

# **NEW YORK STATE MEDICAID MANAGED CARE MODEL MEMBER HANDBOOK**

**Revised January 2017**

**“If you do not speak English,** call us at 1-888-FIDELIS (1-888-343-3547). We have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can communicate with you in your language.”

**Spanish:** “**Si usted no habla inglés,** llámenos al 1-888-FIDELIS (1-888-343-3547). Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.”

**French:** “**Si vous ne parlez pas anglais,** appelez-nous au 1-888-FIDELIS (1-888-343-3547). Nous avons accès à des services d'interprétariat pour vous aider à répondre aux questions dans votre langue. Nous pouvons également vous aider à trouver un prestataire de soins de santé qui peut communiquer avec vous dans votre langue.”

**Haitian Creole:** “**Si ou pa pale lang Anglè,** rele nou nan 1-888-FIDELIS (1-888-343-3547). Nou ka jwenn sèvis entèprèt pou ou, epitou nou kapab ede reponn kesyon ou yo nan lang ou pale a. Nou kapab ede ou jwenn yon pwofesyonèl swen sante ki kapab kominike avèk ou nan lang ou pale a.”

**Italian:** “**Se non parli inglese,** chiamaci al 1-888-FIDELIS (1-888-343-3547). Disponiamo di servizi di interpretariato e siamo in grado di rispondere alle tue domande nella tua lingua. Possiamo anche aiutarti a trovare un fornitore di servizi sanitari che parli la tua lingua.”

**Russian:** «**Если вы не разговариваете по-английски,** позвоните нам по номеру 1-888-FIDELIS (1-888-343-3547). У нас есть возможность воспользоваться услугами переводчика, и мы поможем вам получить ответы на вопросы на вашем родном языке. Кроме того, мы можем оказать вам помощь в поиске поставщика медицинских услуг, который может общаться с вами на вашем родном языке.»

**Chinese (PRC):** “**如果您不会讲英语，**请拨打会员服务号码1-888-FIDELIS (1-888-343-3547)。与我们联系。我们提供各种口译服务，可以用您的语言帮助回答您的问题。此外，我们还可以帮您寻找能够用您的语言与您交流的医疗护理提供方。”

**Chinese (Taiwan):** “**如果您無法使用英語交談，**請以下列電話號碼與我們聯繫1-888-FIDELIS (1-888-343-3547)。我們會使用口譯服務以您的語言來協助回答您的問題。我們也可以協助您找到能夠使用您母語溝通的健康照護提供者。”

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## **WELCOME to Fidelis Care's Medicaid Managed Care Program**

We are glad that you enrolled in Fidelis Care. 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 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 on you, however, just call us at 1-888-FIDELIS (1-888-343-3547).

### **HOW MANAGED CARE WORKS**

#### **The Plan, Our Providers, and You**

- You may have heard about the changes in health care. Many consumers 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, now those services may be available through Fidelis Care.
- Fidelis Care has a contract with the State Department of Health to meet the health care needs of people with Medicaid. In turn, we choose a group of health care providers to help us meet your needs. These doctors and specialists, hospitals, labs, 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 1-888-FIDELIS (1-888-343-3547) to get a copy or visit our website at <https://www.fideliscare.org>.
- When you join Fidelis Care, one of our providers will take care of you. Most of the time, that person will be your Primary Care Provider (PCP). If you need to have a test, see a 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 page 8 for details.
- You may be restricted to certain plan providers if you have been identified as a restricted recipient. Below are examples of why you may be restricted:
  - 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. Fidelis Care recognizes the trust needed between you, your

family, your doctors, and other care providers. Fidelis Care 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 Fidelis Care, your Primary Care Provider, 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 Provider or your Health Home Care Manager, if you have one. Fidelis Care staff has been trained in keeping strict member confidentiality.

## HOW TO USE THIS HANDBOOK

This handbook will help you when you join a managed care plan. It will tell you how your new health care system will work and how you can get the most from Fidelis Care. 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 our Member Services Department. You can also call the managed care staff at your local Department of Social Services or the New York State of Health.

If you live in Albany, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Dutchess, Erie, Essex, Fulton, Genesee, Greene, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, New York City, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Rockland, Schenectady, Schoharie, Schuyler, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Ulster, Warren, Washington, Wayne, or Westchester counties, you can also call the New York Medicaid Choice HelpLine at 1-800-505-5678.

## HELP FROM MEMBER SERVICES

There is someone to help you at Member Services:

Monday through Friday

8:30 AM-6:00 PM

Call **1-888-FIDELIS (1-888-343-3547)**

**TTY 1-800-421-1220**

If you need help at other times, also call

**1-888-FIDELIS (1-888-343-3547)**

**Our telephone is answered 24 hours a day, 7 days a week.**

- You can call Member Services to get help **anytime you have a question**. You may call us to choose or change your Primary Care Provider (PCP for short), to ask about benefits

and services, to get help with referrals, to replace a lost ID card, to report the birth of a new baby, or ask about any change that might affect you or your family's benefits.

- If you are or become pregnant, your child will become part of Fidelis Care on the day he or she is born. This will happen unless your newborn child is in a group that cannot join managed care. You should call us and your LDSS or the New York State of Health right away if you become pregnant and let us help you to choose a doctor for your **newborn baby** before he or she is born.
- 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 (Primary Care Provider) 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 1-800-421-1220)
  - 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 HEALTH PLAN ID CARD**

After you enroll, we will send you a Welcome Letter. Your Fidelis Care ID card should arrive within 14 days after your enrollment date. Your card has your PCP's (Primary Care Provider's) name and phone number on it. It will also have your Client Identification Number (CIN). If anything is wrong on your Fidelis Care ID card, call us right away.

Carry your ID card at all times 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 the card to get services that Fidelis Care does not cover.

## PART I FIRST THINGS YOU SHOULD KNOW

### HOW TO CHOOSE YOUR PRIMARY CARE PROVIDER (PCP)

- You may have already picked your Primary Care Provider (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. Family practice doctors treat the whole family. Internal medicine doctors treat adults. Member Services can help you choose a PCP. Member Services (1-888-FIDELIS (1-888-343-3547) can check to see if you already have a PCP or help you choose a PCP.
- With this Handbook, you should have a provider directory. This is a list of all the doctors, clinics, hospitals, labs, and other providers who work with Fidelis Care. It lists the address, phone, and special training of the doctors. The provider directory will show which doctors and providers are taking new patients. You should call their offices to make sure that they are taking new patients at the time you choose a PCP. You can also get a list of providers on our website at <https://www.fideliscare.org>.

You may want to find a doctor that:

- you have seen before,
  - understands your health problems,
  - is taking new patients,
  - can serve you in your language, or
  - is easy to get to.
- Women can also choose one of our OB/GYN doctors to deal with women's health care. 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 needed, and regular care during pregnancy.
  - We also contract with FQHCs (Federally Qualified Health Centers). 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. **A complete list of our contracted FQHCs is included at the end of this Handbook.** Just call Member Services at 1-888-FIDELIS (1-888-343-3547) for help.
  - In almost all cases, your doctors will be Fidelis Care providers. There are four instances when you can still **see another provider that you had before you joined Fidelis Care.** In these cases, your provider must agree to work with Fidelis Care. You can continue to see your doctor if:

- You are more than 3 months pregnant when you join Fidelis Care and you are getting prenatal care. In that case, you can keep your provider until after your delivery through post-partum care.
  - At the time you join Fidelis Care, you have a life threatening disease or condition that gets worse with time. In that case, you can ask to keep your provider for up to 60 days.
  - At the time you join Fidelis Care, you are being treated for a behavioral health condition. In that case, you can ask to keep your provider through treatment for up to 2 years.
  - At the time you join Fidelis Care, 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. **Fidelis Care** must tell you about any changes to your home care before the changes take effect.
- If you have a long-lasting illness, like HIV/AIDS or other long term health problems, you may be able to **choose a specialist to act as your PCP**. Member Services can help you make these arrangements. Call Member Services at 1-888-FIDELIS (1-888-343-3547).
  - 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 your PCP at any time by contacting Member Services at 1-888-FIDELIS (1-888-343-3547). You can change your PCP without cause, or more often if you have a good reason. You can also change your OB/GYN or a specialist to whom your PCP has referred you.
  - If your **provider leaves Fidelis Care**, we will tell you within 15 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 for up to 60 days after delivery. If you are seeing a doctor regularly for an ongoing condition, 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 Member Services at 1-888-FIDELIS (1-888-343-3547).

## HOW TO GET REGULAR HEALTH CARE

- Regular health 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. It means you and your PCP working together to keep you well or to see that you get the care you need.
- Day or night, your PCP is only a phone call away. Be sure to call him or her whenever you have a medical question or concern. If you call after hours or weekends, leave a message with 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.

- Your care must be **medically necessary**. The services you get must be needed:
  1. to prevent, or diagnose and correct what could cause more suffering, **or**
  2. to deal with a danger to your life, or
  3. to deal with a problem that could cause illness, or
  4. to 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 3 months of your joining the plan.
  
- **If you need care before your first appointment**, call your PCP's office to explain your concern. He or she will give you an earlier appointment. 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 12 weeks
  - urgent care: within 24 hours
  - non-urgent sick visits: within 3 days
  - routine, preventive care: within 4 weeks
  - first pre-natal visit: within 3 weeks during 1<sup>st</sup> trimester (within 2 weeks during 2<sup>nd</sup> trimester, within 1 week during 3<sup>rd</sup> trimester)
  - first newborn visit: within 2 weeks of hospital discharge
  - first family planning visit: within 2 weeks
  - follow-up visit after mental health/substance abuse ER or inpatient visit: within 5 days
  - non-urgent mental health or substance abuse visit: within 2 weeks

### **Health Home Care Management**

Fidelis Care wants to meet all of your health needs. If you have multiple health issues, you may benefit from Health Home Care Management to help coordinate all of your health services.

- A Health Home Care Manager can:
  - Work with your PCP and other providers to coordinate all of your health care;
  - Work with the people you trust, like family members or friends, to help you plan and get your care;
  - Help with appointments with your PCP and other providers; and
  - Help manage ongoing medical issues like diabetes, asthma, and high blood pressure.

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To learn more about Health Homes, contact Member Services at 1-888-FIDELIS (1-888-343-3547).

## 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 who can. If your PCP refers you to another doctor, we will pay for your care. Most of these specialists are Fidelis Care 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 Fidelis Care 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 Member Services at 1-888-FIDELIS (1-888-343-3547).
- If we do not have a specialist in our provider network who can give you the care you need, we will get you the care you need from a specialist outside our plan. This is called an **out-of-network referral**. Your PCP or plan provider must ask Fidelis Care for approval *before* you can get an out-of-network referral. You or your PCP can call Member Services at 1-888-FIDELIS (1-888-343-3547).
- Member Services will assist you and your PCP in finding the appropriate specialist to provide the medically necessary care to treat your condition. Asking to see an out-of-network specialist is a service authorization request. For more information on service authorization requests, see the **Service Authorization and Actions** section on page 24. If your PCP or Fidelis Care refers you to a provider who is not in 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 because we have a provider in the Fidelis Care network that can treat you. If you think our plan provider does not have the right training or experience to treat you, you can ask us to check if your out-of-network referral is medically needed. You will need to ask for an **action appeal**. See page 32 to find out how.
- You will need to ask your doctor to send the following information with your action appeal:
  - 1) A statement in writing from your doctor that the out-of-network treatment is very different from the treatment you can get from Fidelis Care's provider. Your doctor must

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- be a board certified or board eligible specialist who treats people who need the treatment you are asking for, and
- 2) Two medical or scientific documents that prove the treatment you are asking for is more helpful to you and will not cause you more harm than the treatment you can get from Fidelis Care's provider.
- If your doctor does not send this information, we will still review your action appeal. However, you may not be eligible for an external appeal. See Page 35 for more information about external appeals. You, your designee, or your provider can submit any information with your appeal if you believe that Fidelis Care's in-network provider does not have the training and experience needed to treat your condition.
  - There are no limitations on accessing the entire approved network.
  - 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 (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 to a specialty care center that deals with the treatment of your illness.
    - You can also call Member Services for help in getting access to a specialty care center.
  - If you need to talk to your physician after normal business hours, call the physician's office and you will be directed to your physician, an answering machine with directions on where to obtain services, or another physician that is providing coverage. If you are experiencing an emergency, immediately call 911.

## **GET THESE SERVICES FROM OUR PLAN *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 mid-wife,
- you need to have a breast or pelvic exam.

### **Family Planning**

Fidelis Care does not cover certain family planning and reproductive health services, such as abortion, sterilization, and prescription birth control. New York State requires us to inform you

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that you can use your Medicaid card to get these services from any doctor, clinic, or drug store that accepts Medicaid. You do not need a referral from your PCP to get these services. If you have any questions or need information about these non-covered services, you can call Fidelis Care's Member Services Department at 1-888-FIDELIS (1-888-343-3547). You can also call the New York State Growing Up Healthy Hotline at 1-800-522-5006 to get assistance to obtain a list of Medicaid Family Planning Providers.

### **HIV Counseling and Testing**

Fidelis Care does not cover certain family planning services. If you want HIV testing and counseling as part of family planning services, you must use your Medicaid card to see a family planning provider that takes Medicaid. For help in finding a Medicaid family planning provider, call the Growing Up Healthy Hotline at 1-800-522-5006.

You can get HIV testing and counseling without family planning. You can visit an anonymous testing and counseling site. To get more information about anonymous sites, call the New York State HIV Counseling Hotline at 1-800-872-2777 or 1-800-541-AIDS. You can also use your Fidelis Care ID card and ask your PCP to arrange it.

If you need HIV treatment after the testing and counseling service, your PCP will provide or arrange it.

### **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. Enrollees 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 2 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 abuse 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.

An emergency 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 include:

- 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: colds, sore throat, upset stomach, minor cuts and bruises, and 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 have an emergency, here's what to do:**

If you believe you have an **emergency**, call 911 or go to the emergency room. You do not need your plan or your PCP's approval before getting emergency care, and you are not required to use our hospitals or doctors.

### **If you're not sure, call your PCP or Fidelis Care.**

Tell the person you speak with what is happening. Your PCP or Member Services representative will:

- tell you what to do at home,
  - tell you to come to the PCP's office, or
  - tell you to go to the nearest emergency room.
- If you are **out of the area** when you have an emergency:
    - Go to the nearest emergency room.

**Remember**

**You do not need prior approval for emergency services. 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 Fidelis Care at 1-888-FIDELIS (1-888-343-3547).

**URGENT CARE**

You may have an injury or an illness that is not an emergency but still needs prompt care.

- This could be a child with an earache who wakes up in the middle of the night and won't stop crying.
- This could be the flu or if you need stitches.
- It could be 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 us at 1-888-FIDELIS (1-888-343-3547). 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 check-ups and the shots you and your family need, here are some other ways to keep you in good health:

- Classes for you and your family

- Stop-smoking classes
- Pre-natal care and nutrition
- Grief / Loss support
- Breast feeding 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 & Protecting Yourself from STIs
- Domestic Violence Services

Call Member Services at 1-888-FIDELIS (1-888-343-3547) or visit our website at <https://www.fideliscare.org> to find out more and get a list of upcoming classes.

## **PART II YOUR BENEFITS AND 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.

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### **BENEFITS**

Medicaid Managed Care provides a number of services you get in addition to those you get with regular Medicaid. Fidelis Care will provide or arrange for most services that you will need. You can get a few services, however, without going through your PCP. These include emergency care, family planning/HIV testing and counseling, and specific self-referral services, including those you can get from within Fidelis Care and some that you can choose to go to any Medicaid provider of the service. Please call our Member Services Department at 1-888-FIDELIS (1-888-343-3547) if you have any questions or need help with any of the services below.

### **SERVICES COVERED BY FIDELIS CARE**

**You must get these services from the providers who are in Fidelis Care.** All services must be medically or clinically necessary and provided or referred by your PCP (Primary Care Provider). Please call our Member Services Department at 1-888-FIDELIS (1-888-343-3547) if you have any questions or need help with any of the services below.

#### **Regular Medical Care**

- office visits with your PCP
- referrals to specialists
- eye / hearing exams

#### **Preventive Care**

- well-baby care
- well-child care
- regular check-ups
- shots for children from birth through childhood
- access to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for enrollees from birth until age 21 years
- access to free needles and syringes
- smoking cessation counseling
- HIV education and risk reduction

## **Maternity Care**

- pregnancy care
- doctors/mid-wife and hospital services
- newborn nursery care
- screening for depression during pregnancy and up to a year after delivery

## **Home Health Care**

- Must be medically needed and arranged by Fidelis Care
- 1 medically necessary post-partum home health visit, additional visits as medically necessary for high-risk women
- at least 2 visits for high-risk infants (newborns)
- other home health care visits as needed and ordered by your PCP/specialist

## **Personal Care/Home Attendant/Consumer Directed Personal Assistance Services (CDPAS)**

- Must be medically needed and arranged by Fidelis Care
- Personal Care/Home Attendant - Provides some or total assistance with personal hygiene, dressing, feeding, meal preparation, and housekeeping.
- CDPAS – Provides some or total assistance with personal hygiene, dressing, feeding, meal preparation, 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, contact Member Services at 1-888-FIDELIS (1-888-343-3547).

## **Personal Emergency Response System (PERS)**

- This is an item you wear in case you have an emergency.
- To qualify and get this service you must be receiving personal care/home attendant or CDPAS services.

## **Adult Day Health Care Services**

- Must be recommended by your Primary Care Provider (PCP). Provides some or all of the following: health education, nutrition, interdisciplinary care planning, nursing and social services, assistance and supervision with the activities of daily living, restorative rehabilitative and maintenance therapy, planned therapeutic or recreational activities, pharmaceutical services as well as, referrals for necessary dental services and sub-specialty care.

## **AIDS Adult Day Health Care Services**

- Must be recommended by your Primary Care Provider (PCP). Provides general medical and nursing care, substance abuse supportive services, mental health supportive services, individual and group nutritional services, as well as structured socialization, recreational and wellness/health promotion activities.

## **Directly Observed Therapy for Tuberculosis Disease**

- Provides observation and dispensing of medication, assessment of any adverse reactions to medications and case follow-up.

## **Hospice Care**

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

- Must be medically needed and arranged by Fidelis Care.
- Provides support services and some medical services to patients who are ill and expect to live for 1 year or less.
- You can get these services in your home or in a hospital or nursing home.
- Children under age twenty-one (21) who are getting hospice services can also get medically needed curative services and palliative care.

If you have any questions about this benefit, you can call Member Services Department at 1-888-FIDELIS (1-888-343-3547.)

## **Dental Care**

Fidelis Care believes that providing you with good dental care is important to your overall health care. We offer dental care through a contract with DentaQuest, an expert in providing high quality dental services. Covered services include regular and routine dental services such as, preventive dental check-ups, cleaning, x-rays, fillings, and 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.*

### **How to Get Dental Services:**

If you need to find a dentist or change your dentist, please call DentaQuest at 1-800-516-9615 or please call 1-888-FIDELIS (1-888-343-3547). Customer Services Representatives are there to help you. Many speak your language or have a contract with Language Line Services.

**When you go to the dentist**, show your Fidelis Care Member ID card to access dental benefits. You will not receive a separate dental ID card. You may self-refer to see any dental provider in Fidelis Care's dental network or you may self-refer to a dental clinic that is operated by an academic dental center. You can call Member Services at 1-888 FIDELIS (1-888-343-3547) if you need help getting dental services through Fidelis Care's network or through an academic dental center. Member Services Associates are there to help you. Many speak your languages, or a language line service is also available.

## **Orthodontic Care**

Fidelis Care will cover braces for children up to age 21 who have a severe problem with their teeth, such as, can't chew food due to severely crooked teeth, cleft palette, or cleft lip.

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## Vision Care

- services of an ophthalmologist, ophthalmic dispenser, and optometrist, and 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 (new pair of Medicaid approved frames every 2 years, or more often if medically needed)
- low vision exam and vision aids ordered by your doctor
- specialist referrals for eye diseases or defects

## Pharmacy

- Prescription drugs
- Over-the-counter medicines
- Insulin and diabetic supplies
- Smoking cessation agents, including OTC products
- Hearing aid batteries
- Enteral formula
- Medical and surgical supplies

A pharmacy co-payment may be required for some people, for some medications and pharmacy items. There are no co-pays for the following members or services:

- Consumers younger than 21 years old.
- Consumers who are pregnant. Pregnant women are exempt during pregnancy and for the 2 months after the month in which the pregnancy ends.
- Consumers in an OMH or OPWDD Home and Community Based Services (HCBS) Waiver Program.
- Consumers in a DOH HCBS Waiver Program for Persons with Traumatic Brain Injury (TBI).
- Family Planning drugs and supplies like birth control pills and male or female condoms.
- Drugs to treat mental illness (psychotropic) and tuberculosis.

<b>Prescription Item</b>	<b>Co-payment Amount</b>	<b>Co-payment Details</b>
Brand name prescription drugs	\$3.00/\$1.00	1 co-pay charge for each new prescription and each refill.
Generic prescription drugs	\$1.00	
Over the counter drugs, such as for smoking cessation and diabetes	\$0.50	

- There is a co-payment for each new prescription *and* each refill.
- If you have a co-payment, you are responsible for a maximum of \$200 per calendar year.
- If you transferred plans during the calendar year, keep your receipts as proof of your co-payments or you may request proof of paid co-payments from your pharmacy. You will need to give a copy to your new plan.
- Certain medications may require that your doctor get prior authorization from us before writing your prescription. Your doctor can work with Fidelis Care to make sure you get the medications that you need. Learn more about prior authorization later in this handbook.
- You have a choice in where you fill your prescriptions. You can go to any Pharmacy that participates with our plan. For more information on your options, please contact Member Services at 1-888-FIDELIS (1-888-343-3547).

### **Hospital Care**

- 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. This is called **Post-Stabilization Services**.
- For more about emergency services, see page 10.

### **Specialty Care**

Includes the services of other practitioners, including:

- occupational, physical, and speech therapists– Limited to twenty (20) visits per therapy per calendar year, except for children under age 21, or if you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities or if you have a traumatic brain injury.
- audiologists
- midwives
- cardiac rehabilitation
- Podiatrists if you are diabetic

### **Residential Health Care Facility Services (Nursing Home)**

Covered nursing home services include:

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- medical supervision;
- 24-hour nursing care;
- assistance with daily living;
- physical therapy;
- occupational therapy;
- speech-language pathology and other services.

To get these nursing home services:

- the services must be ordered by your physician, and
- the services must be authorized by Fidelis Care.

## **Rehabilitation**

Fidelis Care covers short term or rehabilitation (also known as “rehab”) stays in a skilled nursing home facility.

## **Long Term Placement**

Fidelis Care covers long term placement in a nursing home facility for members 21 years of age and older.

### **Long term placement means you will live in a nursing home**

When you are eligible for long term placement, you may select one of the nursing homes that are in Fidelis Care’s network that meets your needs.

If you want to live in a nursing home that is not part of Fidelis Care’s network, you must first transfer to another plan that has your chosen nursing home in its network.

**Eligible Veterans, Spouses of Eligible Veterans, and Gold Star Parents of Eligible Veterans** may choose to stay in a Veterans’ nursing home.

## **Determining Your Medicaid Eligibility for Long Term Nursing Home Services**

You must apply to your Local Department of Social Services (LDSS) to have Medicaid and/or Fidelis Care pay for long term nursing home services. The LDSS will review your income and assets to determine your eligibility for long term nursing home services. The LDSS will let you know about any costs you may have to contribute toward your long term nursing home care.

## **Questions**

If you have any questions about these benefits, call our Member Services Department at 1-888-FIDELIS (1-888-343-3547; TTY/TDD 1-800-421-1220).

## **Additional Resources**

If you have concerns about long term nursing home care, choosing a nursing home, or the effect on your finances, there are additional resources to help.

- Independent Consumer Advocacy Network (ICAN) provides free and confidential assistance. Call 1-844-614-8800 or visit [www.icannys.org](http://www.icannys.org).
- New York State Office for the Aging
  - Health Insurance Information, Counseling and Assistance (HIICAP) provides free counseling and advocacy on health insurance questions. Call 1-800-701-0501.
  - NY CONNECTS is a link to long term service and supports. Call 1-800-342-9871 or visit [www.nyconnects.ny.gov](http://www.nyconnects.ny.gov).
- Nursing Home Bill of Rights (NHBOR) describes your rights and responsibilities as a nursing home resident. To learn more about NHBOR, visit [www.health.ny.gov/facilities/nursing/rights/](http://www.health.ny.gov/facilities/nursing/rights/).

## **Behavioral Health Care**

Behavioral health care includes mental health and substance use (alcohol and drugs) treatment and rehabilitation services. All of our 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**

- Intensive psychiatric rehab treatment
- Day treatment
- Clinic continuing day treatment
- Inpatient and outpatient mental health treatment
- Partial hospital care
- Rehab services if you are in a community home or in family-based treatment
- Continuing day treatment
- Personalized Recovery Oriented Services
- Assertive Community Treatment Services
- Individual and group counseling
- Crisis intervention services

### ▪ **Substance Use Disorder Services**

- Inpatient and outpatient substance use disorder (alcohol and drug) treatment
- Inpatient detoxification services
- Opioid, including Methadone Maintenance treatment
- Residential Substance Use Disorder Treatment
- Outpatient alcohol and drug treatment and detox services

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## **Transportation**

**Emergency:** If you need emergency transportation, call 911.

Fidelis Care covers emergency transportation in Rockland County. **If you need emergency transportation, call 911.**

### **Non-Emergency**

Non-emergency medical transportation includes: bus, taxi, ambulette, and public transportation.

Fidelis Care covers non-emergent transportation in **Rockland County**. Call our Member Services Department at 1-888-FIDELIS (1-888-343-3547) for more information. Transportation must be scheduled in advance by 3:00 pm the business day before your appointment. If you require an attendant to go with you to your doctor's appointment or if your child is the member of the plan, transportation is also covered for the attendant or parent or guardian. **If you have an emergency and need an ambulance, you must call 911.**

If you have questions about transportation, please call Member Services at 1-888-FIDELIS (1-888-343-3547).

## **Other Covered Services**

- Durable Medical Equipment (DME) / Hearing Aids / Prosthetics / Orthotics
- Court Ordered Services
- Case Management
- Help getting social support services
- FQHC
- Services of a Podiatrist for children under 21 years old

## **BENEFITS YOU CAN GET FROM FIDELIS CARE *OR* WITH YOUR MEDICAID CARD**

For some services, you can choose where to get the care. You can get these services by using your Fidelis Care membership 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 1-888-FIDELIS (1-888-343-3547).

## **TB 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 USING YOUR MEDICAID CARD ONLY

There are some services Fidelis Care does not provide. You can get these services from a provider who takes Medicaid by using your Medicaid Benefit card.

### Family Planning

You can go to any Medicaid doctor or clinic that provides family planning.

### Transportation

- Non-Emergency Transportation

**If you live in New York City**, non-emergency transportation will be covered by regular Medicaid. To get non-emergency transportation you or your provider must call LogistiCare at 1-877-564-5922. If possible, you or your provider should call LogistiCare at least 3 days before your medical appointment and provide your Medicaid identification number (ex. AB12345C), appointment date and time, address where you are going, and doctor you are seeing. **How you get emergency transportation will not change. If you have an emergency and need an ambulance, you must call 911.**

**If you live in Nassau or Suffolk Counties**, emergency and non-emergency medical transportation is covered by regular Medicaid starting December 1, 2015. To get non-emergency transportation, you or your provider must call LogistiCare at 1-844-678-1103. If possible, you or your provider should call LogistiCare at least 3 days before your medical appointment and provide your Medicaid identification number (ex. AB12345C). Non-emergency transportation includes: bus, taxi, ambulette, and public transportation. **How you get emergency transportation will not change. If you have an emergency and need an ambulance, you must call 911.**

If you live in **Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, or Yates Counties** you or your provider must call Medical Answering Services at the number listed below for the County you live in. If possible, you or your provider should call Medical Answering Services at least 3 days prior to you medical appointment. Non-emergency medical transportation includes: personal vehicle, bus, taxi, ambulette, and public transportation. **How you get emergency transportation will not change. If you have an emergency and need an ambulance, you must call 911.**

## Medical Answering Services - Non-Emergency Transportation Services

[www.medanswering.com](http://www.medanswering.com)

Albany County	855-360-3549	Niagara County	866-753-4430
Allegany	866-271-0564	Oneida County	855-852-3288
Broome County	855-852-3294	Onondaga County	855-852-3287
Cattaraugus County	866-371-4751	Ontario County	855-733-9402
Cayuga County	866-932-7743	Orange County	855-360-3543
Chautauqua County	855-733-9405	Orleans County	866-260-2305
Chemung County	855-733-9399	Oswego County	855-733-9395
Chenango County	855-733-9396	Otsego County	866-333-1030
Clinton County	866-753-4435	Putnam County	855-360-3547
Columbia County	855-360-3546	Rensselaer County	855-852-3293
Cortland County	855-733-9397	Saratoga County	865-852-3292
Delaware County	866-753-4434	Schenectady County	855-852-3291
Dutchess County	866-244-8995	Schoharie County	855-852-3290
Erie County	800-651-7040	Schuyler County	866-753-4480
Essex County	866-753-4442	Seneca County	866-753-4437
Franklin County	888-262-3975	St. Lawrence County	866-722-4135
Fulton County	855-360-3550	Steuben County	855-733-9401
Genesee County	855-733-9404	Sullivan County	866-573-2148
Greene County	855-360-3545	Tioga County	855-733-9398
Hamilton County	866-753-4618	Tompkins County	866-753-4543
Herkimer County	866-753-4524	Ulster County	866-287-0983
Jefferson County	866-558-0757	Warren County	855-360-3541
Lewis County	800-430-6681	Washington County	855-360-3544
Livingston County	888-226-2219	Wayne County	855-852-3295
Madison County	855-852-3286	Westchester County	866-883-7865
Monroe County	866-932-7740	Wyoming County	855-733-9403
Montgomery County	855-360-3548	Yates County	866-753-4467

### Developmental Disabilities

- 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

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## SERVICES NOT COVERED

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

- Cosmetic surgery if not medically needed
- Services of a Podiatrist (for those 21 years and older unless you are a diabetic)
- Personal and comfort items
- Infertility treatments
- Services from a provider that is not part of Fidelis Care, unless it is a provider you are allowed to see as described elsewhere in this handbook or Fidelis Care or your PCP send 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 Fidelis Care

If you have any questions, call Member Services at 1-888-FIDELIS (1-888-343-3547).

### **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 Fidelis Care at 1-888-FIDELIS (1-888-343-3547) right away. Fidelis Care can help you understand why you may have gotten a bill. If you are not responsible for payment, Fidelis Care 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 Fidelis Care should cover. See the Fair Hearing section later in this handbook.

**If you have any questions, call Member Services at 1-888-FIDELIS (1-888-343-3547).**

## SERVICE AUTHORIZATION AND ACTIONS

### 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:

1. Select ambulatory surgery procedures
2. Medically necessary cosmetic surgery
3. Ancillary Services: DME, Orthotics, Prosthetics, and Artificial eyes
4. Home Health Care: Physical, Occupational, and Speech Therapy
5. Inpatient admissions, elective
6. Morbid obesity treatments
7. Out-of-network specialty referrals
8. Physical, Occupational, and Speech Therapy (no authorization for the initial visit, subsequent visits require prior authorization)
9. Select surgical procedures
10. Outpatient diagnostic and therapeutic procedures
  - a. Cochlear implants
  - b. Contact lenses (special)
  - c. Inpatient rehabilitation, short term
  - d. Pain management
  - e. PET scans
  - f. Sleep Apnea/Apnea monitoring
11. New technology and treatments

Services Requiring PCP referral only:

- a. Diagnostic Services, Ambulatory
- b. Angiograms
- c. Bronchoscopy
- d. Cardiac Rehabilitation
- e. Cardiolite/Thallium Stress Tests
- f. Colonoscopy
- g. CT scans
- h. Echocardiograms
- i. EKG (Specialist reading)
- j. EMG and Nerve Conduction Studies
- k. Flexible sigmoidoscopy
- l. Endoscopy, upper GI
- m. ERCPs
- n. Lithotripsy
- o. MRIs
- p. Myelograms
- q. Vascular Studies, Doppler

New technologies include procedures (both medical and behavioral health), drugs, devices, or new applications of established procedures, drugs and devices. Fidelis Care evaluates new technologies when a new technology is identified as having a potential value to members. When evaluating new technology, Fidelis Care conducts a comprehensive search of clinical literature, reviews information from applicable government and regulatory bodies and develops a recommendation for coverage. The recommendation is provided to Fidelis Care's Clinical Advisory Committee (CAC) on an as needed basis for determination of coverage. The CAC is comprised of specialists and professionals with expertise in the new technology. Recommendations pertaining to drug coverage are also reviewed by Fidelis Care's Pharmacy and Therapeutics Committee. New technology evaluation and coverage decisions are updated throughout the plan year as appropriate to ensure that members have access to safe and effective care.

Asking for approval of a treatment or service is called a **service authorization request**. To get approval for these treatments or services you or your doctor may call our toll-free Member Services number at 1-888-FIDELIS (1-888-343-3547) or send your request in writing to:

Fidelis Care  
Attention: Quality Health Care Management  
95-25 Queens Blvd.  
Rego Park, New York 11374

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**

The health plan has a review team to be sure you get the services we promise. 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.

Any decision to deny a service authorization request or to approve it for an amount that is less than requested is called an **action**. 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**, used to make the decision for actions related to medical necessity.

After we get your request we will review it under a **standard** or **fast track** process. You or your doctor 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. If you are in the hospital or have just left the hospital and we receive a request for home health care, we will handle the request as a fast track review.

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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.

### **Timeframes for prior authorization requests**

- **Standard review:** We will make a decision about your request within 3 work days 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 14<sup>th</sup> day if we need more information.
- **Fast track review:** We will make a decision and you will hear from us within 3 work days. We will tell you by the 3<sup>rd</sup> work day if we need more information.

### **Timeframes for concurrent review requests**

- **Standard review:** We will make a decision within 1 work day 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 14<sup>th</sup> day if we need more information.
- **Fast track review:** We will make a decision within 1 work day of when we have all the information we need.
  - If you are in the hospital or have just left the hospital, and you ask for home health care on a Friday or day before a holiday, we will make a decision no later than 72 hours of when we have all the information we need.
  - If you 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 no later than 24 hours.

In all cases, you will hear from us no later than 3 work days after we received your request. We will tell you by the 3<sup>rd</sup> work day if we need more information.

### **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, your provider, or someone you trust may also ask us to take more time to make a decision. This may be because you have more information to give the plan to help decide your case. This can be done by calling 1-888-FIDELIS (1-888-343-3547) or writing to:

Fidelis Care  
Attention: Quality Health Care Management  
95-25 Queens Blvd.  
Rego Park, New York 11374

You or someone you trust 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. 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 you are not satisfied with this answer, you have the right to file an action appeal with us. See the Action Appeal section later 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 take these other actions.

### **Timeframes for notice of other actions**

- 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, 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 necessary information 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.**

## HOW OUR PROVIDERS ARE PAID

You have the right to ask us whether we have any special financial arrangement with our physicians that might affect your use of health care services. You can call Member Services at 1-888-FIDELIS (1-888-343-3547) if you have specific concerns. We also want you to know that most of our providers are paid in one or more of the following ways:

- If our PCPs work in a clinic or health center, they probably get a **salary**. The number of patients they see does not affect this.
- Our PCPs 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.

Fidelis Care is committed to providing members with the best and most appropriate care possible. Utilization management decisions are based only on the appropriateness of care and existence of coverage. At no time does Fidelis Care directly or indirectly reward practitioners or other individuals for issuing denials of coverage, service, or care. There are no financial incentives offered or compensation rewarded to individuals, as UM decision makers, to encourage underutilization or inappropriate use of services.

## 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 Member Services at 1-888-FIDELIS (1-888-343-3547) to find out how you can help.

## INFORMATION FROM MEMBER SERVICES

Here is information you can get by calling Member Services at 1-888-FIDELIS (1-888-343-3547)

- A list of names, addresses, and titles of Fidelis Care's Board of Directors, Officers, Controlling Parties, Owners, and Partners.
- A copy of the most recent financial statements/balance sheets and 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 Fidelis Care.
- How we keep your medical records and member information private.
- In writing, we will tell you how Fidelis Care 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 Fidelis Care.
- If you ask in writing, we will tell you the qualifications needed and how health care providers can apply to be part of Fidelis Care.
- If you ask, we will tell you: 1) whether our contracts or subcontracts include physician incentive plans that affect the use of referral services, and, if so, 2) information on the type of incentive arrangements used, and 3) 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 Member Services at 1-888-FIDELIS (1-888-343-3547) whenever these changes happen in your life:

- You change your name, address, or telephone number
- You have a change in Medicaid eligibility
- You are pregnant
- You give birth
- There is a change in insurance for you or your children

**If you no longer get Medicaid**, check with your local Department of Social Services or the New York State of Health. You *may* be able to enroll in another program.

## **DISENROLLMENT AND TRANSFER OPTIONS**

### **1. If You Want to Leave The Plan**

You can try us out for 90 days. You may leave Fidelis Care and join another health plan at any time during that time. If you do not leave in the first 90 days, however, you must stay in Fidelis Care for 9 more months, *unless* you have a good reason (Good Cause).

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 LDSS or the New York State of health 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.

### **To disenroll or change plans:**

If you live in Albany, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Dutchess, Erie, Essex, Fulton, Genesee, Greene, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, New York City, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Rockland, Schenectady, Schoharie, Schuyler, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Ulster, Washington, Warren, Wayne, or Westchester counties, you can call New York Medicaid Choice at 1-800-505-5678 to change health plans. The New York Medicaid Choice counselors can help you change health plans or disenroll.

For all other counties, you can call your local Department of Social Services or the New York State of Health. The phone numbers for the Departments of Social Services and the New York State of Health are listed starting on Page 62.

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 2 and 6 weeks to process, depending on when your request is received. You will get a notice that the change will take place by a certain date. Fidelis Care 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. Just call your local Department of Social Services, New York Medicaid Choice or the New York State of Health.

## **2. You Could Become Ineligible for Medicaid Managed Care**

- You or your child may have to leave Fidelis Care if you or the child:
  - move out of the county or service area
  - change to another managed care plan
  - join an HMO or other insurance plan through work
  - go to prison
  - otherwise lose eligibility
  
- Your child may have to leave Fidelis Care or change plans if he or she:
  - joins a Physically Handicapped Children's Program, or
  - is placed in foster care by an agency that has a contract to provide that service for the local Department of Social Services

**If you have to leave Fidelis Care 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 1-855-222-8350 right away if this happens.

## **3. We Can Ask You to Leave Fidelis Care**

You can also lose your Fidelis Care 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 Fidelis Care's 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, or
- 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.

## **ACTION 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 earlier in this handbook. Any decision to deny a service authorization request or to approve it for an amount that is less than requested is called an **action**.

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 to your doctor within one work day.

### **You can file an action appeal**

- If you are not satisfied with an action we took or what we decide about your service authorization request, you have 60 business days after hearing from us to file an action appeal.
- You can do this yourself or ask someone you trust to file the action appeal for you. You can call Member Services 1-888-FIDELIS (1-888-343-3547) if you need help filing an action appeal.
- We will not treat you any differently or act badly toward you because you filed an action appeal.
- The action appeal can be made by phone or in writing. If you make an action appeal by phone, it must be followed-up in writing to the following address: Fidelis Care, Attention: Quality Health Care Management, 95-25 Queens Blvd., Rego Park, NY 11374.
- After your call, we will send you a form which is a summary of your phone action appeal. If you agree with our summary, you should sign and return the form to us. You can make any needed changes before sending the form back to us.

To file an action appeal, write to:

Fidelis Care  
Attention: Quality Health Care Management  
95-25 Queens Blvd.  
Rego Park, NY 11374

To file an action appeal by phone, call:

1-888-FIDELIS (1-888-343-3547)

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1-888-FIDELIS (1-888-343-3547; TTY 1-800-421-1220)

### **Your action appeal will be reviewed under the fast track process if:**

- If you or your doctor asks to have your action 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 action appeal will be reviewed under the standard process; **or**
- If 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; **or**
- If your request was denied when you asked for home health care after you were in the hospital; **or**
- 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.

Fast track action appeals can be made by phone and do not have to be followed up in writing.

### **What happens after we get your action appeal**

- Within 15 days, we will send you a letter to let you know we are working on your action appeal.
- Action 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.
- Before and during the action appeal, you or your designee can see your case file, including medical records and any other documents and records being used to make a decision on your case.
- You can also provide information to be used in making the decision in person or in writing. You can call Member Services at 1-888-FIDELIS (1-888-343-3547) if you are not sure what information to give us.
- If you are appealing our decision that the out-of-network service you asked for was not different from a service that is available in our network, ask your doctor to send us:
  1. a written statement that the service you asked for is different from the service we have in our network; and
  2. two (2) pieces of medical evidence (published articles or scientific studies) that show the service you asked for is better for you and will not cause you more harm than the service we have in our network.
- You will be given the reasons for our decision and our clinical rationale, if it applies. If you are still not satisfied, any further appeal rights you have will be explained, or you or someone you trust can file a complaint with the New York State Department of Health at 1-800-206-8125.

## Timeframes for Action Appeals

- **Standard action appeals:** If we have all the information we need, we will tell you our decision in 30 days from your action appeal. A written notice of our decision will be sent within 2 working days from when we make the decision.
- **Fast track action appeals:** If we have all the information we need, fast track action appeal decisions will be made in 2 working days from your action appeal.
  - We will tell you in 3 working days after giving us your action appeal, if we need more information.
  - If your request was denied when you asked for more inpatient substance use disorder treatment at least 24 hours before you were to leave the hospital, we will make a decision about your appeal within 24 hours.
  - We will tell you our decision by phone and send a written notice later.

If we need more information to make either a standard or fast track decision about your action appeal, we will:

- Write you 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, your provider, or someone you trust may also ask us to take more time to make a decision. This may be because you have more information to give the plan to help decide your case. This can be done by calling 1-888-FIDELIS (1-888-343-3547) or writing to:

Fidelis Care  
Attention: Quality Health Care Management  
95-25 Queens Blvd.  
Rego Park, NY 11374

You or someone your trust can file a complaint with the plan if you do not agree with our decision to take more time to review your action 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 your original denial was because we said:

- the service was not medically necessary; **or**
- the service was experimental or investigational; **or**
- the out-of-network service was not different from a service that is available in our network; **or**

the out-of- network service was available from a plan provider who have the training and experience to meet your needs, **and** we do not tell you our decision about your action appeal on

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time, the original denial against you will be reversed. This means your service authorization request will be approved.

### **Aid to Continue while appealing a decision about your care**

In some cases you may be able to continue the services while you wait for your action appeal to be decided. **You may be able to continue the services that are scheduled to end or be reduced if you ask for a fair hearing:**

- Within **ten (10) days** of being told that your request is denied or care is changing; **or**
- By the date the change in services is scheduled to occur.

If your fair hearing results in another denial you may have to pay for the cost of any continued benefits that you received. The decision you receive from the fair hearing officer will be final.

### **External Appeals**

If the plan decides to deny coverage for a medical service you and your doctor asked for because:

- the service was not medically necessary; **or**
- the service was experimental or investigational; **or**
- the out-of-network service was not different from a service that is available in our network; **or**
- the out-of-network service was available from a plan provider who have the training and experience to meet your needs,

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 the health plan or the State. These reviewers are qualified people approved by New York State. The service must be in the plan'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 action appeal with the plan and get the plan's final adverse determination; **or**
- If you have not gotten the service, and you ask for a fast track action appeal with the plan, you may ask for an expedited external appeal at the same time. Your doctor will have to say an expedited external appeal is necessary; **or**
- You and the plan may agree to skip the plan's appeals process and go directly to external appeal; **or**
- You can prove the plan did not follow the rules correctly when processing your action appeal.

You have 4 months after you receive the plan's final adverse determination to ask for an external appeal. If you and the plan agreed to skip the plan's appeals process, then you must ask for the external appeal within 4 months of when you made that agreement.

If you had a fast track action appeal and are not satisfied with the plan's decision, you can choose to file a standard action appeal with the plan or ask for an external appeal. If you choose to file a standard action appeal with the plan, and the plan upholds its decision, you will receive a new final adverse determination and have another chance to ask for an external appeal.

Additional appeals to your health plan may be available to you if you want to use them. However, if you want an external appeal, you must still file the application with the New York State Department of Financial Services within 4 months from the time the plan gives you the notice of final adverse determination or when you and the plan agreed to waive the plan's appeal process.

**You will lose your right to an external appeal if you do not file an application for an external appeal on time.**

To ask for an external appeal, fill out an application and send it to the Department of Financial Services. You can call Member Services at 1-888-FIDELIS (1-888-343-3547) if you need help filing an appeal. You and your doctors will have to give information about your medical problem. The external appeal application says what information will be needed.

Here are some ways to get an application:

- Call the Department of Financial Services at 1-800-400-8882.
- Go to the Department of Financial Services' website at [www.dfs.ny.gov](http://www.dfs.ny.gov).
- Contact the health plan at 1-888-FIDELIS (1-888-343-3547).

Your external appeal will be decided in 30 days. More time (up to 5 work days) may be needed if the external appeal reviewer asks for more information. You and the plan will be told the final decision within 2 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**
- You are in the hospital after an emergency room visit and the hospital care is denied by the plan.

This is called an **expedited external appeal**. The external appeal reviewer will decide an expedited appeal in 72 hours or less. The 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 asked for inpatient substance use disorder treatment at least 24 hours before you were to leave the hospital, the plan will continue to pay for your stay if:

- you ask for a fast track Internal Appeal within 24 hours, **and**
- you ask for a fast track External Appeal at the same time.

The plan will continue to pay for your stay until there is a decision made on your appeals. Your

plan will make a decision about your fast track Internal Appeal in 24 hours. The fast track External Appeal will be decided in 72 hours

The 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.

You may also ask for a fair hearing if the plan decided to deny, reduce or end coverage for a medical service. You may request a fair hearing and ask for an external appeal. If you ask for a fair hearing and an external appeal, the decision of the fair hearing officer will be the one that counts.

## **Fair Hearings**

In some cases you may ask for a fair hearing from New York State.

- You are not happy with a decision your local Department of Social Services or the State Department of Health made about your staying or leaving Fidelis Care.
- You are not happy with a decision that we made about care you were getting. You feel the decision limits your Medicaid benefits or that we did not make the decision in a reasonable amount of time.
- You are not happy about a decision we made that denied care you wanted. You feel the decision limits your Medicaid benefits.
- You are not happy about a decision we made to deny payment for care you received. You feel the decision limits your Medicaid benefits.
- You are not happy with a decision that your doctor would not order services you wanted. You feel the doctor's decision stops or limits your Medicaid benefits. You must file a complaint with Fidelis Care. If Fidelis Care agrees with your doctor, you may ask for a state fair hearing.

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

**If the services you are now getting are going to be reduced, stopped, or restricted, you can choose to ask to continue the services your doctor ordered while you wait for your case to be decided.** You must ask for a fair hearing **within 10 days** from the date of the notice that says your care will change or by the time the action takes effect. However, if you choose to ask for services to be continued, and the fair hearing is decided against you, you may have to pay the cost for the services you received while waiting for a decision.

You can use one of the following ways to request a Fair Hearing:

1. By phone – call toll-free 1-800-342-3334
2. By fax – 518-473-6735
3. By internet – [www.otda.state.ny.us/oah/forms.asp](http://www.otda.state.ny.us/oah/forms.asp)
4. By mail – NYS Office of Temporary and Disability Assistance  
Office of Administrative Hearings  
Managed Care Hearing Unit

P.O. Box 22023  
Albany, New York 12201-2023

When you ask for a fair hearing about a decision Fidelis Care 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 enough time 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 1-800-MCO-PLAN (1-800-626-7526) to ask for it.

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

## **COMPLAINT PROCESS**

### **Complaints**

We hope our health plan serves you well. If you have a problem, talk with your PCP, or call or write 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 described below.

You can ask someone you trust (such as a legal representative, a family member, or friend) to file the complaint for you. If you need our help because of a hearing or vision impairment, or if you need translation services, or help filing the forms, we can help you. 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 at 1-800-206-8125 or write to: NYS Department of Health, Division of Health Plan Contracting & Oversight, Bureau of Consumer Services, ESP Corning Tower Room 2019, 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 Our Plan**

To file by phone, call Member Services at 1-888-FIDELIS (1-888-343-3547) Monday-Friday from 8:30 am to 6:00 pm. If you call us after hours, leave a message. We will call you back the next work day. If we need more information to make a decision, we will tell you.

You can write us with your complaint or call the Member Services number and request a complaint form. It should be mailed to: Fidelis Care, Member Services Department, 95-25 Queens Blvd, Rego Park, NY 11374.

## **What Happens Next**

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

- who is working on your complaint
- how to contact this person
- if we need more information

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 48 hours of when we have all the information we need to answer your complaint but you will hear from us in no more than 7 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 3 work days.
- 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.

## **How to make a complaint appeal**

- If you are not satisfied with what we decide, you have at least 60 business days after hearing from us to file an appeal.
- You can do this yourself or ask someone you trust to file the appeal for you.
- The 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.

## **What happens after we get your complaint appeal**

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 who 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 work days. If a delay would risk your health, you will get our decision in 2 work days 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 at 1-800-206-8125.

## **MEMBER RIGHTS AND RESPONSIBILITIES**

### **Your Rights**

As a member of Fidelis Care 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 Fidelis Care and your practitioner.
- Be told about your member rights and responsibilities.
- Suggest changes to Fidelis Care's policies and member rights and duties.
- 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.
- Discuss treatment options regardless of cost of benefit coverage.
- 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.
- Make complaints and/or appeals about Fidelis Care and its services.

- Use the Fidelis Care complaint system to settle any complaints, or 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 Fidelis Care you agree to:

- Work with your PCP to guard and improve your health.
- Find out how your health care system works and understand your health problems.
- Listen to your PCP's advice and ask questions when you are in doubt.
- To the best of your ability, help your PCP create treatment goals.
- Provide information that is needed for your care to Fidelis Care and your PCP.
- Follow plans and instructions for care you have agreed to.
- 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 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 documents listed below 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.

## **CPR and DNR**

You have the right to decide if you want any special or emergency treatment to restart your heart or lungs if your breathing or circulation stops. If you do not want special treatment, including cardiopulmonary resuscitation (CPR), you should make your wishes known in writing. Your PCP will provide a DNR (Do Not Resuscitate) 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's license to let others know if and how you want to donate your organs.

## **IMPORTANT PHONE NUMBERS**

### **Federally Qualified Health Centers (FQHCS)**

#### **Albany**

Whitney M Young Jr Health Center Inc  
10 Dewitt Street  
Albany, NY 12207  
(518) 463-3882

Whitney M Young Jr Health Center Inc  
920 Lark Drive  
Albany, NY 12207  
(518) 465-4771

#### **Allegany**

Southern Tier Community Health Center Network Inc  
132 West Main Street  
Cuba, NY 14727  
(716) 375-7500

Southern Tier Community Health Center Network Inc  
9864 Luckey Drive  
Houghton, NY 14744  
(716) 375-7500

## **Bronx**

AHRC HealthCare Inc  
1420 Ferris Place  
Bronx, NY 10461  
(718) 730-1004

Bella Vista Health Center  
890 Hunts Point Avenue  
Bronx, NY 10474  
(718) 589-2141

Bronx-Lebanon Hospital Center - Concourse Division  
1650 Grand Concourse  
Bronx, NY 10457  
(718) 590-1800

Bronx-Lebanon Hospital Center - Fulton Division  
1276 Fulton Avenue  
Bronx, NY 10456  
(718) 590-1800

Care for the Homeless  
1911-21 Jerome Avenue  
Bronx, NY 10453  
(718) 943-1340

Castle Hill Family Practice  
2175 Westchester Avenue  
Bronx, NY 10462  
(718) 829-6770

Community Healthcare Network, Inc  
975 Westchester Avenue  
Bronx, NY 10459  
(718) 320-4466

Comprehensive Family Care Center  
1621 Eastchester Road  
Bronx, NY 10461  
(718) 405-8040

Comprehensive Health Care Center  
301-305 East 161st Street  
Bronx, NY 10451  
(718) 579-2500

Damian Family Care Centers Inc dba Project Samaritan Health Services  
1381 University Avenue  
Bronx, NY 10452  
(718) 538-7000

Damian Family Care Centers Inc dba Project Samaritan Health Services  
1600 Macombs Road  
Bronx, NY 10452  
(718) 503-7700

Dr. Martin Luther King Jr Health Center Inc  
1265 Franklin Avenue  
Bronx, NY 10456  
(718) 992-7669

HELP/PSI Services Corporation  
1543-1545 Inwood Avenue  
Bronx, NY 10452  
(718) 299-1777

Morris Heights Health Center, Inc  
85 West Burnside Avenue  
Bronx, NY 10453  
(718) 716-4400

Plaza Del Castillo Health Center  
1515 Southern Boulevard  
Bronx, NY 10460  
(718) 589-1600

Promesa, Inc.  
1776 Clay Avenue  
Bronx, NY 10457  
(718) 299-1100

Urban Health Plan  
1065 Southern Boulevard  
Bronx, NY 10459  
(718) 589-2440

### **Cattaraugus**

Seneca Nation of Indians dba Lionel R John Health Center FQHC  
987 Robert C Hoag Drive  
Salamanca, NY 14779  
(716) 945-5894

Southern Tier Community Health Center Network Inc  
135 North Union Street  
Olean, NY 14760  
(716) 375-7500

### **Cayuga**

East Hill Family Medicine, Inc  
144 Genesee Street  
Auburn, NY 13021  
(315) 253-8477

### **Chautauqua**

Cattaraugus Indian Reservation Health Center (FQHC)  
36 Thomas Indian School Drive  
Irving, NY 14081  
(716) 532-5582

### **Columbia**

Hudson River Health Care  
750 Union Street  
Hudson, NY 12534  
(518) 751-3060

### **Cortland**

Family Health Network of Central NY Inc  
22-24 East Main Street  
Marathon, NY 13803  
(607) 849-3271

Family Health Network of Central NY Inc  
2805 Cincinnatus Road  
Cincinnatus, NY 13040  
(607) 863-4126

Family Health Network of Central NY Inc  
4038 West Road  
Cortland, NY 13045  
(607) 758-3008

## **Dutchess**

Hudson River Health Care  
1 Webster Avenue, Suite 202  
Poughkeepsie, NY 12601  
(845) 790-7990

Hudson River Health Care  
29 North Hamilton Street  
Poughkeepsie, NY 12601  
(845) 454-8204

Hudson River Health Care  
3360 Route 343  
Amenia, NY 12501  
(845) 838-7038

Hudson River Health Care  
19 Pilch Street  
Pine Plains, NY 12567  
(518) 398-8844

Hudson River Health Care  
3174 Route 22  
Dover Plains, NY 12522  
(845) 877-4793

Hudson River Health Care  
6 Henry Street  
Beacon, NY 12508  
(845) 831-0400

Northern Dutchess Hospital  
11 Crum Elbow Road  
Hyde Park, NY 12538  
(845) 229-1020

## **Erie**

Community Health Center of Buffalo, Inc  
34 Benwood Avenue  
Buffalo, NY 14214  
(716) 986-9199

**Essex**

Hudson Headwaters Health Network  
24 Fairfield Avenue  
Schroon Lake, NY 12870  
(518) 532-7120

Hudson Headwaters Health Network  
102 Race Track Road  
Ticonderoga, NY 12883  
(518) 585-6708

Hudson Headwaters Health Network  
33 Tom Phelps Lane  
Mineville, NY 12956  
(518) 942-7123

**Franklin**

St Regis Mohawk Health Services - FQHC  
412 State Route 37  
Hogansburg, NY 13655  
(518) 358-3141

**Greene**

Greenville Family Health Care  
20 Bryants Country Square  
Greenville, NY 12083  
(518) 966-8786

Hudson Headwaters Health Network  
Main Street & Pelon Road  
South Cairo, NY 12482-0684  
(518) 648-5707

**Hamilton**

Hudson Headwaters Health Network  
6356 NYS Route 30  
Indian Lake, NY 12842-1500  
(518) 648-5707

**Jefferson**

North Country Family Health Center, Inc  
238 Arsenal Street  
Watertown, NY 13601  
(315) 782-6400

**Kings (Brooklyn)**

Bedford Stuyvesant Community Health Center  
1456 Fulton Street  
Brooklyn, NY 11216  
(718) 636-4500

Brooklyn Plaza Medical Center  
650 Fulton Street  
Brooklyn, NY 11217  
(718) 596-9896

Brownsville Multi-Service Family Health Center  
592 Rockaway Avenue  
Brooklyn, NY 11212  
(718) 345-5000

Community Healthcare Network, Inc  
999 Blake Avenue  
Brooklyn, NY 11208  
(718) 277-8303

Community Healthcare Network, Inc  
1167 Nostrand Avenue  
Brooklyn, NY 11225  
(718) 778-0198

Community Healthcare Network, Inc  
94-98 Manhattan Avenue  
Brooklyn, NY 11206  
(718) 388-0390

Family Physician Health Center  
5616 6th Avenue  
Brooklyn, NY 11220-3419  
(718) 439-5440

Help/PSI Inc  
803 Sterling Place  
Brooklyn, NY 11216  
(718) 681-8700

L'Refuah Medical and Rehabilitation Center  
1312 38th Street  
Brooklyn, NY 11218  
(718) 686-7600

Mental Health Center  
514 49th Street  
Brooklyn, NY 11220  
(718) 431-2600

Park Slope Family Health Center  
220 13th Street  
Brooklyn, NY 11215  
(718) 832-5980

### **Lewis**

North Country Family Health Center, Inc  
7785 North State Street  
Lowville, NY 13367  
(315) 376-4500

### **Livingston**

Rochester Primary Care Network  
1 Murray Hill Drive  
Mount Morris, NY 14510  
(585) 243-7840

Tri-County Family Medicine Program, Inc  
22 Red Jacket Street  
Dansville, NY 14437-0339  
(585) 335-6041

### **Monroe**

Anthony L Jordan Health Center, Inc  
82 Holland Street  
Rochester, NY 14605  
(585) 423-5800

Clinton Family Health Center  
293 Upper Falls Boulevard  
Rochester, NY 14605  
(585) 922-0200

Genesee Health Service  
222224 Alexander Street  
Rochester, NY 14607  
(585) 922-8230

Genesee Valley Family Health  
3800 Dewey Avenue  
Rochester, NY 14616  
(585) 922-2440

Oak Orchard Community Health Center  
300 West Ave  
Brockport, NY 14420  
(585) 637-3905

The Unity Hospital of Rochester  
2260 Lake Avenue  
Rochester, NY 14612  
(585) 254-1850

The Unity Hospital of Rochester  
158 Orchard Street  
Rochester, NY 14611  
(585) 368-4500

The Unity Hospital of Rochester  
2655 Ridgeway Avenue  
Rochester, NY 14626  
(585) 295-1890

## **Nassau**

Long Island FQHC, Inc dba Family Health Centers  
380 Nassau Road  
Roosevelt, NY 11575  
(516) 571-8600

Long Island FQHC, Inc dba Family Health Centers  
135 Main Street  
Hempstead, NY 11550  
(516) 572-1300

## **New York (Manhattan)**

Betances Health Center  
280 Henry Street  
New York, NY 10002  
(212) 227-8401

Charles B. Wang Community Health Center  
268 Canal Street  
New York, NY 10013  
(212) 379-6996

Charles B. Wang Community Health Center  
125 Walker Street  
New York, NY 10013  
(212) 226-3888

Heritage Health and Housing Inc  
1727 Amsterdam Avenue  
New York, NY 10031  
(212) 862-0054

Ryan Chelsea-Clinton Center  
645 Tenth Avenue  
New York, NY 10036  
(212) 265-4500

The Institute For Family Health  
16 East 16th Street  
New York, NY 10003  
(212) 206-5200

William F. Ryan Community Health Center  
110 West 97th Street  
New York, NY 10025  
(212) 749-1820

William F. Ryan Community Health Center  
279 East 3rd Street  
New York, NY 10009  
(212) 477-8500

AHRC HealthCare Inc  
83 Maiden Lane  
New York, NY 10038  
(212) 895-3410

Community Healthcare Network, Inc  
81 West 115th Street  
New York, NY 10026  
(212) 426-0088

Community Healthcare Network, Inc  
1996 Amsterdam Avenue  
New York, NY 10032  
(212) 781-7979

Covenant House New York / Under 21, Inc  
460 West 41st Street  
New York, NY 10036  
(212) 613-0300

East Harlem Council for Human Services Inc  
2265 Third Avenue  
New York, NY 10035  
(212) 289-6650

Michael Callen-Audre Lorde Community Health Center  
356 West 18th Street  
New York, NY 10011  
(212) 271-7200

Project Renewal Inc  
8 East 3rd Street  
New York, NY 10003  
(212) 533-8400

Saint Christopher's Inc  
690 Amsterdam Ave  
New York, NY 10025  
(212) 865-4104

Settlement Health  
212 East 106th Street  
New York, NY 10029  
(212) 360-2600

The Institute for Family Health  
690 Amsterdam Avenue  
New York, NY 10025  
(212) 865-4104

Upper Room Aids Ministry Inc  
123-125 West 124th Street  
New York, NY 10027  
(212) 531-1300

William F. Ryan Community Health Center  
801 Amsterdam Avenue  
New York, NY 10025  
(212) 316-8300

## **Niagara**

Community Health Center of Buffalo, Inc  
38 Heritage Court  
Lockport, NY 14094  
(716) 478-6655

## **Oneida**

Rochester Primary Care Network  
1651 Oneida Street  
Utica, NY 13501  
(315) 793-7600

## **Onondaga**

Syracuse Community Health Center  
819 South Salina Street  
Syracuse, NY 13210  
(315) 476-7921

Syracuse Community Health Center  
1938 East Fayette Street  
Syracuse, NY 13218  
(315) 474-4077

Syracuse Community Health Center  
603 Oswego Street  
Syracuse, NY 13204  
(315) 424-0800

Syracuse Community Health Center  
1701 South Avenue  
Syracuse, NY 13207  
(315) 234-8336

Syracuse Community Health Center  
120 Gifford Street  
Syracuse , NY 13202  
(315) 701-3870

## **Ontario**

Finger Lakes Migrant Health Care Project, Inc  
601-B West Washington Street  
Geneva , NY 14456  
(315) 781-8448

## **Orange**

Ezras Choilim Health Center Inc.  
49 Forest Road  
Monroe, NY 10950  
(845) 782-3242

Greater Hudson Valley Family Health Center Inc.  
147 Lake Street  
Newburgh, NY, 12550  
(845) 563-8000

Hudson River Health Care  
888 Pulaski Highway  
Goshen, NY 10924  
(845) 651-2298

Hudson River Health Care  
75 Orange Avenue  
Walden, NY 12586  
(845) 778-2700

Middletown Community Health Center Inc.  
14 Grove Street  
Middletown, NY 10940  
(845) 344-2273

Middletown Community Health Center Inc.  
10 Benton Avenue  
Middletown, NY 10940  
(845) 343-8838

United Community Health Center Clinic  
99 Cameron Street

Pine Bush, NY 12566  
(845) 744-2067

### **Orleans**

Oak Orchard Community Health Center  
301 West Avenue  
Albion, NY 14411  
(585) 589-5613

### **Oswego**

Northern Oswego County Health Services, Inc dba Pulaski Health Center  
61 Delano Street  
Pulaski, NY 13142  
(315) 298-6564

### **Otsego**

Town of Cherry Valley/Community Health Center  
2 Main Street  
Cherry Valley, NY 13320  
(607) 264-3036

### **Queens**

Charles B. Wang Community Health Center  
136-26 37th Avenue  
Flushing, NY 11354  
(718) 886-1200

Community Healthcare Network, Inc  
97-04 Sutphin Boulevard  
Jamaica, NY 11435  
(718) 657-7088

Damian Family Care Centers Inc dba Project Samaritan Health Services  
137-50 Jamaica Avenue  
Jamaica, NY 11435  
(718) 298-5130

Help/PSI Inc  
105-04 Sutphin Boulevard  
Jamaica, NY 11435  
(718) 681-8700

Joseph P. Addabbo Family Health Center  
130-22 Farmers Boulevard  
Jamaica, NY 11434  
(718) 945-7150

Joseph P. Addabbo Family Health Center  
1288 Central Avenue  
Far Rockaway, NY 11691  
(718) 945-7150

Joseph P. Addabbo Family Health Center  
6200 Beach Channel Drive  
Far Rockaway, NY 11692  
(718) 945-7150

The Floating Hospital, Inc  
25-15 Queens Plaza North  
Long Island City, NY 11101-4001  
(718) 784-0149

### **Rensselaer**

Whitney M Young Jr Health Center Inc  
6 102nd Street  
Troy, NY 12180  
(518) 833-6900

### **Richmond (Staten Island)**

Beacon Christian Community Center  
2079 Forest Avenue  
Staten Island, NY 10303  
(718) 815-6560

Community Health Center of Richmond, Inc  
235 Port Richmond Avenue  
Staten Island, NY 10302  
(718) 876-1732

### **Rockland**

Community Medical and Dental Care, Inc  
175 Route 59  
Spring Valley, NY 10977  
(845) 352-6800

Community Medical and Dental Care, Inc  
40 Robert Pitt Drive  
Monsey, NY 10952  
(845) 352-6800

Hudson River Health Care  
31 West Broad Street -3<sup>rd</sup> Floor  
Haverstraw, NY 10927  
(845) 429-4499

### **St. Lawrence**

UCPA of the North Country  
4 Commerce Lane  
Canton, NY 13617  
(315) 386-8191

### **Saratoga**

Hudson Headwaters Health Network  
1448 State Route 9  
South Glens Falls, NY 12803  
(518) 761-6961

### **Schenectady**

Hometown Health Centers  
1044 State Street  
Schenectady, NY 12307  
(518) 370-1441

### **Seneca**

Finger Lakes Migrant Health Care Project, Inc  
7150 North Main Street  
Ovid, NY 14521  
(607) 403-0065

### **Steuben**

Finger Lakes Migrant Health Care Project, Inc  
117 East Steuben Street  
Bath, NY 14810  
(607) 776-9700

**Suffolk**

Hudson River Health Care  
327 Front Street  
Greenport, NY 11944  
(631) 477-2678

Hudson River Health Care Inc dba Elsie Owens North Brookhaven Health Cente  
82 Middle Country Road  
Coram, NY 11727  
(631) 320-2220

**Sullivan**

Hudson River Health Care  
23 Lakewood Avenue  
Monticello, NY 12701  
(845) 794-2010

**Tompkins**

Cayuga Medical Center at Ithaca  
101 Dates Drive  
Ithaca, NY 14850  
(607) 277-1600

**Ulster**

The Institute For Family Health  
1 Foxhall Avenue  
Kingston, NY 12401  
(845) 338-8444

The Institute For Family Health  
279 Main Street, Suite 102  
New Paltz, NY 12561  
(845) 255-2930

The Institute For Family Health  
One Family Practice Drive  
Kingston, NY 12401  
(845) 338-6400

The Institute For Family Health  
6 Healthy Way  
Ellenville, NY 12428

(845) 647-4500

## **Warren**

Hudson Headwaters Health Network  
11 Cross Street  
Bolton Landing, NY 12814-0539  
(518) 644-9471

Hudson Headwaters Health Network  
14 Manor Drive  
Queensbury, NY 12804-1906  
(518) 798-6400

Hudson Headwaters Health Network  
100 Broad Street  
Glens Falls, NY 12801  
(518) 792-2223

Hudson Headwaters Health Network  
126 Ski Bowl Road  
North Creek, NY 12853  
(518) 251-2541

Hudson Headwaters Health Network  
3767 Main Street  
Warrensburg, NY 12885  
(518) 623-2844

Hudson Headwaters Health Network  
6223 State Route 9  
Chestertown, NY 12817  
(518) 494-2761

Hudson Headwaters Health Network  
161 Carey Road  
Queensbury, NY 12804  
(518) 824-8610

## **Washington**

Hudson Headwaters Health Network  
48 East Street  
Fort Edward, NY 12828  
(518) 824-8630

## **Wayne**

Finger Lakes Migrant Health Care Project, Inc  
6692 Middle Road  
Sodus, NY 14551  
(315) 483-1199

Rochester Primary Care Network  
1519 Nye Road  
Lyons, NY 14489  
(315) 871-3178

## **Westchester**

Hudson River Health Care  
1037 Main Street  
Peekskill, NY 10566  
(914) 734-8800

Hudson River Health Care  
2 Park Avenue  
Yonkers, NY 10703-3402  
(914) 964-7862

Hudson River Health Care  
503 South Broadway  
Yonkers, NY 10705  
(914) 965-9771

Mount Vernon Neighborhood Health Center Network  
30 South Broadway  
Yonkers, NY 10701  
(914) 968-4898

Mount Vernon Neighborhood Health Center Network  
107 West Fourth Street  
Mount Vernon, NY 10550  
(914) 699-7200

Mount Vernon Neighborhood Health Center Network  
330 Tarrytown Road  
White Plains, NY 10607  
(914) 989-7600

St. John's Riverside Hospital - Park Care Pavilion  
2 Park Avenue  
Yonkers, NY 10703  
(914) 964-7300

### **Wyoming**

Oak Orchard Community Health Center  
81 South Main Street  
Warsaw, NY 14569  
(585) 228-1195

### **Yates**

Finger Lakes Migrant Health Care Project, Inc  
160 Main Street  
Penn Yan, NY 14527  
(315) 536-2752

Finger Lakes Migrant Health Care Project, Inc  
112 Kimball Avenue  
Penn Yan, NY 14527  
(315) 536-2752

Rochester Primary Care Network  
2 Rubin Drive  
Rushville, NY 14544  
(585) 554-4400

Your PCP.....

**THE PLAN**

Member Services .....1-888-FIDELIS  
(1-888-343-3547)  
Member Services TTY/TDD .....1-800-421-1220  
Other Units (e.g., Nurse Hotline, Utilization Review, etc.) .....

Your Nearest Emergency Room .....

New York State Department of Health (Complaints) .....1-800-206-8125

**Other Health Providers:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New York Medicaid Choice.....1-800-505-5678

**NYSOH Marketplace**..... (855) 355-5777

<https://nystateofhealth.ny.gov/>

**LOCAL DEPARTMENTS OF SOCIAL SERVICES**

**Albany County**

162 Washington Avenue  
Albany, New York 12210..... (518) 447-7492

**Allegany County**

7 Court Street  
Belmont, New York 14813-1077 ..... (585) 268-9622

**Broome County**

36-42 Main Street  
Binghamton, New York 13905 ..... (607) 778-8850

**Cattaraugus County**

Cattaraugus County Building  
1701 Lincoln Avenue, Suite 6010  
Olean, New York 14760 ..... (716) 373-8065

**Cayuga County**  
County Office Building  
160 Genesee Street  
Auburn, New York 13021-3433 ..... (315) 253-1011

**Chautauqua County**  
Hall R. Clothier Building  
7 North Erie Street  
Mayville, New York 14575 ..... (716) 753-4421

**Chemung County**  
Human Resource Center  
425 Pennsylvania Avenue  
PO Box 588  
Elmira, New York 14902 ..... (607) 737-5302

**Chenango County**  
5 Court Street  
PO Box 590  
Norwich, New York 13815..... (607) 337-1500

**Clinton County**  
13 Durkee Street  
Plattsburgh, New York 12901 ..... (518) 565-3300

**Columbia County**  
25 Railroad Avenue PO Box 458  
Hudson, New York 12534..... (518) 828-9411

**Cortland County**  
60 Central Avenue  
Cortland, New York 13045 ..... (607) 753-5248

**Delaware County**  
111 Main Street  
Delhi, New York 13753..... (607) 832-5300

**Dutchess County**  
60 Market Street  
Poughkeepsie, New York 12601 ..... (845) 486-3000

**Erie County**  
95 Franklin Street  
Buffalo, New York 14202 ..... (716) 858-8000

**Essex County**

7551 Court Street

PO Box 217

Elizabethtown, New York 12932 ..... (518) 873-3441

**Franklin County**

355 West Main Street

Malone, New York 12953..... (518) 481-1768

**Fulton County**

4 Daisy Lane

PO Box 549

Johnstown, New York 12095..... (518) 736-5600

**Genesee County**

5130 East Main Street, Suite #3,

Batavia, New York 14020..... (585) 344-2580

**Greene County**

411 Main Street

PO Box 528

Catskill, New York 12414 ..... (518) 943-3200

**Hamilton County**

PO Box 725

White Birch Lane

Indian Lake, New York 12842 ..... (518) 648-6131

**Herkimer County**

301 North Washington Street, Suite 2110

Herkimer, New York 13350 ..... (315) 867-1291

**Jefferson County**

250 Arsenal Street

Watertown, New York 13601 ..... (315) 782-9030

**Lewis County**

5274 Outer Stowe Street

PO Box 193

Lowville, New York 13367..... (315) 376-5400

**Livingston County**

1 Murray Hill Drive

Mount Morris, New York 14510..... (585) 243-7300

**Madison County**  
North Court Street  
PO Box 637  
Wampsville, NY 13163..... (315) 366-2211

**Monroe County**  
111 Westfall Road  
Rochester, New York 14620-4686 ..... (585) 753-6298

**Montgomery County**  
County Office Building  
PO Box 745  
Fonda, New York 12068 ..... (518) 853-4646

**Nassau County**  
60 Charles Lindberg Boulevard  
Uniondale, New York 11553 ..... (516) 227-7474

**New York City Human Resource Administration (HRA)**..... (718) 557-1399  
or (877) 472-8411

**Niagara County**  
20 East Avenue  
PO Box 506  
Lockport, New York 14095 ..... (716) 439-7600

**Oneida County**  
800 Park Avenue  
Utica, New York 13501 ..... (315) 798-5632

**Onondaga County**  
421 Montgomery Street  
Syracuse, New York 13202 ..... (315) 435-2928

**Ontario County**  
3010 County Complex Drive  
Canandaigua, New York 14424..... (585) 396-4060

**Orange County**  
11 Quarry Road, Box Z  
Goshen, New York 10924-0678 ..... (845) 291-4000

**Orleans County**  
14016 Route 31 West  
Albion, New York 14411 ..... (585) 589-7000

**Oswego County**  
100 Spring Street  
PO Box 1320  
Mexico, New York 13114 ..... (315) 963-5000

**Otsego County**  
County Office Building  
197 Main Street  
Cooperstown, New York 13326-1196 ..... (607) 547-1700

**Putnam County**  
110 Old Route 6  
Carmel, NY 10512..... (845) 808-1500

**Rensselaer County**  
1801 Sixth Avenue  
Troy, New York 12180 ..... (518) 266-7800

**Rockland County**  
Sanatorium Road, Building L  
Pomona, New York 10970 ..... (845) 364-3040

**St. Lawrence County**  
Harold B. Smith County Office Building  
6 Judson Street  
Canton, New York 13617-1197 ..... (315) 379-2111

**Saratoga County**  
152 West High Street  
Ballston Spa, New York 12020 ..... (518) 884-4148

**Schenectady County**  
797 Broadway  
Schenectady, New York 12305 ..... (518) 388-4445

**Schoharie County**  
County Office Building  
PO Box 687  
Schoharie, New York 12157 ..... (518) 295-8334

**Schuyler County**  
County Office Building  
323 Owego Street  
Montour Falls, New York 14865 ..... (607) 535-8303

**Seneca County**

1 Di Pronio Drive

PO Box 690

Waterloo, New York 13165 ..... (315) 539-1800

**Steuben County**

3 East Pulteney Square

Bath, New York 14810..... (607) 664-2000

**Suffolk County**

3085 Veterans Memorial Highway

Ronkonkoma, New York 11779-8900 ..... (631) 854-9700

**Sullivan County**

16 Community Lane

PO Box 231

Liberty, New York 12754 ..... (845) 292-0100

**Tioga County**

1062 State Route 38

PO Box 240

Owego, New York 13827. .... (607) 687-8300

**Tompkins County**

320 West State Street

Ithaca, New York 14850 ..... (607) 274-5359

**Ulster County**

1061 Development Court

Kingston, New York 12401 ..... (845) 334-5000

**Warren County**

Municipal Center Annex

1340 State Route 9

Lake George, New York 12845-9803 ..... (518) 761-6321

**Washington County**

Municipal Building

383 Broadway

Fort Edward, New York 12828 ..... (518) 746-2300

**Wayne County**

77 Water Street

PO Box 10

Lyons, New York 14489 ..... (315) 946-4881

**Westchester County**

White Plains District Office

85 Court Street

White Plains, New York 10601 ..... (914) 995-3333

**Wyoming County**

466 North Main Street

Warsaw, New York 14569 ..... (585) 786-8900

**Yates County**

County Office Building

417 Liberty Street, Suite 2122

Penn Yan, New York 14527 ..... (315) 536-5183