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)**


**Polski (Polish)**


**Chinese (Chinese)**

注意：如果您使用繁体中文，您可以免费获得语言援助服务。请致电 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).

**Russian (Russian)**

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

**Tiếng Việt (Vietnamese)**


**العربية (Arabic)**

ملحوظة: إذا كنت تتحدث لغة أخرى، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1.800.859.9889 (رقم هاتف الصم وال啞: 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 में एक उपलब्ध है। 1.800.859.9889 (TTY: 711) पर कॉल करें।

Tagalog (Filipino)

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

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<tr>
<td>HUSKY Health Program Member Engagement Services</td>
<td>1.800.859.9889 TTY: 711</td>
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<tr>
<td>Monday – Friday: 8:00 a.m. to 6:00 p.m.</td>
<td></td>
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<tr>
<td>HUSKY Plus Physical: Information, Eligibility &amp; Authorizations</td>
<td>1.877.743.5516</td>
</tr>
<tr>
<td>Monday – Friday: 8:00 a.m. to 4:30 p.m.</td>
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<tr>
<td>The Connecticut Children Medical Center’s Special Kids Support Center</td>
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</tr>
<tr>
<td>Behavioral Health Services</td>
<td>1.877.552.8247 TTY: 711</td>
</tr>
<tr>
<td>CT Behavioral Health Partnership: CT BHP</td>
<td></td>
</tr>
<tr>
<td>Monday – Friday: 9:00 a.m. to 7:00 p.m.</td>
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</tr>
<tr>
<td>Dental Services</td>
<td>1.855.283.3682 TTY: 711</td>
</tr>
<tr>
<td>CT Dental Health Partnership: CTDHP</td>
<td></td>
</tr>
<tr>
<td>Monday – Friday: 8:00 a.m. to 5:00 p.m.</td>
<td></td>
</tr>
<tr>
<td>Pharmacy Services</td>
<td>1.866.409.8430 TTY: 711</td>
</tr>
<tr>
<td>CT Pharmacy Assistance Program</td>
<td></td>
</tr>
<tr>
<td>Monday – Friday: 8:00 a.m. to 5:00 p.m.</td>
<td></td>
</tr>
<tr>
<td>Nurse Helpline</td>
<td>1.800.859.9889 TTY: 711</td>
</tr>
<tr>
<td>24 hours a day/365 days a year</td>
<td></td>
</tr>
<tr>
<td>Fraud Reporting Hotline</td>
<td>1.866.700.6109</td>
</tr>
<tr>
<td>Monday – Friday: 8:30 a.m. to 5:00 p.m.</td>
<td></td>
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<tr>
<td>Access Health CT to apply and renew for HUSKY B</td>
<td>1.855.805.4325</td>
</tr>
<tr>
<td>Monday – Friday: 8:00 a.m. to 4:30 p.m.</td>
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<tr>
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<tr>
<td>Xerox Call Center for Premium Billing issues only</td>
<td>1.800.656.6684</td>
</tr>
<tr>
<td>Monday – Friday: 8:30 a.m. to 5:00 p.m.</td>
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# 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 HUSKY benefits and services available to you. HUSKY Health is committed to your care. HUSKY Health will help you get benefits. It will also show you services that can help keep you healthy and improve your well-being. Our goal is to help you and your provider work together to make sure you get the best care possible.

We look forward to hearing from you!

Getting the Most Out of Your Membership

Please call Member Engagement Services if you have any questions. The phone number is 1.800.859.9889. We are open Monday through Friday. Our hours are 8:00 a.m. to 6:00 p.m.

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 you can get from the HUSKY Health program. We can tell you how the program works and answer any questions you may have. Many people at our Call Center speak both English and Spanish. If you speak another language, we can get a translator for you.

We have many programs that help members with special healthcare needs. Details on these programs are in this Handbook. If you still have questions after reading this handbook, or if you need a printed copy of this handbook, please call us. Our phone number is 1.800.859.9889.

HOW THE HUSKY HEALTH PROGRAM WORKS FOR YOU

Our Website

You can go online to find out the latest news about the HUSKY Health program. Our website is www.ct.gov/husky. Click “For Members” on the left side of the screen to find the WELCOME MEMBERS page.

The website also has:

• A benefit overview
• Behavioral health information
  o Connecticut Behavioral Health Partnership (CT BHP): www.ctbhp.com
• Dental health information
WELCOME MEMBERS Page

The WELCOME MEMBERS page of the HUSKY Health website is just for you. It puts lots of details right at your fingertips.

On the left side of this page, you will find links to:

- A Provider Directory that lets you search for providers in the Connecticut Medical Assistance Program (CMAP). You can search in your area by provider name, city, specialty, and more;
- Information about Primary Care Providers (PCPs) that provide care as a Person-Centered Medical Home;
- Member materials, such as the Welcome Guide;
- Health education materials;
- Details on Intensive Care Management (ICM) services;
- Other services such as dental, pharmacy, and behavioral health;
- Community resources that can give you support, including baby supplies, utility help, and more.

On the WELCOME MEMBERS page, you can learn more about your right to privacy. You can report possible fraud. The WELCOME MEMBERS page also has a MY HEALTH CARE Member Login. This will bring you to a secure portal that is just for you!

MY HEALTH CARE Secure Member Portal

When you log in to the MY HEALTH CARE secure member portal, you can see your member information.

You can also:

- View your member details. This includes your name, address, date of birth, and ID number;
- See who your Primary Care Provider (PCP) is and find out how to get a new one;
- Find out what to do if your ID card is lost, stolen, or damaged;
- Look at a list of all the providers in the CMAP network (this list is also on the WELCOME MEMBERS page);
- Learn about other programs you can use; and
- Find out how to contact us.

This portal is secure. That means all of your details are 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 you in the past. Your Primary Care Provider (PCP) can also see health information about you from your other healthcare providers. This includes hospitals, specialists, and pharmacies. It does not include information from your mental health providers, unless you agree to it. Being able to look at

Connecticut Dental Health Partnership (CTDHP):  www.ctdhp.com

- How to get your pharmacy benefits
- Other useful links!
your health information from your other providers helps your PCP make better decisions about the type of healthcare you need.

If you do not want your PCP to be able to look at health information about you from your other providers, you can “opt out.” This means you let HUSKY Health know that you do not want your PCP to see your health information from other providers.

To opt out, you must ask HUSKY Health in writing. You can download an Opt Out Request Form by going to www.ct.gov/husky, then clicking the “For Members” link. You can also call Member Engagement Services. The phone number is 1.800.859.9889. We will mail a form to you.

If you are the head of a household, you may also opt out for children who are under 18. If there are two adults in the household, each must opt out on their own. 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 a form. It is on our website. Just go to www.ct.gov/husky and click the “For Members” link. You can also call us at 1.800.859.9889.

**Member ID Card**

The HUSKY Health program sends a Member ID card to all new members. Don’t share your card with anyone. When you get your new HUSKY Member ID card, look for your name. If your name is wrong, please refer to **CHANGES TO YOUR INFORMATION** on page 1. You can also call Member Engagement Services. The phone number is 1.800.859.9889.

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

Your provider’s name will not be printed on the card. There is a place on the back of the card for your PCP to print his/her name. These are sample Member ID cards. The first example is what an ID card looks like if you have a cost share. The second is if you do not have a cost share.

These are sample Member ID cards:
The No Cost Share HUSKY B card is for Band 1 and Band 2 members of federally recognized American Indian or Alaskan Natives. Your ID card will have your name, your ID number, and the name of your HUSKY plan. It will also have cost share information. It has helpful phone numbers on the back.

**Nurse Helpline**

HUSKY Health gives members a way to contact a registered nurse 24 hours a day/7 days a week through our Nurse Helpline. Skilled nurses are here if you are sick, hurt, or need 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 you need; and
- Teach you about self-care and how to find out what services you can use.

Please call 1.800.859.9889 for the Nurse Helpline.

**Translation Services**

If you call Member Engagement Services and want to speak in a language other than English, our staff can call an interpreter line. This will let us talk to you in your language. We have staff members who speak Spanish.

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

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

You will get all HUSKY Health services from healthcare providers who are part of the Connecticut Medical Assistance Program (CMAP) network. You can use the HUSKY Health Provider Directory on our website to find providers who are part of the program. The website is www.ct.gov/husky. Click “For Members,” then click “Find a Doctor” on the left. You can then look at the CMAP (HUSKY) Provider Directory. This directory can also be found in the MY HEALTH CARE secure member web portal or you can call Member Engagement Services for help. If you do not have access to the internet, you may call us to receive a printed copy. Our phone number is 1.800.859.9889.

If you are a patient of any providers who are not in the Provider Directory, you can call them to find out if they are part of CMAP (HUSKY). If they are not, you can ask them if they want to join.

If your providers are not part of CMAP (HUSKY) but want to join, please let us know! Our phone number is 1.800.859.9889. We can call your providers and talk to them about joining. We can help them enroll so that they can treat HUSKY Health members. If your providers do not want to join the CMAP network, we can help you find new providers. We can even help make an appointment for you.

Choosing Your Primary Care Provider

It is important that you have a Primary Care Provider (PCP). Your PCP is the main source of your healthcare. You should have a good relationship with your PCP. A PCP will know your health history and can follow your healthcare needs as they change over time. You should see your PCP for check-ups. You should also see your PCP when you feel sick. It is very important to have a PCP if you have serious healthcare needs or many problems with your health.

You can call Member Engagement Services to choose a PCP or change the one you currently have. Our phone number is 1.800.859.9889. We can help you Monday through Friday. Our hours are 8:00 a.m. to 6:00 p.m. We can also help you make an appointment to see your PCP.

If you do not choose a PCP, we will assume that the provider you saw in the past is your PCP. You can see who your PCP is by visiting our secure website at www.ct.gov/husky. Click “For Members,” and then MY HEALTH CARE “Member Login.” You can change your PCP at any time. Just give us a call.

If you change your PCP, you do not need a new Member ID card. The HUSKY Health ID card you have right now will work for any approved PCP that you see.
There are different types of medical providers who can be your PCP. They are:

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<tr>
<td>Family Practitioner</td>
<td>A medical doctor who cares for all family members.</td>
<td>Family Practitioner</td>
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<tr>
<td>General Pediatricist</td>
<td>A medical doctor who cares for children generally up to age 18 or 21.</td>
<td>General Pediatrician, Pediatric Adolescent Medicine, Pediatric Nurse Practitioner</td>
</tr>
<tr>
<td>General Practitioner/Internal Medicine</td>
<td>A medical doctor who offers preventive care and treats a wide range of health problems.</td>
<td>General Practitioner, Internal Medicine, Preventative Medicine</td>
</tr>
<tr>
<td>Geriatric Practitioner</td>
<td>A medical doctor who cares for older adults generally age 60 and up.</td>
<td>Geriatric Practitioner, Geriatric Nurse Practitioner</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>A registered nurse who has extra training</td>
<td>Adult Health Nurse Practitioner, Pediatric Nurse Practitioner, Family Nurse Practitioner, Nurse Practitioner (OTHER), Primary Care Nurse Practitioner</td>
</tr>
<tr>
<td>Physician Assistant (PA)</td>
<td>A healthcare professional trained to take care of your medical needs. He or she is supervised by a doctor.</td>
<td>Physician Assistant, Primary Care Physician Assistant, Medical Physician Assistant</td>
</tr>
<tr>
<td>Osteopath - Doctor of Osteopathic Medicine (DO)</td>
<td>A medical doctor who offers care to children and adults with a focus on treating both the &quot;mind and body,&quot; the connection between muscles and bones and the causes of disease.</td>
<td>Osteopath</td>
</tr>
<tr>
<td>Person-Centered Medical Home (PCMH)</td>
<td>A care team that works together and is led by a PCP. It makes sure you get care from all team members when you need it.</td>
<td>PCMH practices can be found by clicking the &quot;View a list of PCMH Practices&quot; link from the FIND A DOCTOR page.</td>
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**Specialists**

The HUSKY Health program does not require a note from your 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 PCP if you visit a specialist. This will help your PCP keep track of your care. There are also times when a specialist will only see you after your PCP sees you. If you need a specialist, your PCP or HUSKY 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;
- You are not getting better even though you have followed your 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; and/or
- You do not completely trust your provider’s advice.

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

HUSKY B BENEFITS

Below, you will find a summary of your 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 you as healthy as possible;
- Improve your health;
- Find or treat an illness;
- Help you get better after getting hurt; or
- Help you function on your own.

Medically necessary services must:

- Meet standards for quality medical care;
- Be the right type, level, amount, or length for you;
- Be given in the right healthcare setting;
- Not be provided just to make things easier for you or for a provider;
- Cost no more than a different service that would get the same results; and
- Be based on your medical condition.

Some of the covered goods/services, like radiology, might need prior authorization (pre-approval). This means that your provider must first get approval from the HUSKY Health program before you get the service. Some services, like preventive care, do not need prior authorization. If a service needs this approval, 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 Bands 1 or 2 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(ren) 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. If your child(ren) is(are) in HUSKY B Band 2, you will keep getting bills for premiums. However, the bills will have 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 in Band 1 and Band 2, 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(ren) is(are) 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 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 is part of the Connecticut Medical Assistance Program (CMAP) network. If you need help finding a participating provider, please call our Member Engagement Services department. The phone number is 1.800.859.9889. We are open Monday through Friday from 8:00 a.m. to 6:00 p.m.

HUSKY PLUS PHYSICAL

HUSKY Plus Physical (HPP) provides supplemental services to HUSKY B children and youths with special healthcare needs. HPP covers kids in Band 1 and Band 2. HPP services are for kids whose physical needs exceed the regular package of services for HUSKY B. There are no co-pays, no deductibles, and no additional premiums for HUSKY Plus Physical services. HPP welcomes referrals from parents and their providers.

Services under HUSKY Plus Physical include:

- Care coordination
- Advocacy
- Family support
- Case management services
- Long-term rehab
- Some medical and surgical supplies
- Some durable medical equipment
- Power wheelchairs
- Hearing aids for children ages 13 and older

For more information, call the Connecticut Children Medical Center’s Special Kids Support Center, 1.877.743.5516 from 8:00 a.m. to 4:30 p.m.
Well-Care/Preventive Services

A well-care visit is when your child visits the PCP for a routine check-up. 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 the member 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.

If you have any questions about whether or not a service is covered, please call our Member Engagement Services department. The phone number is 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 abuse services you need.
How to reach the CT BHP:

- Call the Member Service department toll free at 1.877.552.8247; TTY: 711, Monday through Friday from 9:00 a.m. to 7:00 p.m.
- To find a provider near you, call 1.877.552.8247 during regular business hours. You can also go to www.ctbhp.com; click “For Members,” then “Find a Provider.”
- Behavioral Health providers are licensed to treat mental health and/or substance abuse problems. 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 abuse treatment.**

<table>
<thead>
<tr>
<th>Service</th>
<th>HUSKY B pays</th>
<th>Member pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Inpatient</td>
<td>100%</td>
<td>No co-pay</td>
</tr>
<tr>
<td>Substance Abuse-Inpatient</td>
<td>100%</td>
<td>No co-pay</td>
</tr>
<tr>
<td>Detoxification</td>
<td>Drugs: 60 days per year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alcohol: 45 days per year</td>
<td></td>
</tr>
<tr>
<td>Mental Health Outpatient</td>
<td>Allowed fee, less $10 co-pay</td>
<td>$10 co-pay</td>
</tr>
<tr>
<td></td>
<td>Includes individual, group and family therapy and day programs.</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Outpatient</td>
<td>Allowed fee, less $10 co-pay</td>
<td>$10 co-pay</td>
</tr>
<tr>
<td></td>
<td>Includes individual, group and family therapy, day programs, and methadone maintenance.</td>
<td></td>
</tr>
<tr>
<td>Home Health Care</td>
<td>100% for medication administration</td>
<td>No co-pay</td>
</tr>
<tr>
<td></td>
<td>Excludes: Custodial care, homemaker care, or care that may be provided in a medical office, hospital, or skilled nursing facility, or offered to the member in such a setting.</td>
<td></td>
</tr>
<tr>
<td>Residential Services</td>
<td>100% DCF residential treatment, crisis stabilization, group home, shelter, safe home, foster care, community housing assistance, and transitional living.</td>
<td>No co-pay</td>
</tr>
</tbody>
</table>
Chiropractor

A chiropractor treats problems with your back. Chiropractic services can be given by a private provider if services are pre-approved. An order from a provider will also be needed before chiropractic services can be given.

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

Clinic Services

A free-standing clinic is a licensed facility that is not associated with a hospital. Services that you can get from a clinic include:

- Preventive care visits
  - There is no co-pay. Services are covered at 100%.
- Sick visits
  - There is a $10 co-pay for sick visits.
- Dialysis
  - There is no co-pay. Services are covered at 100%.
- Family Planning
  - There is no co-pay for office visits. Services are covered at 100%.
  - Co-pays for contraceptives may apply (please see Family Planning section).
- Shots
  - There is no co-pay. Services are covered at 100%.
- Counseling to stop smoking or using tobacco
  - Only covered for pregnant women: there is no co-pay. Services are covered at 100%.
  - Not a covered benefit for any member who is not pregnant.

Dental Services

Your 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 mouth healthy and care for any oral health problems. Cosmetic procedures and implants are not covered benefits.

<table>
<thead>
<tr>
<th>Services</th>
<th>HUSKY B Pays</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Services</td>
<td>100%. Dental preventive services include:</td>
<td>No co-pay</td>
</tr>
<tr>
<td></td>
<td>Exams, 1 every 6 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X-rays</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fillings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fluoride Treatments</td>
<td></td>
</tr>
<tr>
<td>Orthodontia (Braces)</td>
<td>$725 allowance per orthodontia case</td>
<td>Balance after $725</td>
</tr>
<tr>
<td></td>
<td>Once in a lifetime</td>
<td></td>
</tr>
<tr>
<td>Amalgam and Composite Restorations (Fillings)</td>
<td>80% of allowed fee</td>
<td>20% of allowed fee</td>
</tr>
<tr>
<td>Crowns, Prosthodontics</td>
<td>67% of allowed fee</td>
<td>33% of allowed fee</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Services</th>
<th>HUSKY B Pays</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Extraction, including wisdom teeth</td>
<td>67% of allowed fee</td>
<td>33% of allowed fee</td>
</tr>
<tr>
<td>Periodontal (gum) Surgery</td>
<td>50% of allowed fee</td>
<td>50% of allowed fee</td>
</tr>
<tr>
<td>Non-Surgical Extraction</td>
<td>80% of allowed fee</td>
<td>20% of allowed fee</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>67% of allowed fee</td>
<td>33% of allowed fee</td>
</tr>
<tr>
<td>General Anesthesia and Sedation in the office</td>
<td>80% of allowed fee</td>
<td>20% of allowed fee</td>
</tr>
</tbody>
</table>

If you need help finding a dentist or making an appointment, please call the CTDHP. The phone number is 1.855.283.3682 (1.855.CTDental). The Customer Service Center is open Monday through Friday, 8:00 a.m. to 5:00 p.m. If you are deaf or hard of hearing, you can call TTY for assistance. The number is 711. You can also visit the CTDHP website at [www.ctdhp.com](http://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; and
- Is non-disposable.
Some examples of covered DME are:

- Wheelchairs (non-powered) 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 CPAP machines, apnea monitors, and ventilators

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

HUSKY Plus supplemental coverage may be available for medically-eligible children in HUSKY B Band 1 or Band 2. HUSKY Plus may cover power wheelchairs.

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

**Emergency Care**

Emergency Care is medical care that is needed right away. Go to a hospital Emergency Room or call 911 if you have an emergency.

Examples are:

- Bleeding that can’t be stopped
- Chest pains
- Serious burns
- Seizures or convulsions
- Heat stroke
- Other health problems that could cause death or serious injury

If you go to the Emergency Room, bring your HUSKY Health ID card. Also bring your CONNECT CARD. Ask the ER staff to call your PCP or specialist when you arrive. You do not need prior authorization for emergency care. You should always follow up with your PCP after you go to the Emergency Room. It is recommended that you call your PCP right after your Emergency Room visit and schedule an office visit. This will allow them to check on your recovery and see if there is any change in your condition or medicines. Remember to bring your medication list and the instructions you were given in the Emergency Room. 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 Emergency Room, approval is not needed. However, the facility must enroll in CMAP or you may be billed for the emergency services. If out-of-state emergency care is needed, you should call your PCP within 24 hours of the Emergency Room visit.
Emergency Care Outside of Connecticut and the United States (U.S.)

- Emergency care is covered when you travel outside of Connecticut but are still in the United States, including Puerto Rico and other territories.* The care must be a true emergency. Also, the hospital and provider need to enroll in CMAP in order to be paid. If the provider does not enroll, 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 territories,* HUSKY does not cover any care or services, even if it is an emergency. You may wish to purchase travel health insurance.

* Virgin Islands, Guam, Northern Mariana Islands and American Samoa.

Eye/Vision Care

Vision care is a covered service that can be done by ophthalmologists, optometrists, and opticians.

Please keep in mind:

- Eye exams are covered, but there is a $15 co-pay; and
- HUSKY Health will pay $100 toward one (1) pair of eyeglasses every two (2) years.
  - No exception will be made for eyeglasses that are lost, stolen, or broken

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
- 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 copays apply if obtained in a provider’s office or clinic

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

Services for infertility, including reversal sterilization, in-vitro fertilization, artificial insemination, 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 two years.

For hearing aids, HUSKY Plus supplemental coverage may be available for medically-eligible children in HUSKY B Band 1 or Band 2.

**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 two hours per day)*
- Home health aide assistance. This is hands on personal care that helps with such daily activities as: dressing, bathing, eating, transferring (help with walking or changing a position, like going from sitting to laying down), and toileting
- Maternity visits for women 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 is 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 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 long term home health care may be available for medically eligible children in HUSKY B Band 1 or Band 2.

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

*Nursing visits that are more than two hours per day are called extended nursing visits. They are not covered.

**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 six 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 five days.

Members under the age of 21 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%.
• Dialysis
  - 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 visits
  - 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 approval unless it is for pregnancy.

You should always follow up with your PCP after discharge from the hospital. It is recommended that you call your PCP right away and schedule an office visit. This will allow them to check on your recovery, monitor your response to any treatments, and note any change in your condition or
medicines. Remember to bring your 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 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 make sure you have a healthy pregnancy and that you are healthy after the birth of your baby. 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. Currently, there is one birthing center enrolled in CMAP. The birthing center is located in Danbury. 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:

- Cannot be used over and over again – disposable;
- Are used to treat or diagnose a medical condition;
- May be used after a surgery; and
- 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
- Diabetic supplies

Note: Diapers are not covered.

You will need a prescription from your 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 call the HUSKY Health program.

HUSKY Plus supplemental coverage may be available for medically-eligible children in HUSKY B Band 1 or Band 2. HUSKY Plus may cover supplies for incontinence (diapers and gloves for children over 3 years old).

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 or 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; and/or
- 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 approval is required for some orthotic or prosthetic devices.

Orthopedic shoes and prosthetics are not covered.

HUSKY Plus supplemental coverage may be available for medically-eligible children in HUSKY B Band 1 or Band 2.

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 United States, Puerto Rico and other territories,* have to be authorized before receiving the services. The provider or facility must be enrolled in CMAP in order to be paid for services.

- Emergency care is covered when you travel outside of Connecticut but are still in the United States, including Puerto Rico and other territories.* The care must be a true emergency. Also, the hospital and provider need to enroll in CMAP in order to be paid. If the provider does not enroll, 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 territories,* HUSKY does not cover any care or services, even if it is an emergency. You may wish to purchase travel health insurance.

* Virgin Islands, Guam, Northern Mariana Islands and American Samoa

**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 Health card each time you pick up medicine from the pharmacy.

<table>
<thead>
<tr>
<th>Services</th>
<th>HUSKY B pays</th>
<th>Member pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>Balance after $5 co-pay on generics and prescribed over-the-counter (OTC)</td>
<td>$5 co-pay on generics and prescribed OTC</td>
</tr>
<tr>
<td></td>
<td>Balance after $10 co-pay on brand-name and prescribed OTC</td>
<td>$10 co-pay on brand-name and prescribed OTC</td>
</tr>
<tr>
<td>Contraceptives</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Intrauterine Device (IUD) and insertion of the IUD</td>
<td>100% for device</td>
<td>No co-pay for office visit</td>
</tr>
<tr>
<td>Internally implantable time-release devices &amp; their insertion</td>
<td></td>
<td>No co-pay</td>
</tr>
<tr>
<td>Time-released contraceptive injections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Contraceptives</td>
<td>See prescription drug (medication) coverage</td>
<td></td>
</tr>
</tbody>
</table>

“Over the Counter” Medications

- Medicines that you can buy “over the counter” are covered when your provider writes a prescription for them.
- “Over the counter” 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 medicine will be covered, please call the Connecticut Pharmacy Assistance Program. Their phone number is 1.866.409.8430. They are open Monday through Friday from 8:00 a.m. to 5:00 p.m.
Your provider will always prescribe a generic medicine. To prescribe a brand name, your provider must ask for approval from the Connecticut Pharmacy Assistance Program. If your prescription does require prior authorization, you will not be able to get a full supply of your 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 provider give the pharmacy the information it needs in order to fill the entire prescription.

Your medicines are filled by in-state pharmacies enrolled in the CMAP network. If you are going to travel out-of-state, you should tell your provider. Also tell your pharmacy. You can ask for an early refill of your medicine. This way, you will not run out while you are away. Early refills due to travel are available once every six months.

If you have any questions about your pharmacy services, or would like more information, please call the Pharmacy Customer Call Center. Their phone number is 1.866.409.8430 and they are available Monday through Friday from 8:00 a.m. to 5:00 p.m. The Pharmacy Customer Call 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; and/or
- 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), nurse midwives, and physician assistants (PAs) enrolled in CMAP. 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 you have a systemic condition. This includes diabetes. Your 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 is 60 days of coverage for all three services when added together.

HUSKY Plus supplemental coverage for rehabilitative services may be available for medically-eligible children in HUSKY B Band 1 or Band 2. HUSKY Plus may cover long-term physical therapy, speech therapy, and occupational therapy.

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

## SERVICES THAT ARE NOT COVERED

Not all services are covered by your benefit. Examples of services that are not covered include:

- Acupuncture/Biofeedback/Hypnosis
- Ambulatory blood pressure monitoring
- Cosmetic or plastic surgery
- Diapers*
- Educational services
- Experimental treatments
- Infertility treatment
- Out-of-network services
- Non-emergency medical transportation*
- Physical exams needed for employment, insurance, school, summer camp, etc.
- Power wheelchairs*
- Routine foot care
- Services that are not medically necessary
- Sterilization and sterilization reversal
- Weight reduction programs
- Long-term rehabilitation*
- Long-term physical therapy*
- Long-term skilled nursing care
- Services outside of Connecticut, except for emergency services or services from border providers (providers in states that border Connecticut) who are enrolled in CMAP
- Wigs
INTENSIVE CARE MANAGEMENT (ICM)

HUSKY Health offers Intensive Care Management (ICM) services to members with special health needs. It helps members better understand and take care of their health.

There are nurses, social workers, human service specialists, and other team members who will work with you and your providers. They will work with you to manage your health conditions and other issues you may have.

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

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

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

- Asthma
- Cancer
- Certain social situations, such as homelessness
- Chronic pain
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Head or spinal cord injuries
- Heart conditions
- Kidney disease
- Major burns
- Mental illness, such as depression and substance abuse
- Neurological conditions
- Newborns in the Intensive Care Unit (NICU)
- Sickle cell disease
- Transplants
- Pregnancy

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

They can also help you:

- Learn more about your illness or condition.
- Make appointments or set up other health services.
• Make sure that your medications are the right ones for you and can be taken together.
• Make sure that all of your providers are working together to best manage your care.
• Make sure that you are getting the right care, at the right place, at the right time.

As a HUSKY Health member, you can have your own nurse help you with your healthcare and other important needs.

Your nurse will:

• Call you by phone and/or meet with you in person;
• Talk to you about your health;
• Answer your health questions and give you health education materials;
• Stay in touch to help you stay well;
• Help you understand the care you need to stay healthy;
• Help you talk to your provider about your health concerns;
• Work closely with you and your provider to make the best plan that meets all of your needs;
• Make sure you have the help you need, such as referrals for home care, special equipment, and community resources; and
• Help you to meet face-to-face with a social worker or human service specialist to learn more about community resources, such as:
  
  - Behavioral Health Services
  - Cancer Supports
  - Childcare
  - Clothing
  - Disability Services
  - Domestic Violence Supports
  - Educational Supports
  - Employment Services
  - Food
  - Holiday Supports
  - Housing
  - Legal Services
  - Parenting Supports
  - State Benefits
  - Utility Assistance
  - Youth Programs

As a HUSKY Health member, you can get ICM services at no cost.

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 you to one of our nurses.
• You can call us and ask to join the ICM program. Our phone number is 1.800.859.9889.

**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 in Band 1 and Band 2 of HUSKY B might be eligible for supplemental services through HUSKY Plus. *(Please see HUSKY PLUS PHYSICAL 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 during each step of the way.

Healthy Beginnings Maternity Program

Whether you are pregnant or are planning to get pregnant, you will want to give your baby a healthy start. Our Healthy Beginnings Maternity Program was made to help you have a healthy pregnancy and baby. You need to have regular visits with your provider. These visits are very important for you and your baby. The nurse care managers in our Healthy Beginnings Maternity Program can work with you and your provider to help you understand the changes that 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 Maternity 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
- Prenatal health education classes for childbirth, breast feeding, and parenting
- Hospitalization
- Family planning

Healthy Airways – a program for members with Asthma

Under the Healthy Airways program, a nurse care manager will work with you and your provider to help you understand your asthma. The nurse will help you build a plan to better take care of your asthma. A care manager will give you support and education. This will help you avoid situations that may increase your 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 providers to find the best treatment plan to manage your symptoms. Nurses will provide education and coaching to help you know when to seek medical care and offer ideas to keep you 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 providers to show you how to prevent or decrease diabetes-related issues to improve your health.

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 1.877.284.8759 or 211. You can also call Member Engagement Services. The phone number is 1.800.859.9889.

**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 women, women who are breastfeeding a child under the age of one, and women who have had a baby in the past six 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 a nutritional risk

WIC offers services that may include nutrition risk assessment, nutrition education, breastfeeding education and support, checks 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 mother and child health. It gives program members health education and care management services. It also offers help filling out the HUSKY application for qualifying pregnant women. This program helps promote and protect the health of mothers 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 three. These children are either:

- Experiencing a significant developmental delay; or
- 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 or 1.877.284.8759. 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

If you are looking for up-to-date educational materials, please visit KRAMES online on our website. Visit www.ct.gov/husky and click the “For Members” link. Then click on “Health Education Materials & Programs.” Look for the KRAMES logo on the bottom left side of your screen. KRAMES Online is in English and Spanish.

KRAMES Online 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 abuse, or mental illness, please call Member Engagement Services. The phone number is 1.800.859.9889.

HUSKY Health also offers educational videos about member health and healthcare. These videos can be found on our website. To watch an educational video, just go to www.ct.gov/husky. Click “For Members” and then click “Health Education Materials & Programs.” On the right side of the screen, you will see Educational Videos. Just click the link and you are ready to go!
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 check-ups.
• 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.
NONDISCRIMINATION 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: 1.203.265.2860. You can also go to www.ct.gov/husky, click “For Members” and then “Contact Us.” You can then click the link “to 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; and/or
- 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; or
- 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; and/or
- 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; and/or
- 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; or
- 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; and/or
- 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:**
  1.203.265.2806
  Attn: Member Engagement Services

- **E-mail a complaint:**
  You can then click the link “to 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. Click on “For Members,” and then “Member Privacy” on the left 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. The phone number is 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 timeframe puts your life or health at serious risk or injury, 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 timeframes talked about above.

The HUSKY Health program will decide within one 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 five 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 upholding the original denial of the good or service, 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:
  DSS: Medical Director, Division of Health Services
  HUSKY B Appeals
  55 Farmington Ave.
  Hartford, CT 06105

• Fax:
  860.424.4958

**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 programs to 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. Open Monday - Friday, 8:30 a.m. to 5 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. The HUSKY Health Member Engagement Services Call Center is available to you Monday – Friday, 8:00 a.m. – 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.

<table>
<thead>
<tr>
<th>Names of Members in Household</th>
<th>Medicaid ID Number</th>
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Address: ________________________________________________________________

Phone Number(s): _______________________________________________________

IN CASE OF EMERGENCY CALL:

Name: ___________________________ Relationship: _____________________________ Phone: ___________________________

Name: ___________________________ Relationship: _____________________________ Phone: ___________________________

Name: ___________________________ Relationship: _____________________________ Phone: ___________________________

Name: ___________________________ Relationship: _____________________________ Phone: ___________________________

Police Department Phone Number: ___________________________________________

Fire Department Phone Number: ____________________________________________

Rescue Ambulance 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: _______________________________________________________________