A step therapy protocol means we require you to try another drug first before we will approve the drug you are requesting. For other drugs, we will make a decision within 14 days of your request.

You or your representative can file a complaint with the plan if you don't agree with our decision to take more time to review your 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**.

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

If you think our decision to deny your service authorization request is wrong, you have the right to file an plan appeal with us. See **Plan Appeals** on page 32 in this Handbook.

Other Decisions About Your Care

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

Time Frames for Other Decisions About Your Care

In most cases, if we make a decision to reduce, suspend, or terminate a service we have already approved and you are now getting, we must tell you at least 10 days before we change the service.

We must tell you at least 10 days before we make any decision about long term services and supports, such as home health care, personal care, Consumer Directed Personal Assistance Service (CDPAS), adult day health care, and permanent nursing home care.

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

You can also call the Independent Consumer Advocacy Network (ICAN) to get free, independent advise about your coverage, complaints, and appeals options. They can help you manage the appeal process. Contact ICAN by one of these ways to learn more about their services:

- Call **1-844-614-8800** (TTY Relay Service: 711)
- Visit **icannys.org**
- Email **ican@cssny.org**

How Our Providers Are Paid

You have the right to ask us whether we have any special financial arrangement with our providers that might affect your use of health care services. You can call MVP Member Services at **1-844-946-8002** (TTY 711) if you have specific concerns.

We want you to know that 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**
- Sometimes providers 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, this fund is used to reward PCPs who have met the standards for extra pay that were set by the Plan
- Providers may also be paid by fee-for-service. This means they get a Plan-agreed-upon fee for each service they provide

You Can Help With Plan Policies

We value your ideas. You can help us develop policies that best serve our members. If you have ideas, tell us about them. Maybe you'd like to work with one of our member advisory boards or committees. Call MVP Member Services at **1-844-946-8002** (TTY 711) to find out how you can help.

Information from MVP Member Services

You can get the following information by calling MVP Member Services at **1-844-946-8002** (TTY 711):

- A list of names, addresses, and titles of the MVP 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 medical records and member information private
- In writing, we will tell you how MVP checks on the quality of care to our members
- We will tell you which hospitals our health providers work with
- If you ask us in writing, we will tell you the guidelines we use to review conditions or diseases that are covered by MVP
- If you ask in writing, we will tell you the qualifications needed and how health care providers can apply to be of the MVP network
- If you ask, we will tell you whether our contracts or subcontracts include physician incentive plans that affect the use of referral services, and, if so, information on the type of incentive arrangements used, and whether stop loss protection is provided for physicians and physicians groups
- Information about how our company is organized and how it works

Keep Us Informed

Call MVP Member Services whenever these changes happen in your life:

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

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

Disenrollment Options

If You Want to Leave MVP

When you enroll in MVP, you have 90 days to decide if you wish to stay in our plan, or leave our plan and enroll in another Medicaid Managed Care Health and Recovery Plan (HARP).

After 90 days, you must stay in our plan for nine more months, unless you have a good reason (**Good Cause**) to disenroll from our plan.

Some examples of good cause include:

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

If You Want to Change to Another Medicaid Managed Care Plan

Call the managed care staff at your local Department of Social Services. Phone numbers for offices in the MVP service area can be found at the front of this Member Guide.

Or call New York Medicaid Choice at **1-800-505-5678**. The New York Medicaid Choice counselors can help you change health plans.

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

It may take between two and six weeks to process your request, depending on when it is received. You will get a notice that the change will take place by a certain date. The MVP Harmonious Health Care Plan will provide the care you need until then.

You can ask for faster action if you believe the timing of the regular process will cause added damage to your health. You can also ask for faster action if you have complained because you did not agree to the enrollment. Call your local Social Services Department (see **Important Resources** at the beginning of this Member Guide) or New York Medicaid Choice at **1-800-505-5678**.

You Could Become Ineligible for Medicaid Managed Care, and Health and Recovery Plans

You may have to leave the MVP Harmonious Health Care Plan if you:

- Move out of the County or service area
- Change to another managed care plan
- Join a Health Maintenance Organization (HMO) or other insurance plan through work
- Go to prison
- Otherwise lose eligibility

If you have to leave the MVP Harmonious Health Care Plan or become ineligible for Medicaid, all of your services may stop unexpectedly, including any care you receive at home. Call New York Medicaid Choice at **1-800-505-5678** right away if this happens.

We Can Ask You to Leave the MVP Harmonious Health Care Plan

You can also lose your MVP Harmonious Health Care Plan membership, if you often:

- Refuse to work with your PCP in regard to your care
- Don't keep appointments
- Go to the emergency room for non-emergency care
- Don't follow the MVP Harmonious Health Care Plan 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 you and other members even after we have tried to fix the problems

Plan Appeals

There are some treatments and services that you need to get approval for before you receive them or in order to be able to continue receiving them. This is called **prior authorization**. Asking for approval of a treatment or service is called a **service authorization request**. This process is described on page 28 in this Handbook. The notice of our decision to deny a service authorization request or to approve it for an amount that is less than requested is called an **initial adverse determination**.

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

Your provider can ask for reconsideration if we made a decision that your service authorization request was not medically necessary, or was experimental

or investigational, and we did not talk to your doctor about it, your doctor may ask to speak with the plan's Medical Director. The Medical Director will talk with your doctor within one workday.

You Can File a Plan Appeal

If you think our decision about your service authorization request is wrong, you can ask us to look at your case again. This is call a **plan appeal**. You have 60 calendar days from the date of the initial adverse determination notice to ask for a plan appeal.

You can call MVP Member Services at **1-844-946-8002** (TTY 711) if you need help asking for a plan appeal or following the steps of the appeal process. We can help if you have any special needs like a hearing or vision impairment, or if you need translation services.

You can ask for a plan appeal or you can have someone else, like a family member, friend, doctor, or lawyer, ask for you. You and that person will need to sign and date a statement saying you want that person to represent you.

We will not treat you any differently or act badly toward you because you file an plan appeal.

Aid to Continue While Appealing a Decision About Your Care

If we decided to reduce, suspend, or stop services you are getting now, you may be able to continue the services while you wait for your plan appeal to be decided. You must ask for your plan appeal within 10 days from being told that your care is changing or by the date the change in services is scheduled to occur, whichever is later.

If your plan appeal results in another denial you may have to pay for the cost of any continued benefits that you received.

Requesting a Plan Appeal

You can call or write us to ask for a plan appeal. When you ask for a plan appeal, or soon after, you will need to give us:

- Your name, address, and MVP Member ID number
- The service you asked for and the reason(s) for appealing
- Any information that you want us to review, such as medical records, letters from your providers, or other information that explains why you need the services
- Any specific information we said we needed in the initial adverse determination notice

To help you prepare for your plan appeal, you can ask to see the guidelines, medical records, and other documents we used to make the initial adverse determination. If your plan appeal is fast tracked, there may be a short time to give us information you want us to review. You can ask to see these documents or ask for a free copy of them by calling MVP Member Services at **1-844-946-8002**.

You can give us your information and materials by phone by calling **1-844-946-8002**, or by mail to:

ATTN: MEMBER APPEALS
MVP HEALTH CARE
625 STATE ST
SCHENECTADY NY 12305-2111

If you ask for a plan appeal by phone, unless it is fast tracked, you must also send your plan appeal to us in writing.

If you are asking for an out-of-network service or out-of-network provider and we said that the service you asked for is not very different from a service available from an MVP-participating provider, you can ask us to check if the service is medically necessary for you. You will need to ask your provider to send this information to be included with your plan appeal:

- A statement in writing from your provider that the out-of-network service is very different from the

service the plan can provide from a participating provider. Your provider must be a board certified or board eligible specialist who treats people who need the service you are asking for.

- Two medical or scientific documents that prove the service you are asking for is more helpful to you and will not cause you more harm than the service MVP can provide from a participating provider

If your provider does not sent this information, we will still review your plan appeal. However, you may not be eligible for an external appeal (see **External Appeals** on page 35 for more information).

What Happens After We Get Your Plan Appeal

Within 15 days, we will send you a letter to let you know we are working on your 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 plan appeal is fast tracked, there may be a short time to review this information.

You can also provide information to be used in making the decision in person or in writing. Call MVP Member Services at **1-844-946-8002** (TTY 711) 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 who work at a higher level than the people who worked on your first decision.

You will be given the reasons for our decision and our clinical rationale, if it applies. The notice of the plan appeal decision to deny your request or to approve it for an amount that is less than requested is called a **final adverse determination**.

If you think our final adverse determination is wrong:

- You can ask for a fair hearing (see page 36)
- For some decisions, you may be able to ask for an external appeal (see **External Appeals** on page 35)

You can file a complaint with the New York State Department of Health by calling **1-800-206-8125**.

Time Frames for Plan Appeals

Standard Plan Appeals

If we have all the information we need we will tell you our decision in 30 calendar days from when you asked for your plan appeal.

Fast Track Plan Appeals

If we have all the information we need, fast track plan appeal decisions will be made in two days from the time we receive your plan appeal, but not more than 72 hours from when you asked for your plan appeal.

We will tell you in within 72 hours after giving us your plan appeal If we need more information to make a decision.

We will make a decision about your appeal within 24 hours if your request was denied when you asked for more inpatient substance use disorder treatment at least 24 hours before you were to leave the hospital.

We will tell you our decision by phone and send a written notice later.

Your plan appeal will be reviewed under the fast track process if:

- You or your doctor asks to have your plan appeal reviewed under the fast track process. Your doctor would have to explain how a delay will cause harm to your health. If your request for fast track is denied, we will tell you and your appeal will be reviewed under the standard process.
- Your request was denied when you asked to continue receiving care that you are now getting or need to extend a service that has been provided
- Your request was denied when you asked for home health care after you were in the hospital

- Your request was denied when you asked for more inpatient substance use disorder treatment at least 24 hours before you were to leave the hospital

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

- Write and tell you what information is needed. If your request is 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 best interest
- Make a decision no later than 14 days from the day we asked for more information

You or your representative may also ask us to take more time to make a decision. This may be because you have more information to give MVP to help decide your case. This can be done by calling **1-844-946-8002** (TTY 711) or writing to:

ATTN: MEMBER APPEALS
MVP HEALTH CARE
625 STATE ST
SCHENECTADY NY 12305-2111

You or your representative can file a complaint with the MVP if you don't agree with our decision to take more time to review your plan appeal. You or someone you trust can also file a complaint about the review time with the New York State Department of Health by calling **1-800-206-8125**.

If you don not receive a response to your plan appeal or we do not decide in time, including extensions, you can ask for a fair hearing (see Fair Hearings on page 36).

If we do not decide your plan appeal on time, and we said the service you are asking for is; 1) not medically necessary; 2) experimental or investigational; 3) not different from care you can get in MVP's network; or 4) available from a participating provider who has correct training and experience to meet your needs, the original denial against you will be reversed. This means your service authorization request will be approved.

External Appeals

You have other appeal rights if we said the service your are asking for was:

- Not medically necessary
- Experimental or investigational
- Not different from care you can get in the MVP network
- Available from a participating provider who has the correct training and experience to meet your needs

For these types of decisions, you can ask New York State for an independent **external appeal**. This is called an external appeal because it is decided by reviewers who do not work for MVP or New York State. These reviewers are qualified people approved by New York State. The service must be in MVP's benefit package or be an experimental treatment, clinical trial, or treatment for a rare disease. You do not have to pay for an external appeal.

Before you ask for an external appeal:

- You must file an plan appeal with MVP and get our final adverse determination
- If you have not gotten the service, and you ask for a fast track plan appeal with MVP, you may ask for an expedited external appeal at the same time. Your doctor will have to say an expedited external appeal is necessary.
- You and MVP may agree to skip our appeals process and go directly to external appeal
- You can prove that MVP did not follow the rules correctly when processing your plan appeal

You have four months after you receive MVP's final adverse determination to ask for an external appeal. If you and MVP agreed to skip MVP's appeals process, then you must ask for the external appeal within four months of when you made that agreement.

To ask for an external appeal, fill out an application and send it to the New York State Department of Financial Services. You can call MVP Member Services at **1-844-946-8002** (TTY 711) if you need

help filing an appeal. You and your doctors will have to give information about your medical problem. The external appeal application states what information will be needed.

You can get an external appeal application by:

- Calling the Department of Financial Services at **1-800-400-8882**
- Visiting the Department of Financial Services website at **dfs.ny.gov**
- Contacting MVP at **1-844-946-8002** (TTY 711)

Your external appeal will be decided in 30 workdays. More time (up to five workdays) may be needed if the external appeal reviewer asks for more information. You and the plan will be told the final decision within two days after the decision is made.

You can get a faster decision if your doctor says that a delay will cause serious harm to your health or if you are in the hospital after an emergency room visit and the hospital care is denied by MVP.

This is called an **expedited external appeal**. The external appeal reviewer will decide an expedited appeal in 72 hours or less.

If you asked for inpatient substance use disorder treatment at least 24 hours before you were to leave the hospital, MVP will continue to pay for your stay if you ask for a fast track plan appeal within 24 hours and you ask for a fast track external appeal at the same time. MVP will continue to pay for your stay until there is a decision made on your appeals. MVP will make a decision about your fast track plan appeal within 24 hours. The fast track external appeal will be decided within 72 hours.

The external appeal reviewer will tell you and the plan the decision right away by phone or fax. Later, a letter will be sent that tells you the decision.

If you ask for a plan appeal and you receive a final adverse determination that denies, reduces, suspends, or stops your service, you can ask for a **fair hearing**. You may ask for a fair hearing, an external appeal, or both. If you ask for both a fair hearing and an external appeal, the decision of the fair hearing officer will be the one that counts.

Fair Hearings

Ask for a Fair Hearing from New York State

You can ask New York State for a fair hearing for any of the following reasons.

You are not happy with a decision your local Department of Social Services or the New York State Department of Health made about your staying or leaving MVP.

You are not happy with a decision we made to restrict your services and you feel the decision limits your Medicaid benefits.

In this case, you have 60 calendar days from the date of the Notice of Intent to Restrict to ask for a fair hearing. If you ask for a fair hearing within 10 days of the Notice of Intent to Restrict, or by the effective date of the restriction, whichever is later, you can continue to get your services until the fair hearing decision. However, if you lose your fair hearing, you may have to pay the cost for the services you received while waiting for the decision.

You are not happy with a decision that your provider would not order services you wanted and you feel the provider's decision stops or limits your Medicaid benefits.

In this case, you must file a complaint with MVP. If MVP agrees with your doctor, you may ask for a Plan Appeal. If you receive a final adverse determination, you will have 120 calendar days from the date of the final adverse determination to ask for a State fair hearing.

You are not happy with a decision that we made about your care and you feel the decision limits your Medicaid benefits.

You are not happy that we decided to reduce, suspend, or stop care you were getting; deny care you wanted; deny payment for care you received; or did not let you dispute a co-pay amount, other amount you owe, or payment you made for your health care.

In this case, you must first ask for a plan appeal and receive a final adverse determination. You will have 120 calendar days from the date of the final adverse determination to ask for a fair hearing. If you asked for a plan appeal and received a final adverse determination that reduces, suspends, or stops care you are getting now, you can continue to get the services your provider ordered while you wait for your fair hearing to be decided. You must ask for a fair hearing within 10 days from the date of the final adverse determination or by the time the action takes effect, whichever is later. However, if you choose to ask for services to be continued and you loose your fair hearing, you may have to pay the cost for the services your received while waiting for a decision.

You asked for a plan appeal and the time for us to decide your plan appeal has expired, including any extensions.

In this case, if you do not receive a response to your plan appeal or we did not decide in time, you can ask for a fair hearing.

The decision you receive from the fair hearing officer will be final.

Requesting a Fair Hearing

You can request a fair hearing by:

- Calling **1-800-342-3334**
- Faxing your request to **518-473-6735**
- Visiting **otda.ny.gov/hearings** and selecting *Request a Fair Hearing*
- Mailing your request to:
  NYS OFFICE OF TEMPORARY & DISABILITY ASSISTANCE
  OFFICE OF ADMINISTRATIVE HEARINGS
  MANAGED CARE HEARING UNIT
  PO BOX 22023
  ALBANY NY 12201-2023

When you ask for a fair hearing about a decision MVP made, we must send you a copy of the evidence packet. This is information we used to make our decision about your care. The plan will give this information to the hearing officer to explain our action. If there is not time enough to mail it to you, we will bring a copy of the evidence packet to the hearing for you. If you do not get your evidence packet by the week before your hearing, you can call **1-844-946-8002** to ask for it.

Remember, you can complain anytime to the New York State Department of Health by calling **1-800-206-8125**.

You can also call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, grievances, and appeals options. They can help you manage the appeals process. Contact ICAN at **1-844-614-8800** (TTY: 711) to learn more about their service.

Complaint Process

Complaints

We hope our health plan serves you well. If you have a problem, talk with your PCP, or call or write MVP Member Services. Most problems can be solved right away. If you have a problem or dispute with your care or services, you can file a complaint with the plan. Problems 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.

You can call MVP Member Services at **1-844-946-8002** if you need help filing a complaint or following the steps of the complaint process.

We will not make things hard for you or take any action against you for filing a complaint.

You also have the right to contact the New York State Department of Health about your complaint by calling **1-800-206-8125** or by writing to:

COMPLAINT UNIT
BUREAU OF CONSUMER SERVICES
OHIP DHPCO 1CP-1609
NYS DEPARTMENT OF HEALTH
ALBANY NY 12237

You may also contact your local Department of Social Services with your complaint at any time. You may call the New York State Department of Financial Services at **1-800-342-3736** if your complaint involves a billing problem.

How to File a Complaint with MVP

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

To file a complaint by phone, call MVP Member Services at **1-844-946-8002** (TTY 711), Monday–Friday, 8 am–6 pm. If you call us after hours, leave a message. We will call you back the next workday. We will tell you if we need more information to make a decision.

You can write us with your complaint or call the MVP Member Services number and request a complaint form. The completed complaint form should be mailed to:

ATTN: MEMBER APPEALS
MVP HARMONIOUS HEALTH CARE PLAN
625 STATE ST
SCHENECTADY NY 12305-2111

What Happens Next With Your Complaint

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 when reviewing your complaint in person or in writing. Call MVP Member Services at **1-844-946-8002** if you are not sure what information to give us.

Your complaint will be reviewed by one or more qualified people. If your complaint involves clinical matters your case will be reviewed by one or more qualified health care professionals.

After We Review Your Complaint

We will let you know our decision in 45 days of when we have all the information we need to answer your complaint, but you will hear from us in no more than 60 days from the day we get your complaint. We will write you and will tell you the reasons for our decision.

When a delay would risk your health, we will let you know our decision in 24 hours of when we have all the information we need to answer your complaint, but you will hear from us in no more than seven days from the day we get your complaint. We will call you with our decision or try to reach you to tell you. You will get a letter to follow up our communication in three workdays.

You will be told how to appeal our decision if you are not satisfied and we will include any forms you may need.

If we are unable to make a decision about your complaint because we don't have enough information, we will send a letter and let you know.

Complaint Appeals

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

You Can Make a Complaint Appeal

If you are not satisfied with what we decide, you have 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. The complaint appeal must be made in writing. If you make an appeal by phone, it must be followed up in writing. After your call, we will send you a form which is a summary of your phone appeal. If you agree with our summary, you must sign and return the form to us. You can make any needed changes before sending the form back to us.

After We Get Your Complaint Appeal

We will send you a letter within 15 work days. 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 case will be reviewed by one or more qualified health professionals, with at least one clinical peer reviewer, that were 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 health you will get our decision in two workdays of 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 by calling **1-800-206-8125**.

You can also call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, grievances, and appeals options. They can help you manage the appeals process. Contact ICAN at **1-844-614-8800** (TTY: 711) to learn more about their service.

Member Rights and Responsibilities

Your Rights

As a member of the MVP Harmonious Health Care Plan, you have a right to:

- Be cared for with respect, without regard for health status, sex, race, color, religion, national origin, age, marital status, or sexual orientation
- Be told where, when, and how to get the services you need from the MVP Harmonious Health Care Plan
- Be told by your PCP what is wrong, what can be done for you, and what will likely be the result in language you understand
- Get a second opinion about your care
- Give your OK to any treatment or plan for your care after that plan has been fully explained to you
- Refuse care and be told what you may risk if you do
- Get a copy of your medical record, and talk about it with your PCP, and to ask, if needed, that your medical record be amended or corrected
- Be sure that your medical record is private and will not be shared with anyone except as required by law, contract, or with your approval
- Use the MVP Harmonious Health Care Plan complaint system to settle any complaints, or you can complain to the New York State Department of Health or the local Department of Social Services any time you feel you were not fairly treated

- Use the State Fair Hearing system
- Appoint someone (relative, friend, lawyer, etc.) to speak for you if you are unable to speak for yourself about your care and treatment
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints

Your Responsibilities

As a member of the MVP Harmonious Health Care Plan, you agree to:

- Work with your PCP to guard and improve your health
- Find out how your health care system works
- Listen to your PCP's advice and ask questions when you are in doubt
- Call or go back to your PCP if you do not 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 MVP Member Services.
- Keep your appointments. If you must cancel, call as soon as you can
- Use the emergency room only for real emergencies
- Call your PCP when you need medical care, even if it is after-hours

Advance Directives

There may come a time when you can't 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 don't want. Second, you can appoint an adult you trust to make decisions for you. Be sure to talk with your PCP, your family, or others close to you so they will know what you want. Third, it is best if you put your thoughts in writing. The following documents can help. You do not have to use a lawyer, but you may wish to speak with one about this. You can change your mind and these documents at any time. We can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you can't speak for yourself.

Health Care Proxy

With this document, you name another adult that you trust (usually a friend or family member) to decide about medical care for you if you are not able to do so. If you do this, you should talk with the person so they know what you want.

Cardiopulmonary Resuscitation and Do Not Resuscitate

You have the right to decide if you want any special or emergency treatment to restart your heart or lungs if your breathing or circulation stops. If you do not want special treatment, including cardiopulmonary resuscitation (CPR), you should make your wishes known in writing. Your PCP will provide a Do Not Resuscitate (DNR) order for your medical records. You can also 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

This wallet-sized card says that you are willing to donate parts of your body to help others when you die. Also, check the back of your driver license to let others know if and how you want to donate your organs.

MVP HEALTH CARE

Appendix

Additional Information and Important Documents

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 date the form and print your name underneath your signature.

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 mail or fax the completed *Authorization to Disclose Information* form to the 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 mail to:
MVP Health Care
PO Box 2207
Schenectady NY 12301-2207
Or by fax to **1-800-765-3808**

If This Form is Needed for An Appeal
Return this completed form to:
Attn: Appeals
MVP Health Care
PO Box 2207
Schenectady NY 12301-2207
Or by fax to **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)*:

(***Section 4*** *continued on page 2)*

Member Name *MVP 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*

Important Information from the
New York State Department of Health

MVP HEALTH CARE

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

MVPCLIN0028 (05/2017)

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 April 21, 2023.

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 Heath 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**. 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.

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.

To download the *Authorization to Disclose Information* form, visit **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 or 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.

1-800-665-7824 (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
PO BOX 2207
SCHENECTADY NY 12301-2207

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).

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 the MVP Member Services/ Customer Care Center at **1-844-946-8002** (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 Harmonious Health Care Plan®.

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.

1. 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? _____

2. Who is your Primary Care Physician? _____

3. Have you had a recent physical? ☐ Yes ☐ No

If ***Yes***, tell us of any health problems identified that we can help you with.

_____

_____

4. 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: _____

5. Are you on any medications at this time? ☐ Yes *(list all below)* ☐ No

Medications Prescribed by Provider	Over-the-Counter Herbal Supplements/Medications

6. 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: _____

7. Do you smoke? ☐ Yes ☐ No If ***Yes***, do you want help to stop smoking? ☐ Yes ☐ No

8. 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 the MVP Member Services/Customer Care Center at **1-844-946-8002** (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.

Addendum to the New York State Health and Recovery Plan (HARP) Care Plan Member Handbook for the Integrated Benefits for MVP DualAccess Complete (HMO D-SNP) Eligible Enrollees

Introduction

This member handbook addendum provides information for members with an MVP Health Care (MVP) DualAccess Complete plan. This plan allows Medicare-eligible members to continue receiving their Health and Recovery Plan benefits. Members will get their Medicare and Medicaid benefits through their MVP DualAccess Complete plan.

How to Use This Handbook Addendum

This addendum will tell you how your new integrated health care program works and how you can get the most from your DualAccess Complete plan. It provides you with information that applies to a member who has both Medicare and Medicaid coverage with the same health plan.

This includes information about enrollment, disenrollment, access to services, and how to file a complaint or appeal that may be different than what is included in the Health and Recovery Plan member handbook or the MVP DualAccess Complete Evidence of Coverage (EOC).

When you have a question, check your handbook or call MVP Member Services/Customer Care Center.

Enrollment

To be a member of the MVP DualAccess Complete plan offered by MVP you must:

- Have both Medicare Part A and Medicare Part B
- Live in the plan's service area including the following New York counties: Albany, Columbia, Dutchess, Greene, Monroe, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, and Westchester
-
- Be a United States citizen or be lawfully present in the United States,
- Be enrolled in MVP Medicaid Managed Care or Health and Recovery Plan (HARP), and
- Not be in receipt of community based long term care services (CBLTSS) for more than 120 days.

Your Health Plan Identification (ID) Card

After you enroll, you will be sent a welcome letter. Your new MVP DualAccess Complete ID card should arrive within 14 days after your enrollment date. Your card has your Primary Care Provider's (PCP's) name and phone number on it. It will also have your Client Identification Number (CIN). If anything is wrong on your MVP DualAccess Complete ID card, call us right away. Your MVP DualAccess Complete ID card does not show that you have Medicaid or that MVP DualAccess Complete is a special type of health plan.

Always carry your MVP DualAccess Complete ID card and show it each time you go for care. If you need care before the card comes, your welcome letter is proof that you are a member. You should keep your Medicaid benefit card. You will need this card to get services that MVP does not cover.

Disenrollment

You may disenroll from the MVP DualAccess Complete plan at any time. If you voluntarily disenroll from either Medicare or Medicaid coverage with us, your MVP DualAccess Complete coverage will end.

You may be involuntarily disenrolled from your MVP DualAccess Complete plan if you:

- permanently move out of our service area for the MVP DualAccess Complete plan,

- lose your Medicaid coverage and don't regain it within 90 days (see below under "Loss of Medicaid Eligibility" for more information),
- are in receipt of long-term care services for more than 120 days (if MVP finds that you require long term care services for more than 120 days, you will be offered the option to enroll in a Managed Long Term Care (MLTC) plan, or
- become eligible for a long term nursing home stay.

Medicare Coverage

f you disenroll from the MVP DualAccess Complete plan, you can enroll in a Medicare Advantage plan. If you do not enroll in a Medicare Advantage plan, the federal government will enroll you in Original Medicare for your medical care and in a Prescription Drug Plan (PDP) for your prescription drug coverage.

Medicaid Coverage

If you disenroll from the MVP DualAccess Complete plan, New York Medicaid Choice will enroll you in regular Medicaid.

Note: If you disenroll from the MVP DualAccess Complete plan in error, please contact MVP as soon as possible.

Loss of Medicaid Eligibility

If you lose Medicaid eligibility, your coverage in the MVP DualAccess Plan will end. However, you will have a 90-day grace period when your Medicare coverage will continue with the MVP DualAccess Complete plan. If you regain Medicaid eligibility during the 90-day grace period, your coverage in the MVP DualAccess Complete plan will be reinstated. If you do not regain Medicaid eligibility during the 90-day grace period, you will be responsible for any co-payments, co-insurance, premiums, and/or deductibles for which Medicaid would otherwise cover had you not lost your Medicaid eligibility.

Coordinating your Benefits

MVP will coordinate both your Medicare and Medicaid benefits through the MVP DualAccess Complete plan. Your cost-sharing for Medicare-covered services will be $0 because Medicaid will cover your Medicare cost-sharing amounts.

Some services not covered by MVP are available through regular Medicaid or Original Medicare (for example, hospice services). Additionally, the Medicaid Pharmacy Program (NYRx) will cover select over-the-counter (OTC) drugs, prescription vitamins, and cough suppressants that are not covered by Medicare Part D. You will continue to have access to regular Medicaid services during your enrollment in the MVP DualAccess Complete plan.

Service Authorization, Appeals, and Complaints

Service Authorization

For services that are covered by Medicare or by both Medicare and Medicaid, MVP will make decisions about your care as described in Chapter 9 of your MVP DualAccess Complete Evidence of Coverage (EOC). These are also known as Coverage Decisions.

For services covered only by Medicaid, MVP will make decisions about your care following our Service Authorization rules described in Part II of the member handbook.

Appeals

If you are unhappy with a decision MVP makes, you can file an appeal. This is called a Level 1 appeal.

Chapter 9 of your MVP DualAccess Complete EOC tells you how to file a Level 1 appeal on any decision MVP makes.

Aid to continue while appealing a decision about your care

If MVP reduces, suspends, or stops a service you are getting now, you may be able to continue the service while you wait for a Level 1 appeal determination.

You must ask for a Level 1 appeal:

- **Within ten (10) days from being told that your care is changing, or**
- **By the date the change in service is scheduled to occur, whichever is later.**

If your Level 1 appeal results in another denial, you will not have to pay for the cost of any continued benefits that you receive.

If you are unhappy with your Level 1 appeal decision, you can appeal again. This is called a Level 2 appeal. Chapter 9 of your MVP DualAccess Complete EOC tells you how to file a Level 2 appeal on any decision MVP makes.

Aid to continue while waiting for a Fair Hearing decision

You may be able to continue your services while you wait for a Fair Hearing determination. Continuation of benefits is only available if MVP reduces, suspends, or stops a service, and the service is covered by Medicaid.

You must ask for a Fair Hearing:

- **Within ten (10) days from the date of the Final Adverse Determination, or**
- **By the date the change in services is scheduled to occur, whichever is later.**

If your Fair Hearing results in another denial, you may have to pay for the cost of any continued benefits that you received.

If you are unhappy with the Level 2 appeal decision for a service covered by Medicare, you may have other appeal rights options. For more information about additional appeals rights options, see Chapter 9 of your MVP DualAccess Complete EOC or call MVP Member Services/Customer Care.

Complaint

If you have a problem with your care or services, you can contact the MVP Member Services/Customer Care Center at **1-866-954-1872** (TTY 711) from October 1-March 31, call seven days a week, 8 am–8 pm. From April 1-September 24 call Monday–Friday, 8 am–8 pm.

If you send a complaint in writing, MVP will respond to you in writing. Your complaint will be answered as quickly as your case requires based on your health status, either in writing, by telephone, or both, within 30 calendar days from the day your complaint is received.

See Chapter 9 of your MVP DualAccess Complete EOC for more information on complaints.

Benefits and Services

As an MVP DualAccess Complete enrollee, you receive both your Medicare benefits and Medicaid benefits from the same health plan. Most of your health benefits and services are covered through your MVP DualAccess Complete plan. The HARP part of your plan provides a number of Medicaid services in addition to those you get with regular Medicaid.

See your MVP DualAccess Complete EOC for details on your Medicare benefits and services. For additional benefits and services covered through Health and Recovery Plan see Part II of the Health and Recovery Plan member handbook.

MVP will arrange for most services that you will need. You can get some services without going through your PCP. Please call MVP Member Services/Customer Care Center at **1-866-954-1872** (TTY 711). if you have any questions or need help with any of these services.


Looking for a Provider?
For the most up-to-date listing of health care providers and health care facilities that are part of the MVP provider network, visit **mvphealthcare.com/findadoctor**.
If you need help finding a specific health care provider or need a printed directory, please call MVP Member Services at **1-844-946-8002** (TTY 711).
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