Chapter 2: Important phone numbers and resources

**Introduction**

This chapter gives you contact information for important resources that can help you answer your questions about <plan name> and your health care benefits. You can also use this chapter to get information about how to contact your Care Manager and others that can advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of the *Participant Handbook*.

[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.]

[The plan must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.]

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# A. How to contact <plan name> Participant Services

| Contact Type |  |
| --- | --- |
| 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 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.] |

## A1. When to contact Participant Services

* 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 (QIO) (see Section G below [plan may insert a 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.](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* (Drug List) 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.

[The 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[The 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 [The 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]

# B. 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.]

| Contact Type |  |
| --- | --- |
| 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 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.] |

## B1. When to contact your Care Manager

* 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)
* Asking for services, items, and drugs
* Asking for a Comprehensive Reassessment or changes to a Life Plan

# C. How to contact the Nurse Advice Call Line

[Plan should include a brief description and information about what the Nurse Advice Call Line is.]

| Contact Type |  |
| --- | --- |
| 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 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. |

## C1. When to contact the Nurse Advice Call Line

* Immediate questions about your health

# D. How to contact the Behavioral Health Crisis Line

[Plan should only include the Behavioral Health Crisis Line if it is applicable. If the plan includes a Behavioral Health Crisis Line, it should also briefly describe what it is.]

| Contact Type |  |
| --- | --- |
| 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 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> |

## D1. When to contact the Behavioral Health Crisis Line:

* Questions about behavioral health services
* Any issues you might be having
* [Insert when applicable: Questions about substance use disorder services]

# E. How to contact New York Medicaid Choice

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.

| Contact Type |  |
| --- | --- |
| CALL | 1-844-343-2433 This call is free.  New York Medicaid Choice 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> |

# F. 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.

| Contact Type |  |
| --- | --- |
| 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, Suite 104 Garden City, New York 11530 |
| New York City | 212-602-4180 | Department for the Aging Two Lafayette Street, 7th Floor New York, NY 10007-1392 |
| Rockland County | 845-364-2118 | Rockland County Office for the Aging 50 Sanatorium Rd, Building B Pomona, NY 10970-0350 |
| Suffolk County | 631-979-9490  Ext.14 | RSVP Suffolk 811 West Jericho Turnpike, Suite 103W Smithtown, NY 11787 |
| Westchester County | 914-813-6100 | Department of Senior Programs & Services 9 South First Avenue, 10th Floor Mt. Vernon, NY 10550 |

## F1. When to contact HIICAP

* Questions about your Medicare health insurance
* HIICAP counselors can answer your questions about changing to a new Medicare plan and help you:
* understand your rights and
* understand your Medicare plan choices.

# G. How to contact the Quality Improvement Organization (QIO)

Our state has a QIO 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.

| Contact Type |  |
| --- | --- |
| CALL | 1-866-815-5440 This call is free. |
| TTY | 1-866-868-2289  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WRITE | Livanta QIO  10820 Guilford Rd., Suite 202  Annapolis Junction, MD 20701 |
| WEBSITE | <http://www.livantaqio.com> |

## G1. When to contact Livanta

* Questions about your health care
* You can make a complaint about the care you got if you:
* have a problem with the quality of care,
* think your hospital stay is ending too soon, **or**
* think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

# H. 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.

| Contact Type |  |
| --- | --- |
| 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 you are looking for. They will find the information on the website, print it out, and send it to you. |

# I. How to contact Medicaid

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

Medicaid helps with medical and LTSS 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.

| Contact Type |  |
| --- | --- |
| 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. |

# J. How to contact the Independent Consumer Advocacy Network (ICAN)

ICAN helps people enrolled in the FIDA-IDD Plan and works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do. ICAN also helps people enrolled in Medicaid with service or billing problems. They are not connected with our plan or with any insurance company or health plan. Their services are free.

| Contact Type |  |
| --- | --- |
| 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](mailto:ican@cssny.org) |
| WEBSITE | <http://www.icannys.org> |

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

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

| Contact Type |  |
| --- | --- |
| 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>.

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

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

# M. Other resources

[The 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. Plan should format consistently with other sections and include a brief description and information about any other resources they add.]

## M1. 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