Chapter 2: Important phone numbers and resources

[If applicable, the Plan should modify this chapter to include contact information for other health services.]

[The Plan should refer Participants to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, "see Chapter 9, Section A, page 1." An instruction [plan may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

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# How to contact <plan name> Participant Services

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY/TDD phone number> This call is free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | [Web address is optional.] |

## Contact Participant Services about:

###### Questions about the plan

###### Questions about claims, billing or Participant ID cards

[If the plan has different numbers for the functions listed below, the plan should insert separate charts with the additional contact information.]

###### Coverage decisions about your services and items

A coverage decision is a decision about whether you can get certain covered services and items or how much you can have of certain covered services and items.

Call us or your Care Manager if you have questions about a coverage decision <plan name> or your Interdisciplinary Team (IDT) made about your services and items.

* To learn more about coverage decisions, see Chapter 9 [plan may insert reference, as applicable].

###### Appeals about your services and items

An *appeal* is a formal way of asking us to review a decision we or your IDT made about your coverage and asking us to change it if you think we or your IDT made a mistake.

* To learn more about making an appeal, see Chapter 9 [plan may insert reference, as applicable].

###### Grievances about your services and items

You can file a grievance (also called “making a complaint”) about us or any provider (including a non-network or network provider). A network provider is a provider who works with <plan name>. You can also file a grievance about the quality of the care you got, to us or to the Quality Improvement Organization (see Section G below [plan may insert reference, as applicable]).

* Note: If you disagree with a coverage decision that <plan name> or your IDT made about your services or items, you can file an appeal (see the section above[plan may insert reference, as applicable]).

You can also send a grievance about <plan name> right to Medicare. You can use an online form at <https://www.medicare.gov/MedicareComplaintForm/home.aspx>. Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.

* To learn more about filing a grievance, see Chapter 9 [plan may insert reference, as applicable].

###### Coverage decisions about your drugs

A coverage decision is a decision about whether you can get certain covered drugs or how much you can have of a certain covered drug. This applies to your Part D drugs, Medicaid prescription drugs, and Medicaid over-the-counter drugs as covered by <plan name>. See Chapter 5 and the List of Covered Drugs for more information on your drug benefits and how to get covered drugs.

* For more on coverage decisions about your prescription drugs, see Chapter 9 [plan may insert reference, as applicable].

###### Appeals about your drugs

An *appeal* is a way to ask us to change a coverage decision.

[Plan should include contact information for appealing Medicaid drugs and Part D drugs. If the contact information is the same, the plan should modify the information so only one number is given to appeal all drugs. If applicable, explain how Medicaid drugs are labeled in the Drug List.]

* For more on making an appeal about your prescription drugs, see Chapter 9 [plan may insert reference, as applicable].

###### Grievances about your drugs

You can file a grievance (also called “making a complaint”) about us or any pharmacy. This includes a grievance about your prescription drugs.

* Note: If you disagree with a coverage decision about your prescription drugs, you can file an appeal (see the section above[plan may insert reference, as applicable]).

You can also send a grievance about <plan name> right to Medicare. You can use an online form at <https://www.medicare.gov/MedicareComplaintForm/home.aspx>. Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.

* For more on filing a grievance about your prescription drugs, see Chapter 9 [plan may insert reference, as applicable].

###### Payment for health care or drugs you already paid for

To learn how to ask us to pay you back, see Chapter 7 [plan may insert reference, as applicable].

# How to contact your Care Manager

[The Plan should include information explaining what a Care Manager is, how Participants are assigned a Care Manager, how they can contact the Care Manager, and how they can change their Care Manager.]

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY/TDD phone number> This call is [insert if applicable: not] free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | [Web address is optional.] |

## Contact your Care Manager about:

###### Questions about your care and covered services, items, and drugs

###### Assistance in making and getting to appointments

###### Questions about getting behavioral health services, transportation, and long-term services and supports (LTSS)

###### Requests for services, items, and drugs

###### Requests for a Comprehensive Reassessment or changes to a Life Plan

# How to contact the Nurse Advice Call Line

[Plan should include information about what the Nurse Advice Call Line is.]

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  The Nurse Advice Call Line is available 24 hours a day, 7 days a week. [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY/TDD phone number> This call is free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  The Nurse Advice Call Line is available 24 hours a day, 7 days a week. |

## Contact the Nurse Advice Call Line about:

###### Immediate questions about your health

# How to contact the Behavioral Health Crisis Line

[*Plan should only include the Behavioral Health Crisis Line if it is applicable.*]

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY/TDD phone number> This call is free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

## Contact the Behavioral Health Crisis Line about:

###### Questions about behavioral health services

###### Any issues you might be having

# How to contact the Enrollment Broker

New York Medicaid Choice is New York State’s Enrollment Broker for the FIDA-IDD program. New York Medicaid Choice can help you enroll or disenroll in the FIDA-IDD Plan. New York Medicaid Choice counselors can also help you understand your rights.

New York Medicaid Choice is not connected with any insurance company, managed care plan, or this FIDA-IDD Plan.

|  |  |
| --- | --- |
| CALL | 1-844-343-2433 This call is free.  The Enrollment Broker is available Monday through Friday from 8:30 am to 8:00 pm, and Saturday from 10:00 am to 6:00 pm. |
| TTY | 1-888-329-1541 This call is free.  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WRITE | New York Medicaid Choice  P.O. Box 5081  New York, NY 10274 |
| WEBSITE | http://www.nymedicaidchoice.com |

# How to contact the State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) gives free health insurance counseling to people with Medicare.In New York State, the SHIP is called the Health Insurance Information, Counseling, and Assistance Program (HIICAP).

HIICAP is not connected with any insurance company, managed care plan, FIDA, or FIDA-IDD Plan.

|  |  |
| --- | --- |
| CALL | 1-800-701-0501 This call is free. |
| WEBSITE | http://www.aging.ny.gov/healthbenefits |

You may also contact your local HIICAP office directly:

|  |  |  |
| --- | --- | --- |
| **LOCAL OFFICE** | **CALL** | **WRITE** |
| Nassau County | 516-485-3754 | Office of Children and Family Services 400 Oak Street Garden City, New York 11530 |
| New York City | 212-602-4180 | Department for the Aging Two Lafayette Street, 16th Floor New York, NY 10007-1392 |
| Rockland County | 845-364-2118 | Rockland County Office for the Aging 50 Sanatorium Rd  Pomona, NY 10970-0350 |
| Suffolk County | 631-979-9490 | RSVP Suffolk 811 West Jericho Turnpike, Suite 103W Smithtown, NY 11787 |
| Westchester County | 914-813-6651 | Department of Senior Programs & Services 9 South First Avenue, 10th Floor Mt. Vernon, NY 10550 |

**Contact HIICAP about:**

###### Questions about your Medicarehealth insurance

HIICAP counselors can:

help you understand your rights,

help you understand your Medicare plan choices, and

answer your questions about changing to a new Medicare plan.

# How to contact the Quality Improvement Organization (QIO)

Our state has an organization called Livanta. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare.Livanta is not connected with our plan.

|  |  |
| --- | --- |
| CALL | **1-866-815-5440** This call is free.  Livanta is available Monday through Friday from 9:00 am to 5:00 pm, and Saturday through Sunday from 11:00 am to 3:00 pm. |
| TTY | [TTY/TDD phone number is optional.]  [Insert if the QIO uses a direct TTY number: This number is for people  who have hearing or speaking problems. You must have special telephone equipment to call it.] |
| WRITE | BFCC-QIO Program  9090 Junction Dr., Suite 10  Annapolis Junction, MD 20701 |
| EMAIL | BFCCQIOArea1@livanta.com |
| WEBSITE | http://bfccqioarea1.com |

## Contact Livanta about:

###### Questions about your health care

You can make a complaint about the care you have received if:

You have a problem with the quality of care,

You think your hospital stay is ending too soon, ***or***

You think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

# How to contact Medicare

Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services, or CMS.

|  |  |
| --- | --- |
| CALL | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| TTY | 1-877-486-2048 This call is free.  This number is for people who have hearing or speaking problems.  You must have special telephone equipment to call it. |
| WEBSITE | http://[www.medicare.gov](http://www.medicare.gov/)  This is the official website for Medicare. It gives you up-to-date information about Medicare. It also has information about hospitals, nursing facilities, physicians, home health agencies, and dialysis facilities. It includes booklets you can print right from your computer. You can also find Medicare contacts in your state by selecting “Forms, Help & Resources” and then clicking on “Phone numbers & websites.”  The Medicare website has the following tool to help you find plans in your area:  **Medicare Plan Finder:** Provides personalized information about Medicare prescription drug plans, Medicare health plans, and Medigap (Medicare Supplement Insurance) policies in your area. Select “Find health & drug plans.”  If you don’t have a computer, your local library or senior center may be able to help you visit this website using its computer. Or, you can call Medicare at the number above and tell them what information you are looking for. They will find the information on the website, print it out, and send it to you. |

# How to contact Medicaid

[Plan must, as appropriate, include additional telephone numbers for Medicaid program assistance.]

Medicaid helps with medical and long-term services and supports costs for people with limited incomes and resources.

You are enrolled in Medicare and in Medicaid. If you have questions about the help you get from Medicaid, call the Medicaid Helpline.

|  |  |
| --- | --- |
| CALL | 1-800-541-2831 This call is free.  The Medicaid Helpline is available Monday through Friday from 8:00 am to 8:00 pm and Saturday from 9:00 am to 1:00 pm. |
| TTY | 1-877-898-5849 This call is free.  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |

# How to contact the Independent Consumer Advocacy Network

The Independent Consumer Advocacy Network (ICAN) helps people enrolled in the FIDA-IDD Plan with access to covered services and items, questions about billing, or other questions and problems. ICAN can help you file a grievance or an appeal with our plan.

|  |  |
| --- | --- |
| CALL | 1-844-614-8800 This call is free.  ICAN is available Monday through Friday from 8:00 am to 8:00 pm. |
| TTY | Call 711, then follow the prompts to dial 844-614-8800 |
| EMAIL | ican@cssny.org |
| WEBSITE | http://www.icannys.org |

# How to contact the New York State Long-Term Care Ombudsman

The Long-Term Care Ombudsman Program helps people learn about nursing facilities and other long-term care settings. It also helps solve problems between these settings and residents or their families.

|  |  |
| --- | --- |
| CALL | 1-800-342-9871 This call is free. |
| WEBSITE | http://www.ltcombudsman.ny.gov |

You may also contact your local long-term care ombudsman directly. The contact information for the ombudsman in your county can be found in the directory at the following website: http://www.ltcombudsman.ny.gov/Whois/directory.cfm.

# How to contact Developmental Disability Regional Offices (DDROs) and the Office for People With Developmental Disabilities (OPWDD)

OPWDD provides supports and services for individuals with intellectual and developmental disabilities. If you have questions about OPWDD services, you may contact your local DDRO or call the information line.

DDROs

* If you live in Bronx or New York (Manhattan) County, call 1-646-766-3466
* If you live in Kings County, call 1-718-642-6000
* If you live in Queens County, call 1-718-217-4242
* If you live in Richmond County, call 1-718-983-5200
* If you live in Nassau or Suffolk County, call 1-631-434-6100
* If you live in Rockland or Westchester, call 1-845-947-6100

OPWDD Toll-Free Information Line 1-866-946-9733

* For individuals with hearing impairment, use NY Relay System 711

# Other resources

[Plan may insert this section to provide additional information resources, such as county aging and disability resource centers, choice counselors, or area agencies on aging.]

**Willowbrook class members**

If you are a Willowbrook class member, you may be co-represented or fully represented by the Consumer Advisory Board (CAB). As a class member, you may choose to have co-representation from a family member or the CAB or you may have your family act as your full representative. While your family may be the full representative, you may also want CAB to act as co-representative. You can also be your own self-advocate and act as your own correspondent.

For more information call: 518-473-6026