



EPO Member Tip Sheet

Member Services Department

(518) 641-3140 or 1-877-269-2134
Monday through Friday, 8 a.m. to 8 p.m.

Caremark (pharmacy benefits)

1-888-292-6330
24 hours a day, seven days a week

Prior Authorization Requests

(518) 641-4100 or 1-800-274-2332
Monday through Friday, 8 a.m. to 6 p.m.

Behavioral Health (mental health/substance abuse)

1-888-320-9584

Communicating With You

- If you speak a language other than English, call the CDPHP member services department at the number shown above. They can arrange translation services.
- Members who are deaf or hard of hearing and use a TTY/TDD system may dial 711.

Receiving Care

- As a member of the EPO plan, you do not need to select a primary care physician (PCP), although we encourage you to establish a relationship with a network PCP. All services must be provided in-network to be covered. Out-of-network care is covered only in an emergency or if pre-approved by CDPHP Universal Benefits,[®] Inc. (CDPHP UBI).
- No referral is needed for specialty care as long as you use an in-network specialist.
- To search for participating physicians, please use findadoc.cdphp.com. Call the member services department if you want more information on a doctor's qualifications, such as where he or she completed medical school and residency.
- Please refer to your ID card and member contract for details on your payment obligations. These vary according to the plan purchased by your employer group.
- If your ID card says "National" next to your plan type (for example, EPO National), you have access to a nationwide network of more than 825,000 providers. Use findadoc.cdphp.com to see the range of choices available.
- Out-of-network care is covered only in emergencies or if authorized. Call our resource coordination department at 1-800-274-2332 for prior authorization of out-of-network care.

Prior Authorization

Certain services require prior authorization in order to be covered, including, but not limited to:

- Repair of accidental dental injuries
- Skilled nursing facility care; home health care; inpatient rehabilitation/habilitation
- Covered non-emergency transportation
- Outpatient cardiac rehabilitation beyond 36 sessions; speech therapy beyond the first visit
- Durable medical equipment, orthotics, and prosthetics costing more than \$500, and repairs or replacement of durable medical equipment.

Refer to the schedule of benefits that appears at the end of your contract for details. Call 1-800-274-2332 to request authorizations.

Your Payment Obligations

- Your coverage requires an out-of-pocket payment for most services. If you owe a set copayment, be prepared to make payment at the time of service.
- If your benefit plan calls for a deductible or percentage coinsurance, please ask your physician's office to file a claim on your behalf and bill you later for the balance you owe.
- If, at the time of service, your provider has any questions, he or she may contact our provider services department directly for assistance.

- If you have a CDPHP funding account (such as an FSA or HRA), please visit www.cdphp.com to learn more, or call 1-877-793-3960 if you have questions.

Urgent Care

- If you have an urgent medical need when your PCP's office is closed, you can seek direction by calling your PCP's office and leaving a message. Your PCP's office is required to have a physician on-call 24 hours a day, seven days per week.
- If you want to be seen after-hours for a condition that is urgent but not an emergency, consider using one of the urgent care facilities in our network. Check findadoc.cdphp.com or call member services to learn about urgent care locations near you.

Emergency Care

- Emergency services are covered at the in-network level.
- An emergency condition is defined as a medical or behavioral health condition that is so severe that an individual with average understanding of health and medicine could reasonably expect that immediate medical attention is needed to avoid serious bodily harm, impairment, or disfigurement of the person, her unborn child, or (in the case of a behavioral condition), another person.
- Emergency services are defined as a medical screening examination at a hospital emergency department, including services needed to evaluate the emergency and stabilize the patient's condition, within the capabilities of the staff and facilities available at the hospital.
- If you require emergency medical care as described above, go to the nearest hospital emergency room or call 911 or your local emergency response number.

After-Hours Crisis Line

If you are experiencing a mental health crisis, don't hesitate to call the CONTACT Lifeline at 1-855-293-0785, between 6 p.m. and 8 a.m., Monday through Friday, as well as on weekends and holidays. You will be immediately connected to a live, licensed mental health professional for emotional support and crisis de-escalation. For more resources, visit www.cdphp.com and select "Get Health Support," under the Wellness & Treatment tab.

Using www.cdphp.com

If you have Internet access, visit www.cdphp.com to find answers to many of your questions 24 hours a day.

- Create an account—Click "Register" in the login box to validate your identity and select a user ID and password. This will give you access to details specific to your coverage. The same user name and password can be used on your smartphone if you download My CDPHP Mobile from your app store.
- Secure access will enable you to review and submit claims and send CDPHP inquiries via secure email.
- Find-A-Doc—Search the most current listing of providers in our network.
- Wellness Workshops—View the most current listing of free wellness and health management programs. Register for classes online.
- Rx Corner—View information on our pharmacy networks and formularies. Refer to your member ID card to determine which pharmacy network and formulary pertain to you.
- Commitment to Quality—Click this link in the lower right-hand corner of any page to learn about case management and our disease management program, Health Coach ConnectionSM, which is designed to help you manage chronic illnesses such as diabetes and coronary artery disease. You can also call a Health Coach at 1-800-365-4180.

Coordination of Benefits (COB)

It is your responsibility to notify us of any other health insurance under which you are covered. Please consult your membership certificate for details on how COB may affect your coverage.

Disclosing Protected Health Information

CDPHP UBI protects our members' confidentiality. Except as authorized by law, our staff will not release private health information about you to another party unless you sign a release form allowing us to do so. If you would like us to supply details about your account to anyone other than yourself, please obtain a release form by calling the member services department or downloading a form from www.cdphp.com.

All employees sign confidentiality agreements at the time of employment, and access to member information is strictly on a need-to-know basis, according to the employee's job duties. Access to our building is limited by an electronic security system and our website is protected by multiple security procedures.

Members' Rights and Responsibilities

CDPHP believes that you have the following rights and responsibilities:

Members' Rights

1. You have the right to receive information about CDPHP, its services, practitioners and providers, and members' rights and responsibilities.
2. You have a right to be treated with respect and recognition of your dignity and right to privacy.
3. You have a right to participate with practitioners in making decisions about your health care.
4. You have a right to a candid discussion of appropriate or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage.
5. You have a right to obtain from a practitioner complete, current information concerning your diagnosis, treatment, and prognosis, in terms you can reasonably be expected to understand. If appropriate, this information should be made available to another person acting on your behalf.
6. You have the right to receive from a practitioner the information you need to give informed consent prior to the start of any procedure or treatment.
7. You have the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of that action.
8. You have the right to formulate advance directives (such as naming a health care proxy form and living will) about your care.
9. You have a right to voice complaints, grievances, or appeals about CDPHP or the services it provides.
10. You have a right to make recommendations regarding the CDPHP member rights and responsibilities policies.

Members' Responsibilities

1. You have a responsibility to supply information (to the extent possible) that CDPHP and its practitioners and providers need in order to provide care.
2. You have a responsibility to follow plans and instructions for care that you have agreed on with your practitioners.
3. You have a responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

Technology Assessment

When new technologies are first introduced to the marketplace, CDPHP may not cover them until we have had the opportunity to assure that they are safe and effective. We have a formal process in place to do this. First, we check to be sure they are approved by the FDA or other appropriate regulatory agency. We also need evidence that the service or product in question can improve health outcomes at least as well as existing technologies. This research is performed by members of a CDPHP medical technology assessment team and a CDPHP medical director. These professionals review up-to-date information from at least two sources

(including medical literature, board certified consultants, physician workgroups, professional societies, and government agencies). Drugs that are new to the medical community are reviewed by the CDPHP pharmacy and therapeutics committee.

Understanding the Out-of-Network (OON) Mandate

Effective March 31, 2015, New York State law requires doctors and hospitals to more clearly communicate with patients about their health plan affiliations. The Out-of-Network (OON) mandate, which was designed to create greater transparency within the health care system, also protects patients from receiving so-called “surprise” medical bills.

Disclosure of OON Coverage and Cost Information

There are several steps CDPHP is taking to comply with the OON Mandate and provide our members with the information they need to make informed decisions:

- We are continuing to ensure our provider directories are accurate and up-to-date, including listings of participating providers and the languages spoken by those providers.
- To help you understand how much we would pay for certain OON services, we’ve created some OON reimbursement examples that are available at www.cdphp.com/oon.
- You can also visit the Fair Health database (accessible at www.fairhealthconsumer.org) to determine the usual and customary rate (UCR) for OON services. For more information about your rights as a health insurance consumer, visit the Department of Financial Services website at www.dfs.ny.gov/consumer/hrights.htm.

Surprise Bills: What They Are and What to Do with Them

What is a surprise bill?

- When you receive non-emergency services from an out-of-network doctor at an in-network hospital or ambulatory surgical center, the bill you receive for those physician services will be a surprise bill if:
 - An in-network doctor was not available; or
 - An out-of-network doctor provided services without your knowledge; or
 - Unforeseen medical circumstances arose at the time the health care services were provided.
- When you are referred by your in-network doctor to an out-of-network provider, the bill you receive for the services provided by the out-of-network provider for non-emergency services will be a surprise bill if you did not sign a written consent form that you knew the services would be out-of-network and would result in costs not covered by CDPHP.
- A referral to an out-of-network provider occurs when:
 - You receive health care services from an out-of-network doctor in an in-network doctor’s office or practice during the same visit;
 - Your in-network doctor sends a specimen taken in their office to an out-of-network laboratory or pathologist;
 - Referrals for any other health care services performed by an out-of-network provider are required under your contract (i.e., a gatekeeper).
- For uninsured or self-funded CDPHN members, a surprise bill occurs when you receive non-emergency services from a doctor at a hospital or ambulatory surgical center if you have not received all of the required information about your care before the services are provided.

What a surprise bill is NOT

If you electively seek care from an out-of-network doctor when an in-network doctor is available, any bills you receive are not considered to be surprise bills.

If you have a bill and you have questions on whether it meets this definition, please contact the Department of Financial Services at 1-800-342-3736.

Emergency Medical Services

The new law also requires CDPHP to hold members harmless for all emergency costs from out-of-network providers in excess of your in-network cost sharing and prevents out-of-network providers from balance billing you for any extra charges.

What to do if you receive a surprise bill or a bill for emergency services from an out-of-network doctor

The new law gives patients who receive surprise bills or bills for emergency services from an out-of-network doctor the right to appeal through an independent dispute resolution entity (IDRE), which will make a determination within 30 days of receiving the request.

If you are insured through a commercial or state-funded CDPHP plan, you can dispute a surprise bill by completing an Assignment of Benefits form, available by visiting www.dfs.ny.gov and entering "Assignment of Benefits" into the search box. Send one copy of the form to the doctor who provided the services and one copy to CDPHP by emailing it to us using the secure member site at www.cdphp.com, or by mailing it to us at:

CDPHP
500 Patroon Creek Blvd.
Albany, NY 12206

CDPHP will dispute the bill on your behalf and you will be responsible for only your in-network cost share for covered services.

If you have health coverage through an employer that self-insures or if you are uninsured, you may dispute a bill through the New York State Independent Dispute Resolution Process. For more information on this process, visit www.dfs.ny.gov and enter "IDR Patient Application" in the search box.

Ask your employer if you're unsure about which applies to you.

Utilization Review Process and Appeal Rights

The OON Mandate has also resulted in updates to the CDPHP utilization review and grievance/appeal processes.

- CDPHP will provide greater detail in certain approval notices indicating where the requested services are considered in-network or out-of-network. Additionally, the notices will estimate the dollar amount CDPHP will pay if the service is out-of-network. Members will also be provided information on how to estimate their out-of-pocket costs for out-of-network services.
- A member who is denied referral to an OON provider on the basis that a network provider with adequate training and experience is available now has the option to appeal this denial through the state's external appeal process.

This tip sheet provides an overview of your coverage but does not detail all of the benefits, limitations, or exclusions. It is not a contract and is subject to change. For more detailed information, please refer to your membership certificate. The EPO plan is a product of CDPHP Universal Benefits, Inc.