

# MANAGED LONG TERM HEALTH CARE PLAN



## GUIDE TO YOUR BENEFITS AND SERVICES MEMBER HANDBOOK

**PRIME HEALTH CHOICE, LLC**

## TABLE OF CONTENTS

Welcome to Prime Health Choice MLTC Program	2
Help from Member Services	3
Eligibility for enrollment in our Plan	4
Services covered by our Plan	6
Services not covered by our Plan	11
Service authorizations and actions requirements	13
Prime Health Choice Grievance Process	16
How do I appeal a Grievance	18
How do I file an Appeal of Action	20
What if I have a concern or complaint about Prime Health Choice	25
Member Rights and Responsibility	26
What if I decide to end my membership with Prime Health Choice	28
Can my membership be cancelled	29
Important information about your Privacy Rights	30
Important information about Advanced Directives	36
Health Care Proxy	37

## WELCOME TO PRIME HEALTH CHOICE MLTC PROGRAM

Dear Prime Health Choice Member,

Welcome to the Prime Health Choice Managed Long-Term Care (MLTC) program- the MLTC program especially designed for people who have Medicaid, are able to live safely at home and who need long-term care services. We look forward to working with you to improve your health and quality of life. At times, you may have questions about your care and various policies and procedures. We have prepared this book to answer common questions, and provide information about Prime Health Choice, LLC

Thank you for joining us, we look forward to serving you!

### **Service Areas:**

Dutchess, Rockland, Albany, Orange,  
Putnam, Warren and Washington Counties.

GUIDE TO YOUR BENEFITS AND SERVICES  
WELCOME TO PRIME HEALTH CHOICE MLTC PROGRAM

PRIME HEALTH CHOICE, LLC

## HELP FROM MEMBER SERVICES

Prime Health Choice, LLC provides access to care 24 hours a day, 7 days a week. You can access services by calling Member Services at 1 (855) 777-4630 or TTY/TDD: 1 (855) 777-4613. At other times, you can call this number and answering service will refer your call to the Case Manager On-Call and we will return your call as soon as possible.

If you speak another language, a Member Services representative can use the Language Line service, which has more than 100 languages and dialects.

## MEMBERSHIP CARD

Your Member Identification card (ID card), which will be provided shortly after enrollment, will let providers know that you are enrolled in the Prime Health Choice, LLC Managed Long Term Care Plan (MLTCP). It is advised that you carry this card, along with any other insurance cards, with you at all times.



**COVERED SERVICES:** Care Management, Home Care, Optometry, Dental Services, Rehab Therapy, Audiology, Respiratory Care, Medical Social Services, Personal Care, Podiatry, Non-Emergent Transportation, DME, Social Day Care, Personal Emergency Response System, Adult Day Health Care, Nursing Home Care, Consumer Directed Personal Assistance Services (CDPAS).

**NON-COVERED SERVICES:** Inpatient Hospital Services, Primary Care and Specialty Doctor Services, Outpatient Hospital/Clinical Services, Laboratory Services, X-Ray and other Radiology Services, Prescription and Non-Prescription Drugs, Chronic Renal Dialysis, Emergency Transportation, Mental Health and Substance Abuse Services.

**(For complete listing of covered and non-covered services, see Member Handbook)**

**\*\*AS A MEMBER YOU SHOULD HAVE THIS CARD WITH YOU AT ALL TIMES\*\*  
(Prior Authorization required for select services-see Member Handbook)**

If you have any questions, call Member Services at 1 (855) 777-4630,  
24 hours a day, 7 days a week.

Providers should submit claims within 30 days to: PRIME HEALTH CHOICE, LLC

# MANAGED LONG-TERM HEALTH CARE PLAN

## ELIGIBILITY FOR ENROLLMENT IN OUR PLAN

You are eligible to join the MLTC program if you:

- 1) Are age 21 or older
- 2) Reside in the plan's service area of Dutchess, Rockland, Albany, Orange, Putnam, Warren or Washington County.
- 3) Have a chronic illness or disability that makes you eligible for enrollment.
- 4) Are able to stay safely in your home at the time you join the plan.
- 5) Require care management and are expected to need one or more of the following services for more than 120 days from the date that you join our plan:

Nursing services in the home

- Therapies in the home
  - Home health aide services
  - Personal care services in the home
  - Adult day health care
  - Private Duty Nursing
  - Consumer Directed Personal Assistance Services (CDPAS)
- 6) Have Medicaid or will be eligible for Medicaid

The coverage explained in this handbook becomes effective on the effective date of your enrollment in our plan. Enrollment in the Prime Health Choice MLTC Program is voluntary.

## CONFLICT FREE EVALUATION

Members who are new to Managed Long Term Care must first be referred to the Conflict Free Evaluation and Enrollment Center (otherwise known as the CFEEC) before scheduling an assessment with Prime Health Choice. The CFEEC is a subdivision of New York Medicaid Choice/Maximus. They can be contacted at:

**Phone: 1-855-222-8350**  
**Hours of Operation:**  
**Monday – Friday: 8:30AM to 8:00PM**  
**Saturday: 10AM – 6PM**

Once Prime Health Choice, LLC receives approval from Maximus, we will conduct an assessment visit within (30) days. An enrollment nurse will arrange a visit with you to gather information about your health and long term care needs, discuss Prime Health Choice MLTC services and assist you with applying for enrollment.

## ENROLLMENT PROCESS:

Eligibility for enrollment must be established through a clinical assessment process and reviewed and approved by the New York City Human Resources Administration (HRA). Your application will then be assigned to our Intake Manager to schedule an assessment visit that will determine your Plan of Care upon enrollment. We must conduct our assessment within 30 days of the referral from the CFEEC or your request to enroll.

GUIDE TO YOUR BENEFITS AND SERVICES  
ELIGIBILITY FOR ENROLLMENT IN OUR PLAN

PRIME HEALTH CHOICE, LLC

An Enrollment Nurse will arrange to visit you to discuss Prime Health Choice, to assist you with the details of applying for enrollment, and to gather and assess information about your health and long term care needs.

During the visit, the Enrollment Nurse will complete a comprehensive clinical assessment, and will discuss an initial Plan of Care with you. The Enrollment Nurse will also review your Medicaid and Medicare information, if applicable, and will discuss and provide information about Advanced Directives, how to access covered and non-covered services, and your rights as a Prime Health Choice member.

The Enrollment Nurse will give you a copy of this Member Handbook and Provider Directory, and will explain the forms you are required to sign for enrollment: an enrollment agreement/attestation form, an authorization form for release of medical information, and a notice of HIPPA privacy practices.

Once the nurse assessment has been completed and you have reviewed your initial service plan and signed our plan enrollment application, we will begin processing your request for enrollment. If you meet the eligibility requirements for the program, we will submit your application to New York Medicaid Choice/Maximus or the Local Department of Social Services (LDSS) for enrollment.

When you have been approved by New York Medicaid Choice/Maximus or the LDSS and we have been notified about your approval, you will receive a member ID card in the mail as well as a welcome letter from your Care Manager.

You may withdraw your application or enrollment agreement by noon on the 20<sup>th</sup> day of the month prior to the effective date of enrollment by indicating your wishes orally or in writing.

#### **Nursing Home Enrollment**

Although we do our best to meet your needs at home, there may be times when it is more appropriate for you to receive care in a nursing home. Admission to one of our participating nursing homes is made on an individual basis. The decision to receive care in a nursing home must be made by you, your doctor, your family, and your Care Manager.

# MANAGED LONG-TERM HEALTH CARE PLAN

## **PARTICIPATING PROVIDERS AND COVERED SERVICES**

You have the freedom to choose providers from Prime Health Choice's covered services provider network in order for us to cover the service. We will help you in choosing or changing a provider for covered or non-covered services.

Network providers will be paid in full directly by us for each service authorized and provided to you with no co-pay or cost to you. To find network providers in your neighborhood, check the current Provider Directory in your membership folder. If you receive a bill for covered services authorized by us, you are not responsible for paying the bill. Please contact your care manager. You may be responsible for payment of covered services that were not authorized by us or for covered services that were received from non-network providers.

## **TRANSITIONAL CARE PROCEDURES**

Upon enrollment to Prime Health Choice, you may continue an ongoing course of treatment with a non-network provider for a transitional period of up to 90 days from enrollment.

The provider must agree to accept payment at the plan rate, adheres to PHC quality assurance and other policies, and provide medical information about the care to the plan.

If your health care provider leaves the network, an ongoing course of treatment may be continued for a transitional period for up to 90 days. The provider must agree to accept payment at the PHC rate and adheres to PHC quality assurance and other policies, and provide medical information about the care to the plan.

## **SERVICES COVERED BY OUR PLAN**

### **CARE MANAGEMENT SERVICES**

Prime Health Choice Managed Long Term Care (MLTC) offers a wide range of home, community, and facility-based long term care and health-related services. Every member will be assigned a Care Manager who is a health care professional, usually a nurse or a social worker. Your Care Manager will work with you to provide or arrange services that are medically necessary.

**GUIDE TO YOUR BENEFITS AND SERVICES  
ELIGIBILITY FOR ENROLLMENT IN OUR PLAN**

**PRIME HEALTH CHOICE, LLC**

This means any health service that is needed to prevent, diagnose, correct, or cure (when possible) your health problems, medical, social, educational, psychosocial, financial and other services in support of the plan of care, irrespective of whether the needed services are covered by the Benefit Package.

Your Care Manager, along with your Care Management team, will work with you and your doctor to determine the services you need and to develop a care plan. Your Care Management team will assist you with arranging appointments for any health care service you need and will also arrange transportation if needed. Your Care Management team will monitor and reassess your health status and care needs. As your needs change, your plan of care will be changed. These changes may include increasing or decreasing services and changing the services provided to better meet your health care needs. You will be assigned a Care Manager when you enroll.

You can call your Care Management team at 1-855-777-4630.

#### COVERED SERVICES

Because you have Medicaid, our plan will arrange and pay for the health and social services described below. You may receive these services as long as they are medically necessary, that is, if the services are needed to prevent or treat your illness or disability. Your Care Manager will help identify the services and providers you need. In some cases, you may need a referral or an order from your doctor from these services. You must obtain these services from the providers in our network. If you cannot find a provider in our plan, you must let your Care Manager know, and he or she will make arrangements with a non-network provider to provide the covered service for you. The service requested needs to be included in the benefit package and determined by the program as solely covered by Medicaid and available from a network provider.

- **Home Health Care Services Not Covered by Medicare** including care from nurses, social workers, physical therapists, occupational therapists and speech therapists. These services are provided to help prevent, rehabilitate, guide and/or support your health and must be ordered by Physician and will be provided in your home.
- **Personal Care** such as assistance with bathing, eating, dressing, toileting and walking. You can request these services through your Care Manager. Access to these services is based on an individual's care plan and must be authorized by your Care Manager before you receive the service.

# MANAGED LONG-TERM HEALTH CARE PLAN

- **Rehabilitation Therapy** may be provided at an outpatient location based on your needs. These services include physical therapy, occupational therapy and speech language pathology and provided by Licensed Registered Clinicians for the purpose of maximum reduction of physical and mental disability and restoration to your best functional level. Physical, Occupational and Speech Therapy are limited hospital in-patient setting, a skilled nursing facility or services provided by the Certified Home Health Agency. to 20 visits per therapy per year for each discipline. These Medicaid limits apply to rehabilitation therapy visits that you receive in a private practitioner's office as well as visits received in the certified
- **Durable Medical Equipment** includes medical/surgical supplies, medical equipment, respiratory therapy and oxygen and Enteral and Parental formulas .When you need these services, your Primary Care Manager will consult with your doctor and arrange for delivery/installation.
- **Prosthetics and Orthotics** Prime Health Choice, LLC will coordinate the provision of prosthetics appliances and devices that replace any missing parts of the body, orthotic appliances and devices support weak or deformed body parts, orthopedic footwear to prevent physical deformity or range of motion malfunction. Your Primary Care Manager will consult with the doctor providing your care and will assist you if needed.
- **Social/Environmental Supports** such as chore services, home modifications or respite care. You can request these services through your Care Manager. Access to these services is based on an individual's care plan and must be authorized by your Care Manager before you receive the service.
- **Nursing Home Care Not Covered by Medicare** Prime Health Choice, LLC will try to meet all health needs at home but there may be times when it is more appropriate for you to receive care in the nursing home setting. The decision to receive care in the nursing home must be made by you, your family, caregiver, your doctor and your Primary Care Manager. There are 2 types of nursing home stays:
  - Short-term or rehabilitation stays which are mainly after hospitalizations
  - Long-term stays for ongoing care.

GUIDE TO YOUR BENEFITS AND SERVICES  
SERVICE COVERED BY OUR PLAN

PRIME HEALTH CHOICE, LLC

# MANAGED LONG-TERM HEALTH CARE PLAN

PRIME HEALTH CHOICE, LLC

## GUIDE TO YOUR BENEFITS AND SERVICES SERVICE COVERED BY OUR PLAN

- **Respiratory Therapy** includes preventive, maintenance and rehabilitative services provided by a qualified respiratory therapy professional.
- **Private Duty Nursing** such as registered nurse services provided either in the home or facility. These services are based on an individual's care plan developed by your Care Manager. Before you receive this service, your physician must determine that it is medically necessary, and your Care Manager must authorize the service and include it in your care plan.
- **Medical Social Services** including assessment, arranging for services and assistance to address social problems that impact your ability to live at home. Most medical social services will be provided by our social worker. If additional services are necessary, the services must be authorized by your Care Manager and included as part of your care plan.
- **Personal Emergency Response Service** is a device that signals for help in the event of an emergency. You can request this service through your Care Manager. Access to this service is based on an individual's Care Plan and must be authorized by your Care Manager before you receive the service.
- **Nutrition** including nutritional assessment, evaluation and development of treatment plans as well as nutritional counseling and education. You can request these services through your Care Manager. Access to these services is based on an individual's care plan and must be authorized by your Care Manager before you receive the service.
- **Home Delivered Meals and/or Meals in a Group Setting** including meals provided at home, or in a group setting such as adult day care or senior centers. You can request these services through your Care Manager. Access to these services is based on an individual's care plan and must be authorized by your Care Manager before you receive the service.
- **Adult Day Health Care** includes medical, nursing, food and nutrition, social services, rehabilitation therapy, dental, pharmaceutical, leisure time activities and other ancillary services. Services are provided in an approved skilled nursing facility or extension site. You can request these services through your Care Manager. Access to these services is based on an individual's care plan and must be authorized by your Care Manager before you receive the service.

# MANAGED LONG-TERM HEALTH CARE PLAN

- **Social Day Care** which provides socialization, supervision, personal care and nutrition in a protective setting. You can request these services through your Care Manager. Access to these services is based on an individual's care plan and must be authorized by your Care Manager before you receive the service.
- **Consumer Directed Personal Assistance Services (CDPAS)** provides personal care services, home health aide services or skilled nursing under the instruction, supervision and direction of the member or the member's representative. Access to these services is based on eligibility criteria and the member's care plan and must be authorized by your Care Manager before services are received.
- **Nonemergency Transportation**, New York City members can use public buses and trains to and from health care appointments without prior approval. Other forms of transportation, including taxis, vans and ambulette service can be used when it is necessary to get needed medical care and other health-related services. In these cases, you must use network transportation providers. Access to these services is based on an individual's care plan and must be authorized by your Care Manager before you use the service.  
**REMEMBER: If you need transportation for health related services, be sure to call us at least two business days in advance if possible.**
- **Podiatry Services** includes routine foot care provided by a podiatrist when your physical condition poses a hazard due to the presence of localized illness, injury or symptoms involving the foot, resulting from the diagnosis and treatment of diabetes, ulcers and infections. Routine hygienic foot care, including treatment of corns and calluses, the trimming of nails, and other hygienic care such as cleaning or soaking feet, is not covered in the absence of a pathological condition.
- **Dental Services** including necessary preventive, prophylactic, routine dental care and supplies as well as dental prosthetic and orthotic appliances required to improve a serious health condition. You will be assigned to a network dentist serving your area when your enrollment application is processed. However, you can change your dentist at any time by calling Healthplex, or network dental provider, at 1-800-468-9868 from 8am to 8pm, Monday through Thursday, and Friday from 8am to 6pm. You may also call this number with questions about your dental benefits.

GUIDE TO YOUR BENEFITS AND SERVICES  
SERVICE COVERED BY OUR PLAN

PRIME HEALTH CHOICE, LLC

- **Vision Service** including routine eye exams, eyeglasses and repairs and medically necessary contact lenses. These services are covered for all MLTC members. When you need these services, you may go to any network optometrists or ophthalmic dispenser for exams and eyeglasses without a referral or prior approval.

**Hearing Aid Services** including testing and exams, hearing aid evaluations, hearing aid prescriptions and hearing aid products. These services are covered for MLTC members. When you need these services, your provider will get approval from us.

#### **TELEHEALTH SERVICES**

Telehealth are services supplied using electronic information and communication technologies by a provider to deliver health care services, which include the assessment, diagnosis, consultation, treatment, education and care management to assist in self-managing your condition. Access to these services is based on an individual's care plan and must be authorized by your Care Manager before you receive the service.

**Health Education** is available for all our members on the Prime Health Choice, LLC'S website. Your Care Manager is always available to answer any question you have about your health condition. Please do not hesitate to call him/her. The phone number is listed at the front of this Handbook.

#### **SERVICES NOT COVERED BY OUR PLAN**

There are some Medicaid and/or Medicare services that are not covered by Prime Health Choice LLC. These services can be obtained from any provider that accepts Medicaid or any other active benefit coverage that you are entitled to receive or by using your Medicare Benefit Card if applicable. Some of the services include:

- Hospice Services
- Pharmacy
- Inpatient hospital services
- Outpatient hospital services
- Laboratory
- Physician
- Radiology and radioisotope services
- Emergency transportation
- Clinic visits
- Renal dialysis
- Alcohol and substance abuse services

## CARE OUTSIDE THE SERVICE AREA

We will cover services outside the defined service area. If you are planning to be out of the service area for an extended period of time, please contact your Care Manager as soon as possible, so that any necessary arrangements can be made. If you have an emergency (see the Emergency Care section of this handbook), go to the nearest emergency room or call 911. Emergency coverage is covered as a part of your primary medical coverage, e.g., Medicaid or Medicare.

## EMERGENCY CARE

If you have an emergency medical condition, you do not need to contact Prime Health Choice, LLC before getting care. You don't need to worry about whether the emergency service is authorized or if the provider is part of the Prime Health Choice, LLC Provider Network.

An emergency medical condition is a health problem that happens suddenly or very rapidly. To be considered an emergency, the problem will include pain or other symptoms that are so severe that an average person - that is, someone like a Prime Health Choice, LLC member without special knowledge of health or medicine - would believe that there would be serious consequences if he/she did not get immediate help. These consequences could include serious jeopardy to your health, damage to your bodily functions or organs, or serious disfigurement.

The official New York State definition of an emergency medical condition is a medical or behavioral condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent lay person, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- serious jeopardy to the health of the individual, or in the case of a Behavioral condition, placing the health of the person or others in Serious jeopardy;
- serious impairment to bodily functions;
- serious dysfunction of any bodily organ or part of such person;
- serious disfigurement of such person.

## VETERAN'S PROTECTIONS

Prime Health Choice will make every effort to have a contract with at least one veteran's home that operates within our service area. Upon enrollment into Prime Health Choice, the Plan will notify each member requiring long term placement about the availability of a veteran's home in our Prime Health Choice Provider Network.

A list of the providers who are in the Prime Health Choice Provider Network was given to you upon enrollment and you will automatically receive an updated directory each year. If we are unable to provide you with admission to a veteran's home in our service area, we will arrange for you to temporarily go "out of the network" until you can be transferred to another MLTC Plan that contracts with an in-network veteran's home.

If Prime Health Choice MLTC Plan does not operate in an area with an accessible veteran's home, or does not have one in our network, we will direct you to the enrollment center. We will inform the enrollment center of the matter, and provide the enrollment center with your information for an easy transfer to another MLTC Plan.

Please read this Handbook carefully for more information on these topics. Your Care Manager or Member Services Representative is also available to answer any questions you have about Prime Health Choice. Please do not hesitate to call them; their phone numbers are listed at the front of this Handbook.

## **SERVICE AUTHORIZATIONS AND ACTIONS REQUIREMENTS**

Most services covered by Prime Health Choice have authorization requirements. This means that if you need any of the services listed below, you must get approval in advance, before receiving care. The services that always require authorization in advance are:

- Homecare services, including nursing care, social worker services, rehabilitation therapies, nutritional counseling, and home health aide services.
- Personal Emergency Response System (PERS)
- Adult Day Care Services
- Home Delivered Meals
- Outpatient Rehabilitation Therapy
- Audiology Services
- Home Safety Modifications
- Respiratory Therapy and Oxygen
- Podiatry
- Medical Equipment
- Medical and Surgical Supplies
- Nursing Home Care
- Social Day Care Services
- Consumer Directed Personal Assistance Services (CDPAS)
- Telehealth Services

# MANAGED LONG-TERM HEALTH CARE PLAN

In addition, there are certain services that require an authorization from Prime Health Choice, LLC only in specific circumstances. These services are described below, along with any special procedures that you must follow when you need them:

- Dental care- You do not need an authorization to see your dentist for a check-up twice a year and basic dental services. However, if you need a more complex dental service, it will require authorization in advance. Your dentist will obtain these authorizations for you.
- Optometry and eyeglasses- You do not need an authorization to have an eye exam from an optometrist once a year or to get new glasses yearly. However, an authorization is required if you need these services more frequently.
- Podiatry- For most members, podiatry care is covered by Medicare. However, an authorization is required if the services you need are not covered by Medicare.

Please speak with your Care Manager if you have any questions about your services and our authorization procedures. Prime Health Choice, LLC provides all services based on medical necessity. If you believe you need any of the services that require approval in advance, you must get authorization from your Care Manager.

When you request additional services, we might ask your physician or other health care provider to explain to Prime Health Choice, LLC the reasons why the service is medically necessary. We have tried to keep our authorization procedures as simple as possible. And because your health is important, Prime Health Choice, LLC will make sure you get a quick answer when the medical necessity of a service needs to be determined.

When you ask for approval of a treatment or service, it is called a Service Authorization Request. To get a service authorization request you, someone you trust, or your doctor can:

**Call: 1-855-777-4630 or  
TTY/TDD: 1-855-777-4613**

**Write:**

**PRIME HEALTH CHOICE, LLC  
3125 EMMONS AVENUE  
BROOKLYN, NY 11235  
FAX: 1-718-513-7370**

**GUIDE TO YOUR BENEFITS AND SERVICES  
SERVICE AUTHORIZATIONS AND ACTIONS**

**PRIME HEALTH CHOICE, LLC**

## WHAT HAPPENS AFTER SERVICE AUTHORIZATION REQUEST

Your service authorization request will be reviewed by a review team, which includes doctors and nurses who work to ensure that you get the services we promise. Their job is to be certain that the treatment or service you requested is medically needed and right for you. This process is done by checking your treatment plan against acceptable medical standards.

### **Prior Authorization (New Services)**

When you, or a provider on your behalf, request a new benefit or service you have never had before, it is considered a prior authorization request. A request to change a service in the plan of care for a future authorization period is also considered a prior authorization request.

### **Concurrent Review (More of the same Service)**

When you, or a provider on your behalf, request additional services that are currently authorized in the plan of care. The request is considered a concurrent review.

After we get your request, we will review it under a standard or expedited process. You, someone you trust, or your doctor can ask for an expedited review if it is believed that a delay will cause serious harm to your health.

If your request for an expedited review is denied, we will tell you and your request will be handled under the standard review process. In all cases, we will review your request as fast as your medical condition requires us to do so, but no later than the time frames mentioned below.

## TIME FRAMES FOR PRIOR AUTHORIZATION REQUESTS

- **Standard review** We will make a decision about your request within three business days from when we have all the information we need, but you will hear from us no later than 14 days after we receive your request.
- **Expedited review** We will make a decision and you will hear from us within 3 business days of your request.

## TIME FRAMES FOR CONCURRENT REVIEW REQUESTS

- **Standard review** We will make a decision within one business day from when we have all the information we need, but you will hear from us no later than 14 days after we received your request.
- **Expedited review** We will make a decision within 1 business day from when we have all the information we need, but you will hear from us no later than 3 business days after we received your request.

If we need more information to make either a standard or expedited decision about your service request, the time frames above can be extended up to 14 business days. We will:

- Write and tell you what information is needed. If your request is in an expedited 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 as quickly as possible after we receive the necessary information, but no later than 14 days from the end of the original time frame.

Whenever you ask for services that require authorization, it is our policy to tell you our decisions both by telephone and in writing. If you disagree with any of the authorization decisions made by Prime Health Choice, please feel free to discuss the situation with your Care Manager. If you do not agree with our decision, you have the right to file an action appeal (See the Action Appeal section of this Handbook).

## PRIME HEALTH CHOICE GRIEVANCE PROCESS

Managed Long Term Care Plan (Prime Health Choice) will try its best to deal with your concerns or issues as quickly as possible and to your satisfaction. If you are having a problem with the services you receive from Prime Health Choice, LLC we want to hear about it. You may use either our grievance process or our appeal process, depending on what kind of problem you have. This section describes both of these processes.

- We will give you any help you may need to file a grievance or appeal. This includes providing you with interpreter services or help if you have vision and/or hearing problems.
- You may choose someone (like a relative or friend) to act on your behalf.

**When you file a grievance or an appeal, you are assured of the following:**

- There will be no change in your services or the way you are treated by Prime Health Choice, LLC staff or a health care provider because you file a grievance or an appeal.
- We will maintain your privacy.

#### **HOW TO REACH US TO FILE A GRIEVANCE OR TO APPEAL A PLAN ACTION.**

There are several ways you can file a grievance or appeal with us:

You can call us toll free at:

**Call: 1-855-777-4630 or  
TTY/TDD: 1-855-777-4613**

You can write to us at:

**PRIME HEALTH CHOICE, LLC  
3125 EMMONS AVENUE  
BROOKLYN NY 11235  
Attention: Grievance and Appeals**

You can send us a fax at: **1-718-513-7370**

**Attention: Grievance and Appeals**

If you are hearing impaired, you can contact PRIME HEALTH CHOICE, LLC by calling Telecommunications Relay Services (TRS). You can reach them at 711. They will help you file a complaint and will call us at **1-855-777-4630**

When you contact us, you will need to give us your name, address, telephone number and the details of the problem.

#### **WHAT IS A GRIEVANCE**

A grievance is any communication by a Member to us of dissatisfaction about the care and treatment you receive from our staff or providers of covered services. For example, if someone was rude to you or you do not like the quality of care or services you have received from us, you can file a grievance with us.

## THE GRIEVANCE PROCESS

You may file a grievance orally or in writing with us. The person who receives your grievance will record it, and appropriate plan staff will oversee the review of the grievance. We will send you a letter telling you that we received your grievance and a description of our review process. We will review your grievance and give you a written answer within one of two timeframes.

If a delay would significantly increase the risk to your health, we will decide within 48 hours after receipt of all necessary information but no more than 7 calendar days from receipt of the grievance.

For all other types of grievances, we will notify you of our decision within 45 days of receipt of necessary information, but the process must be completed within 60 days of the receipt of the grievance.

The review period can be increased up to 14 days at your request or if we need more information and the delay is in your interest.

Our answer will describe what we found when we reviewed your grievance and our decision about your grievance.

## HOW DO I APPEAL A GRIEVANCE DECISION

If you are not satisfied with the decision we make concerning your grievance, you may request a second review of your issue by filing a grievance appeal. You must file a grievance appeal in writing. It must be filed within 60 business days of receipt of our initial decision about your grievance. Once we receive your appeal, we will send you a written acknowledgement telling you the name, address and telephone number of the individual we have designated to respond to your appeal. All grievance appeals will be conducted by appropriate professionals, including health care professionals for grievances involving clinical matters. Also, all grievance appeals will be conducted by individuals who were not involved in the initial decision.

For standard appeals, we will make the appeal decision within 30 business days after we receive all necessary information to make our decision. If a delay in making our decision would significantly increase the risk to your health, we will use the expedited grievance appeal process. For expedited grievance appeals, we will make our appeal decision within 2 business days of receipt of the necessary information. For both standard and expedited grievance appeals, we will provide you with written notice of our decision. The notice will include the detailed reasons for our decision and, in cases involving clinical matters, the clinical rationale for our decision.

## WHAT IS AN ACTION

### Definitions

When Prime Health Choice, LLC does one of the following, these decisions are considered plan “actions”:

- Denies or limits services requested by you or your provider; Denies a request for a referral;
- Decides that a requested service is not a covered benefit;
- Reduces, suspends or terminates services that we already authorized;
- Denies payment for services;
- Does not provide timely services; or
- Does not make grievance or appeal determinations within the required timeframes.
- Places any restriction, reduction, suspension or termination of authorized services for MLTC members that are transitioning to Prime Health Choice, LLC from another Medicaid community –based managed long term care program;
- Places any restriction, reduction, suspension or termination of authorized CDPAS (including CDPAS itself) or denial of a request to change CDPAS
- An action is subject to an appeal.

### TIMING OF NOTICE OF ACTION

If we decide to deny or limit services you requested or decide not to pay for all or part of a covered service, we will send you a notice when we make our decision. If we are proposing to reduce, suspend or terminate a service that is authorized, our letter will be sent at least 10 days before we intend to change the service.

### CONTENTS OF THE NOTICE OF ACTION

The notice will also tell you about your right to a State Fair Hearing:

- It will explain the difference between an appeal and a Fair Hearing;
- It will say that you do not have to file an appeal before asking for a Fair Hearing;
- It will explain how to ask for a Fair Hearing

Any notice we send to you about an action will include the following:

- Explain the action we have taken or intend to take;
- Tell you the reasons for the action, including the clinical rationale, if any;
- Describe your right to file an appeal with us (including whether you may also have a right to the State’s external appeal process);
- Describe how to file an internal appeal and the circumstances under which you can request that we speed up (expedite) our review of your internal appeal;

# MANAGED LONG-TERM HEALTH CARE PLAN

- Describe the availability of the clinical review criteria relied upon in making the decision, if the action involved issues of medical necessity or whether the treatment or service in question was experimental or investigational;
- Describe the information, if any that must be provided by you and/or your provider in order for us to make a decision on an appeal.
- If we are restricting, reducing, suspending, or terminating an authorized service and you want your services to continue while your appeal is decided, you must ask for a Fair Hearing within 10 days of the date on the notice or the intended effective date of the proposed action, whichever is later.

## HOW DO I FILE AN APPEAL OF AN ACTION

You can file an appeal of an action with the plan orally or in writing. When the plan sends you a letter about an action it is taking (like denying or limiting services, or not paying for services): you must file your appeal request within 60 business days of the date of our letter notifying you of the action, or the intended effective date of the proposed action, whichever is later.

## HOW TO CONTACT PRIME HEALTH CHOICE TO FILE AN APPEAL

There are several ways you can file your appeal with us:

You can call us toll free at:

Call: 1-855-777-4630 or  
TTY/TDD: 1-855-777-4613

You can write to us at:

**PRIME HEALTH CHOICE, LLC**  
**3125 EMMONS AVENUE**  
**BROOKLYN, NY 11235**  
**Attention: Grievance and Appeals**

You can send us a fax at: **1-718-513-7370**

**Attention: Grievance and Appeals**

If you are hearing impaired, you can contact Prime Health Choice by calling the Telecommunications Relay Services (TRS). You can reach them at 711. They will help you file a complaint and will call us at 1-855-777-4630.

PRIME HEALTH CHOICE GRIEVANCE PROCESS  
GUIDE TO YOUR BENEFITS AND SERVICES

PRIME HEALTH CHOICE, LLC

The person who receives your appeal will record it, and appropriate staff will oversee the review of the appeal. We will send a letter telling you that we received your appeal, and how we will handle it. Your appeal will be reviewed by knowledgeable clinical staffs who were not involved in the plan's initial decision or action that you are appealing.

#### **REQUEST TO CONTINUE SERVICE DURING THE APPEAL PROCESS**

If you are appealing a restriction, reduction, suspension or termination of services you are currently authorized to receive, you may request a Fair Hearing to continue to receive these services while your appeal is decided. We must continue your service if you ask for a Fair Hearing no later than 10 days from our mailing of the notice to you about our intent to restrict, reduce, suspend or terminate your services, or by the intended effective date of our action, whichever is later and the original period covered by the service authorization has not expired. To find out how to ask for a Fair Hearing, and to ask for aid to continue, see the Fair Hearing Section.

Your services will continue until you withdraw the appeal, or until the original authorization period for your services has been met or until 10 days after we mail your notice about our appeal decision. If our decision is not in your favor, unless you have requested a New York State Medicaid Fair Hearing we may require you to pay for these services if they were provided only because you asked to continue to receive them while your case was being reviewed.

#### **HOW LONG DOES IT TAKE PRIME HEALTH CHOICE TO DECIDE ON APPEAL OF AN ACTION**

Unless you ask for an expedited review, we will review your appeal of the action taken by us as a standard appeal and send you a written decision as quickly as your health condition requires, but no later than 30 days from the day we receive an appeal. (The review period can be increased up to 14 days if you request an extension or we need more information and the delay is in your interest.) During our review you will have a chance to present your case in person and in writing. You will also have the chance to look at any of your records that are part of the appeal review.

We will send you a notice about the decision we made about your appeal that will identify the decision we made and the date we reached that decision.

If we reverse our decision to deny or limit requested services, or restrict, reduce, suspend or terminate services, and services were not furnished while your appeal was pending, we will provide you with the disputed services as quickly as your health condition requires.

In some cases you may request an “expedited” appeal.

## **EXPEDITED APPEAL PROCESS**

If you or your provider feels that taking the time for a standard appeal could result in a serious problem to your health or life, you may ask for an expedited review of your appeal of the action. We will respond to you with our decision within 2 business days after we receive all necessary information. In no event will the time for issuing our decision be more than 3 business days after we receive your appeal. (The review period can be increased up to 14 days if you request an extension or we need more information and the delay is in your interest.)

If we do not agree with your request to expedite your appeal, we will make our best efforts to contact you to let you know that we have denied your request for an expedited appeal and will handle it as a standard appeal. Also, we will send you a written notice of our decision to deny your request for an expedited appeal within 2 days of receiving your request by us or by the intended effective date of our action to reduce, suspend or terminate your services, whichever occurs later.

## **WHAT IF PRIME HEALTH CHOICE DENIES THE APPEAL**

If our decision about your appeal is not totally in your favor, the notice you receive will explain your right to request a Medicaid Fair Hearing from New York State, and will give you information on how to obtain a Fair Hearing, who can appear at the Fair Hearing on your behalf, and for some appeals, your right to request to receive services while the Hearing is pending and how to make the request. If we deny your appeal because of issues of medical necessity or because the service in question was experimental or investigational, the notice will also explain how to ask New York State for an “external appeal” of our decision.

**NOTE:** You must request a Fair hearing within 60 calendar days after the date on the Initial Determination Notice. This deadline applies even if you are waiting for us to make a decision on your Internal Appeal.

#### STATE FAIR HEARINGS

You may request a Fair Hearing from New York State. The Fair Hearing decision can overrule our original decision, whether or not you asked us for an appeal. You must request a Fair Hearing within 60 calendar days of the date we sent you the notice about our original decision. You can pursue a Prime Health Choice appeal and a Fair Hearing at the same time, or you can wait until Prime Health Choice decides your appeal and then ask for a Fair Hearing. In either case, the same 60 calendar day deadline applies.

The State Fair Hearing process is the only process that allows your services to continue while you are waiting for your case to be decided. If we send you a notice about restricting, reducing, suspending, or terminating services you are authorized to receive, and you want your services to continue, you must request a Fair Hearing. Filing an internal or external appeal will not guarantee that your services will continue.

To make sure that your services continue pending the appeal, generally you must request the Fair Hearing AND make it clear that you want your services to continue. Some forms may automatically do this for you, but not all of them, so please read the form carefully. In all cases, you must make your request within 10 days of the date on the notice, or by the intended effective date of our action (whichever is later).

Your benefits will continue until you withdraw the appeal; or until the original authorization period for your services ends; or the State Fair Hearing Officer issues a hearing decision that is not in your favor, whichever occurs first.

If the State Fair Hearing Officer reverses our decision, we must make sure that you receive the disputed services promptly, and as soon as your health condition requires. If you received the disputed services while your appeal was pending, we will be responsible for payment for the covered services ordered by the Fair Hearing Officer.

Although you may request to continue services while you are waiting for your Fair Hearing decision, if your Fair Hearing is not decided in your favor, you may be responsible for paying for the services that were the subject of the Fair Hearing.

# MANAGED LONG-TERM HEALTH CARE PLAN

You can file a State Fair Hearing by contacting the Office of Temporary and Disability Assistance:

- **Online Request Form:**  
<https://errswbnet.otda.ny.gov/errswbnet/erequestform.aspx>
- **Mail a Printable Request Form:**  
NYS Office of Temporary and Disability Assistance Office  
of Administrative Hearings Managed Care Hearing Unit  
P.O. Box 22023 Albany, New York 12201-2023
- **Fax a Printable Request Form:**  
(518) 473-6735
- **Request by Telephone:**  
Standard Fair Hearing line – 1 (800) 342-3334  
Emergency Fair Hearing line – 1 (800) 205-0110  
TTY line – 711(request that the operator call 1 (877) 502-6155)
- **Request in Person:**  
New York City:  
14 Boerum Place, 1st Floor Brooklyn, New York 11201  
Albany:  
40 North Pearl Street, 15th Floor Albany, New York 12243
- **For more information on how to request a Fair Hearing,**  
Please visit: <http://otda.ny.gov/hearings/request/>

## STATE EXTERNAL APPEALS

If we deny your appeal because we determine the service is not medically necessary or is experimental or investigational, you may ask for an external appeal from New York State.

The external appeal is decided by reviewers who do not work for us or New York State. These reviewers are qualified people approved by New York State. You do not have to pay for an external appeal.

When we make a decision to deny an appeal for lack of medical necessity or on the basis that the service is experimental or investigational, we will provide you with information about how to file an external appeal, including a form on which to file the external appeal along with our decision to deny an appeal. If you want an external appeal, you must file the form with the New York State Department of Financial Services within 4 months from the date we denied your appeal.

PRIME HEALTH CHOICE, LLC  
GUIDE TO YOUR BENEFITS AND SERVICES  
MEMBER RIGHTS AND RESPONSIBILITY

# MANAGED LONG-TERM HEALTH CARE PLAN

PRIME HEALTH CHOICE, LLC

GUIDE TO YOUR BENEFITS AND SERVICES  
PRIME HEALTH CHOICE GRIEVANCE PROCESS

Your external appeal will be decided within 30 days. More time (up to 5 business days) may be needed if the external appeal reviewer asks for more information. The reviewer will tell you and us of the final decision within two business days after the decision is made. You can get a faster decision if your doctor can say that a delay will cause serious harm to your health. 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 us the decision right away by phone or fax. Later, a letter will be sent that tells you the decision. You may ask for both a Fair Hearing and 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.

## **OTHER WAYS TO EXPRESS A COMPLAINT OR CONCERN ABOUT PRIME HEALTH CHOICE**

We hope you will always discuss your concerns with us. However, if you are dissatisfied with Prime Health Choice, LLC or if you disagree with the way we have handled your complaint, you also have the right to file a complaint with the New York State Department of Health. You can call them or write to them at any time at the following location:

**New York State Department of Health  
Bureau of Managed Long Term Care  
Empire State Plaza Corning Tower, RM 1911  
Albany, New York 12237 Telephone: 1-866-712-7197**

## **PARTICIPANT OMBUDSMAN**

The Participant Ombudsman is an independent organization that provides free services to long term care recipients in the state of New York. These services include, but are not necessarily limited to:

- providing pre-enrollment support to you and your family
- compiling enrollee complaints and concerns about your enrollment, access to services, and other related matters,
- helping you to understand the fair hearing, grievance and appeal rights and assisting you through these processes.
- Prime Health Choice, LLC, upon request, will provide you with a current list of Participating Providers and information on how you can contact them.

## **CONTACT**

Independent Consumer Advocacy Network (ICAN)  
Call- (844) 614-8800 TTY Relay Service: 711 <http://icannys.org/>

## MEMBER RIGHTS AND RESPONSIBILITY

As with any membership program, you have certain rights and responsibilities when you join Prime Health Choice, LLC. As a member of Prime Health Choice, LLC your key responsibilities are:

- You have a right to seek assistance from the Participant Ombudsman Program
- Receive all of your covered benefits through the Prime Health Choice, LLC program.
- Use the providers listed in the Provider Directory to obtain covered services.
- Talk with your Care Manager about the services you need. In most cases, the services you receive from Prime Health Choice, LLC require the approval (or “authorization”) of your Care Manager before you can get care.
- Let your Care Manager know if you plan to travel out of town. She/he will temporarily cancel the services you are receiving in your home and in your community. In addition, if you need assistance while you are away, she/he may be able to arrange for care while you travel.
- Get care immediately if you have an emergency. However, please try to let us know within 24 hours, or as soon as possible, so that we can be sure that the services you receive from Prime Health Choice, LLC are adjusted for any changes in your health status.
- It is your responsibility to pay Prime Health Choice, LLC any Medicaid Surplus that you owe within thirty (30) days after such amount first becomes due. Your surplus amount is based on Medicaid eligibility rules and is determined by Medicaid. You may want to contact Medicaid to discuss Medicaid eligibility rules and how your Medicaid surplus is determined. Your Care Manager or Social Worker will be glad to help with this. Just call the Prime Health Choice, LLC phone number at the front of this Handbook during regular business hours.
- Call Prime Health Choice, LLC whenever you have a question regarding your membership or need assistance. We want to make Prime Health Choice, LLC the very best long term care program. To do that, we need your help and your ideas. We invite you to call or write us at any time. Tell us what you like, and give us suggestions. Our address and telephone number are listed on the back cover of this Handbook. And, every so often we or our representatives may send you a short survey or call you on the phone to ask how you feel about Prime Health Choice, LLC please tell us. Our staff considers each comment and suggestion from members and families to see how we can improve the program for everyone. It is an easy way for you to take part in improving Prime Health Choice, LLC policies, providers and services.

GUIDE TO YOUR BENEFITS AND SERVICES  
MEMBER RIGHTS AND RESPONSIBILITY

PRIME HEALTH CHOICE, LLC

Your health, safety, and well being are the main concern for the team of dedicated Prime Health Choice, LLC staff who care for you in this program. As a member, you have certain rights that are important for you to understand. Please ask your Care Manager to explain these to you if you have any questions.

#### **As a member of PRIME HEALTH CHOICE, LLC:**

- You have the right to receive medically necessary care.
- You have the right to timely access to care and services.
- You have the right to privacy about your medical record and when you get treatment.
- You have the right to get information on available treatment options and alternatives, presented in a manner and language that you understand.
- You have the right to get information in a language that you understand and the right to get oral translation services free of charge.
- You have the right to be treated with respect and dignity.
- You have the right to request a copy of your medical records and ask that the records be amended or corrected.
- You have the right to take part in decisions about your healthcare, including the right to refuse treatment.
- You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- You have the right to get care without regard to sex, race, health status, color, age, national origin, sexual orientation, veteran's status, marital status, or religion.
- You have the right to be told where, when, and how to get the services you need from Prime Health Choice, LLC including how you can get benefits from out-of-network providers if Prime Health Choice, LLC does not have the services you need in our network.
- You have the right to complain to the New York State Department of Health or your local Department of Social Services, by calling 1(877)-472-8411. You also have the right to use the New York State Fair Hearing system or, in some instances, request a New York State External Appeal.
- You have the right to appoint someone to speak for you about your care and treatment.

- You have the right to make advance directives and plans about your care. In addition, as a Prime Health Choice, LLC member, you may be receiving care from a home care agency, a hospital, an adult day program, and/ or a nursing home. In each of these settings, you have important rights that the health provider must respect. Please be sure that you understand all of your rights as you continue to receive services from Prime Health Choice, LLC and our provider network.
- You have a right to seek assistance from the Participant Ombudsman Program (see pg. 25, Participant Ombudsman).

## **MEMBER DISENROLLMENT FROM PRIME HEALTH CHOICE MANAGED LONG TERM CARE PROGRAM**

- Prime Health Choice, LLC values you as a member. We want you to be completely satisfied with your long term care. If you have any concerns or problems with our services or your membership, we want to hear about it. Please call your Care Manager at the telephone number in front of the Welcome Handbook. We will do everything we can to help resolve your issue, even if you have already decided to disenroll.
- If you are considering ending your enrollment, we hope that you will call your Care Manager and talk about why you wish to leave. If you agree to discuss your situation with us, your Care Manager will contact with you to help resolve any unmet needs.
- To end your enrollment, we ask that you submit your request in writing to your Care Manager and sign a Prime Health Choice, LLC Disenrollment Request Form. You may also request your disenrollment orally, by discussing it with your Care Manager or another Prime Health Choice, LLC staff member. If you decide to end your membership in Prime Health Choice, LLC we will help you plan for your care following disenrollment and will arrange your transfer to another MLTC Plan or a Managed Care Plan so that you can continue to receive your long-term care services.
- If you request disenrollment within the first 10 days of the month, your disenrollment usually will take effect on the first day of the next month.

- However, if you ask to be disenrolled after the tenth of the month, your disenrollment normally will not take effect until the following month. For instance, if you request disenrollment between April 1<sup>st</sup> and April 10<sup>th</sup>, your disenrollment will take effect on May 1<sup>st</sup>. But if you request disenrollment between April 11<sup>th</sup> and April 30<sup>th</sup>, your disenrollment will take effect on June 1<sup>st</sup>. You will receive written notification of the date of your disenrollment.

## **MEMBER DISENROLLMENT BY PRIME HEALTH CHOICE MANAGED LONG TERM CARE PROGRAM**

Yes, in certain circumstances, Prime Health Choice, LLC may no longer be the right program to meet your long term care needs. However, please be assured that Prime Health Choice, LLC will not discriminate against you or request your disenrollment because of your health status or because your needs have changed.

If Prime Health Choice, LLC believes it is necessary to disenroll you, we must first obtain the approval of New York Medicaid Choice. Prime Health Choice will assist you with a safe discharge plan. If eligible, we will help arrange for you to be transferred to another MLTC plan or assist you with obtaining other community based services through Human Resources Administration/Department of Social Services.

## **REASONS PRIME HEALTH CHOICE, LLC MUST INITIATE DISENROLLMENT**

Prime Health Choice will initiate disenrollment when a member does not request voluntary disenrollment within five (5) business days from the date we become aware that you are no longer eligible for MLTC.

Prime Health Choice, LLC must cancel your membership if:

- Your only service is identified as Social Day Care
- You move out of the Prime Health Choice, LLC service area.
- You are out of the Prime Health Choice, LLC service area for more than 30 days in a row.
- You are hospitalized for more than 45 days in a row.
- You are placed in a residential program sponsored by the Office of Mental Health, or the Office of Alcoholism and Substance Abuse Services, or the Office for People with Developmental Disabilities for more than 45 days consecutive days or longer.

- You require long term nursing home care and are not eligible for institutional Medicaid.
- You are no longer eligible for the Medicaid program.
- You are no longer eligible for the program because you no longer would be eligible for nursing home level of care. (In this instance we will only disenroll you if it is determined that by terminating your services you will not be eligible for nursing home level of care within the next 6 months).
- You are incarcerated.

We may also cancel your membership if:

- You knowingly provide Prime Health Choice, LLC with false information or behave in a deceptive or fraudulent way.
- You or a member of your household is abusive or engages in behavior that seriously harms the safety of our staff or a network provider, or seriously disrupts our ability to care for you safely in the community.
- You or your family knowingly fails to complete or submit any consent form or other document that Prime Health Choice, LLC needs in order to obtain services for you.
- Your physician refuses to work with Prime Health Choice, LLC and our staff in developing and implementing your plan of care.
- You fail to pay or make efforts to pay Prime Health Choice, LLC any Medicaid surplus amount that you owe within 30 days after this amount is due.

## IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS

### Notice of Privacy Practices Effective February 1, 2012

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

We respect the confidentiality of your health information. We are required by federal and state laws to maintain the privacy of your health information and to send you this notice.

PRIME HEALTH CHOICE, LLC  
GUIDE TO YOUR BENEFITS AND SERVICES  
IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS

PRIME HEALTH CHOICE, LLC

This notice explains how we use information about you and when we can share that information with others. It also informs you about your rights with respect to your health information and how you can exercise these rights.

We use security safeguards and techniques designed to protect your health information that we collect, use or disclose orally, in writing and electronically. We train our employees about our privacy policies and practices, and we limit access to your information to only those employees who need it in order to perform their business responsibilities. We do not sell information about our customers or former customers.

#### **HOW PRIME HEALTH CHOICE WILL USE OR SHARE INFORMATION**

We may use or share information about you for purposes of payment, treatment and health care operations, including with our business associates. For example:

- **Payment:** We may use your information to process and pay claims submitted to us by you or your doctors, hospitals and other health care providers in connection with medical services provided to you.
- **Treatment:** We may share your information with your doctors, hospitals, or other providers to help them provide medical care to you. For example, if you are in the hospital, we may give the hospital access to any medical records sent to us by your doctor.
- **Health Care Operations:** We may use and share your information in connection with our health care operations. These include, but are not limited to:
  - Sending you a reminder about appointments with your doctor or recommended health screenings.
  - Giving you information about alternative medical treatments and programs or about health-related products and services that you may be interested in. For example, we might send you information about stopping smoking or weight loss programs.
  - Performing coordination of care and case management.

# MANAGED LONG-TERM HEALTH CARE PLAN

PRIME HEALTH CHOICE, LLC

GUIDE TO YOUR BENEFITS AND SERVICES  
IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS

- Conducting activities to improve the health or reduce the health care costs of our members. For example, we may use or share your information with others to help manage your health care. We may also talk to your doctor to suggest a disease management or wellness program that could help improve your health.
- Managing our business and performing general administrative activities, such as customer service and resolving internal grievances and appeals.
- Conducting medical reviews, audits, fraud and abuse detection, and compliance and legal services.
- Conducting business planning and development, rating our risk and determining our premium rates. However, we will not use your generic information for underwriting purposes.
- Reviewing the competence, qualifications, or performance of our network providers, and conducting training programs, accreditation, certification, licensing, credentialing and other quality assessment and improvement activities.
- **Business Associates:** We may share your information with others who help us conduct our business operations, provided they agree to keep your information confidential.

## OTHER WAYS PRIME HEALTH CHOICE WILL USE OR SHARE INFORMATION

We may also use and share your information for the following other purposes:

- We may use or share your information with the employer or other health-plan sponsor through which you receive your health benefits. We will not share individually identifiable health information with your benefits plan unless they promise to keep it protected and use it only for purposes relating to the administration of your health benefits.
- We may share your information with a health plan, provider, or health care clearinghouse that participates with us in an organized health care arrangement. We will only share your information for health care operation activities associated with that arrangement.

- We may share your information with another health plan that provides or has provided coverage to you for payment purposes. We may also share your information with another health plan, provider in health care clearinghouse that has or had a relationship with you for the purpose of quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.
- We may share your information with a family member, friend, or other person who is assisting with your health care or payment for your health care. We may also share information about your location, general condition, or death to notify or help notify (including identifying and locating) a person involved with your care or to help with disaster-relief efforts. Before we share this information, we will provide you with an opportunity to object. If you are not present, or in the event of your incapacity or an emergency, we will share your information based on our professional judgment of whether the disclosure would be in your best interest.

#### **STATE AND FEDERAL LAWS ON RELEASE OF HEALTH INFORMATION**

There are also state and federal laws that allow or may require us to release your health information to others. We may share your information for the following reasons:

- We may report or share information with state and federal agencies that regulate the health care or health insurance system such as the U.S. Department of Health and Human Services, the New York State Insurance Department and the New York State Department of Health.
- We may share information for public health and safety purposes. For example, we may report information to the extent necessary to avert an imminent threat to your safety or the health or safety of others. We may report information to the appropriate authorities if we have reasonable belief that you might be a victim of abuse, neglect, domestic violence or other crimes.

# MANAGED LONG-TERM HEALTH CARE PLAN

- We may provide information to a court or administrative agency (for example, in response to a court order, search warrant, or subpoena).
- We may report information for certain law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
- We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with funeral directors as necessary to carry out their duties.
- We may use or share information for procurement, banking or transplantation of organs, eyes or tissue.
- We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others, and to correctional institutions and in other law enforcement custodial situations.
- We may report information on job-related injuries because of requirements for your state worker compensation laws.
- Under certain circumstances, we may share information for purposes of research.

Certain types of especially sensitive health information, such as HIV-related, mental health and substance abuse treatment records, are subject to heightened protection under the law. If any state or federal law or regulation governing this type of sensitive information restricts us from using or sharing your information in any manner otherwise permitted under this Notice, we will follow the more restrictive law or regulation.

## MEMBER AUTHORIZATION

If one of the preceding reasons does not apply, we must get your written authorization to use or disclose your health information. If you give us written authorization and change your mind, you may revoke your written authorization to release your health information. We cannot guarantee that the person to whom the information is provided will not re-disclose the information.

**PRIME HEALTH CHOICE, LLC**  
**GUIDE TO YOUR BENEFITS AND SERVICES**  
**IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS**

The authorization form describes the purpose for which the information is to be used, the time period during which the authorization form will be in effect, and your right to revoke authorization at any time. The authorization form must be completed and signed by you or your duly authorized representative and returned to us before we will disclose any of your protected health information. You can obtain a copy of this form by calling the Customer Service phone number on the back of your ID card.

#### **MEMBER RIGHTS**

The following are your rights with respect to the privacy of your health information. If you would like to exercise any of the following rights, please contact us by calling the telephone number shown on the back of your ID card.

#### **Restricting Information**

- **You have the right to ask us to restrict** how we use or disclose your information for treatment, payment or health care operations. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care. Please note that while we will try to honor your request, we are not required to agree to these restrictions.

#### **Member's Confidentiality**

- **You have the right to ask to receive confidential communications** of information if you believe that you would be endangered if we send your information to your current mailing address (for example, in situations involving domestic disputes or violence). You can ask us to send the information to an alternative address or by alternative means, such as by fax. We may require that your request be in writing and you specify the alternative means or location, as well as the reason for your request. We will accommodate reasonable requests. Please be aware that the explanation of benefit statement (s) that the Plan issues to the contract holder or certificate holder may contain sufficient information to reveal that you obtained health care for which the Plan paid, even though you have asked that we communicate with you about your health care in confidence.

- **You have the right to inspect and obtain a copy** of information that we maintain about you in your designated record set. A “designated record set” is the group of records used by or for us to make benefit decisions about you. This can include enrollment, payment, claims, and case or medical management records. We may require that your request be in writing. We may charge a fee for copying information or preparing a summary or explanation of the information and in certain situations, we may deny your request to inspect or obtain a copy of your information.
- **You have the right to ask us to amend** information we maintain about you in your designated record set. We may require that your request be in writing and that you provide a reason for your request. We may deny your request for an amendment if we did not create the information that you want amended and the originator remains available or for certain reasons, if we deny your request, you may file a written statement in disagreement.

## IMPORTANT INFORMATION ABOUT ADVANCED DIRECTIVES

- You have the right to make your own health care decisions. Sometimes, as a result of a serious accident or illness, that may not be possible. You can plan ahead of time for such situations by preparing an Advance Directive that will help insure that your health care wishes are followed. There are different types of Advance Directives:
- **Do Not Resuscitate (DNR) Order:** You have the right to decide if you want emergency treatment to restart your heart or lungs if your breathing or circulation stops. If you do not want cardiopulmonary resuscitation, you should make your wishes known in writing. Your primary Care Physician (PCP) can provide a DNR order for your medical records. You can 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. You can also complete the back of your NYS driver's license or non-driver ID card to let others know of and how you want to donate your organs.
- **Living Will**: You can give specific instructions about treatment in advance of situations where you may be unable to make important health care decisions on your own.

It is your choice whether you wish to complete an Advance Directive and which type of Advance Directive is best for you. You may complete any, all, or none of the Advance Directives listed above. The law forbids discrimination against providing medical care based on whether a person has an Advance Directive or not. For more information, please speak to your Care Manager or your Primary Care Provider. The Prime Health Choice, LLC enrollment packet will contain Advance Directive forms. You do not need to use a lawyer, but you may wish to speak with one about this important issue. You may change your mind at any time. Contact your Care Manager if you wish to make any changes.

- **Health Care Proxy**: This is a document that enables competent adults to protect their health care wishes by appointing someone they trust to decide about treatment on their behalf when they are unable to decide for themselves.

## HEALTH CARE PROXY

### APPOINTING YOUR HEALTH CARE AGENT IN NEW YORK STATE

The New York Health Care Proxy allows you to appoint someone you trust – for example, a family member or close friend-to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent's decisions as if they were your own.

You may allow your agent to make all health care decisions or only certain ones. You may also give your agent instructions that he or she has to follow. This form can also be used to document your wishes or instructions with regard to organ and/or tissue donation.

## ABOUT THE HEALTH CARE PROXY FORM

This is an important legal document before signing you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, including the decision to remove or provide life-sustaining treatment, unless you say otherwise in this form. "Health Care" means any treatment, service or procedure to diagnose or treat your physical or mental condition.
2. Unless your agent reasonably knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube or intravenous line), he or she will not be allowed to refuse or consent to those measures for you.
3. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.
4. You may write on this form example of the types of treatments that you would not desire and/or those treatments that you want to make sure you receive. The instructions may be used to limit the decision-making power of the agent. Your agent must follow your instructions when making decisions for you.
5. You do not need a lawyer to fill out this form.
6. You may choose any adult (18 years of age or older), including a family member or close friend, to be your agent. If you select a doctor as your agent, he or she will have to choose between acting as your agent or as your attending doctor, because a doctor cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. Ask staff at the facility to explain those restrictions.

7. Before appointing someone as your health care agent, discuss it with him or her to make sure that he or she is willing to act as your agent. Tell the person you choose that he or she will be your health care agent. Discuss your health care wishes and this form with your agent. Be sure to give him or her, a signed copy. Your agent cannot be sued for health care decisions made in good faith.
8. If you have named your spouse as your health care agent and you later become divorced or legally separated, your former spouse will no longer be your agent by law, unless you state otherwise. If you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.
9. Even though you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you do not object, nor will your agent have any power to object.
10. You may cancel the authority given to your agent by telling him or her or your health care provider orally or in writing.
11. Appointing a health care agent is voluntary. No one can require you to appoint one.
12. You may express your wishes or instructions regarding organ and/or tissue donation on the form.

## FREQUENTLY ASKED QUESTIONS

### Why should I Choose a Health Care Agent?

If you become unable, even temporarily, to make health care decisions, someone else must decide for you. Health care providers often look to family members for guidance. Family members may express what they think your wishes are related to a particular treatment. However, in New York State, only a health care agent you appoint has the legal authority to make treatment decisions if you are unable to decide for yourself. Appointing an agent lets you control your medical treatment by:

- Allowing your agent to make health care decisions on your behalf as you would want them decided.
- Choosing one person to make health care decisions because you think that person would make the best decisions.
- Choosing one person to avoid conflict or confusion among family members and/or significant others.

You may also appoint an alternate agent to take over if your first choice cannot make decisions for you.

## **Who Can Be A Health Care Agent?**

Anyone 18 years of age or older can be health care agent. The person you are appointing as your agent or your alternate agent cannot sign as a witness on your Health Care Proxy form.

## **How Do I Appoint A Health Care Agent?**

All competent adults, 18 years of age or older, can appoint a health care agent by signing a form called a Health Care Proxy. You don't need a lawyer or a notary, just two adult witnesses. Your agent cannot sign as a witness. You can use the form printed here, but you don't have to use this form.

## **When Would My Health Care Agent Begin To Make Health Care Decisions for Me?**

Your health care agent would begin to make health care decisions after your doctor decides that you are not able to make your own health care decisions. As long as you are able to make health care decisions for yourself, you will have the right to do so.

## **What Decisions Can My Health Care Agent Make?**

Unless you limit your health care agent's authority, your agent will be able to make any health care decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments and decide that treatments should not be provided, in accordance with your wishes and interests. However, your agent can only make decisions about artificial nutrition and hydration (nourishment and water provided by feeding tube or intravenous line) if he or she knows your wishes from what you have said or what you have written.

The Health Care Proxy form does not give your agent the power to make non-health care decisions for you such as financial decisions.

#### **Why Do I need to Appoint A Health Care Agent If I'm Young and Healthy?**

Appointing a health care agent is a good idea even though you are not elderly or terminally ill. A health care agent can act on your behalf if you become even temporarily unable to make your own health care decisions (such as it might occur if you are under general anesthesia or have become comatose because of an accident). When you again become able to make your own health care decisions, your health care agent will no longer be authorized to act.

#### **How Will My Health Care Agent Make Decisions?**

Your agent must follow your wishes, as well as your moral and religious beliefs. You may write instructions on your Health Care Proxy form or simply discuss them with your agent.

#### **How Will My Health Care Agent Know My Wishes?**

Having an open and frank discussion about your wishes with your health care agent will put him or her in a better position to serve your interests. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interest. Because this is a major responsibility for the person you appoint as your health care agent, you should have a discussion with the person about what types of treatments you would or would not want under different types of circumstances, such as:

- Whether you would want life support initiated/continued or removed if you are in a permanent coma.
- Whether you would want treatments initiated/continued or removed if you have a terminal illness.
- Whether you would want artificial nutrition and hydration initiated/withheld, continued or withdrawn, and under what types of circumstances.

#### **Can My Health Care Agent Overrule My Wishes or Prior Treatment instructions?**

No. your agent is obligated to make decisions based on your wishes. If you clearly expressed particular wishes, or gave particular treatment instructions, your agent has a duty to follow those wishes or instructions unless he or she has a good faith basis for believing that your wishes changed or do not apply to the circumstances.

### **Who will pay Attention To My Agent?**

All hospitals, nursing homes, doctors and other health care providers are legally required to provide your health care agent with the same information that would be provided to you and to honor the decisions by your agent as if they were made by you. If a hospital or nursing home objects to some treatment options (such as removing certain treatment), they must tell you or your agent, BEFORE OR UPON admission, if reasonably possible.

### **What If My Health Care Agent Is Not Available When Decisions Must Be Made?**

You may appoint an alternate agent to decide for you if your health care agent is unavailable, unable or unwilling to act when decisions must be made. Otherwise, health care providers will make health care decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

### **What If I Change My Mind?**

It is easy to cancel your Health Care proxy, to change the person you have chosen as your health care agent or to change any instructions or limitations you have included on the form. Simply fill out a new form. In addition, you may indicate that your Health Care Proxy expires on a specified date or if certain events occur. Otherwise, the Health Care Proxy will be valid indefinitely. If you choose your spouse as your health care agent or as your alternate, and you get divorced or legally separated, the appointment is automatically cancelled. However, if you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse.

### **Can My Health Care Agent Be Legally Liable for Decisions Made on My Behalf?**

No. Your health care agent will not be liable for health care decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care just because he or she is your agent.

#### **Is A Health Care Proxy The Same As A Living Will?**

No. A living will is a document that provides specific instructions about your health care decisions. You may put such instructions on your Health Care Proxy form. The Health Care Proxy allows you to choose someone you trust to make health care decisions on your behalf. Unlike a living will, A Health Care proxy does not require that you know in advance all the decisions that may arise.

Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made.

#### **Where Should I Keep My Health Care Proxy Form After It Is Signed?**

Give a copy to your agent, your doctor, your attorney and any other family members or close friends you want. Keep a copy in your wallet or purse, or with other important papers, but not in a location where no one can access it, like a safe deposit box. Bring a copy if you are admitted to the hospital, even for minor surgery, or if you undergo outpatient surgery. *Please do not send your Health Care Proxy to Prime Health Choice, LLC.*

#### **May I Use The Health Care Proxy Form to Express My Wishes About Organ and/or Tissue Donation?**

Yes. Use the optional organ and tissue donation section on the Health Care Proxy form. Be sure to have the section witnessed by two people and specify that your organs and/or tissue may be used for transplantation, research or educational purposes. Any limitation(s) associated with your wishes should be noted in this section of the proxy.

Failure to include your wishes and instructions on your Health Care Proxy form will not be taken to mean that you do not want to be an organ and/or tissue donor.

#### **Can My Health Care Agent make Decisions for Me about Organ and/or Tissue Donation?**

No. The power of a health care agent to make health care decisions on your behalf ends upon your death. Noting your wishes on your Health Care Proxy form allows you to clearly state your wishes about organ and tissue donation.

## **Who Can Consent To a Donation If I choose not To State My Wishes at This Time?**

It is important to note your wishes about organ and/or tissue donation so that family members who will be approached about donation are aware of your wishes. However, New York law provides a list of individuals who are authorized to consent to organ and/or tissue donation on your behalf. They are listed in order of priority: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death or any other legally authorized person.

## **Health Care Proxy Form Instructions**

### **Item (1)**

Write the name, home address and telephone number of the person you are selecting as your agent.

### **Item (2)**

If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

### **Item (3)**

Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want your Health Care Proxy to expire.

### **Item (4)**

If you have special instructions for your agent, write them here. Also, if you wish to limit your agent's authority in any way, you may say so here, or discuss them with your health care agent. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

If you want to give your agent broad authority, you may do so right on the form. Simply write: *I have discussed my wishes with my health care agent and they know my wishes, including those about artificial nutrition and hydration.*

*If you wish to make more specific instruction, you could say: If I become terminally ill, I do/do not want to receive the following types of treatments: if I am in a coma or have little conscious understanding, with no hope of recovery, then I do/do not want the following treatments:*

*If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/do not want the following types of treatments: ... I have discussed with my agent my wishes about \_\_\_\_\_ and I want my agent to make all decisions about these measures.*

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list:

- Artificial respiration
- Artificial nutrition and hydration (nourishment and water provided by feeding tube)
- Cardiopulmonary resuscitation (CPR)
- Antipsychotic medication
- Electric shock therapy
- Antibiotics
- Surgical procedures
- Dialysis
- Transplantation
- Blood transfusions
- Abortion
- Sterilization.

#### **Item (5)**

You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

#### **Item (6)**

You may state wishes or instructions about organ and/or tissue donation on this form. A health care agent cannot make a decision about organ and/or tissue donation because the agent's authority ends upon your death. The law does provide for certain individuals, in order of priority, to consent to an organ and/or tissue donation on your behalf; your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death or any other legally authorized person.

#### **Item (7)**

Two witnesses 18 years of age or older must sign this Health Care Proxy form. The person who is appointed your agent or alternate agent cannot sign as a witness.

PRIME HEALTH CHOICE, LLC

Health Care Proxy

(1) I, \_\_\_\_\_ hereby appoint \_\_\_\_\_ as my health care agent to make any and all health care decisions for me, except to the extent that I state other wise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent
If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint \_\_\_\_\_ as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. (Optional: If you want this proxy to expire, state the date or conditions here.) This proxy shall expire (specify date or conditions): \_\_\_\_\_

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. (If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.) I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions (attach additional pages as necessary): \_\_\_\_\_

In order for your agent to make health care decisions for you about artificial nutrition and hydration (nourishment and water provided by feeding tube and intravenous line), your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

# MANAGED LONG-TERM HEALTH CARE PLAN

**(5) Your Identification (please print)**

Your Name \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Address \_\_\_\_\_

**(6) Optional: Organ and/or Tissue Donation**

I hereby make an anatomical gift, to be effective upon my death, of: *(check any that apply)*

Any needed organs and/or tissues

The following organs and/or tissues \_\_\_\_\_

Limitations \_\_\_\_\_

*If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.*

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**(7) Statement by Witnesses** *(Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)*

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date \_\_\_\_\_ Date \_\_\_\_\_

Name of Witness 1  
*(print)* \_\_\_\_\_

Name of Witness 2  
*(print)* \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_



**PRIME HEALTH CHOICE, LLC**

**3125 EMMONS AVENUE  
BROOKLYN, NY 11235**

**TEL.: 855-777-4630**

**OR TTY/TDD**

**TEL.: 855-777-4613**

**[WWW.PRIMEHEALTHCHOICE.COM](http://WWW.PRIMEHEALTHCHOICE.COM)**