

YOUR HEALTH...YOUR CHOICE



GOLD CHOICE

PCMP IIA
Member Handbook

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WELCOME

Health care is changing. In some counties in New York State Medicaid clients must join a managed care health plan. Whether you have to join or you choose to join a managed care plan, this handbook will help. It will tell you how your new health care system will work and how you can get the most from Gold Choice.

This handbook is your guide to health services. It tells you the steps to take to make Gold Choice work for you. When you have a question, check this Handbook or call Gold Choice Member Services at 716-898-5966 / 1-888-419-1722 (toll free). You can also call the managed care staff at your Erie County Department of Social Services at 716-858-6105. If you live in NYC, you can also call the Managed Care Help line at 1-800-505-5678 or call the Managed Care Help line at 1-888-367-6557.

As a Member of Gold Choice you will receive this handbook, a welcome letter, a listing of doctors who participate in the program and a Membership card. We are pleased that you have decided to join Gold Choice. This handbook is designed to help you understand all of the services, benefits and procedures of Gold Choice. Please read the entire handbook and keep it available for your use. Remember that your Medicaid benefits are the same; how you access your medical care will be different.

HOW TO USE MEMBER SERVICES

Our Member Services Department is here to assist you in anyway we can. You can call us at 898-5966/ 1-888-419-1722 (toll free) Monday through Friday between the hours of 8:30 am to 4:30 pm. Your member services representative can assist you in these areas:

- ◆ Answer your questions about Gold Choice.
- ◆ Choosing or changing your Doctor.
- ◆ Address any concerns or complaints about Gold Choice.
- ◆ Explain the rules and regulations about Gold Choice.
- ◆ If you do not speak English, we can help. We want you to know how to use your health care plan, no matter what language you speak. Just call us and we will find a way to talk to you in your own language. We have a group of people who can help. We will also help you find a DOCTOR (Primary Care Provider) who speaks your language.

- ◆ **For people with disabilities:** If you are in a wheelchair, or are blind, or have trouble hearing, call us if you need extra help. We can tell you if a particular provider's office is wheelchair accessible or is equipped with communications devices. Gold Choice participates with TTY relay services for the hearing impaired at 1-800-421-1220.

MEMBERSHIP ORIENTATIONS

Membership orientations are scheduled on a regular basis at your Counseling Agency or at your Doctor's office. These sessions can help you better understand your benefits and how to use Gold Choice. The sessions also provide you with information regarding your right to obtain necessary auxiliary aids and services during appointments and in scheduling appointments and follow-up treatment with participating providers. You can call us at 1-888-419-1722 (toll free) or (716) 898-5966 to get information on when the next session is scheduled.

**Our goals are the same as yours;
Getting you healthy and keeping you healthy.**

MEMBERSHIP CARDS

After you enroll, we'll send you a welcome letter and a membership card. Your card has your doctor's name and phone number on it. If it's wrong, call us right away. You need to present your membership card and your medicaid benefit card each time you visit your doctor and / or access any type of medical care.

Carry your ID card at all times and show it each time you go for care. If you need care before the card comes, your welcome letter is proof that you are a member. You should keep your Medicaid benefit card. You will need the card to get services that Gold Choice does not cover. These services include mental health and chemical dependency counseling, family planning, pharmacy and dental benefits.

IF YOU LOSE OR MISPLACE YOUR MEMBERSHIP CARD

If you lose or can not find your Gold Choice Membership card, please call the Member Service Department at 716-898-5966 / 1-

888-419-1722 (toll free) as soon as possible. Gold Choice will check your address and then re-send you a new card.

YOUR OWN DOCTOR

All members of Gold Choice must pick a primary care doctor. There are three different kinds of doctors who work with Gold Choice:

Family Practice Doctor - this is a doctor who sees both children and adults and can perform OB/GYN services.

Internal Medicine Doctor - this is a doctor who sees adult patients only over the age of eighteen.

Pediatrician - this is a doctor who sees only children under the age of eighteen.

When you select a doctor for you or your family, ask yourself the following questions:

1. Would I like one doctor to take care of the whole family, like a family doctor?
2. Would I like my own doctor, like an internal medicine doctor?
3. Would I like a pediatrician for my child?
4. What doctor already knows you?
5. Who is on your bus or subway route?
6. Who understands your health problems?
7. Who speaks your language?

All options are available with Gold Choice. Please note if you do not chose a doctor Gold Choice will assign one to you within thirty (30) days.

With this handbook you will get a provider directory. This is a list of all Primary Care doctors that you can choose from. It lists the address, phone number and training of the doctors. The Provider Directory will show which doctors are taking new patients. You should call their office to make sure they are taking new patients at the time you choose a doctor.

Now that you have your own personal doctor, he or she will provide most of your medical care. Your doctor will be available 24 hours a day and handle things like:

- ◆ Scheduling your medical appointments, as needed.
- ◆ Referring you to a specialist, this includes a OB/GYN, if needed
- ◆ Being on call 24 hours 7 days a week.
- ◆ Providing checkups and treat you for illnesses and/or minor injuries.
- ◆ Keeping all of your medical records.
- ◆ Arranging all medical inpatient services.

You may see your personal doctor as often as necessary. Please schedule a physical exam as soon as possible so your doctor can get to know you and set up a medical chart. Do this now before an unexpected illness or emergency happens.

MAKING AN APPOINTMENT

Your doctor will take care of most of your health care needs—but you must have an appointment to see your doctor. If ever you can't keep an appointment, call to let your doctor know. As soon as you choose a doctor, call to make a first appointment. Your doctor will need to know as much about your medical history as you can tell him or her. Make a list of your medical background, any problems you have now, and the questions you want to ask your doctor. In most cases, your first visit should be within three months of enrolling in Gold Choice.

Please contact your doctor to make an appointment especially if you have never been seen by the doctor you selected.

If you need care before your first appointment, call your doctor's office to explain the problem. He or she will give you an earlier appointment. (You should still keep the "first" appointment). Use the following list as an appointment guide.

- Urgent care: within 24 hours.
- Non-urgent sick visits: within 3 days.
- Routine, preventive care: within 4 weeks.
- First family planning visit: within 2 weeks.
- Follow-up visit after mental health/substance abuse emergency room or inpatient visit: 5 days.

THE PROVIDER NETWORK AND YOU

Gold Choice has a contract with the Erie County Department of Social Services to meet the health care needs of people with Medicaid. In turn, we choose groups of doctors to help us meet your needs. These doctors make up our “**provider network**.” You’ll find a list in our provider directory. If you don’t have a provider directory, call **Member Services** to get a copy.

If you need to have a test, see a specialist, or go into the hospital, your doctor will arrange it. Your doctor is available to you everyday, day and night. If you need to speak to him or her after hours or weekends, please call the number listed on your membership card.

Even though your doctor is your main source for health care, in some cases, you can “self-refer” to certain doctors who take Medicaid. Please read page 6 for information. Otherwise, your doctor will make sure you get the care you need, and will keep a record of that care.

HOW TO GET REGULAR CARE FROM YOUR DOCTOR

“Regular care” means exams, regular check-ups, shots or other treatments to keep you well, advice when you need it, and referral to the hospital or specialists when needed. It means you and your doctor working together to keep you well or to see that you get the care you need. Day or night, your doctor is only a phone call away. Be sure to call him or her whenever you have a medical question or concern. If you call after hours or weekends, leave a message and where or how you can be reached. Your doctor will call you back as quickly as possible. Remember that your doctor knows you and knows how Gold Choice works.

Your care must be “**medically necessary**”:

- To prevent, or diagnose and correct what could cause more suffering, or
- To deal with a danger to your life, or
- To deal with a problem that could cause illness, or
- To deal with something that could limit your normal activities.

WHAT ARE MY BENEFITS UNDER THIS PROGRAM?

Your doctor must provide these services:

- ◆ 24 - hour on call service.
- ◆ Employment physicals, regular check-ups and sick check-ups.
- ◆ Doctor visits for well-baby (Child Teen Health Program C/THP).
- ◆ Medical coordination (follow-up care, referrals).

Your Primary Care Doctor must give you a **REFERRAL** for the following services:

- ◆ All Specialty Visits or OB/GYN Visits.
- ◆ Laboratory testing.
- ◆ X-ray services.
- ◆ Durable Medical Equipment (canes, crutches, breathing aids).
- ◆ Audiology and hearing aids.
- ◆ All therapies (occupational, physical and speech).
- ◆ Ambulance Transportation.
- ◆ Home Health Care Nursing services.
- ◆ Inpatient services.

MEDICAID BENEFITS

Your medicaid benefits do not change. The following services not covered by Gold Choice are still available to you through Medicaid without limitations.

You do not need a referral from your doctor to obtain these services.

- ◆ Dental Care.
- ◆ Outpatient Mental Health/ Alcoholism and Chemical Dependency (including alcohol and substance abuse) Treatment.
- ◆ Routine Eye Care, including glasses.
- ◆ Personal care Services.
- ◆ Prescriptions.
- ◆ Transportation (if eligible through Erie County Dept. of Social Services).
- ◆ Mental Retardation Services.
- ◆ Methadone Maintenance Treatment.
- ◆ Personal Home Care.
- ◆ Comprehensive Medicaid Case Management.
- ◆ Family Planning/ Reproductive Health Services, HIV testing, and Pre-test and Post-test Counseling (you do not need a referral for this when done during a Family Planning visit.)

PHARMACY SERVICES

In some cases the State Medicaid Program may inform you that you have reached the limit for a needed prescription. This can easily be changed by bringing the notification of prescription limits to your doctor immediately. Your doctor can ensure that you have the prescriptions you need. REMEMBER, bring the notification to your doctor.

As of April 1, 2005 ALL Managed Care recipients are required to pay pharmacy co-pays.

They are as follows:

Brand Name Prescription: \$3.00

Generic Prescriptions: \$1.00

Over the counter Medications: \$1.00

There are no co-pays for Medications for Mental Illness, tuberculosis, or Birth Control.

COORDINATION OF SERVICES:

Role of Case Management

Case managers work closely with all the special care agencies and doctors to ensure that clients fully understand how to use their Medicaid benefits, as administered by Gold Choice. In this regard, the case managers work closely with the members of Gold Choice if any questions arise during their enrollment, such as selecting a doctor, how to obtain specialty and emergency room services. One of the main objectives of this program is to ensure that there is a continual sharing of information between Gold Choice administration, doctors, specialists and the counseling agencies. This enhances the doctor's ability to practice quality care when treating a Gold Choice member and the same can relate back to the counseling agency.

Case Management for Children

For those children enrolled through their counseling agency, a case manager is automatically assigned to coordinate all children services. Gold Choice uses a multi-step process to coordinate care. As a parent of a child you will be contacted via the phone or a letter to review medical information for the child enrolled. This

telephone survey will go over the health care needs of the child and identify medical issues with appropriate follow-up with the family to resolve all outstanding immediate concerns.

MAY I CHANGE THE DOCTOR I HAVE CHOSEN?

- If you need to, you can change your doctor in the first 30 days after your first appointment with your doctor. After that, you can change at least once every six months, or more often if you have a good reason. You can also change your OB/GYN or specialist that your doctor has referred you.
- If your provider leaves Gold Choice, we will tell you within 15 days from when we know about this. If you are pregnant, you may continue to see your doctor until after delivery and follow up care. If you have a life threatening or disabling condition, you may continue your present course of treatment. This period may last for up to 90 days. Your doctor must agree to work with Gold Choice during this time.

If any of these conditions apply to you, check with your doctor or call Member Services. Gold Choice Member Services Office must be contacted 898-5966 or 1-888-419-1722 (toll free) so that the staff can advise you of your options as well as the earliest timing of the change. Most doctor changes can take up to thirty days before you can see the new doctor. Only in rare situations may the doctor change occur immediately.

SPECIALISTS

When a specialist, including an OB/GYN, is needed for any care or surgery you must contact your personal doctor first. Your personal doctor will then give you a referral to see the specialist or go to a specialty center. This must be done each time you need to see a doctor other than your personal doctor. Members may get HIV counseling and testing, family planning services, dental and basic eye exams without a referral from the doctor. If you have any questions please call us at 898-5966 or 1-888-418-1722 (toll free).

Members with an illness that requires ongoing care from a specialist, may ask their doctor for a standing referral that is good for as long as the illness persists. Any members with a life-threatening disease or condition may ask their doctor for a referral

to a specialist that is good for a long period time, not just one or two visits. Also ask your primary care doctor for a standing referral for OB/GYN services.

FAMILY PLANNING, REPRODUCTIVE HEALTH SERVICES

You can get the following family planning services: advice and prescriptions for birth control, pregnancy tests, sterilization, or an abortion. During your visit you can also get tests for sexually transmitted infections, a breast cancer exam or a pelvic exam.

You do not need a referral from your doctor to get these services. In fact, you can choose where to get these services. You can see your doctor, or you can get these services from any doctor or clinic who provides them and who takes Medicaid. Just use your Medicaid card. Ask your doctor for a list of places to get these services or call Member Services 716-898-5966 or 1-888-419-1722 (toll free). You can also call the New York State Growing Up Healthy Hotline (1-800-522-5006) for nearby places to get these services.

HIV Counseling and Testing

During a family planning visit you can receive HIV testing and counseling. You do not need a referral from your doctor. Or, if you'd rather not see your doctor, you can use your Medicaid card to see any family planning doctor who takes Medicaid. For help in finding a provider for family planning services, call Member Services 716-898-5966 or 1-888-419-1722 (toll free).

If you want HIV testing and counseling but not as part of a family planning service, your doctor can arrange it for you. Or you can visit an anonymous HIV testing and counseling site. For information, call the NYS HIV Counseling Hotline at 1-800-872-2777 or 1-800-541-AIDS. If you need HIV treatment after the testing and counseling service, your doctor will help you get follow-up care. If you have any questions, please feel free to contact Gold Choice at 898-5966 or 1-888-419-1722 (toll free).

MENTAL HEALTH / ALCOHOL / SUBSTANCE ABUSE SERVICES

Outpatient Counseling services are coordinated by your Counseling Agency. If you need mental health, alcohol/chemical dependency inpatient services, your Counseling Agency along with your Primary Care doctor will coordinate access to these services and provide for all your health care needs.

WHAT SHOULD I DO IN CASE OF AN EMERGENCY?

To be an emergency in New York State, you must have a medical or behavioral condition:

- that comes on all of a sudden, and has pain or other symptoms that are enough to make a person with average understanding of health be afraid that without care right away, the person may suffer serious harm to body parts or function, or may cause the person to die.
- An emergency is also when placing the health of a person afflicted with such a condition in serious jeopardy or, in the case of a pregnant woman, the health of the woman or her unborn child, or in the case of a behavioral condition, placing the health of the person or others in jeopardy.
- Post stabilization care services means services, related to the emergency medical condition that are provided after you are stabilized in order to maintain the stabilized condition or to improve or resolve the condition.
- These services may be an inpatient hospital or a follow up with your PCP. If you are unsure how to access these services call your PCP or member services at 898-5966.

Examples of a serious emergency are:

- a heart attack or severe chest pain
- a bad burn
- bleeding that won't stop
- broken bones
- trouble breathing
- loss of consciousness
- when you feel you may hurt yourself or others
- if you are pregnant and have signs like pain, bleeding, or fever

Even if your doctor's office is closed, a doctor will be on-call 24 hours a day, 7 days a week to help you when you are sick.

Serious emergencies need to be treated immediately. If you have a serious emergency, where you feel the person may lose their life, lose a body part or have serious disfigurement, here's what to do:

- If you believe you have an emergency call 911 or go to the nearest emergency room.
- Call your doctor within 48 hours after going to the emergency room. The doctor may need to see you to follow-up on the care you had in the emergency room.

If you are not sure call your doctor.

URGENT CARE

If the emergency is not life threatening but still needs prompt care, you need to call your doctor before going to another doctor, a walk-in clinic, or the emergency room. You need to call your doctor and explain the problem. You must have the OK from your doctor or the on-call doctor before going to another doctor or walk-in clinic.

Your doctor or on-call doctor will call you to talk about your problem. The doctor may be able to help you deal with the problem at home. If your illness needs more medical care the doctor will tell you the best place to get help.

Examples of urgent medical problems:

- a child with an ear ache
- sore throat
- skin rash
- sprained ankle

Health Care Problems When Out of the Area

If you have an emergency when out of Erie County you should go directly to the nearest emergency room.

For other illnesses or injuries call your doctor's office. The doctor will help you to take care of the problem or will tell you where you can go for help.

- You must get the OK from your doctor before going for care if the illness or injury is not life threatening.

- You should seek care from a NYS Medicaid provider
- You must see your doctor for follow-up care.



REMEMBER

Go to an Emergency Room **ONLY** when the injury or illness is very serious or you may die if you don't get care right away.

The ER is not for those with the flu, sore throats or ear infections. For these problems **CALL YOUR DOCTOR**.

If you go to an ER when it is not a true emergency, you will receive counseling about proper ER use. When you are not sure what to do, **CALL YOUR DOCTOR**.

Call your doctor within 48 hours after going to the ER for any follow-up care you may need.

URGENT CARE TRANSPORTATION

If the Erie County Department of Social Services determine that you are eligible, transportation services can be provided through the Erie County Department of Social Services. If you are currently receiving transportation through the Erie County Department of Social Services, that will remain the same. If you are interested in receiving transportation services, please contact your caseworker at the Department of Social Services

ENROLLMENT PROCEDURES (Lock-in information)

Enrollment in a Managed Care Plan is mandatory in Erie County for most Medicaid recipients. However, some do not have to enroll. If you would like a list of the people who don't have to

enroll, please call the Erie County Department of Social Services at (716) 858-6105.

In the Gold Choice Program, enrollment happens at your counselor's office or at the Child Advocacy Center. You can try the Gold Choice Program for 90 days. If you do not leave this plan in 90 days you will have to stay in the plan for 9 more months unless you have a good cause reason and can apply for an exemption. Good cause reasons and exemptions are decided on a case by case basis according to New York State Department of Health policy.

Upon enrollment into the program you will receive a membership card with your doctor's name and telephone number and handbook with a listing of all participating doctors. For any additional questions call Gold Choice at 898-5966/1-888-419-1722 (toll free) or the Erie County Managed Health Care Office at 858-6354.

THESE ARE EXAMPLES OF GOOD CAUSE

1. Gold Choice can not provide a primary care doctor for you within 30 minutes or 30 miles from your home.
2. Gold Choice does not meet other State standards.
3. You move out of the health plan's service area.
4. You, Gold Choice, and the State Health Department all agree that disenrollment is best for you.
5. You become exempt or excluded from managed care. One example would be if you need long term care that is not covered by managed care.

If you decide you want to change plans, just call member services at (716) 898-5986 or 1-888-419-1722 or the Erie County Department of Social Services Department Managed Care Unit at 716-858-6105 to ask for a disenrollment form. Fill out the form and mail it either to the Gold Choice Program or to Social Services. It will take between two and six weeks to process, depending on when your request is received. You can ask for

faster action if you did not agree to the enrollment. You may have to enroll in another managed care plan.

DISENROLLMENT

After one year, if you decide to disenroll from Gold Choice, please contact the Erie County Department of Social Services Managed Care Office at 858-7252. A disenrollment form will be mailed to you and will be processed by the Erie County Department of Social Services in thirty days. You will continue to use your Gold Choice doctor until the Erie County Managed Care Office notifies you that you have been disenrolled. You then must enroll into another program.

If you feel that you need to be disenrolled from Gold Choice, you need to request disenrollment paperwork from the Erie County Department of Social Services, 716-858-6105. The Department of Social Services will make the decision whether you can disenroll. You can be disenrolled only for very good cause.

YOU CAN BE DISENROLLED FOR THE FOLLOWING:

- (1) If you lose your Medicaid Eligibility, (2) If you move out of area,
- (3) If you are non-compliant with plan procedures, such as, refusing to work with your doctor, not keeping appointments, going to the Emergency room for non-emergent care needs and not being honest with information (fraud) and following plan rules, and
- (4) If you reach the age of 65.

GUARANTEED ELIGIBILITY

In most cases you can stay with the Gold Choice Program for the first six months even if your Medicaid case closes. During this time you can get the services that the Gold Choice Program covers. You will not be eligible for Special Care services, eye care, dental, methadone maintenance, personal care and Medicaid case management.

MEMBER'S RIGHTS

- ◆ Be cared for with respect, without regard for health status, sex, race, color, religion, national origin, age, marital status or sexual orientation.
- ◆ Be told where, when and how to get the services you need from Gold Choice.
- ◆ Be told by your PCP what is wrong, what can be done for you, and what will likely be the result in language you understand.
- ◆ Get a second opinion about your care.
- ◆ Give your OK to any treatment or plan for your care after that plan has been fully explained to you.
- ◆ Refuse care and be told what you may risk if you do.
- ◆ Get a copy of your medical record, and talk about it with your PCP.
- ◆ Be sure that your medical record is private and will not be shared with anyone except as required by law, contract, or your OK.
- ◆ Use Gold Choice's complaint system to settle any complaints, or you can complain to the NY State Department of Health or the local Department of Social Services any time you feel you were not fairly treated.
- ◆ Use the State Fair Hearing system
- ◆ Appoint a relative or friend to speak for you if you are unable to speak for yourself about your care and treatment.

RESPONSIBILITIES

As a member of Gold Choice, you agree to:

- ◆ Work with your doctor to guard and improve your health.
- ◆ Find out how your health care system works.
- ◆ Listen to your doctor's advice and ask questions when you are in doubt.
- ◆ Go back to your doctor if you do not get better, or ask for a second opinion.
- ◆ Treat health care staff with the respect you expect yourself.
- ◆ Tell us if you have problems with any health care staff. Call Gold Choice or Social Services..
- ◆ Keep your appointments. If you must cancel, call as soon as you can.
- ◆ Use the emergency room only for real emergencies.
- ◆ Call your PCP when you need medical care, even if it is after-hours.

ADVANCE DIRECTIVES

- ◆ There may come a time when you can't decide about your own health care. By planning in advance you can arrange now for your wishes to be carried out. First, let family, friends and your doctor know what kinds of treatment you do or don't want. Second, you can appoint an adult you trust to make decisions for you. Be sure to talk with your doctor, your family and friends close to you so they will know what you want. Third, it is best if you put your thoughts in writing. The documents listed below can help. You do not have to use a lawyer, but you may wish to speak with one about this. You can change your mind and these documents at any time. We can help you understand or obtain these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you can't speak for yourself.
- ◆ Health Care Proxy: With this document you name another adult that you trust to decide about medical care for you if you are not able to do so. If you do this, you should talk with the person so they know what you want.
- ◆ CPR and DNR: You have the right to decide if you want special or emergency treatment to restart your lungs or heart if your breathing or circulation stops. If you do not want special treatment, including cardiopulmonary resuscitation (CPR) you should make your wishes known in writing. Your doctor will provide a do not resuscitate (DNR) order for your medical records. You can also get a DNR form to carry with you and/or a bracelet to wear.
- ◆ Organ Donor Card: This wallet-sized card says that you are willing to donate parts of your body to help others if you die. Also, you can check the back of your driver's license to let others know if and how you want to donate your organs.

LANGUAGE

Gold Choice has services for members who speak Spanish. A member representative who speaks Spanish is available for assistance at 898-5969 from 8:30 to 4:30 pm. Enrollment and Membership materials are available in the Spanish Language, as well. For the visually impaired, Gold Choice can provide all necessary-reading materials in Braille. You may call member services if you speak a language other than English or Spanish if you need assistance.

GRIEVANCES

Gold Choice wants you to be happy with the health care and services you receive as a member. However, if there is a problem, please feel free to call at 716-898-5966 or 1-888-419-1722 (toll free).

COMPLAINTS AND APPEALS

We hope our health plan serves you well. If you have a problem, talk with your doctor, or call or write Member Services. Most problems can be solved right away. If you still have a problem, you have the right to file a formal complaint. You can ask someone you trust (such as a legal representative, a family member, or friend) to file the complaint for you. If you need our help because of a hearing or vision impairment, or if you need translation services, we can help you. We will not make things hard for you or take any action against you for filing a complaint.

HOW TO FILE A COMPLAINT:

You can file a complaint by phone if:

- We have denied payment for a referral
- We have told you a service is not covered
- Your Doctor will not give you a referral or you are unhappy with the advice your doctor gave for treatment of an illness.

To file a complaint by phone, call Member Services at 716-898-5966 or 1-888-419-1722 (toll free) Monday - Friday from 8:30 am to 4:30 pm. If you call us after hours, leave a message. We will call you back the next working day. If we need more information to make a decision, we will tell you. If needed, we will ask you to sign a written statement of your phone complaint. This puts the basic facts of your complaint on record and makes your concerns

clear. After your call, we will send you a form, which outlines your complaint. If you agree with our summary, you should sign and return the form to us.

You can file a written complaint for other concerns by:

- Writing us a letter
- Asking us for a complaint form to fill out.
- Mail your complaint or fax (form or letter) to:
Gold Choice
462 Grider Street
Buffalo NY 14215
Fax Number: 716-898-4750

What Happens Next

After we get your complaint, we will send you a letter within 15 working days. We will tell you:

- Who is working on your complaint,
- How to contact this person, and
- If we need more information.

After we get all the information we need:

- When a delay would risk your health, we will call you with our decision in 48 hours. We will send you a letter in 3 working days.
- If it is about a referral or benefits, we will tell you our decision in writing in 14 working days after we get all the information we need to make a determination.
- For all other complaints, we will tell you our decision in writing in 45 days.

When we call or write you about what we decide, we will tell you the reasons. We will also tell you how to appeal our decision and include any forms you need.

You may also file a complaint anytime by calling:
***New York State Department of Health at 1-800-206-8125 OR
the Erie County department of social services 716-858-6105***

APPEALS

If you are not satisfied with what we decide, you have at least 60 business days after hearing from us to file an appeal. You must appeal in writing (or by using Gold Choice complaint form). Call Member Services at 716-898-5966 or 1-888-419-1722 for help or write to:

Gold Choice
462 Grider Street
Buffalo NY 14215

We will send you a letter within 15 working days. The letter will tell you:

- Who is working on your appeal,
- How to contact that person, and
- If we need more information.

Your appeal will be decided by:

- Licensed, certified, or registered health care professionals when the appeal is about a clinical matter. These will be people who did not work on your complaint.
- Persons who work at a higher level than the people who worked on your complaint for all other appeals.

After we get all the information we need:

- When a delay would risk your health, we will let you know our decision in 2 working days.
- For all other appeals, we will let you know our decision in 30 days.
- When you are told what the decision is, you will also be told the reason for the decision and any clinical reason if it applies.

We will give you the reasons for our decision and our clinical rationale, if it applies. If you are still not satisfied, you can file an appeal with the New York State Department of Health at 1-800-206-8125 or your Erie County department of Social Services at (858-6105).

STATE FAIR HEARINGS

In some cases you may ask for a fair hearing from New York State if:

- You are not happy with a decision from your Erie County Department of Social Services or the State Department of Health.
- You are not happy with a decision that your doctor made about your treatment.
- You feel that the doctor's decision stops or limits your Medicaid benefits.

Before requesting a fair hearing, you must file a complaint and appeal with Gold Choice. If Gold Choice agrees with your doctor, you may ask for a State fair hearing. In some cases you can keep getting your care the same way while you wait for your fair hearing. Please call social services if you have any questions. Remember you can complain to the New York Department of Health by calling 1-800-206-8125. To write for a fair hearing: Please send a letter to the New York State Office of Administrative Hearing's Office of Temporary & Disability Assistance Fair Hearing Section Post office Box 22023, Albany NY 12201-2023. Or if you prefer to go online to request a hearing you may fill in a form at: <http://www.otda.state.ny.us/oah/oahforms/erequestform.asp>

HOW YOUR DOCTOR GETS PAID

Your doctor provides medical services to you (see benefits) for one payment a month, for 12 months, regardless how many times you see your doctor. This payment is paid to him or her even if you never visit your doctor. There are no limitations on how many times you can see your doctor.

ADDITIONAL PROGRAM INFORMATION

Information is available to you about Gold Choice in the following areas:

1. List of names, business addresses and official positions of the membership of the board of directors, officers, controlling persons and owners and partners of Gold Choice.
2. Annual certified financial statement of Gold Choice, including balance sheets and a summary of receipts and disbursements prepared by the Certified Public Accountant.
3. Copy of the most recent provider contracts.
4. Confidentiality procedures
5. Written description of the Quality Assurance Plan
6. Listing of Gold Choice doctor's hospital affiliations
7. The application procedures and qualifications for Gold Choice participating Doctors.

MEMBER SERVICES

Our Member Services Department is here to assist you in anyway we can. You can call us at 898-5966/ 1-888-419-1722(toll free number) Monday through Friday between the hours of 8:30 am to 4:30 pm. Your member services representative can assist you in these areas:

- Answer your questions about Gold Choice.
- Choosing or changing your Doctor.
- Address any concerns or complaints about Gold Choice.
- Explain the rules and regulations about Gold Choice.
- You can also contact the Erie County Department of Social Services at 858-6105.

CONCLUSION

Now that you have your own personal doctor who is available 24 hours a day 7 days a week, you have to continue to see him/her for all your medical needs, unless an emergency happens. It is important to your health that you follow your doctor's advice.

Carry your Medicaid card and your membership card with you at all times. You will need to show them both to all doctors and hospitals that you seek service from.

IMPORTANT TELEPHONE NUMBERS

Your Doctor's Number

Member Services

716-898-5966/1-888-419-1722 toll free

Erie County Managed Health Care Office

716-858-6105

Emergency Only

911

New York State Department of Health (Complaints)

1-800-206-8125

New York State Managed Care Help line

1-888-367-6557

Your Health...Your Choice



Gold Choice
PCMP IIa
Member Handbook