



HUSKY Health Program Member Handbook

HUSKY B



The HUSKY Health program provides free services to help you communicate with us better. If you need help, language assistance services are available to you. Please call us at 1.800.859.9889 (TTY: 711). We're here Monday through Friday from 8 a.m. to 6 p.m.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.859.9889 (TTY: 711).

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.800.859.9889 (TTY: 711).

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.800.859.9889 (TTY: 711).

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.859.9889 (TTY: 711)

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.800.859.9889 (TTY: 711).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.859.9889 (ATS : 711).

Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.800.859.9889 (TTY: 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.859.9889 (телетайп: 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.859.9889 (TTY: 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.859.9889 (رقم هاتف الصم والبكم: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1.800.859.9889 (TTY: 711) 번으로 전화해 주십시오.

Shqip (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.
Telefononi në 1.800.859.9889 (TTY: 711).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1.800.859.9889 (TTY: 711) पर कॉल करें।

Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.859.9889 (TTY: 711).

λληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1.800.859.9889 (TTY: 711).

TABLE OF CONTENTS

| | |
|---|-----------|
| IMPORTANT TELEPHONE NUMBERS | 1 |
| CHANGES TO YOUR INFORMATION | 1 |
| WELCOME TO THE HUSKY HEALTH PROGRAM! | 2 |
| Getting the Most Out of Your Membership | 2 |
| HOW THE HUSKY HEALTH PROGRAM WORKS FOR YOU | 2 |
| Our Website..... | 2 |
| HUSKY Health Member Home Page | 2 |
| Secure Member Portal..... | 3 |
| Secure Provider Portal..... | 3 |
| Member ID Card | 4 |
| 24/7 Nurse Helpline..... | 5 |
| Translation Services..... | 5 |
| HOW TO ACCESS YOUR HEALTHCARE SERVICES..... | 5 |
| HUSKY Health Providers | 5 |
| Choosing Your Primary Care Provider | 5 |
| Specialists | 7 |
| Second Opinions | 7 |
| HUSKY B BENEFITS | 7 |
| COST SHARE..... | 8 |
| HUSKY PLUS PROGRAM..... | 8 |
| HUSKY Plus Covered Services | 8 |
| Co-pays | 9 |
| Intensive Care Management | 9 |
| Contact Information | 9 |
| GETTING THE RIGHT CARE, AT THE RIGHT TIME, AND AT THE RIGHT PLACE..... | 9 |
| Well-Care/Preventive Services | 9 |
| Urgent Care | 9 |
| Emergency Care..... | 10 |
| COVERED SERVICES..... | 10 |
| Ambulatory Surgery..... | 10 |
| Ambulance..... | 11 |
| Behavioral Health Services | 11 |
| Chiropractor..... | 12 |
| Dental Services | 12 |
| Dialysis..... | 13 |
| Durable Medical Equipment..... | 13 |
| Emergency Care & Urgent Care Services..... | 14 |
| Emergency Care Outside of Connecticut and the United States (U.S.)..... | 14 |
| Eye/Vision Care..... | 15 |
| Family Planning..... | 15 |

| | |
|--|-----------|
| Hearing Aids & Exams (Audiologists)..... | 15 |
| Home Health Care Services | 16 |
| There is no co-pay. Services are covered at 100%.Hospice | 16 |
| Hospital Services..... | 17 |
| Laboratory Work..... | 18 |
| Maternity..... | 18 |
| Medical Surgical Supplies | 18 |
| Naturopaths..... | 18 |
| Orthotic & Prosthetic Devices | 19 |
| Out-of-State Coverage - Care outside of Connecticut and the United States (U.S.) | 19 |
| Oxygen | 19 |
| Parenteral/Enteral Supplies..... | 19 |
| Pharmacy Services | 20 |
| “Over-the-Counter” Medications | 20 |
| Physician Services | 21 |
| Podiatry | 21 |
| Radiology Services | 22 |
| Rehabilitation Therapy | 22 |
| SERVICES THAT ARE NOT COVERED..... | 23 |
| INTENSIVE CARE MANAGEMENT (ICM) | 23 |
| Children and Youth with Special Health Care Needs (CYSHCN) | 25 |
| SPECIALIZED PROGRAMS..... | 25 |
| Transplant Care Management..... | 25 |
| Healthy Beginnings Maternity Program | 25 |
| Neonatal Intensive Care Unit (NICU) Program | 26 |
| High-Risk and Chronic Conditions | 26 |
| Healthy Airways – a program for members with asthma | 26 |
| Living Well with Sickle Cell – a program for members with sickle cell disease | 26 |
| Healthy Living with Diabetes – a program for members with diabetes..... | 27 |
| COMMUNITY RESOURCES | 27 |
| Women, Infants, and Children (WIC) Nutrition Program | 27 |
| Healthy Start..... | 27 |
| Nurturing Families | 28 |
| Birth to Three..... | 28 |
| HUSKY Infoline (211)..... | 28 |
| School-Based Child Health Services..... | 28 |
| Educational Health Materials Available to Members..... | 28 |
| MEMBER RIGHTS AND RESPONSIBILITIES..... | 29 |
| Your Rights:..... | 29 |
| Your Responsibilities: | 29 |
| NON-DISCRIMINATION NOTICE | 30 |
| ADVANCE DIRECTIVES | 31 |

| | |
|--|-----------|
| COMPLAINTS, QUALITY OF CARE, AND ADVERSE INCIDENT REPORTING | 31 |
| PRIVACY | 33 |
| APPEALS | 33 |
| Expedited (Rushed) Review | 34 |
| External Appeals | 34 |
| MEMBER SATISFACTION SURVEY..... | 35 |
| RENEWAL/REDETERMINATION..... | 35 |
| PREMIUM BILLING | 35 |
| HUSKY HEALTH IS HERE FOR YOU | 35 |
| MEMBER BASIC INFORMATION FACT SHEET | 37 |

IMPORTANT TELEPHONE NUMBERS

| Services | Phone Numbers |
|---|-----------------------|
| HUSKY Health Program Member Engagement Services Monday – Friday: 8:00 a.m. to 6:00 p.m. | 1.800.859.9889 |
| HUSKY Plus Program: Information, Eligibility & Authorizations Monday – Friday: 8:00 a.m. to 6:00 p.m. Member Engagement Services | 1.800.859.9889 |
| Behavioral Health Services CT Behavioral Health Partnership (CT BHP) Monday – Friday: 9:00 a.m. to 7:00 p.m. | 1.877.552.8247 |
| Dental Services CT Dental Health Partnership (CTDHP) Monday – Friday: 8:00 a.m. to 5:00 p.m. | 1.855.283.3682 |
| Pharmacy Services CT Pharmacy Assistance Program Monday – Friday: 8:00 a.m. to 5:00 p.m. | 1.866.409.8430 |
| Nurse Helpline 24 hours a day/365 days a year | 1.800.859.9889 |
| Fraud Reporting Hotline Monday – Friday: 8:30 a.m. to 5:00 p.m. | 1.866.700.6109 |
| Access Health CT to apply and renew for HUSKY B Monday – Friday: 8:00 a.m. to 4:30 p.m. During Open Enrollment these hours could be extended | 1.855.805.4325 |
| Premium Billing Issues Monday – Friday: 8:30 a.m. to 5:00 p.m. | 1.800.656.6684 |

*For the deaf or hard of hearing, please dial 711, or use your Telecommunications or Video Relay Service.

CHANGES TO YOUR INFORMATION

To report address, phone number, income, or demographic changes, or addition/removal of household members, please call **Access Health CT** at 1.855.805.4325. You may also make these changes at www.accesshealthct.com.

WELCOME TO THE HUSKY HEALTH PROGRAM!

Thank you for joining the HUSKY Health program! This handbook will help you understand your child's HUSKY Health benefits and the services available. HUSKY Health is committed to your child's care. We will help you understand the HUSKY B benefits and provide your child with services to help your child stay as healthy as possible. Our goal is to help you and your child's provider work together to make sure your child gets the best care.

We look forward to hearing from you!

Getting the Most Out of Your Membership

If you have any questions, please call Member Engagement Services at 1.800.859.9889, Monday through Friday from 8:00 a.m. to 6:00 p.m. or send us a [secure email](#).

Member Engagement Services can help you:

- Find a provider and make appointments
- Choose or change a Primary Care Provider (PCP)
- Learn about covered services and how to get them
- Learn about special programs you can use
- Find resources in your community that can help you

Member Engagement Services can give you information about the benefits and services available to your child from the HUSKY Health program. We can tell you how the program works and answer any questions you may have. We have many people who speak English and Spanish. If you speak another language, we will get a translator for you.

We have many programs that help members with special healthcare needs. Details about these programs are in this handbook. If you still have questions after you read this handbook, please call us at 1.800.859.9889.

HOW THE HUSKY HEALTH PROGRAM WORKS FOR YOU

Our Website

Learn about your child's benefits, services, health conditions, community resources, and the latest information and news from HUSKY Health. To access the site, go to www.ct.gov/husky, and click "**For Members**" on the left side of the screen. This will bring you to the **HUSKY Health Member** home page.

HUSKY Health Member Home Page

The member home page of the HUSKY Health website is designed for you. It puts the information you need about your child's HUSKY Health benefits right at your fingertips.

On the page you will find links to:

- Member Information – Find important member information. Access the Welcome Brochure, update you/your child’s personal information, complete your child’s personal Health Risk Questionnaire. If your child is under 18, you can create a new HUSKY Health account to securely access information on your child’s PCP and eligibility. You can also learn more about your child’s right to privacy and how you can report possible fraud.
- Member Benefits – Learn about HUSKY Health benefits, and find materials such as the HUSKY Health Member Handbooks, Quick Reference Guides, Benefit Grids, and other important information.
- Find a Doctor – Search the Provider Directory to find a PCP or a specialist in your area.
- Managing Your Care – Learn about Intensive Care Management (ICM) services and care after a hospital stay.
- Health & Wellness – Find information and tools to help you stay as healthy as you can be. Find information about many conditions by selecting “**Your Health Library**” under the “**Health & Wellness**” menu item. Also, find community resources that can help you and your family.

Secure Member Portal

If your child is under 18, when you log in to the secure member portal, you can see your child’s information.

You can also:

- View member details. This includes your child’s name, address, date of birth, and ID number
- See who your child’s PCP is and find out how to get a new one
- Use the HUSKY Health Provider Directory on our website to find providers who participate in the HUSKY Health program (this list is also on the “**Find a Doctor**” page)
- Learn about other programs you can use
- Find out how to contact us

This portal is **secure**. That means all of your child’s information is safe each time you use it.

Secure Provider Portal

Providers also have a secure web portal. This lets them see the health services and medicines they have given your child in the past. Your child’s PCP can also see health information from other healthcare providers. This includes hospitals, specialists, and pharmacies. It does not include information from behavioral health providers, unless you agree to it. Your child’s PCP can make better decisions about the type of healthcare your child needs when they can see your child’s health information from your child’s other providers.

If your child is under the age of 18 and you do not want your child’s PCP to be able to look at health information from your other providers, you can “opt-out” for your child. This means you let HUSKY Health know that you do not want your child’s PCP to see health information from other providers.

To opt out, you must tell HUSKY Health in writing. You can download an Opt-Out Request Form by going to www.ct.gov/husky, clicking “**For Members,**” “**Member Information,**” then “**Opt-Out Information & Forms.**” You can also contact Member Engagement Services if you need a form mailed to you. The phone number is 1.800.859.9889 or you can [send us a secure email](#). You can opt out at any time.

If you have opted out, you may change your mind. You can cancel your opt-out request at any time. All you need to do is fill out the Canceling your Opt-Out Request form. To access this form, go to www.ct.gov/husky click “**For Members,**” “**Member Information,**” then “**Opt-Out Information & Forms.**” You can also call us at 1.800.859.9889 or [send us a secure email](#).

If your child is over the age of 18, your child may complete the opt-out form for themselves.





Member ID Card

The HUSKY Health program sends a Member ID card to all new members. Don’t share this card with anyone. When you get your child’s new HUSKY Member ID card, look for your child’s name. If the name is wrong, follow the steps on **page 1** of this handbook under **CHANGES TO YOUR INFORMATION**. You may also call Member Engagement Services at 1.800.859.9889.

Always keep this Member ID card with you. Show this card each time your child goes for medical services.

These are sample Member ID cards. The first example is what an ID card looks like if there is a cost share. The second is if there is no cost share.

These are sample Member ID cards:

| | | | | | | | | | | | | | | | |
|--|---|----------------------------|----------------|----------------------------|----------------|------------------------|----------------|---------------------|----------------|------------------------------|----------------|----------|----------------|-------------|----------------|
|  <p>JOHN J. SAMPLE 123456789</p> <p>Co-pays apply: PCP (preventive care)..... \$0 PCP (non-preventive)..... \$10 Specialist.....\$10 Pharmacy.....\$5/\$10</p> <p>www.ct.gov/husky</p>  | <p>Only the person named on this card can use this card to receive services. Use your PCP to coordinate your medical care.</p> <table border="0"> <tr><td>Member Engagement Services</td><td>1.800.859.9889</td></tr> <tr><td>Behavioral Health Services</td><td>1.877.552.8247</td></tr> <tr><td>Dental Health Services</td><td>1.855.283.3682</td></tr> <tr><td>24/7 Nurse Helpline</td><td>1.800.859.9889</td></tr> <tr><td>Provider Engagement Services</td><td>1.800.440.5071</td></tr> <tr><td>Pharmacy</td><td>1.866.409.8430</td></tr> <tr><td>Eligibility</td><td>1.855.626.6632</td></tr> </table> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Providers: File claims directly at www.ctdssmap.com</p> </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;"> <p>If you do not have a Primary Care Provider, call Member Engagement Services.</p> </div> | Member Engagement Services | 1.800.859.9889 | Behavioral Health Services | 1.877.552.8247 | Dental Health Services | 1.855.283.3682 | 24/7 Nurse Helpline | 1.800.859.9889 | Provider Engagement Services | 1.800.440.5071 | Pharmacy | 1.866.409.8430 | Eligibility | 1.855.626.6632 |
| Member Engagement Services | 1.800.859.9889 | | | | | | | | | | | | | | |
| Behavioral Health Services | 1.877.552.8247 | | | | | | | | | | | | | | |
| Dental Health Services | 1.855.283.3682 | | | | | | | | | | | | | | |
| 24/7 Nurse Helpline | 1.800.859.9889 | | | | | | | | | | | | | | |
| Provider Engagement Services | 1.800.440.5071 | | | | | | | | | | | | | | |
| Pharmacy | 1.866.409.8430 | | | | | | | | | | | | | | |
| Eligibility | 1.855.626.6632 | | | | | | | | | | | | | | |
|  <p>JOHN J. SAMPLE 123456789</p> <p>No cost share</p> <p>www.ct.gov/husky</p>  | <p>Only the person named on this card can use this card to receive services. Use your PCP to coordinate your medical care.</p> <table border="0"> <tr><td>Member Engagement Services</td><td>1.800.859.9889</td></tr> <tr><td>Behavioral Health Services</td><td>1.877.552.8247</td></tr> <tr><td>Dental Health Services</td><td>1.855.283.3682</td></tr> <tr><td>24/7 Nurse Helpline</td><td>1.800.859.9889</td></tr> <tr><td>Provider Engagement Services</td><td>1.800.440.5071</td></tr> <tr><td>Pharmacy</td><td>1.866.409.8430</td></tr> <tr><td>Eligibility</td><td>1.855.626.6632</td></tr> </table> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Providers: File claims directly at www.ctdssmap.com</p> </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;"> <p>If you do not have a Primary Care Provider, call Member Engagement Services.</p> </div> | Member Engagement Services | 1.800.859.9889 | Behavioral Health Services | 1.877.552.8247 | Dental Health Services | 1.855.283.3682 | 24/7 Nurse Helpline | 1.800.859.9889 | Provider Engagement Services | 1.800.440.5071 | Pharmacy | 1.866.409.8430 | Eligibility | 1.855.626.6632 |
| Member Engagement Services | 1.800.859.9889 | | | | | | | | | | | | | | |
| Behavioral Health Services | 1.877.552.8247 | | | | | | | | | | | | | | |
| Dental Health Services | 1.855.283.3682 | | | | | | | | | | | | | | |
| 24/7 Nurse Helpline | 1.800.859.9889 | | | | | | | | | | | | | | |
| Provider Engagement Services | 1.800.440.5071 | | | | | | | | | | | | | | |
| Pharmacy | 1.866.409.8430 | | | | | | | | | | | | | | |
| Eligibility | 1.855.626.6632 | | | | | | | | | | | | | | |

The No Cost Share HUSKY B card is for members of federally recognized American Indian or Alaskan Natives. This ID card will have your child’s name, ID number, and the name of your HUSKY plan. It will also have cost share information. It has helpful phone numbers on the back.

24/7 Nurse Helpline

If your child's provider or the provider's answering service is not available, HUSKY Health gives members a way to contact a registered nurse 24 hours a day 7 days a week through our 24/7 Nurse Helpline. Skilled nurses are here if your child is sick, hurt, or needs healthcare advice. They can help you decide what to do.

Our 24/7 Nurse Helpline will:

- Answer your healthcare questions quickly and correctly
- Tell you where you can go to get the care needed
- Teach you about self-care and how to find out what services you can use

Please call 1.800.859.9889 for the 24/7 Nurse Helpline.

Translation Services

If you call Member Engagement Services, our staff can call an interpreter line when needed. This will let us talk to you in the language you prefer.

If you need to have our written materials translated, we can help. We are able to translate any of our written material into the language you prefer.

If you have trouble seeing, our written materials can be printed with larger words. We can also copy them into braille.

HOW TO ACCESS YOUR HEALTHCARE SERVICES

HUSKY Health Providers

Your child will get all HUSKY Health services from healthcare providers who participate in the HUSKY Health program. You can use the HUSKY Health Provider Directory on our website to find providers who are part of the program. To access the directory, visit www.ct.gov/husky, click "**For Members**," then "**Find a Doctor**." You can search for providers in your area. You can also call Member Engagement Services at 1.800.859.9889.

If any of your child's providers are not in the Provider Directory, you can call them to find out if they participate in the HUSKY Health program. If they are not, tell us about that provider and we can contact them to see if they are willing to join the network.

We can help them enroll so that they can treat HUSKY Health members. If your child's providers do not want to join the HUSKY Health program, we can help you find new providers for your child. We can even help you make an appointment.

Choosing Your Primary Care Provider

It is important that your child have a Primary Care Provider (PCP). A PCP is your child's main source of healthcare. You should have a good relationship with your child's PCP. A PCP will know your child's health history and can follow his/her healthcare needs as they change over time. Your child should see a PCP for

checkups. When feeling sick, your child should also see a PCP. It is very important to have a PCP if your child has serious healthcare needs or many health problems.

You can call Member Engagement Services to choose a PCP or change the one your child currently has. Call us at 1.800.859.9889, Monday through Friday from 8:00 a.m. to 6:00 p.m. or send us a [secure email](#). We can also help you make an appointment for your child to see a PCP.

If you do not choose a PCP, we will assume that the provider your child saw in the past is his/her PCP. If your child is under 18, you can see who your child’s PCP is by visiting our secure website at www.ct.gov/husky, clicking “**For Members**,” then “**Member Login**.” You can change your child’s PCP at any time. Just give us a call.

If you change your child’s PCP, you do not need a new Member ID card. Your child’s current HUSKY Health ID card will work for any approved PCP.

There are different types of medical providers who can be your child’s PCP. They are:

| PCP Type | Description | Specialty on the Find a Doctor Webpage |
|---|--|---|
| Family Practitioner | A medical doctor who cares for all family members. | Family Practitioner |
| General Pediatrician | A medical doctor who cares for children generally up to age 18 or 21. | General Pediatrician, Pediatric Adolescent Medicine, Pediatric Nurse Practitioner |
| General Practitioner/Internal Medicine | A medical doctor who offers preventive care and treats a wide range of health problems. | General Practitioner, Internal Medicine, Preventative Medicine |
| Nurse Practitioner | A registered nurse who has extra training. | Adult Health Nurse Practitioner, Pediatric Nurse Practitioner, Family Nurse Practitioner, Nurse Practitioner (Other), Primary Care Nurse Practitioner, Advanced Practice Nurse Practitioner |
| Physician Assistant (PA) | A healthcare professional trained to take care of medical needs. He or she is supervised by a doctor. | Physician Assistant, Primary Care Physician Assistant, Medical Physician Assistant |
| Osteopath – Doctor of Osteopathic Medicine (DO) | A medical doctor who offers care to children and adults with a focus on treating both the “mind and body,” the connection between muscles and bones and the causes of disease. | Osteopath |
| Person-Centered Medical Home (PCMH) | A care team that works together and is led by a PCP. It makes sure you/your child get care from all team members when needed. | PCMH practices can be found by clicking the “ View a list of PCMH Practices ” link on the “ Find A Doctor ” page. |

Specialists

The HUSKY Health program does not require a referral from your child's PCP to see a medical specialist. An example of a specialist could be an ear, nose, and throat provider. Other examples are a surgeon, allergist, or pulmonary (lung) provider.

You should tell your child's PCP if he/she visits a specialist. This will help your PCP keep track of your child's care. There are also times when a specialist will only see your child after your PCP does. If your child needs a specialist, your child's PCP or Member Engagement Services can help you. Call us at 1.800.859.9889. You can also use the HUSKY Health Provider Directory to find a specialist.

Second Opinions

You have the right to get a second opinion on any medical diagnosis. There are many reasons you might want to ask for a second opinion.

Some reasons are:

- You think there could be better treatments
- Your child is not getting better even though you have followed his/her provider's orders
- The treatment is very serious, like surgery or chemotherapy
- The treatment is long-term or life-long
- The treatment has serious medical risks
- You do not completely trust the provider's advice

Getting a second opinion may give you more details about your child's diagnosis. It will help you feel that you are making the best decision possible when it comes to treatment. You can get a second opinion at no cost. If you need help finding a provider for a second opinion, call us at 1.800.859.9889.

HUSKY B BENEFITS

Below, you will find a summary of the HUSKY B benefits. These services must be medically necessary in order to receive them. "Medically necessary" means medical, dental, and behavioral health services needed to:

- Keep your child as healthy as possible
- Improve your child's health
- Find or treat an illness
- Help your child get better after getting hurt
- Help your child function

Medically necessary services must meet standards for quality medical care. They must:

- Be the right type, level, amount, or length for your child
- Be given in the right healthcare setting
- Not be provided just to make things easier for you, your child, or for a provider

- Cost no more than a different service that would get the same results
- Be based on your child's medical condition

Some of the covered goods/services, like physical therapy, might need prior authorization (pre-approval). This means that your child's provider must first get prior authorization from the HUSKY Health program before getting the service. Some services, like preventive care, do not need prior authorization. If a service needs prior authorization, you do not have to contact the HUSKY Health program. Your provider will do that for you.

Some of these services will need a co-payment. This co-pay information is listed below for each service.

COST SHARE

Families with children in HUSKY B should not pay more than 5% of their gross income on premiums, co-payments, or co-insurance during their eligibility year. Once you reach the 5% maximum, we will send you a new Member ID card for your child that will show there is no cost share for the services covered by HUSKY Health. This card should be used for the remainder of the eligibility year. After you receive your new card, your premium bills will show a balance of zero.. Once your next eligibility year starts, your bill will have the premium amount due. You will need to pay co-payments and co-insurance again, until you reach the 5% maximum.

HUSKY B members who are proven members of a federally-recognized American Indian Tribe or are Alaskan Natives, do not have to pay premiums, co-insurance, or co-pays. If your child is a member of a federally recognized American Indian Tribe or Alaskan Native, please share those details with the HUSKY Health program. HUSKY Health will give you a new Member ID card for your child. We will also give you a letter that tells your child's providers and pharmacies that you do not have to pay premiums, co-insurance, or co-pays.

HUSKY Health will only make a payment for services to a provider who participates in the HUSKY Health program. If you need help finding a participating provider, please call Member Engagement Services department at 1.800.859.9889, Monday through Friday from 8:00 a.m. to 6:00 p.m.

HUSKY PLUS PROGRAM

The HUSKY Plus program (HUSKY Plus) is a supplement to HUSKY B. HUSKY Plus services may be available if your child needs more services than what HUSKY B provides. Your child may receive these goods or services below under HUSKY Plus when: 1) your child is enrolled with HUSKY B; 2) the services are medically necessary; and 3) the services requested are not more than the HUSKY Plus benefit limits. All HUSKY Plus services have to be authorized before your child receives the service. This is also called prior authorization.

HUSKY Plus Covered Services

- Rehabilitation therapies:
 - Physical therapy: two visits per week
 - Occupational therapy: one visit per week
 - Speech therapy: one visit per week
 - Physical, occupational and speech therapies provided at home are only for children who are homebound. The above number of visits apply.

- Diapers and pull ups combined 180 per month and up to 180 combined disposable liners, shield/underpads for members age 3 or older
- Hearing aids, batteries and repairs (when not covered by warranty):
 - For members age 12 and younger: limited to cost above HUSKY B allowance every two years (as HUSKY B pays up to \$1,000);
 - For members age 13 and older: covered;
- Motorized wheelchairs: limited to one every five years;
- Orthotics: limited to foot rotation bars and splints (hallux valgus)

Co-pays

There are no co-pays and no deductibles for HUSKY Plus services.

Intensive Care Management

The Intensive Care Management (ICM) program is available to assist members with complex or special healthcare needs.

Contact Information

For information about HUSKY Plus, call Member Engagement Services at 1.800.859.9889, Monday through Friday from 8:00 a.m. to 6:00 p.m.

GETTING THE RIGHT CARE, AT THE RIGHT TIME, AND AT THE RIGHT PLACE

Well-Care/Preventive Services

A well-care visit is when your child visits the PCP for a routine checkup. The reason for the visit is to check how your child is growing and developing. The preventive/well-care schedule is based on the age of your child. It is available until your child is 19 years old.

A provider will record your child's height and weight and do vision and hearing testing. There will also be tests to check your child's blood and screen for lead. Depending on the age and health history of your child, the PCP may also give your child a shot. This visit is a chance for the PCP to give you advice about your child's nutritional needs and activity levels. It is also a good time for you to ask any questions about your child's health.

Urgent Care

Urgent medical problems are conditions or symptoms that need evaluation and/or treatment within 24 hours. These are not emergencies. Examples include fever, a bad cold, and symptoms of an ear infection or persistent cough. If your child is having a problem that needs urgent care, please call his/her PCP to set up an appointment. You may also call the 24/7 Nurse Helpline at 1.800.859.9889 to talk to a nurse about your child's symptoms.

There is a list of urgent care centers on our website. Visit www.ct.gov/husky, click “**For Members,**” “**Find a Doctor,**” then “**View List of Urgent Care Centers.**” You can also call Member Engagement Services at 1.800.859.9889. Co-pays may apply for urgent care.

Emergency Care

Emergency care is medical care that is needed right away. Go to the Emergency Room (ER) or call 911 if your child has an emergency.

Examples are:

- Bleeding that can't be stopped
- Chest pain
- Severe burns
- Seizures or convulsions
- Other health problems that could cause serious injury or death

If you go to the ER, bring your child's HUSKY Health ID card. Ask the ER staff to call your child's PCP or specialist when you arrive. You do not need prior authorization for emergency care. You should always follow up with your child's PCP after going to the ER and scheduling a follow-up visit. This will allow the PCP to check on your child's recovery and see if there is any change in his/her condition or medicines. Remember to bring your child's medication list and the instructions you were given in the ER. If you need help making an appointment, please call Member Engagement Services at 1.800.859.9889. For in-state emergency care, there is no co-pay. Services are covered at 100%.

If you get out-of-state emergency care in an ER, prior authorization is not needed, but the facility must agree to participate in the HUSKY Health program or you may be billed for the emergency services. If out-of-state emergency care is needed, you should call your child's PCP within 24 hours of the ER visit.

If you have any questions about well-care, urgent care, or emergency care, please call Member Engagement Services at 1.800.859.9889. We look forward to helping you in any way that we can!

COVERED SERVICES

Ambulatory Surgery

An ambulatory surgery center is a healthcare facility that provides surgery and certain diagnostic services, like a colonoscopy. It is an outpatient setting, so patients do not spend the night. An ambulatory surgery center is not a hospital. These services are not serious enough to be done in a hospital, but are too serious to be done in the provider's office. Ambulatory surgery centers do not provide emergency services. They may focus on one or more of these specialties:

- Dermatology
- Ear, nose, and throat
- Gastroenterology

- General surgery
- Gynecology
- Ophthalmology
- Orthopedics
- Urology

There is no co-pay. Services are covered at 100%.

Ambulance

Ambulance services are a covered benefit for emergencies. Transportation by ambulance is also covered when a member is moved from one inpatient facility to another inpatient facility.

There is no co-pay. Services are covered at 100%.

Behavioral Health Services

The Connecticut Behavioral Health Partnership (CT BHP) can help you find the mental health and/or substance use disorder services your child needs.

How to reach the CT BHP:

- Call their Customer Service department at 1.877.552.8247, Monday through Friday from 9:00 a.m. to 7:00 p.m. If you are deaf or hard of hearing, call 711.
- Visit their website at www.ctbhp.com, click “**For Members,**” “**Member Services,**” then “**Find a Provider.**”

Behavioral Health providers are licensed to treat mental health and/or substance use disorders. Behavioral Health providers are Licensed Psychologists, Clinical Social Workers, Marital and Family Therapists, Professional Counselors, Alcohol and Drug Counselors, and Physicians.

You do not need a referral to get mental health or substance use disorder treatment for your child.

A list of co-pays related to behavioral health services can be found below.

| Service | HUSKY B pays | Member pays |
|--|---|-------------|
| Mental Health Inpatient | 100% | No co-pay |
| Substance Use Disorder - Inpatient Detoxification | 100% Drugs: 60 days per year Alcohol: 45 days per year | No co-pay |
| Mental Health Outpatient | Allowed fee, less \$10 co-pay Includes individual, group, and family therapy, and day programs | \$10 co-pay |
| Substance Use Disorder - Outpatient Care | Allowed fee, less \$10 co-pay Includes individual, group and family therapy, day programs, and methadone maintenance | \$10 co-pay |

| | | |
|-----------------------------|---|-----------|
| Home Health Care | 100% for medication administration Excludes: Custodial care, homemaker care, or care that may be provided or offered in a medical office, hospital, or skilled nursing facility, or offered to the member in such a setting | No co-pay |
| Residential Services | 100% Department of Children & Families (DCF) residential treatment, crisis stabilization, group home, shelter, safe home, foster care, community housing assistance, and transitional living | No co-pay |

Chiropractor

A chiropractor treats problems with your back. Chiropractic services can be given by a private provider if services get prior authorization. An order from a medical provider will also be needed before chiropractic services can be given.

There is no co-pay. Services are covered at 100%.

Dental Services

Your child’s dental care is covered under the HUSKY Health program by the Connecticut Dental Health Partnership (CTDHP). The CTDHP provides full dental coverage to help keep your child’s mouth healthy and care for any oral health problems. Cosmetic procedures and implants are not covered benefits.

| Services | HUSKY B Pays | Member Pays |
|--|---|---------------------|
| Dental Services | 100%. Dental preventive services include: Exams, 1 every 6 months X-rays Fillings Fluoride treatments | No co-pay |
| Orthodontia (Braces) | \$725 allowance per orthodontia case Once in a lifetime | Balance after \$725 |
| Amalgam and Composite Restorations (Fillings) | 80% of allowed fee | 20% of allowed fee |
| Crowns, Prosthodontics | 67% of allowed fee | 33% of allowed fee |
| Re-cement Bridges | 80% of allowed fee | 20% of allowed fee |
| Full or Partial Dentures | 50% of allowed fee | 50% of allowed fee |
| Repair, Relining, and Rebasing Dentures | 80% of allowed fee | 20% of allowed fee |
| Root Canal Treatment/Endodontic Surgery; re-treatment of root canal therapy | 80% of allowed fee | 20% of allowed fee |

| | | |
|--|--------------------|--------------------|
| Miscellaneous Surgical Procedure | 80% of allowed fee | 20% of allowed fee |
| Surgical Extraction, including wisdom teeth | 67% of allowed fee | 33% of allowed fee |
| Periodontal (gum) Surgery | 50% of allowed fee | 50% of allowed fee |
| Non-Surgical Extraction | 80% of allowed fee | 20% of allowed fee |
| Space Maintainers | 67% of allowed fee | 33% of allowed fee |
| General Anesthesia and Sedation in the office | 80% of allowed fee | 20% of allowed fee |

If you need help finding a dentist or making an appointment, please call the CTDHP at 1.855.283.3682 (1.855.CTDental), Monday through Friday from 8:00 a.m. to 5:00 p.m. If you are deaf or hard of hearing, you can call 711 or use your video relay service. You can also visit the CTDHP website at www.ctdhp.com. Co-pays do apply for some of the dental services for HUSKY B members.

Dialysis

Dialysis services are a covered benefit. These services may be provided in a home, clinic, hospital, or institutional setting.

There is no co-pay. Services are covered at 100%.

Durable Medical Equipment

Durable Medical Equipment (DME) is equipment that:

- Can be used over and over again
- Is usually used for medical purposes
- Is generally not useful to a person who isn't sick, hurt, or disabled
- Is non-disposable

Some examples of covered DME are:

- Wheelchairs and accessories
- Walking aides such as walkers, canes, and crutches
- Bathroom equipment such as commodes and safety equipment
- Inhalation therapy equipment such as nebulizers
- Hospital beds and accessories
- Other devices such as Continuous Positive Airway Pressure (CPAP) machines, apnea monitors, and ventilators

You will need a prescription from your child's provider for DME. Prior authorization (pre-approval) is also needed for many DME items. If prior authorization is needed, your DME vendor will contact the HUSKY Health program.

HUSKY Plus supplemental coverage may be available for HUSKY B medically-eligible children. HUSKY Plus may cover power wheelchairs.

There is no co-pay. Services are covered at 100%.

Emergency Care & Urgent Care Services

Emergency Care is medical care that is needed right away. Go to a hospital Emergency Room (ER) or call 911 if your child has an emergency.

Urgent care centers can provide care for non-threatening medical problems that can't wait. To find an urgent care center near you, go to www.ct.gov/husky, click on "**For Members,**" "**Find a Doctor,**" then "**View a List of Urgent Care Centers.**"

| Reasons to Use the Emergency Room | Reasons to Use Urgent Care |
|--|---|
| Bleeding that can't be stopped | Common illnesses, such as colds, coughs, flu symptoms, ear infections, sore throats, migraines, fever and skin infections |
| Chest pains | Minor injuries, such as a twisted or sprained ankle, back pain, minor cuts and burns |
| Seizures or convulsions | |

If you go to the ER or an urgent care center, bring your child's HUSKY Health ID card. Ask the staff to call your child's PCP or specialist when you arrive. You do not need prior authorization for emergency care. You should always follow up with your child's PCP after going to the ER or an urgent care center and scheduling a follow-up visit. This will allow the PCP to check on your child's recovery and see if there is any change in his/her condition or medicines. Remember to bring your child's medication list and the instructions you were given in the ER. If you need help making an appointment, please call Member Engagement Services at 1.800.859.9889. For in-state emergency care, there is no co-pay. Services are covered at 100%.

You do not need prior authorization to get emergency or urgent care. If you get out-of-state emergency care in an ER, prior authorization is not needed but the facility must agree to participate in the HUSKY Health program or you may be billed for the emergency services. If out-of-state emergency care is needed, you should call your child's PCP within 24 hours of the ER visit.

Emergency Care Outside of Connecticut and the United States (U.S.)

Emergency care is covered when your child travels outside of Connecticut but is still in the U.S., including Puerto Rico and other U.S. territories.¹ The care must be a true emergency. Also, the hospital and provider need to agree to participate in the HUSKY Health program in order to be paid. If the provider does not agree to

¹ U.S. Territories are: Virgin Islands, Guam, Northern Mariana Islands, and American Samoa

participate, you may receive a bill for these emergency services. If you get a bill, please contact Member Engagement Services as soon as you can.

If you are traveling outside of the U.S., Puerto Rico, and other U.S. territories, HUSKY Health does not cover any care or services, even if it is an emergency. You may wish to purchase travel health insurance.

Eye/Vision Care

Vision care is a covered service that you can receive from ophthalmologists, optometrists, and opticians. Please keep in mind:

- Eye exams are covered, but there is a \$15 co-pay
- HUSKY Health will pay \$100 toward **1** pair of eyeglasses every 2 years
 - **No exception** will be made for eyeglasses that are lost, stolen, or broken
- There are limitations on types of frames and lenses

Family Planning

Family planning services include those that diagnose, treat, and counsel individuals of child-bearing age.

Covered family planning services include:

- Reproductive health exams
- Patient counseling and education related to family planning
- Abortion
- Lab tests to check for conditions that can affect reproductive health
- Screening, testing, treatment, and pre- and post-test counseling for sexually transmitted diseases and HIV
- Oral contraceptives (birth control pills)
 - Co-pays will apply at the pharmacy (\$5 for generics and \$10 for brand name)
 - No co-pay if provided in a provider's office or clinic
- Contraceptive devices, insertion of IUD, internal implantable time release devices and their insertion, and time release contraceptive injections
 - No co-pays apply

Hysterectomies are only covered for medical reasons. They are not covered for family planning.

Treatment for infertility, including reversal sterilization, in-vitro fertilization, artificial insemination, cryopreservation, and fertility drugs are not covered. Sterilization is not a covered benefit.

There is no co-pay for office visits. Services are covered at 100%.

Hearing Aids & Exams (Audiologists)

Routine hearing exams are covered. There is a \$15 co-pay for hearing exams.

Hearing aids are covered only for children ages 0-12 years old. HUSKY Health will pay \$1,000 toward your child's hearing aids every 2 years.

For hearing aids, HUSKY Plus may be available for HUSKY B medically-eligible children. See HUSKY Plus section of this handbook.

Home Health Care Services

Home health agencies will deliver in-home services for those who need them. These services include:

- Skilled nursing visits (less than 2 hours per day)
 - Nursing visits that are more than 2 hours per day are called extended nursing visits. They are not covered.
- Home health aide assistance. This is hands on personal care that helps with daily activities such as: dressing, bathing, eating, transferring (help with walking or changing a position, like going from sitting to laying down), and toileting
- Maternity visits for individuals with high-risk pregnancies
- Short-term rehabilitation (please see *Rehabilitative Therapy* section for more information)
 - Includes physical therapy, speech therapy, and occupational therapy
 - There is a 60-day combined limit for physical therapy, speech therapy, and occupational therapy. This means there are 60 days of coverage for all three services when added together

Prior authorization is needed for all home health services after the first visit. It is also needed for some nursing services.

Cleaning, companion, or homemaker services are not a covered benefit. These services do not provide hands-on personal care. Instead, they assist with household chores like cooking, cleaning, and laundry.

HUSKY Plus supplemental coverage for rehabilitation services in the home may be available for homebound HUSKY B medically-eligible children. HUSKY Plus may cover physical therapy, speech therapy, and occupational therapy beyond 60 days if medically necessary.

There is no co-pay. Services are covered at 100%.Hospice

Hospice provides medical, emotional, and spiritual support during the final stages of an illness that cannot be cured. The goal of hospice is to provide comfort and quality of life. Hospice services are available to members who are terminally ill and a provider has determined that they have 6 months or less to live. Hospice services offer treatment aimed at relieving the symptoms of the illness and keeping terminal members as comfortable as possible. Hospice can be provided in an inpatient or outpatient setting. Members have the right to choose hospice as an option by completing the Hospice Election form available through providers.

Hospice services include:

- Nursing care
- Physical therapy, speech therapy, and occupational therapy
- Medical social services

- Medication for pain relief and symptom control
- Dietary counseling
- Grief counseling
- Home health aides and homemakers
- Medical supplies and DME
- Short-term inpatient care, including respite care and pain control

Prior authorization is needed for inpatient hospice services that last more than 5 days.

HUSKY B members do not have to give up their rights for treatment aimed at cure of the terminal condition if they choose hospice services. They can continue aggressive treatment of their illness while in hospice care.

There is no co-pay. Services are covered at 100%.

Hospital Services

Hospital services are covered for both inpatient and outpatient hospital services.

Inpatient hospital services have no co-pay. They are covered at 100%.

Examples of outpatient hospital services are:

- Cardiac rehabilitation
 - There is no co-pay. Services are covered at 100%.
- Emergency care
 - There is no co-pay. Services are covered at 100%.
- Laboratory work
 - There is no co-pay. Services are covered at 100%.
- Medical checkups
 - Preventive visits: there is no co-pay. Services are covered at 100%.
 - Sick visits: \$10 co-pay
- Radiology services
 - There is no co-pay. Services are covered at 100%.
- Urgent care visits
 - There is a \$10 co-pay for urgent care visits.

A hospital stay will need prior authorization unless it is for maternity care and delivery.

You should always follow up with your child's PCP after discharge from the hospital. It is recommended that you call your child's PCP right away and schedule an office visit. This will allow them to check on your child's recovery, monitor your child's response to any treatments, and note any change in your child's condition or medicines. Remember to bring your child's medication list and the instructions you were given at the hospital upon discharge. If you need help making an appointment, please call Member Engagement Services at 1.800.859.9889.

Laboratory Work

Laboratory services and diagnostic tests help your child's provider diagnose or rule out an illness or condition. These tests can be done in a hospital lab, provider's office, or an independent lab. Some testing, like genetic testing, needs prior authorization.

There is no co-pay. Services are covered at 100%.

Maternity

Maternity visits help ensure a healthy pregnancy and health after the baby's birth. Prenatal (before birth) and postpartum (after birth) visits are covered. Maternity inpatient stays are also a covered benefit.

HUSKY Health now covers childbirth services at a freestanding birthing center. Please call Member Engagement Services at 1.800.859.9889 for more information.

There is no co-pay. Services are covered at 100%.

Medical Surgical Supplies

Medical surgical supplies are items that:

- Are disposable – They cannot be used over and over again
- Are used to treat or diagnose a medical condition
- May be used after a surgery
- Are generally not useful to a person who isn't sick, hurt, or disabled

Some examples of medical surgical supplies that are covered are:

- Dressings
- Catheters
- Ostomy supplies
- Diabetes-related supplies

Diapers and pull ups, liners, shields/underpads are covered under HUSKY Plus for medically eligible children age 3 or older. See the HUSKY Plus section of this handbook.

You will need a prescription from your child's provider for medical surgical supplies. Some items have a limit to the amount that is covered each month. Prior authorization is needed for many items. If prior authorization is needed, your provider will contact the HUSKY Health program.

There is no co-pay. Services are covered at 100%.

Naturopaths

Naturopathic medicine treats illness using natural treatments such as herbs, diet, and lifestyle changes to heal.

There is a \$10 co-pay for visits to a naturopath.

Orthotic & Prosthetic Devices

Orthotic and prosthetic devices are corrective or supportive tools that are made to:

- Replace a missing part of the body
- Prevent or correct physical deformity or malfunctions
- Support a weak or deformed part of the body

An orthotic and prosthetic device is covered when a provider writes a prescription for it. Prior authorization is required for some orthotic or prosthetic devices.

Orthopedic shoes and foot orthotics are not covered.

HUSKY Plus supplemental coverage may be available for HUSKY B medically-eligible children. See HUSKY Plus section of this handbook.

There is no co-pay. Services are covered at 100%.

Out-of-State Coverage - Care outside of Connecticut and the United States (U.S.)

Non-emergency services delivered outside of Connecticut, and within the U.S., Puerto Rico, and other U.S. territories, have to be authorized before receiving the services. The provider or facility must participate in the HUSKY Health program in order to be paid for services.

- Emergency care is covered when your child travels outside of Connecticut but is still in the U.S., including Puerto Rico, and other U.S. territories. The care must be a true emergency. Also, the hospital and provider need to agree to participate in the HUSKY Health program in order to be paid. If the provider does not agree to participate, you may receive a bill for these emergency services. If you get a bill, please contact Member Engagement Services as soon as you can.
- If you are traveling outside of the U.S., Puerto Rico, and other U.S. territories, HUSKY does not cover any care or services, even if it is an emergency. You may wish to purchase travel health insurance.

Oxygen

Oxygen therapy that has been prescribed by a provider is a covered service unless it is prescribed “as-needed.” The “as-needed” use of oxygen is not covered.

There is no co-pay. Services are covered at 100%.

Parenteral/Enteral Supplies

Parenteral/Enteral supplies are items used to deliver liquid nutrition into a vein, the stomach, or the intestine.

Some examples of parenteral/enteral supplies are:

- Feeding tubes
- Infusion pumps

There is no co-pay. Services are covered at 100%.

Pharmacy Services

You must show your HUSKY B ID card each time you pick up medicine from the pharmacy.

| Services | HUSKY B pays | Member pays |
|----------------------------|--|--|
| Medication | Balance after \$5 co-pay on generics and prescribed over-the-counter (OTC) | \$5 co-pay on generics and prescribed OTC |
| | Balance after \$10 co-pay on brand-name and prescribed OTC | \$10 co-pay on brand-name and prescribed OTC |
| Oral Contraceptives | Balance after \$5 co-pay on generics | \$5 co-pay on generics |
| | Balance after \$10 co-pay on brand-name | \$10 co-pay on brand-name |

“Over-the-Counter” Medications

- Medicines that you can buy “over-the-counter” (OTC) are covered when your child’s provider writes a prescription for them.
- OTC diabetic supplies that you can get through your pharmacy benefit, like insulin syringes, are covered for all members.

If you are not sure if your child’s medicine will be covered, please call the Connecticut Pharmacy Assistance Program at 1.866.409.8430, Monday through Friday from 8:00 a.m. to 5:00 p.m.

Your child’s provider will always prescribe a generic medicine. To prescribe a brand name, your provider must ask for prior authorization from the Connecticut Pharmacy Assistance Program. If your child’s prescription does require prior authorization, he/she will not be able to get a full supply of medication. However, the pharmacy may be able to fill a one-time, 14-day temporary supply of the prescription. If that happens, it is important your child’s provider give the pharmacy the information it needs in order to fill the entire prescription.

- Your child’s medicines are filled by in-state pharmacies that participate in the HUSKY Health program. If your child is going to travel out-of-state, you should tell his/her provider. Also tell the pharmacy. You can ask for an early refill of your child’s medicine. This way, your child will not run out while away. Early refills due to travel are available once every 6 months.

If you have any questions about pharmacy services, or would like more information, please call the Pharmacy Client Assistance Center at 1.866.409.8430, Monday through Friday from 8:00 a.m. to 5:00 p.m. The Pharmacy Client Assistance Center can:

- Find a drugstore near you that participates in the HUSKY Health program
- See if a certain drug or medical item is covered
- Work with your pharmacist to help you get your medicine
- Talk about any questions or concerns you may have

Physician Services

Services may be given by a physician and some related health professionals. These include Advanced Practice Registered Nurses (APRNs), certified nurse midwives, and Physician Assistants (PAs) that participate in the HUSKY Health program. Covered services include:

- Office visits
 - \$10 co-pay applies for non-preventive care office visits.
- Preventive care visits
 - There is no co-pay. Services are covered at 100%.
- Gynecological care
 - There is no co-pay for preventive visits or visits related to family planning.
- Allergy testing
 - \$10 co-pay for allergy office visit.
- Allergy treatment
 - There is no co-pay. Services are covered 100%.
- Family planning services
 - There is no co-pay for office visits. Services are covered at 100%.
 - Co-pays for contraceptives may apply (please see *Pharmacy* section).
- Specialist visits
 - There is a \$10 co-pay for a visit to a specialist.
- Obesity surgery
 - Obesity treatments are only covered when obesity is caused by an illness or when obesity is making an illness worse. The only types of treatment covered for obesity are surgical treatments.
 - Obesity treatments always require prior authorization.
 - There is no co-pay for the surgery. Services are covered at 100%.
- Related office visits may have co-pays.
- Reconstructive surgery
 - Reconstructive surgery is covered only to take care of a medical issue. It is not covered for cosmetic reasons. There is no co-pay. Services are covered at 100%.
- Shots
 - There is no co-pay. Services are covered at 100%.

Certain office services will need a co-pay.

Podiatry

Podiatry deals with the medical care of the foot.

- Routine foot care is not covered unless your child has a systemic condition. This includes diabetes. Your child's provider must say that it is medically necessary. Routine foot care includes services such as trimming of toenails and the treatment of corns and callouses.
- Simple foot hygiene, such as the washing, drying, and moisturizing of feet, is not covered.

There is a \$10 co-pay to see a podiatrist.

Radiology Services

Radiology services include X-rays, MRIs, CAT scans, PET scans, and ultrasounds. Some radiology services require prior authorization.

There is no co-pay. Services are covered at 100%.

Rehabilitation Therapy

Rehabilitation therapy services* can be provided within an independent clinic, a hospital clinic, or an office setting. Services are performed by a licensed therapist for people who are disabled or hurt. Some services need prior authorization after a certain number of visits. Services that are covered include:

- Physical therapy
- Speech therapy
- Occupational therapy
- Audiology

Short-term rehabilitation includes physical therapy, speech therapy, occupational therapy, respiratory therapy, and audiology services. They can be done by different types of providers:

- Home Health Agency
 - Physical therapy, speech therapy, and occupational therapy may be done in a home setting.
- Outpatient Independent Therapist
 - Physical therapy, speech therapy, occupational therapy, and audiology may be done in an outpatient setting by an independent therapist.
- Nursing Facility
 - Physical therapy, speech therapy, occupational therapy, and respiratory therapy may be done in a nursing facility.
- Rehab Clinic
 - Physical therapy, speech therapy, occupational therapy, audiology, and respiratory therapy may be done in a rehabilitation clinic.

Prior authorization is needed for all therapy services after the first exam. It is also needed for some nursing services.

There is a 60-day combined limit for physical therapy, speech therapy, and occupational therapy. This means there are 60 days of coverage for all three services when added together.

HUSKY Plus supplemental coverage for rehabilitative services may be available for HUSKY B medically-eligible children. HUSKY Plus may cover physical therapy, speech therapy, and occupational therapy after 60 days if medically necessary. See the HUSKY Plus section of this handbook.

There is no co-pay. Services are covered at 100%.

* For rehabilitation services related to mental health/substance use disorder - see “*Behavioral Health Services*”

SERVICES THAT ARE NOT COVERED

Not all services are covered under your benefits. Examples of services that are not covered include:

- Acupuncture/biofeedback/hypnosis
- Ambulatory blood pressure monitoring
- Cosmetic or plastic surgery
- Educational services
- Experimental treatments
- Infertility treatment
- Long-term skilled nursing care
- Out-of-network services
- Non-emergency medical transportation
- Physical exams needed for employment, insurance, school, summer camp, etc.
- Routine foot care
- Services outside of Connecticut, except for emergency services or services from border providers (providers in states that border Connecticut) who participate in the HUSKY Health program
- Services that are not medically necessary
- Sterilization and sterilization reversal
- Weight reduction programs
- Wigs

INTENSIVE CARE MANAGEMENT (ICM)

HUSKY Health offers Intensive Care Management (ICM) services at no cost to members with special health needs as well as members who are pregnant or have recently delivered a baby. The ICM program helps you and your family better understand and take care of your child’s health.

There are nurses, community health workers, and other team members who will work with you and your child’s providers. They will work with you to manage your child’s health conditions and other issues your child may have.

The ICM team can sign your child up for the ICM program over the phone. They can also meet with you in person, either in your home, or at your child’s provider’s office, or through videoconferencing.

During your meeting with the ICM staff, you can talk about any worries or health problems your child might have. The ICM team wants you to be involved with your child’s care. The nurse will work with you so that you can make a care plan based on your child’s health problems that worry you the most. This care plan may be shared with your child’s PCP so that he or she will know how to help you. This will also help your child’s PCP better understand your goals.

Some common conditions that the ICM team can assist with are:

- Asthma
- Cancer
- Certain social situations, such as homelessness and connecting you to community resources
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic pain
- Diabetes
- Head or spinal cord injuries
- Heart conditions
- Immune system disorders
- Kidney disease
- Major burns
- Mental illness, such as depression and substance use disorder
- Neurological conditions
- Newborns in the Neonatal Intensive Care Unit (NICU)
- Pregnancy and after delivery
- Sickle cell disease
- Transplants

The ICM team will work with you and your child's providers to answer any of your health questions.

They can also help you:

- Learn more about your child's illness or condition
- Make appointments or set up other health services
- Review your child's medications so you understand how they should be taken, as ordered by your child's provider
- Help to ensure that all your providers are working together to best manage your child's care
- Help to ensure that your child is getting the right care, at the right place, at the right time

As a HUSKY Health member, your child can have a nurse help with his/her healthcare and other important needs.

Your child's nurse will:

- Call you by phone or videoconference using phone connections so we can see you face to face and/or meet with you in person
- Talk to you about your child's health
- Answer health questions and give you health education materials
- Stay in touch to help your child stay well
- Help you understand the care you need to stay healthy
- Help you talk to your child's provider about your health concerns

- Work closely with you and your child’s provider to make the best plan that meets all of your child’s healthcare needs
- Make sure you have the help you need, such as referrals for home care, special equipment, and community resources
- Help you to meet face-to-face with a social worker or community health worker to learn more about community resources, such as:
 - Behavioral health services
 - Cancer supports
 - Childcare
 - Clothing
 - Diaper banks
 - Disability services
 - Domestic violence supports
 - Educational supports
 - Food
 - Holiday supports
 - Housing
 - Legal services
 - Parenting support
 - State benefits
 - Utility assistance

To join the ICM program:

- You may get a letter or call from us asking if you would like to join the ICM program
- Your provider may call and recommend your child to one of our nurses
- You can call us at 1.800.859.9889 and ask to join the ICM program

Children and Youth with Special Health Care Needs (CYSHCN)

Children and Youth with Special Health Care Needs (CYSHCN) are those who have, or are at a higher risk for, a chronic physical, developmental, behavioral, or emotional condition. They need more health and related services than are usually needed for children and youth. These children and youth might be eligible for, and could benefit from, ICM services. Children and youth under HUSKY B might be eligible for supplemental services through HUSKY Plus. (Please see ***HUSKY PLUS PROGRAM*** section earlier in this handbook.)

SPECIALIZED PROGRAMS

Transplant Care Management

Transplant Care Management is a program that supports members who need transplants. Members will be helped through the evaluation, the transplant, and the recovery process. The transplant care manager will work with you to give details about benefits, providers, and hospitals where transplants are done. They will also tell you what to expect each step of the way.

Healthy Beginnings Maternity Program

Whether you are pregnant or are planning to get pregnant, you want to give your baby a healthy start. Our Healthy Beginnings program was made to help you have a healthy pregnancy and baby. It is important for your health and your baby’s health to have regular visits with your provider. The nurse care managers in our Healthy Beginnings program can work with you and your provider to help you understand the changes your body is

going through. They can also tell you what to expect during your pregnancy, the birth of your baby, and the 6 weeks after your baby is born.

Some things the Healthy Beginnings program can help you with are:

- Pregnancy testing
- Choice of prenatal care provider (listed in our *Provider Directory*)
- Nutritional counseling
- Programs, counseling, and medications to help you stop smoking during and after your pregnancy
- Assessment for Women, Infants, and Children (WIC) eligibility
- Nurturing Families Network
- Prenatal health education classes for childbirth, breastfeeding, and parenting
- Newborns in the Intensive Care Unit (NICU)
- Hospitalization
- Family planning

Neonatal Intensive Care Unit (NICU) Program

The NICU program is for babies who are born early, or babies who need special care after birth. This program starts when the baby is in the hospital and follows the baby through the first year of life. Our nurses work with families, hospital staff, and the baby's provider to help these special babies develop.

High-Risk and Chronic Conditions

Our Care Management nurses work with members who need help managing a high-risk or chronic condition. We help coordinate care between you and the other members of your child's healthcare team. We are here to support you and contribute to your child's health and care.

Healthy Airways – a program for members with asthma

Under the Healthy Airways program, a nurse care manager will work with you and your child's provider to help you understand your child's asthma. The nurse will provide support and education to help you better control your child's asthma symptoms. This will help you avoid situations that may increase your asthma symptoms and the need for emergency care.

Living Well with Sickle Cell – a program for members with sickle cell disease

The sickle cell program can help members living with sickle cell disease. Your nurse can help you learn the early signs of a sickle cell crisis and work with you and your child's providers to find the best treatment plan to manage your child's symptoms. Nurses will provide education and coaching to help you know when to seek medical care for your child as well as assist with your child's provider's recommendations and treatment plans to help keep your child healthy.

Healthy Living with Diabetes – a program for members with diabetes

The Healthy Living with Diabetes program helps members living with diabetes better understand and control their diabetes. The nurse care manager will work with you and your child’s providers to show you how to prevent or decrease diabetes-related issues to improve your child’s health. Dietitians are available to review and discuss your child’s provider’s recommended diet.

To join any of the specialized programs:

- You may get a letter or a call from us asking if you would like to join the ICM program
- Your provider may call and recommend you to one of our nurses
- You can call Member Engagement Services at 1.800.859.9889 and ask to join the ICM program

COMMUNITY RESOURCES

HUSKY Health will help members find community services by working with DSS and other agencies. See the list of resources below. To get more details about the programs shown, please call the HUSKY Infoline at 211. You can also call Member Engagement Services at 1.800.859.9889, or visit www.ct.gov/husky, click “**For Members,**” then “**Community Resources**” from under the “**Health and Wellness**” menu.

Women, Infants, and Children (WIC) Nutrition Program

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offers many kinds of nutrition services. People who might be eligible include parents, stepparents, guardians, and foster parents of infants and children under the age of five. Pregnant individuals, and individuals who are breastfeeding a child under the age of 1, or those who have had a baby in the past 6 months may also be eligible.

People who apply for WIC must:

- Have a certain income
- Live in Connecticut
- Have legal proof of identity
- Be at nutritional risk

WIC offers services that may include nutrition risk assessment, nutrition education, breastfeeding education and support, debit cards or e-WIC to buy specific healthy foods at participating stores, and referrals to other health and social services.

Healthy Start

Healthy Start is a program geared toward parents and child health. It gives program members health education and care management services. It also offers with help filling out the HUSKY Health application for qualifying pregnant individuals. This program helps promote and protect the health of parents and children.

Nurturing Families

The Nurturing Families program provides home visiting services. This service helps new parents who are at-risk for abuse and/or neglect. It teaches them how to care for their baby. It also helps members prepare for the many stresses of becoming a parent.

Social workers help eligible families by teaching them about the needs of their children. They also guide families toward choices that will nurture children in a positive way.

Birth to Three

This program offers early intervention services to children under the age of 3. These children are either:

- Experiencing a significant developmental delay
- Diagnosed with a physical or mental condition that could result in a developmental delay

HUSKY Infoline (211)

The HUSKY Infoline, or 211, is a free helpline. It gives you information about community services, referrals to human services, and crisis help. Just call 211. You can also visit www.infoline.org.

School-Based Child Health Services

School-Based Child Health Services are special diagnostic and treatment services. They are for children eligible under the Individuals with Disabilities Education Act. These children must have an Individualized Education Plan (IEP).

Educational Health Materials Available to Members

The HUSKY Health website contains many valuable materials. In addition to information on your HUSKY Health benefits and services, you can find health fact sheets and videos on many topics to help you and your family be as healthy as possible. To access the HUSKY Health Library, visit www.ct.gov/husky, click on "***For Members,***" then "***Your Health Library***" under the "***Health & Wellness***" menu.

The HUSKY Health Library features KRAMES Online which will give you and your family information on more than 4,500 health topics. It is part of our commitment to make sure you get the care you need, the answers you deserve, and the resources to answer any questions you may have. You can type any keyword into the KRAMES search box to find articles about it. The HealthSheets™ articles offer helpful and easy-to-understand information about the topic you are looking for.

Members can also ask for educational health materials from HUSKY Health. If you would like details on subjects like diabetes, high blood pressure, asthma, preventive care, prenatal care, well-care visits, depression, substance use disorders, or mental illness, please call Member Engagement Services at 1.800.859.9889.

MEMBER RIGHTS AND RESPONSIBILITIES

Your Rights:

- Be treated with respect, dignity, and regard for your privacy.
- Get care, or information about your care, in a timely manner.
- Choose or change your provider.
- Get help with making an appointment with a provider.
- Take an active part in planning your care and making treatment decisions.
- Get complete and understandable information about your treatment options, regardless of cost or benefit coverage. Have the chance to talk about those choices with your provider.
- Get complete and understandable information on any financial programs that might affect the care that you get from your provider.
- Refuse treatment, except when that treatment is required by law.
- Get a second opinion.
- Get translation services.
- Request and review your medical records with your provider.
- Make an advanced directive.
- Confidently exercise your rights.
- Receive services regardless of race, color, religion, gender, sexual orientation, age, cultural and ethnic background, or status as a HUSKY Health recipient.
- Make a complaint, grievance, and/or appeal.
- Be free from retaliation.
- Learn about your medical benefits and how to use them.
- Correct or change your Protected Health Information and control how it is used.
- Contact your provider to advocate for medical services.
- File an appeal if the authorization of goods or services is partially or fully denied, suspended, reduced or terminated.

Please call us if you have questions about these rights. You can also call us if you would like to make a complaint because you feel your rights have been violated. Our phone number is 1.800.859.9889.

Your Responsibilities:

- Give your providers and HUSKY Health the information they need to better serve you.
- Choose a Primary Care Provider (PCP).
- Get regular checkups.
- Follow the plan of care that you made with your providers.
- Discuss your care with your PCP before seeing a specialist, unless it is an emergency, pregnancy-related, or for family planning.
- Keep your appointments, or let your provider know at least 24 hours in advance if you need to cancel or reschedule.
- Respect the dignity and privacy of others.

- Carry your HUSKY Health cards.
- Notify HUSKY Health and DSS if there are changes to your address, phone number, household members, demographic information, or income.

NON-DISCRIMINATION NOTICE

Discrimination is Against the Law

Community Health Network of Connecticut, Inc. (CHNCT) and the HUSKY Health program comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. CHNCT and HUSKY Health do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CHNCT and HUSKY Health:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact HUSKY Health Member Engagement at 1.800.859.9889.

If you believe that CHNCT or the HUSKY Health program has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with: HUSKY Health Program, Attention: Member Engagement, P.O. Box 5005, Wallingford, CT 06492, Phone: 1.800.859.9889, Fax: 203.265.3197. You can also go to www.ct.gov/husky, click “**For Members**” “**Contact Us**” then “**send us a secure email.**” You can file a complaint by telephone, mail, fax, or email. If you need help filing a complaint, Member Engagement is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 1.800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ADVANCE DIRECTIVES

If you are 18 years or older, you have the right to make decisions about your healthcare. There may come a time when you can't make a decision about your healthcare. This may be because of a serious illness, injury, or other disability. An Advance Directive is a legal document that tells your providers and family what treatments you would like to have and not have if you are not able to tell them yourself.

In Connecticut, there are two types of Advance Directives. They are:

- The living will or healthcare instructions
- The appointment of a healthcare representative

If you would like to make an Advance Directive, you can get the forms and ask for more information by calling the State Department on Aging at 1.866.218.6631. You can go online to www.ct.gov/agingservices and click on "**Publications**" on the top of the page, and then click on "**Advance Directives/Health Care Planning**" in English or Spanish under "**Other Helpful Publications.**"

The Advance Directive forms are also available at www.ct.gov/ag. Just go to the website and click on "**Constituent Issues,**" and then "**Health and Education.**" click on "**Connecticut's Living Will Laws**" for forms and answers to your questions. This website only has forms available in English.

COMPLAINTS, QUALITY OF CARE, AND ADVERSE INCIDENT REPORTING

If you aren't happy with how you are being treated by a provider, HUSKY Health staff, or if you can't get an appointment soon enough, you can file a complaint. You should also let us know if you feel that any of your Member Rights have been violated. You can file a complaint in writing and send it to us by mail, email, or fax. You can also let us know by phone. We respond to and look into all complaints.

Some examples of complaints include:

- Being placed on "hold" for a long time when calling your provider
- Having to wait a long time to see your provider
- Finding your provider's office to be unclean
- No handicap access at your provider's office
- Being unable to find a provider who will treat you
- Member Engagement Services staff not being helpful

A Quality of Care matter is when you think the provider didn't provide the right services for you.

For example:

- You believe you need to have an X-ray, but the provider will not do one
- You believe your condition isn't properly diagnosed, or you believe you were given the wrong medicine
- You unexpectedly develop an infection

A Quality of Service matter may be when:

- The provider or provider’s office staff was rude to you
- The provider didn’t return your call
- The provider would not give you a referral

You may also file a complaint if you feel you have experienced an adverse incident. An “adverse incident” is a more serious clinical matter that links directly to you or your child’s health or well-being.

Some examples include:

- There was an unexpected death
- You were injured while being treated
- You had a serious reaction to a medicine

When a complaint, quality of care matter, quality of service matter, or adverse incident is filed, the matter is forwarded to a team of registered nurses and administrative staff in the HUSKY Health Quality Management (QM) department. The nurses look into all complaints about clinical matters, quality of care issues, and adverse incidents. They also oversee the investigation of non-clinical matters by the administrative team.

Depending on what the complaint is about, the nurse may:

- Talk to the member
- Talk to the provider
- Ask for and look over your medical records
- Look over the clinical information/medical records in our databases
- Report the complaint to DSS

The QM department collects and reports all complaints, quality of care, and adverse incident information to the HUSKY Health Quality Committees. The information is used to create quality improvement activities. It is also sent to DSS.

DSS matters such as enrollment, benefits, and fees are sent to DSS by HUSKY Health.

If you want to file a complaint, you can:

- **File a complaint by telephone:**
Member Engagement Services: 1.800.859.9889
- **Mail complaint to:**
HUSKY Health Program
Attn: Member Engagement Services
P.O. Box 5005
Wallingford, CT 06492
- **Fax complaint to:**
1.203.265.3197 Attn: Member Engagement Services
- **E-mail a complaint:**
Go to www.ct.gov/husky, click “*For Members,*” “*Contact Us,*” then “*send us a secure email.*”
- **If you feel that HUSKY Health has not resolved your complaint, you can mail it to DSS:**

Department of Social Services
Division of Health Services, Director of Integrated Care
55 Farmington Ave.
Hartford, CT 06105

- **You can also contact the Office of Healthcare Advocate:**
Call 1.866.466.4446

PRIVACY

Protecting your privacy is very important to the HUSKY Health program. We have many safeguards in place to be sure we protect your personal health information. The Department of Social Services (DSS) has created a Notice of Privacy Practices. It tells you how your health information is shared for our normal daily operations. It also lets you know when we are required by law to share it. It tells you what your privacy rights are, as well. If you would like to see a copy of the DSS Privacy Notice, please visit the **MEMBER PRIVACY** page on our website. You can see this page by going to www.ct.gov/husky, clicking "**For Members,**" "**Member Information,**" then "**Member Privacy**" on the right side of the screen.

If you think your health information was wrongly shared, you can write to the DSS Privacy Officer. Send your letter to the address below to make a complaint.

- **Mail complaints to:**
Department of Social Services
Attn: Privacy Officer
55 Farmington Ave.
Hartford, CT 06105

You can also mail complaints to the Federal Office of Civil Rights. You must do so within 180 days of when the problem happened.

- **Mail complaints to:**
Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave., SW
HHH Building, Room 509H
Washington, DC 20201

Your benefits will not be affected if you make a complaint.

APPEALS

There is a way for members to file an appeal if the HUSKY Health program partially or fully denies, suspends, reduces, or terminates authorization of goods or services. If you do not agree with the decision, the denial notice tells you how to file an appeal.

You or your legal representative can file an appeal either by telephone (verbally), or in writing by mail or fax. You must appeal within 60 calendar days of the date of the denial notice. Appeals that we get after 60 calendar days are too late for appeal. You will be told in writing that you may not appeal the decision.

To file an appeal, you can call Member Engagement Services at 1.800.859.9889. Deaf or hard of hearing members can use a TTY by dialing 711. You can also send your appeal by mail or fax:

- **Mail appeals to:**
HUSKY Health Program
Attn: Appeals Unit
P.O. Box 5005
Wallingford, CT 06492
- **Fax appeals to:**
203.265.3830

All appeals are reviewed fairly and without bias. The HUSKY Health program will send you an appeal decision by certified mail no later than 30 calendar days from when the appeal was received by HUSKY Health.

Expedited (Rushed) Review

Normally, an appeal decision is made within 30 calendar days. However, if that time frame threatens your life, health, or ability to regain maximum functioning, you or your provider can ask for an expedited (rushed) appeal. This means that the appeal and administrative hearing decisions will be made faster than the time frames talked about above.

The HUSKY Health program will decide within 1 business day if the appeal will be rushed. If your health and safety are not at direct risk, HUSKY Health will make the decision within the usual 30 calendar days. If the appeal is rushed, an appeal decision will be made within 72 hours. You can ask to send more information, or to speak with the decision maker(s). The rushed decision will be made in the shortest time possible. The decision will be made no longer than 5 days from the day that the appeal was accepted as rushed.

HUSKY Health must rush its review when it is requested by your treating physician, PCP, or by DSS.

External Appeals

If you have finished HUSKY Health's internal appeals process and have received a final written appeal decision and are not happy with the decision, you can file an external appeal with DSS. This must happen within 30 calendar days of getting HUSKY Health's final written appeal decision. The decision letter includes a form and tells you how to submit the form to DSS. You can submit the form by:

- **Mail:**
State of Connecticut – Department of Social Services (DSS)
HUSKY B & HUSKY Plus External Appeals – 9th Floor
55 Farmington Ave.
Hartford, CT 06105
- **Fax:**
860.424.4958
- **Phone:**
For HUSKY B External Appeals: 860.424.5181
For HUSKY Plus External Appeals: 860.424.4892

MEMBER SATISFACTION SURVEY

As part of its Quality Management program, the HUSKY Health program works with a company to do a yearly member satisfaction survey. Members asked to take the survey are picked at random. You may be asked for your opinion. If you are, please answer all the questions and return the survey as instructed. You may also get a phone call asking you survey questions. When you call into Member Engagement Services you may be asked if you would like to take a short survey. All information is private and HUSKY Health does not know which members answered the questions. The information we get from the survey is used to make changes that help us improve member satisfaction. Your answers are very important to us. They help us improve your experience. Your answers will not change your eligibility for the program.

RENEWAL/REDETERMINATION

Access Health CT, in partnership with DSS, will send you a renewal form to complete. We will also include the return envelope. The following are the options available to you to complete your renewal:

- You can go to Access Health CT, www.accesshealthct.com. This is the quickest way to renew and get an eligibility decision.
- You may complete your renewal by calling Access Health CT at 1.855.805.4325
- You may mail the completed renewal form using the envelope we sent you

DSS will attempt to validate your eligibility using available electronic data sources. If DSS is able to verify your information, you will receive another year of eligibility and a confirmation letter. If DSS was not able to validate your information, you will receive a pre-populated renewal form to complete and mail back to us.

Some of you may receive a blank renewal form if you have not received an eligibility determination through the Access Health CT system. Once you complete this renewal form or apply through the Access Health CT system, you may be eligible for automatic renewal.

PREMIUM BILLING

For premium billing issues **only**, please call 1.800.656.6684, Monday through Friday, from 8:30 a.m. to 5:00 p.m.

TTY: 1.866.492.5276 or 711.

HUSKY HEALTH IS HERE FOR YOU

As a HUSKY Health plan member, your health, well-being, and access to care is very important to us. This handbook is your guide to the services HUSKY Health provides to you and whom to contact if you have questions or need help. Our purpose is to make sure that you receive the healthcare you need, when you need it. We are always here to help. HUSKY Health Member Engagement Services is available to you Monday through Friday, 8:00 a.m. to 6:00 p.m. at 1.800.859.9889. Our website is available 24/7. Please visit www.ct.gov/husky where you can find answers to many of your questions and other helpful information to be as healthy as you can be. We look forward to serving you in good health!

MEMBER BASIC INFORMATION FACT SHEET

For your personal use. Feel free to make copies.
Please use one Fact Sheet for every member in the household.
Have ready for caregivers.

| Names of Members in Household | Medicaid ID Number | Date of Birth | Age |
|-------------------------------|--------------------|---------------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Address: _____

Phone Number(s): _____

IN CASE OF EMERGENCY CALL:

Name: _____ Relationship: _____ Phone: _____

Police Department Phone Number: _____

Fire Department Phone Number: _____

Poison Control Phone Number: _____

Physician's Name & Phone Number: _____

Physician's Name & Phone Number: _____

Therapist's Name & Phone Number: _____

Health Insurance/Medicaid Information: _____

Medical Diagnosis: _____

Behavioral Health Diagnosis: _____

Allergies: _____

Medications: _____

Special Instructions: _____
