



HUSKY Health Program Member Handbook

HUSKY A, HUSKY C, and HUSKY D

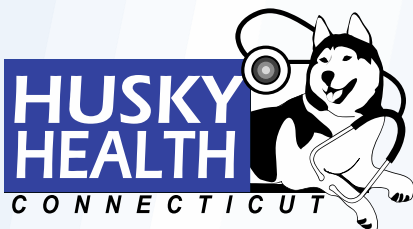
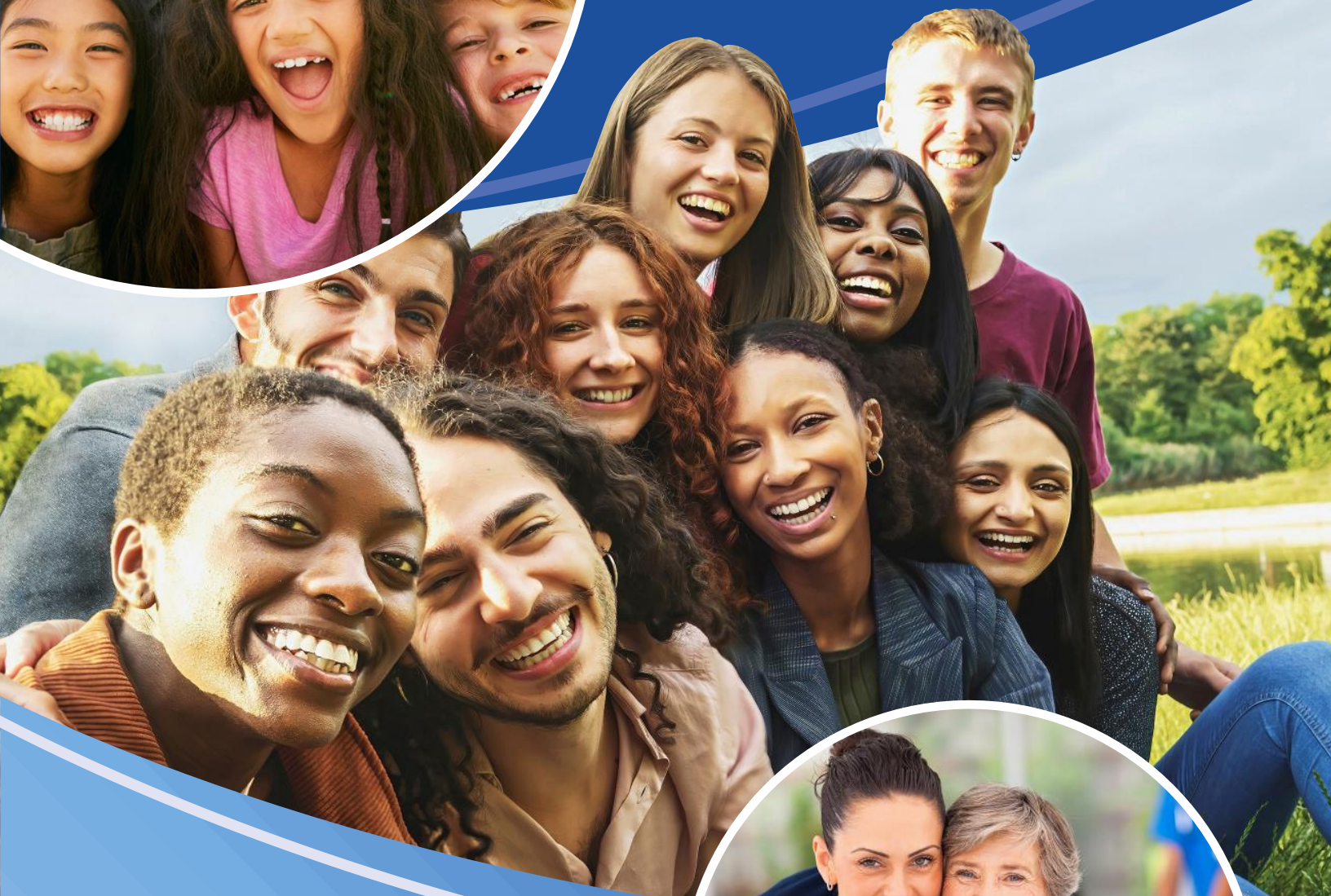


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NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

The HUSKY Health program provides free services to help you communicate with us better. If you need help, language assistance services and appropriate auxiliary aids and services to provide information in accessible formats are available to you. Please call us at [1.800.859.9889](tel:1.800.859.9889) (TTY: 711) and listen for the prompt to connect you to Member Engagement. We're here Monday through Friday from 8:00 a.m. to 6:00 p.m.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1.800.859.9889 (TTY: 711).

Português do Brasil (Portuguese)

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1.800.859.9889 (TTY: 711).

POLSKI (Polish)

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1.800.859.9889 (TTY: 711).

中文 (Chinese)

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1.800.859.9889 (TTY : 711)。

Italiano (Italian)

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1.800.859.9889 (TTY: 711).

Français (French)

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1.800.859.9889 (TTY : 711).

Kabuverdianu (Creole)

ATENÇÃO: Caso fale Kabuverdianu, existem serviços de assistência linguística gratuitos disponíveis. Estão também disponíveis apoios e serviços auxiliares adequados para prestar informações em formatos acessíveis. Ligue 1.800.859.9889 (TTY: 711).

РУССКИЙ (Russian)

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1.800.859.9889 (TTY: 711).

Việt (Vietnamese)

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1.800.859.9889 (Người khuyết tật: 711).

(Arabic) العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 711 (1.800.859.9889) أو تحدث إلى مقدم الخدمة".

한국어 (Korean)

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1.800.859.9889(TTY: 711).

SHQIP (Albanian)

VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1.800.859-9889 (TTY: 711).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1.800.859.9889 (TTY: 711)।

Tagalog (Filipino)

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1.800.859.9889 (TTY: 711).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1.800.859.9889 (TTY: 711).

NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

Discrimination is Against the Law

Community Health Network of Connecticut, Inc.[®] (CHNCT) and the HUSKY Health program comply with applicable Federal and State civil rights laws and do not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), 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. With respect to the prohibition on sex-based discrimination, “sex” includes various characteristics, as defined by law.

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 assistance 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 Services 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 contact and file a complaint with the HUSKY Health Program Section 1557 Coordinator by contacting: HUSKY Health Program, Attention: Member Engagement Services, P.O. Box 5005, Wallingford, CT 06492, Phone: 1.800.859.9889, Fax: 1.203.265.3197. For the deaf or hard of hearing, please dial 711 or use your Telecommunications or Video Relay Service. You can also go to portal.ct.gov/husky, click “Information for Members” and then “Contact Us.” You can then click the link “Send us a secure member email.” You can file a complaint by telephone, mail, fax, or email. If you need help filing a complaint, Member Engagement Services 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>.

This notice is available at the CHNCT and HUSKY Health website:
https://www.huskyhealthct.org/members/members_rights.html

IMPORTANT TELEPHONE NUMBERS

For the deaf or hard of hearing, please dial [7.1.1](tel:711), or use your Telecommunications or Video Relay Service.

SERVICES	CONTACT INFORMATION
<p>Member Engagement Services For benefit information, to find HUSKY Health providers and community resources, to learn more about special programs you may be eligible for, or if you have a concern about the medical care you received</p>	<p>1.800.859.9889 portal.ct.gov/husky</p>
<p>2-1-1 of Connecticut A free, confidential information and referral service that connects people to essential health and human services 24 hours a day, 7 days a week</p>	<p>2.1.1 https://211ct.org</p>
<p>Access Health CT For HUSKY A, B, or D applications or renewals, eligibility questions, and to update personal information</p>	<p>1.855.805.4325 https://accesshealthct.com</p>
<p>Behavioral Health Services: CT Behavioral Health Partnership/Carelon Behavioral Health (CT BHP) For behavioral health or substance use disorder benefits, treatment, and providers</p>	<p>1.877.552.8247 https://www.ctbhp.com</p>
<p>CHOICES For information on how Medicare and HUSKY Health work together</p>	<p>1.800.994.9422 https://portal.ct.gov/AgingandDisability/Content-Pages/Programs/CHOICES-Connecticuts-program-for-Health-insurance-assistance-Outreach-Information-and-referral-Couns</p>
<p>ConneCT Electronic Benefit Transfers (EBT) Customer Service To replace your gray ConneCT card for SNAP (food stamps) and cash assistance</p>	<p>1.888.328.2666 https://www.connect.ct.gov</p>
<p>988 Suicide and Crisis Lifeline Provides free and confidential emotional support 24 hours a day, 7 days a week to people in suicidal crisis or emotional distress, and can provide crisis resources to you and your loved ones</p>	<p>Call or text 9.8.8 or chat at https://988lifeline.org</p>
<p>Pharmacy Client Assistance Center For pharmacy services, benefits, and prior authorization requirements</p>	<p>1.866.409.8430 https://portal.ct.gov/HUSKY/Pharmacy</p>

<p>2-1-1 CT Crisis Services To speak with a trained crisis worker at any time</p>	<p>Call CT Crisis Services at 2.1.1 and choose the Crisis Services option (option 1)</p>
<p>Dental Services: CT Dental Health Partnership (CTDHP) For dental health benefits and to locate dental providers</p>	<p>1.855.283.3682 https://www.ctdhp.org</p>
<p>Department of Social Services (DSS) Client Information Line & Benefit Center/ConneCT For HUSKY C, SNAP (food stamps), all Medicare savings programs, and all family and cash programs</p>	<p>1.855.626.6632 https://www.connect.ct.gov/</p>
<p>Fraud Reporting Hotline To report that someone is receiving benefits they're not entitled to or to report a provider misrepresenting the services provided</p>	<p>1.866.700.6109 https://www.huskyhealthct.org/members/fraud.html</p>
<p>CT Medical Assistance Client Assistance Center/Gainwell Technologies For questions about a claim or a bill for healthcare services</p>	<p>1.866.409.8430</p>
<p>Non-Emergency Medical Transportation Services For transportation to medical, behavioral health, or dental appointments for HUSKY A, C, and D members</p>	<p>1.855.478.7350 https://www.mtm-inc.net/connecticut/</p>
<p>24/7 Nurse Helpline To reach a nurse at any time</p>	<p>1.800.859.9889 Follow the prompts</p>
<p>CT Quitline/Department of Public Health For information and support while quitting tobacco use</p>	<p>1.800.784.8669 (1.800.QUIT.NOW) https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/CT-Quitline</p>
<p>Spend Down Processing Center If you qualified for HUSKY Health only after your medical bills are subtracted from your income</p>	<p>1.877.858.7012 https://portal.ct.gov/DSS/Common-Elements/Medicaid-Spend-Down-Information-and-Forms</p>
<p>Women, Infants, and Children (WIC) For supplemental foods and nutrition during and after pregnancy, and for infants and children up to age five</p>	<p>Apply through your local WIC office: 1.800.741.2142 https://www.ct.gov/dph/wic</p>

DSS RESOURCE CENTERS		
<p>Bridgeport 925 Housatonic Avenue Bridgeport, CT 06606</p>	<p>Middletown 2081 South Main Street, Suite B Middletown, CT 06457</p>	<p>Stamford 1642 Bedford Street Stamford, CT 06905</p>

Danbury 342 Main Street Danbury, CT 06810	New Britain 30 Christian Lane New Britain, CT 06051	Torrington 62 Commercial Boulevard Torrington, CT 06790
Greater Hartford 20 Meadow Road Windsor, CT 06095	New Haven 50 Humphrey Street New Haven, CT 06513	Waterbury 249 Thomaston Avenue Waterbury, CT 06702
Manchester 699 Middle Turnpike East Manchester, CT 06040	Norwich 401 West Thames Street Norwich, CT 06360	Willimantic 1320 Main Street / Tyler Square Willimantic, CT 06226

To learn more about the DSS Resource Centers, such as available services and hours of operation, please visit this website: <https://portal.ct.gov/DSS/About-the-Department-of-Social-Services/Contact>.

CHANGES TO YOUR INFORMATION

It's important that we have your current address and phone number to make sure you get important information from DSS and the HUSKY Health program.

HUSKY A and D members can make updates by visiting www.accesshealthct.com or calling [1.855.805.4325](tel:18558054325).

HUSKY C members can make updates by visiting www.mydss.ct.gov or calling [1.855.626.6632](tel:18556266632).

You should also update your personal information if you have changes in your household size or income, have moved outside of Connecticut, or no longer need HUSKY Health as your primary health insurance.

You can also visit <https://portal.ct.gov/updateusdss> to learn how to update your personal information.

WELCOME TO THE HUSKY HEALTH PROGRAM!

Thank you for joining the HUSKY Health program! HUSKY Health is the State of Connecticut's Medicaid and Children's Health Insurance program. This handbook will help you understand your HUSKY Health benefits and the services available to you. HUSKY Health is committed to your care.

Your HUSKY Health coverage includes medical, dental, behavioral health, and pharmacy services.

If you need help getting to your appointments, **non-emergency medical transportation is also available.** If you have questions about any of these services, use the phone numbers below:

- For medical benefits and services, or general information: [1.800.859.9889](tel:18008599889)
- For behavioral health benefits and services: [1.877.552.8247](tel:18775528247)
- For dental benefits and services: [1.855.283.3682](tel:18552833682)
- For pharmacy benefits and services: [1.866.409.8430](tel:18664098430)
- For non-emergency medical transportation: [1.855.478.7350](tel:18554787350)

We look forward to serving you in good health!

Getting the Most Out of Your Membership

It's important to understand your benefits and services to get the most out of your HUSKY Health membership. If you ever have any questions, please call Member Engagement Services at

[1.800.859.9889](tel:1.800.859.9889), Monday through Friday from 8:00 a.m. to 6:00 p.m. or [send us a secure email](#) by going to <https://portal.ct.gov/husky>, clicking “**Information for Members**,” then “**Contact Us**” and “**Send us a secure member email**.”

Member Engagement Services can help you:

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

Member Engagement Services can give you information about the benefits and services available to you from the HUSKY Health program. We can tell you how the program works and answer any questions you may have. If your question will be better answered by a different organization who is part of the HUSKY Health program, we can make sure you get to the right place. We have many team members who speak English and Spanish. If you speak another language, we'll get a translator for you.

HUSKY Health has programs to help members with special healthcare needs. Details about these programs are in this handbook. If you still have questions after you read this handbook, please call us at [1.800.859.9889](tel:1.800.859.9889).

Complete Your Health Risk Questionnaire

We want to make sure you're getting the help you need, when you need it. Completing your Health Risk Questionnaire helps us do that. Your answers give us important information to better assist you, from helping you find a doctor and get the care you need, to helping you with food, housing, and other basic needs. We may call you to take the survey or you may do it online. To take the survey online, please visit <https://portal.ct.gov/husky> and click “**Information for Members**,” followed by “**Member Information**,” and “**Complete Your Health Risk Questionnaire**.”

HOW THE HUSKY HEALTH PROGRAM WORKS FOR YOU

Our Website

On the HUSKY Health website, you can learn about your benefits, services, health conditions, community resources, and so much more. To access the site, go to <https://portal.ct.gov/husky> and click “**Information for Members**.” This will bring you to the *HUSKY Health Member* home page.

HUSKY Health Member Home Page

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

On this page, you'll find links to:

- **Member Information:** Find important member information. Access the Welcome Brochure, complete your personal Health Risk Questionnaire, and read your member rights and responsibilities. There's also a list of frequently asked questions (FAQs), and you can also learn more about your right to privacy and how you can report possible fraud.
- **Member Benefits:** Learn about HUSKY Health benefits and find materials such as the HUSKY Health Member Handbooks, Quick Reference Guides, Benefit Grids, and other important information.
- **Find a Doctor:** Search the Provider Directory to find a PCP or specialist in your area.

- **Managing Your Care:** Learn about Care Management services and care after a hospital stay.
- **Health & Wellness:** Find information and tools to help you stay as healthy as you can be. Find information about many conditions by selecting “**Your Health Library**” under the “**Health & Wellness**” menu item. We also will show you how to find community resources that can help you and your family.

The list above is just a summary of some of the information you can find on the HUSKY Health member website. We encourage you to visit it and see for yourself what great things we have to offer!

Secure Member Portal

The HUSKY Health member website also offers a secure member portal. When you log in to the secure member portal, you can see your member information. You can also:

- See who your PCP is and find out how to get a new one.
- View and print your HUSKY Health member ID cards.
- Use the HUSKY Health Provider Directory on our website to find providers who participate in the HUSKY Health program (this list is also on the “*Find a Doctor*” page).
- Learn about other programs you can use.
- Find out how to contact us.

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

Secure Provider Portal

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

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

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

If you’re the head of a household, you may also opt out for children who are under 18. Anyone age 18 and older must opt out on their own. You can opt out at any time.

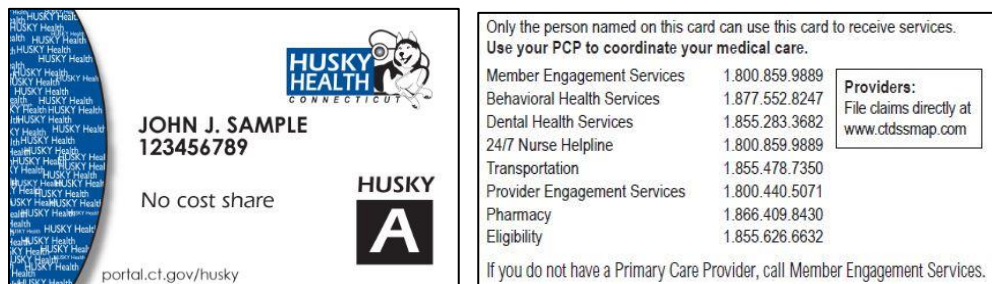
If you’ve opted out, you may change your mind. You can cancel your opt-out request at any time. All you need to do is fill out the Canceling your Opt-Out Request Form. To access this form, go to <https://portal.ct.gov/husky>, click “**Information for Members,**” followed by “**Member Information,**”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

Member ID Card

The HUSKY Health program sends a blue and white member ID card to all new members. It’s important that you don’t share your card with anyone. When you get your blue and white member ID card, look

for your name. If your name is wrong, please visit <https://portal.ct.gov/updateusdss> to learn how to update your information. You can also call Member Engagement Services to find out how to make this update, although Member Engagement Services cannot make it for you. Member Engagement Services can be reached at [1.800.859.9889](tel:1.800.859.9889).

Always keep your member ID card with you. Show this card each time you go for medical services. This is a sample member ID card*:



*Note: the letter on the front of your card will show you the program you're enrolled in. HUSKY A, C, or D. This sample has an A, meaning it's a HUSKY A program member ID card.

DSS will also send you a gray ConneCT card. Please bring this card and your blue and white member ID card to all of your appointments. This includes medical, behavioral health, dental, and pharmacy services.

This is a sample ConneCT card:



For members who also have Medicare Part D pharmacy coverage: please only show your Medicare Part D card and your gray ConneCT card at the pharmacy.

[View and Print Your Blue and White Member ID Card](#)

You may also **view** and **print** your blue and white HUSKY Health member ID card by logging in to the secure member web portal. The web portal is provided to you by CHNCT on behalf of the HUSKY Health program to help you review, manage, and learn more about your health plan and benefits. You can also view and print member ID cards for your dependents **under 18 years of age**.

To access the secure HUSKY Health member web portal, visit <https://portal.ct.gov/husky>, select **“Information for Members,”** and [click the “Member Login” button](#). If you're a new user, choose **“Create Account.”** For existing users, enter your username and password and click **“Submit.”**

Your gray ConneCT card is *not* available on the secure HUSKY Health member web portal provided by CHNCT.

[Authorized Representative \(AREP\)](#)

When you receive your blue and white HUSKY Health member ID card, you'll also receive a form that you can complete if there's someone else you'd like to give permission to speak with us on your behalf.

Member Engagement Services 1.800.859.9889

That person will be known as your Authorized Representative (AREP). Any person you pick to be your AREP must be at least 18 years of age. The form should be filled out completely, signed, and returned to us, if you want someone to be able to talk to us on your behalf. You can return the completed and signed form by fax to 203.265.3197, or by mail to:

Attention: Compliance
Community Health Network of Connecticut, Inc.®
HUSKY Health Program
P.O. Box 5005
Wallingford, CT 06492

You can also return the completed form by [sending us a secure email](#).

24/7 Nurse Helpline

If your provider or your provider's answering service isn't available, HUSKY Health gives you a way to contact a registered nurse 24 hours a day, 7 days a week through our 24/7 Nurse Helpline. Skilled nurses are here if you're sick, hurt, or in 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.
- Teach you about self-care and how to find out what services you can use.

Please call [1.800.859.9889](tel:1.800.859.9889) and follow the prompts for the 24/7 Nurse Helpline.

If you're experiencing a medical emergency, please call 911.

Translation Services

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

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

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

HOW TO ACCESS YOUR HEALTHCARE SERVICES

HUSKY Health Providers

All healthcare you receive through the HUSKY Health program must be from providers who participate in HUSKY Health. You can use the HUSKY Health Provider Directory on our website to find providers who are part of the program. To access the directory, visit <https://portal.ct.gov/husky>, click "**Information for Members**," then "**Find a Doctor**." You can search for providers in your area. You can also call Member Engagement Services for help with finding providers. Call us at [1.800.859.9889](tel:1.800.859.9889).

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

We can help them enroll so they can treat HUSKY Health members. If your providers don't want to participate in the HUSKY Health program, we can help you find new providers. We can even help make an appointment for you.

You may be responsible for the cost of office visits or other services if you receive care from a non-HUSKY Health provider.

Choosing Your Primary Care Provider

It's 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 checkups. You should also see your PCP when you feel sick. It's very important to have a PCP if you have serious healthcare needs or several health problems.

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

If you don't choose a PCP, we'll assume that the provider you saw for routine healthcare in the past is your PCP. To see who your PCP is, visit our secure website at <https://portal.ct.gov/husky>, click "**Information for Members**," then "**Member Login**." You can change your PCP at any time. Just give us a call. If you change your PCP, you don't need to get a new blue and white HUSKY Health member ID card. The member ID card you have right now will work for any PCP that you see.

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

PCP Type	Description	Specialty on the "Find a Doctor" web page
Family Practitioner	A medical doctor who cares for all family members.	Family Practitioner
General Pediatrician	A medical doctor who cares for children generally up to age 18 or 21.	General Pediatrician, Pediatric Adolescent Medicine, Pediatric Nurse Practitioner
General Practitioner/Internal Medicine	A medical doctor who offers preventive care and treats a wide range of health problems.	General Practitioner, Internal Medicine, Preventative Medicine
Geriatric Practitioner	A medical doctor who cares for older adults generally age 60 and up.	Geriatric Practitioner, Geriatric Nurse Practitioner
Nurse Practitioner	A registered nurse who has extra training.	Adult Health Nurse Practitioner, Pediatric Nurse Practitioner, Family Nurse Practitioner, Nurse Practitioner (Other), Primary Care Nurse Practitioner, Advanced Practice Registered Nurse (APRN)
Physician Assistant (PA)	A healthcare professional trained to take care of your medical needs. They are supervised by a doctor.	Physician Assistant, Primary Care Physician Assistant, Medical Physician Assistant

Osteopath – Doctor of Osteopathic Medicine (DO)	A medical doctor who offers care to children and adults with a focus on treating both the “mind and body,” the connection between muscles and bones, and the causes of disease.	Osteopath
Person-Centered Medical Home (PCMH)	A care team that works together and is led by a PCP. This makes sure you get care from all team members when you need it.	PCMH practices can be found by clicking the “View a List of PCMH Practices” link on the “Find a Doctor” page.

To learn more about the types of providers who can be your PCP, the process of choosing a PCP, and helpful resources you can use before seeing your PCP (such as a list of questions you can ask your provider and “Care Checklists” you can bring with you to your appointments), please visit the “Choose a Primary Care Provider & Have Annual Well-Visits” page of our website. Go to <https://portal.ct.gov/husky>, and click “**Information for Members**,” followed by “**PCP & Well-Visits**” under the “**Health & Wellness**” menu.

Person-Centered Medical Home (PCMH)

Many HUSKY Health PCPs are part of the state’s person-centered medical home (PCMH) program. In a PCMH practice, a team of people work closely with you to help improve your overall health and wellness. The team often consists of providers, nurses, and office staff who may coordinate your care with additional team members including social workers, behavioral health specialists, dietitians, occupational and physical therapists, and specialty providers.

What is a PCMH?

- In a PCMH practice, the PCP leads a clinical team that works closely with you to help with every part of your healthcare. You’re a major player on that team.
- The PCMH team works with you to stay healthy by treating illness and keeping up with preventive care like immunizations, vaccines, and cancer screenings, depending on your specific healthcare needs.
- PCMH practices can often see you the same day you call. They often have evening and weekend hours. Many practices can speak with you virtually on their website (telehealth) as well as by phone. You don’t have to go to the Emergency Department for care that’s not an emergency.
- The team also keeps in contact with your other providers to follow your care.

Specialists

The HUSKY Health program doesn’t require a referral 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 a new patient after he or she is seen by a PCP. If you need a specialist, your PCP or Member Engagement Services can help you. Call us at [1.800.859.9889](tel:1.800.859.9889). You can also use the HUSKY Health Provider Directory to find a specialist.

Other Providers

In addition to PCPs and specialists, all other providers you see must participate in the HUSKY Health program. This includes pharmacies, hospitals, urgent care clinics and walk-in medical centers, medical equipment companies, and home healthcare agencies. **You may be responsible for the cost of office visits or other services if you receive care from a non-HUSKY Health provider.** If you get care from a provider who doesn't participate in HUSKY Health, please let us know. We can contact them to see if they're willing to join the HUSKY Health provider network.

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're 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.
- You don't 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're 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 at [1.800.859.9889](tel:1.800.859.9889).

Canceling Appointments

If you schedule an appointment with a provider that you cannot keep, please call them to cancel or reschedule the appointment. When you cancel an appointment, your provider can make room to see another patient who needs care. If you scheduled transportation to the appointment, it's important to cancel that, too. If you miss a doctor's appointment without canceling it, the provider might not continue to make appointments for you. Be sure to always cancel any appointment you're unable to keep to avoid a potential gap in your care.

HUSKY HEALTH BENEFITS

As a HUSKY Health member, there are many benefits and services that are available to you at no cost.¹ They must be medically necessary for you 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.
- Help you function on your own.

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

- Be the right type, level, amount, and length for you.
- Be given in the right healthcare setting.
- Not be provided only to make things easier for you or for a provider.
- Cost no more than a different service that would get the same results.

¹ If you're dually-eligible, meaning you have both Medicare and HUSKY Health (Medicaid), you may have a co-payment at the pharmacy. Please see the Pharmacy section for more information.

- 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 prior authorization from the HUSKY Health program before you get the service. Some services, like preventive care, don't need prior authorization. If a service needs prior authorization, you don't have to contact the HUSKY Health program. Your provider will do that for you.

HUSKY Health will only make a payment for services to a provider who participates in the HUSKY Health program. **You may be responsible for the cost of office visits or other services if you receive care from a non-HUSKY Health provider.** If you need help finding a participating provider, please call Member Engagement Services at [1.800.859.9889](tel:1.800.859.9889), Monday through Friday from 8:00 a.m. to 6:00 p.m.

The information below is a guide to understanding your benefits. It's a general list and doesn't name every service that's covered or all of the rules for each service. That information can be found in the Medicaid regulations and policies.² If you have any questions about whether or not a service is covered, or if you would like more information about your benefits, go to <https://portal.ct.gov/husky>, click "**Information for Members**," "**Member Benefits**," then "**Medical**." There you'll find the *HUSKY Health Benefit Grids*. You can also call Member Engagement Services at [1.800.859.9889](tel:1.800.859.9889).

Preventive/Routine Care

Preventive care visits are for healthcare needs such as immunizations (shots), well-visits, and health screens. The goal of preventive care is to keep you healthy. It's recommended that you go to your provider for a routine care (wellness checkup) visit once a year.

If you have a sore throat, flu, cold, headache, stomach virus, or other sickness that could be helped by seeing your provider, you should go in for a routine sick visit. Your PCP is there to help you with these types of needs, so don't wait to make an appointment if you feel sick.

Urgent Care Clinics and Walk-In Medical Centers

Urgent medical problems are conditions or symptoms that need evaluation and/or treatment within 24 hours. These are not emergencies. Examples include fever, a bad cold, and symptoms of an ear infection or persistent cough. Urgent care clinics and walk-in medical centers are very helpful when you need immediate care but your PCP isn't able to see you right away. You can also find a list of urgent care clinics and walk-in medical centers on our website. Visit <https://portal.ct.gov/husky>, click "**Information for Members**," "**Find a Doctor**," then "**View List of Urgent Care Clinics and Walk-In Medical Centers**." You can also call Member Engagement Services at [1.800.859.9889](tel:1.800.859.9889).

Please also see the *Emergency Care & Urgent Care Clinics/Walk-In Medical Center Services* under the **List of Covered Services** section of this handbook.

Emergency Care

Emergency care is medical care that's needed right away. Go to the Emergency Room (ER) or call 911 if you have an emergency. Examples are:

- Bleeding that can't be stopped.
- Chest pain.
- Severe burns.

² For more information on Connecticut Medicaid policies and regulations, please visit <https://www.ctdssmap.com>.
Member Engagement Services 1.800.859.9889

- Seizures or convulsions.
- Other health problems that could cause serious injury or death.

If you go to the ER, bring your blue and white HUSKY Health member ID card and your gray ConneCT card. Ask the ER staff to call your PCP or specialist when you arrive. You don't need an authorization for emergency care.

You should always follow up with your PCP after you go to the ER. It's recommended that you call your PCP right after your ER visit and schedule a follow-up 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 ER. If you need help making an appointment, please call Member Engagement Services at [1.800.859.9889](tel:1.800.859.9889).

You may also call the 24/7 Nurse Helpline at [1.800.859.9889](tel:1.800.859.9889) to talk to a nurse about your symptoms. They can help you decide if you should see your PCP, go to an urgent care clinic/walk-in medical center, or go to the ER. To learn more about choosing whether to go to your PCP, an urgent care clinic/walk-in medical center, or the ER on the HUSKY Health website, visit https://www.huskyhealthct.org/members/where_to_get-care.html.

Please also see the *Emergency Care & Urgent Care Clinic/Walk-In Medical Center Services* under the **List of Covered Services** section of this handbook.

LIST OF COVERED SERVICES

Important Things to Remember

All services must be medically necessary. This means the services are needed to diagnose or treat an illness, injury, or condition, or the symptoms of an illness, injury, or condition.

All services must be obtained from providers who participate in the HUSKY Health program. If the provider you see doesn't participate in the HUSKY Health program, you may be responsible for the bill. Some services may require prior authorization (approval requested by the provider before performing the service). If a service requires prior authorization, the provider will reach out to HUSKY Health for you. It's the provider's responsibility to obtain prior authorization.

Ambulatory Surgery

An ambulatory surgery center is a healthcare facility that provides surgery and certain diagnostic services, like a colonoscopy. It's an outpatient setting, so patients don't spend the night. An ambulatory surgery center isn't a hospital. Ambulatory surgery centers don't provide emergency services.

Ambulance

Emergency ground ambulance (road) and air ambulance (flight) is covered for emergencies only. Call 911 during an emergency for a ground ambulance.

Non-emergency air ambulance (flight) may be covered with prior authorization. Contact the Non-Emergency Medical Transportation (NEMT) vendor for more information. They can be reached at [1.855.478.7350](tel:1.855.478.7350).

Behavioral Health Services

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

How to reach the CT BHP:

- Call their Customer Service department at [1.877.552.8247](tel:1.877.552.8247), Monday through Friday from 9:00 a.m. to 7:00 p.m. If you're deaf or hard of hearing, call [711](tel:711).
- Visit their website at <https://www.ctbhp.com>.

Behavioral Health services include:

- Inpatient hospital care for mental health problems.
- 23-hour observation.
- Inpatient detoxification.
- Partial hospitalization.
- Outpatient services provided by hospitals, freestanding clinics, and behavioral health providers in independent practice.
- Medications for behavioral health conditions.
- Counseling to help you stop smoking.
- Extended day treatment.
- Crisis stabilization beds for children and adolescents.
- Emergency Mobile Psychiatric Services (EMPS) for kids.
- Psychiatric Residential Treatment Facility.
- Residential treatment center for children.
- Autism and assessment treatment services.
- Adult and child group homes.
- Home-based services.
- Case management.
- Intensive outpatient services.
- Electroconvulsive Therapy.
- Methadone maintenance.
- Suboxone treatment.
- Ambulatory detoxification.
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.
- Psychological testing.
- Home health agency services.

Behavioral Health providers are doctors, nurses, licensed psychologists, clinical social workers, marriage and family therapists, professional counselors, or alcohol and drug counselors. They can help you get treatment. You don't need a referral to get mental health or substance use disorder services. If your behavioral health provider doesn't participate in the HUSKY Health program, you can ask them to call CT BHP at [1.877.552.8247](tel:1.877.552.8247). CT BHP will discuss joining the network with your provider and can help them enroll.

How to find a behavioral health provider:

- Call CT BHP at [1.877.552.8247](tel:1.877.552.8247), Monday through Friday from 9:00 a.m. to 7:00 p.m. If you're deaf or hard of hearing, call [711](tel:711).
- Visit their website at <https://www.ctbhp.com>, click "**Members**," then "**Find a Provider**."

Cardiac Care and Cardiac Rehabilitation

Cardiac services are services related to the heart. Cardiac care (including diagnostic screening and testing) is covered when medically necessary and provided by a cardiologist or PCP. A Cardiac Rehabilitation program is covered when medically necessary and is provided by a hospital.

Chiropractor

A chiropractor treats musculoskeletal issues with a focus on the spine/back. Services provided by a chiropractor are covered for all members **under 21** years old when they're performed in an independent office setting, at a federally qualified health center (FQHC), or at an outpatient hospital. Prior authorization is required for all services.

For members **21 years and older**, coverage is limited to certain specific spinal diagnoses. They must be performed in an independent office setting, at a federally qualified health center (FQHC), or at an outpatient hospital. Prior authorization is required for more than five visits per member, per provider, per month.

Chronic Disease Hospital

A chronic disease hospital is for people who require long-term care due to a chronic illness or a health condition (such as traumatic brain injury) that needs an intensive recovery program. Prior authorization is required for these services.

A chronic illness must be one or more of the following, for HUSKY Health to consider a member's stay at a chronic disease hospital:

- The illness is permanent.
- It leads to a lasting disability.
- It's caused by something that cannot be changed with treatment.
- A member needs special training to function better.
- A member needs long-term care because of the illness.

Some members may not have a chronic illness, but a health condition that needs an intensive recovery program. These members may also qualify for this benefit. When members meet the criteria and it's decided that care at a chronic disease hospital is medically necessary, HUSKY Health will cover the hospital stay and services related to it.

Dental Services

Your dental care is covered under the HUSKY Health program by the Connecticut Dental Health Partnership (CTDHP).

How to reach CTDHP:

- Call their Customer Service department at [1.855.283.3682](tel:1.855.283.3682) (1.855.CTDental), Monday through Friday from 8:00 a.m. to 5:00 p.m. If you're deaf or hard of hearing, call [711](tel:711). Interpretation services to provide you information in your language are also available.
- Visit their website at <https://www.ctdhp.org>.

The health of your mouth is related to the health of your entire body. This is why it's important to visit your dentist on a regular basis. CTDHP provides complete dental coverage to help keep your teeth healthy and care for any tooth and mouth problems. Dental services covered under your plan include:

- Prevention services such as cleaning, fluoride, sealants, and x-rays.
- Endodontic care: root canal treatment.

- Periodontal care: periodontal scaling and root planning for people who are at high risk for certain diseases.
- Fillings.
- Crowns and dentures.
- Oral surgery.
- Orthodontics (braces) are provided to children under the age of 21 when a dentist or orthodontist determines they're necessary based on a complete evaluation.

Some of these services may need prior authorization by your dental provider.

If you need help finding a dentist or making an appointment:

- Please call CTDHP at [1.855.283.3682](tel:1.855.283.3682) (1.855.CTDental), Monday through Friday from 8:00 a.m. to 5:00 p.m. If you're deaf or hard of hearing, call [711](tel:711). Interpretation services to provide you information in your language are also available.
- Visit their website at <https://www.ctdhp.org>, and choose **"Find a Dentist"** under the **"Members"** menu at the top of the page.

Dialysis

Dialysis is a type of treatment that helps your body remove extra fluid and waste products from your blood when the kidneys are not able to.

Diabetic Supplies

Diabetic supplies are items such as a blood glucose monitor, alcohol wipes, test strips, and lancets. Diabetic supplies, excluding diabetic shoes, are covered for members from birth to 20 years of age under the pharmacy benefit or under the Durable Medical Equipment benefit.

For members who are age 21 or older, diabetic supplies are covered under the Durable Medical Equipment benefit, with specific items being covered under the pharmacy benefit. Diabetic shoes are also covered for members who are age 21 and older; up to two pairs per year without prior authorization.

Insulin is covered for all ages under the pharmacy benefit.

Durable Medical Equipment (DME)

Durable Medical Equipment (DME) is equipment that:

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

Some examples of covered DME are:

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

- Insulin pumps and glucometers.
- Breast pumps.

You'll need a prescription from your provider for DME. Prior authorization is also needed for many DME items. If prior authorization is needed, your DME vendor will contact the HUSKY Health program. Other items may be approved for coverage based on each member's case. Your medical equipment provider can call Member Engagement Services at [1.800.859.9889](tel:1.800.859.9889) to find out which supplies are covered.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services is a program to make sure that children, up to age 21, get the care they need to grow up healthy. For a full description of the EPSDT services available, please see the ***Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services*** section of this handbook.

Emergency Care & Urgent Care Clinic/Walk-In Medical Center Services

Emergency care is medical care that's needed right away. Go to a hospital Emergency Room (ER) or call 911 if you have an emergency.

Urgent care clinics and walk-in medical centers can provide care for non-threatening medical problems that can't wait. To find an urgent care clinic/walk-in medical center near you, please visit <https://portal.ct.gov/husky>, click "**Information for Members,**" followed by "**Find a Doctor,**" then "**View a List of Urgent Care and Walk-In Medical Centers.**"

If you go to the ER or an urgent care clinic/walk-in medical center, bring your blue and white HUSKY Health member ID card and your gray ConneCT card. Ask the ER or urgent care clinic/walk-in medical center staff to call your PCP or specialist when you arrive. You don't need prior authorization for emergency care or urgent care. You should always follow up with your PCP after you go to the ER or an urgent care clinic/walk-in medical center. It's recommended that you call your PCP right after your ER or urgent care clinic/walk-in medical center visit and schedule a follow-up 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 ER or the urgent care clinic/walk-in medical center. If you need help making an appointment, please call Member Engagement Services at [1.800.859.9889](tel:1.800.859.9889).

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

Emergency care is covered when you travel outside of Connecticut (when medically necessary) but are still in the U.S., including Puerto Rico and other U.S. territories (Virgin Islands, Guam, Northern Mariana Islands, and American Samoa). **The care must be a true emergency.** Also, the hospital and provider need to agree to participate in the HUSKY Health program to be paid. If the provider doesn't agree to participate, or if the visit is determined to not be a true emergency, you may receive a bill for these emergency services. Out-of-state emergency care at the ER doesn't require prior authorization but is reviewed retrospectively for medical necessity. If you get a bill, please contact Member Engagement Services as soon as you can. If out-of-state emergency care is needed, you should call your PCP within 24 hours of the ER visit. If you're traveling outside of the U.S., Puerto Rico, and other U.S. territories, HUSKY Health doesn't cover any care or services, even if it's an emergency. You may wish to purchase travel health insurance.

Having Trouble Deciding Between an Urgent Care Clinic/Walk-In Medical Center and the ER?

When should you go to an Urgent Care Clinic/Walk-In Medical Center?

- Mild/Moderate COVID-19, cold, or flu-like symptoms.
- Ear pain or eye irritations.
- Mild rashes, minor burns, or skin infections.
- Small cuts that might require stitches.
- Sprains, strains, and minor sports injuries.

When you should you go to the ER?

- Chest pain and shortness of breath.
- Broken bones and dislocated joints.
- Head or eye injuries.
- Bleeding from a large, open wound.
- New onset slurred speech, facial drooping, weakness.
- Suicidal thoughts (or call/text 988 for Suicide & Crisis Lifeline).
- Changes in mental state.
- Fainting or loss of consciousness.
- Severe pain.

If you're still unsure whether you should go to an urgent care clinic/walk-in medical center or the ER, HUSKY Health has a 24/7 Nurse Helpline that you can call for advice. Call [1.800.859.9889](tel:1.800.859.9889) and follow the prompts to speak to a nurse. If you're experiencing a medical emergency, please call 911.

Eye/Vision Care

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

- Eye exams are covered.
- For members who are under age 21, eyeglasses are covered.
 - Some limits apply on types of frames and lenses.
 - Limit one pair of glasses every 24 months, unless a new pair is medically necessary or the previous pair was lost, stolen, or broken.
- For members who are age 21 or older, eyeglasses are covered.
 - Some limits apply on type of frames and lenses.
 - Limit of one pair every 24 months unless a new pair is medically necessary. No exception will be made for eyeglasses that are lost, stolen, or broken.
- Contact lenses are only covered for certain diagnoses.

Family Planning

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

- Reproductive health exams.
- Patient counseling and education related to family planning.
- Abortion.
- Lab tests to detect the presence of conditions affecting reproductive health.
- Screening, testing, treatment, and pre- and post-test counseling for sexually transmitted diseases and HIV.
- Contraceptives: a contraceptive can be a pill, patch, medication, condom, or other device used to prevent pregnancy.
- Sterilization is covered for members 21 years of age or older. Sterilization includes tubal ligation and vasectomies.

Hysterectomies are only covered for medical reasons; they're not covered for family planning.

Treatment for infertility, including but not limited to reversal sterilization, in-vitro fertilization, artificial insemination, cryopreservation, and fertility drugs, are not covered.

Gender Affirming Services

Gender affirmation may involve medical steps to affirm a person's gender. Gender affirmation surgery is one potential treatment option. Gender affirming surgery changes sexual characteristics so they align with the identified gender. Prior authorization is required for gender affirming services.

Members who are interested in, or are undergoing gender affirming care, may be eligible for enrollment in Care Management. Please call [1.800.859.9889](tel:1.800.859.9889) and dial extension 2023 to speak to a nurse care manager about how Care Management may be able to assist with answering questions and helping coordinating services.

Gynecology

Gynecology services are available to diagnose and treat issues with female reproductive organs. They also cover preventive care and certain cancer screenings and physical exams.

Hearing Aids & Exams (Audiologists)

Both hearing aids and hearing exams are covered. A prescription from a provider is needed for hearing aids. A medical provider must order a hearing exam.

- There is a limit of one pair of hearing aids every three years.

Home Health Care Services

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

- Skilled nursing visits.
- Home health aide assistance, only with the following daily activities: dressing, bathing, oral hygiene, eating, transferring (help with walking or changing a position, like going from sitting to lying down), and toileting.
- Maternity visits for individuals who have high-risk pregnancies.
- Short-term rehabilitation including physical therapy, speech therapy, and occupational therapy.

Prior authorization is needed for some home health services.

Cleaning, companion, or homemaker services are not covered benefits.

Home and Community-Based Waivers

Connecticut has several home and community-based waiver programs available to assist people with disabilities in Connecticut. For more information, or to request an application, call [1.866.433.8192](tel:1.866.433.8192). You may also visit this website: <https://portal.ct.gov/DDS/Family/Waiver/DDS-Home-and-Community-Based-Waivers>.

Hospice

Hospice care is aimed at comfort care and relieving symptoms of terminal illness. It usually doesn't include treatment aimed at a cure.

- Hospice services are available to members who are diagnosed with a terminal illness, with a life expectancy of six months or less.
- For members 20 years old or younger, treatment designed to cure may be received at the same time as hospice services.

- Prior authorization is required for inpatient hospice services that last longer than five days.

Hospital Care

Hospital services are covered for both inpatient and outpatient hospital services. A hospital inpatient stay will need prior authorization unless it's for maternity care and delivery.

You should always follow up with your PCP after discharge from the hospital. It's 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 finding a PCP, or making an appointment with one, please call Member Engagement Services at [1.800.859.9889](tel:1.800.859.9889).

Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID)

An ICF/IID is covered for members with developmental or intellectual disabilities. These facilities provide:

- 24-hour supervision.
- Ongoing evaluation, health, and rehabilitation services to help an individual reach his or her fullest potential.

Laboratory Work

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

Maternity

Maternity visits help make sure you have a healthy pregnancy and that you're 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.

- Hospital births: no limitations.
- Home births: covered when performed by a certified nurse midwife who is enrolled in HUSKY Health.
- Breast pumps: Covered in the third trimester. A prescription in the pregnant individual's name is required.
- Childbirth/Lamaze classes: Not covered.

Medical Surgical Supplies

Medical surgical supplies are items that:

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

Some examples of medical surgical supplies that are covered are:

- Dressings.
- Catheters.
- Diabetes-related supplies.

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

Naturopaths

Naturopathic medicine treats illness using natural treatments such as herbs, diet, and lifestyle changes to heal. Coverage is limited to some specific services and prior authorization is required for more than five visits per month.

Nursing Facilities

Nursing facilities are also called nursing homes or skilled nursing facilities. These facilities are covered for members who need a higher level of care than can be provided at home. The need for a nursing facility must be certified by a healthcare professional before these services can be provided.

A nursing facility is a licensed facility that provides:

- 24-hour supervision.
- Skilled nursing care.
- Rehabilitation services.

Nursing facility stays need an exam and prior authorization.

Nutritional Counseling

Nutritional counseling is covered when it's received as part of an office visit in a clinic or at a community health center by a physician, APRN, or physician's assistant.

Nutritional counseling with an independent registered dietitian is not covered.

Orthotic & Prosthetic Devices

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

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

An orthotic or prosthetic device is covered when a provider writes a prescription for it. Prior authorization is needed and some age restrictions do apply for some items.

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

Non-emergency services delivered outside of Connecticut, and within the U.S., Puerto Rico and other U.S. territories, have to be authorized before you can receive the services. The provider or facility must participate in the HUSKY Health program to be paid for services. If you obtain services outside of Connecticut from a provider who doesn't participate in HUSKY Health, you may be responsible for the bill.

Emergency care is covered when you travel outside of Connecticut (when medically necessary) but are still in the U.S., including Puerto Rico and other U.S. territories (Virgin Islands, Guam, Northern Mariana Islands, and American Samoa). **The care must be a true emergency.** Also, the hospital and provider need to agree to participate in the HUSKY Health program to be paid. If the provider doesn't agree to participate, or if the visit is determined to not be a true emergency, you may receive a bill for these

emergency services. Out-of-state emergency care at the ER doesn't require prior authorization but is reviewed retrospectively for medical necessity. If you get a bill, please contact Member Engagement Services as soon as you can. If out-of-state emergency care is needed, you should call your PCP within 24 hours of the ER visit. If you're traveling outside of the U.S., Puerto Rico, and other U.S. territories, HUSKY Health doesn't cover any care or services, even if it's an emergency. You may wish to purchase travel health insurance.

Oxygen

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

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.

Prior Authorization may be required.

Pharmacy Services

Pharmacy services are covered under the HUSKY Health program. Most medicines that need a prescription are covered as long as they're a part of the preferred drug list. If you have questions about your HUSKY Health Pharmacy benefit, you can get answers by:

- Talking to your pharmacist.
- Calling the Pharmacy Client Assistance Center at 1.866.409.8430, Monday through Friday from 8:00 a.m. to 5:00 p.m.

The Pharmacy Client Assistance Center can:

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

"Over-the-Counter" (OTC) Medications

Some medicines that you can buy "over-the-counter" (OTC) may be covered when your doctor writes a prescription for them. These include:

- Nutritional supplements for members that need tube feeding or cannot swallow food in any other form.
- OTC nicotine replacements, like gum, patches, or lozenges.
- OTC diabetic supplies that you can get through your pharmacy benefit, like insulin syringes, are covered for all members.

Your provider will always prescribe a generic medicine. To prescribe a brand name, your provider must ask for prior authorization from the Connecticut Pharmacy Assistance program. Some medicines are considered "non-preferred" medicines. "Non-preferred" medicines need prior authorization before they can be given to you.

Your medicines are filled by in-state pharmacies that participate in the HUSKY Health program. If you're going to travel out-of-state, you can ask your pharmacy for an early refill of your medicine. By having your prescriptions refilled early, you'll not run out while you're away. Early refills due to travel are available **once every six months**.

To find out if your medicine can be refilled early, call the Pharmacy Client Assistance Center at [1.866.409.8430](tel:1.866.409.8430), Monday through Friday from 8:00 a.m. to 5:00 p.m.

Some of your prescriptions may require prior authorization. If you bring a prescription to your pharmacy that needs prior authorization, you won't be able to get a full supply of your prescription. However, the pharmacy may be able to fill a one-time, 14-day temporary supply of the prescription. It's important that your provider give the pharmacy the information it needs to fill the entire prescription. Your provider must authorize any refills you may need.

You must show your gray ConneCT card each time you pick up a prescription from the pharmacy. As a HUSKY Health member, you won't have to pay for medicines at the pharmacy unless you also get pharmacy services from Medicare. If you get your pharmacy services from Medicare Part D prescription drug coverage, you're responsible for all Medicare Part D co-pays.

Below are examples of drugs your pharmacy benefit doesn't cover:

- Drugs to treat sexual problems.
- Drugs to treat cosmetic conditions.
- Drugs to treat obesity.
- Experimental drugs.
- Fertility drugs.

Note: Pharmacy delivery fees are not covered by the HUSKY Health program. If you choose to request delivery from your pharmacy, you will be responsible for the cost of the delivery.

To learn more about your pharmacy benefits, please visit <https://portal.ct.gov/HUSKY/Pharmacy>.

Physician Services

Services may be given by a physician and some related health professionals. These include APRNs, certified nurse midwives, and PAs that participate in the HUSKY Health program. Services may be provided in a clinic, private practice, or hospital setting. Covered services include:

- Office visits.
- Preventive and sick visits.
- Gynecological care.
- Obstetrical care, including prenatal visits, labor/delivery, and newborn care.
- Allergy care.
- Family planning services.
- Specialist visits.
- Second opinions.
- Obesity treatments.
 - 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.
- Reconstructive surgery.

- Reconstructive surgery is covered to take care of a medical issue. It's not covered for cosmetic reasons.
- Counseling to help you stop smoking or using tobacco.

Podiatry

Podiatry deals with the medical care of the foot.

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

Radiology Services

Radiology services include things such as x-rays, MRIs, CAT scans, PET scans, and ultrasounds. Some radiology services require prior authorization.

Rehabilitation Therapy

Rehabilitation therapy services* can be provided within an independent clinic, a hospital clinic, or an office setting (depending on age, see below). 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.
- Respiratory therapy.
- Audiology.

Rehabilitation therapy services provided in an **office setting** are covered only for members:

- Ages 20 and younger.
- Who have both Medicaid and Medicare (dually eligible), and Medicare pays first.

Members aged 21 and older can get these services through a **clinic, home health agency, or hospital outpatient setting**.

Individual and group smoking and tobacco cessation counseling is covered to help you stop smoking. The counseling must be done in either a physician's office or an outpatient clinic setting.

Drugs and OTC nicotine replacement medications like gum, patches, or lozenges are covered under your Pharmacy benefit. To find out more, call the Pharmacy Client Assistance Center at 1.866.409.8430, Monday through Friday from 8:00 a.m. to 5:00 p.m.

*For rehabilitation services related to mental health/substance use disorder, or for smoking cessation counseling provided by a behavioral health clinician or in a mental health clinic, please contact CT BHP at 1.877.552.8247, Monday through Friday from 9:00 a.m. to 7:00 p.m.

Transportation (Non-Emergency Medical)

As a HUSKY Health member, you can get help getting to and from medical, dental, and behavioral health appointments. You're eligible for the most appropriate and least expensive type of transportation to and from your appointment. Non-emergency transportation is provided by MTM, Inc.

Non-emergency medical transportation includes:

- Travel Reimbursement.
- Bus.
- Taxi/Livery.
- Wheelchair van.
- Ambulance.
- Travel from one facility to another (not a medical emergency). In case of emergency, call 911.

If you drive yourself to your appointments, you can be reimbursed for some of your travel expenses.

If you're able to take a bus to and from your appointments, you may receive bus passes. Please request bus passes at least five business days before your scheduled appointment since they're mailed.

If you cannot ride the bus, you may qualify for a taxi, wheelchair van, or ambulance. Your healthcare provider must give information on why you need to be transported this way. To schedule transportation to a provider appointment, please call [1.855.478.7350](tel:1.855.478.7350), Monday through Friday 7:00 a.m. to 6:00 p.m. To report a complaint about transportation services please call [1.866.436.0457](tel:1.866.436.0457).

Complaints can also be made on the MTM, Inc. website at <https://www.mtm-inc.net/connecticut/>.

There are forms needed for medical necessity, mileage reimbursement, minor consent to travel, specialized transportation, and more. For the full list of forms, as well as for answers to frequently asked questions on how to use the NEMT benefit, please visit the MTM, Inc. member website at <https://www.mtm-inc.net/connecticut/members/>.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services is a program to make sure that children, up to age 21, get the care they need to grow up healthy. EPSDT services include well-care visits for children. A well-care visit is when your child sees the PCP for a routine checkup. The reason for the visit is to see how your child is growing and developing.

The EPSDT/well-care visit includes a complete exam. This will include checking your child's height, weight, vision, hearing, and blood lead levels. It may also include any recommended vaccines (shots). The provider can give you advice about your child's nutritional needs and activity levels. This is also a good time for you to ask questions about your child's health.

The EPSDT/well-care schedule is based on your child's age.

Age	Number of Well-Care Visits*
NEWBORN TO 9 MONTHS	6 visits, which take place at: <ul style="list-style-type: none">• 3-5 days• 1 month• 2 months• 4 months• 6 months• 9 months

12 MONTHS TO 2 1/2 YEARS OLD	5 visits, which take place at: <ul style="list-style-type: none"> • 12 months • 15 months • 18 months • 24 months • 30 months
3 TO 21 YEARS OLD	1 visit per year

**At least. More visits may be needed.*

We can help you make appointments for EPSDT services. We also help providers reach out to their patients who are HUSKY Health members who need EPSDT services. This is so that providers can follow up with these members.

We can help you find a provider and set up these EPSDT services:

- Medical checkups.
- Shots, when needed.
- Blood and lab tests, when needed.
- Regular vision and hearing checkups.
- Health education.
- Details about services your child may need.

Under EPSDT, children may get services that aren't available to HUSKY Health adults. Also, limits on the number of visits or services that may apply to adults don't apply to children.

SERVICES THAT ARE NOT COVERED*

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

- Cosmetic or plastic surgery.
- Educational services.
- Experimental treatments.
- Care outside of the U.S., except for Puerto Rico and other U.S. territories.
- Out-of-network services.
- Physical exams needed for employment, insurance, school, summer camp, etc.
- Services that are not medically necessary.
- Sterilization reversal.
- Weight reduction programs.
- Infertility treatment.
- Services outside of Connecticut, except for emergency services or services from border providers (providers in states that border Connecticut) who participate in the HUSKY Health program.

**See policies and regulations for more information by visiting <https://www.ctdssmap.com>.*

CARE MANAGEMENT

Care Management services are available to HUSKY Health members with high-risk conditions and complex health needs, especially when they're leading to frequent hospital visits. Our Care Management team includes nurses, pharmacists, social workers, dietitians, and community health workers. They can work with you over the phone, in-person, or through videoconferencing to help you understand and take care of your health needs. They're here to answer your questions about your health or medical condition and can help you with your specific health needs and goals, such as finding and working with a

PCP. We understand that navigating challenging health concerns can be hard and we want to help you get the care that you need.

Care Management programs focus on care related to:

- Chronic (long-term) health conditions, especially when they cause frequent hospital visits.
- Complex health and social needs.
- High-risk pregnancy.
- Newborns following a stay in the Neonatal Intensive Care Unit (NICU).
- Obtaining an organ transplant.
- Receiving gender-affirming care.
- Sickle Cell Disease (SCD).

If you're enrolled in Care Management, our team can help you:

- Ensure that you're getting the right care, in the right place, at the right time.
- Select a PCP and schedule an appointment.
- Arrange appointments and coordinate care between providers and other needed supports.
- Learn more about your condition, including recommended care and warning signs.
- Review your medications and answer any questions you may have.
- Develop a care plan that fits your culture, beliefs, and lifestyle.
- Learn more about healthy eating choices to best manage your health conditions.
- Understand your HUSKY Health benefits.
- Arrange to meet with a Community Health Worker to learn about community resources available to you.

To join the Care Management program:

- You may get a letter or call from us asking if you would like to join.
- Your provider may call and recommend you to one of our nurses.
- You can call us at [1.800.859.9889](tel:1.800.859.9889) and ask to join.

SPECIALIZED CARE MANAGEMENT PROGRAMS

Chronic Condition Management

If you have health conditions, such as asthma, diabetes, high blood pressure, sickle cell disease, or other long-term conditions, our Care Management Team can work with you to find a PCP and other specialty providers you may need. Our Care Management nurses can help you learn what an "Action Plan" is and how to start one, how to make it work for you, and what to do if symptoms or ranges, such as glucose levels or asthma control, worsen. In addition, they can answer questions about your medications and help you find ways to address any problems you may be having with your medication plan. You'll receive individual, evidence-based coaching on your condition and support to reduce any challenges with receiving well-care, including vaccinations. They can also help coordinate care with providers and other supports to help minimize the number of missed work or school days and prevent potentially avoidable hospital visits.

High-Risk Perinatal Program

The Perinatal program is for members who are pregnant or who have recently given birth and have certain health risks that may require special monitoring. Our Care Management Team works with you, your family, and your provider to help support your best health during and after pregnancy. They provide information on what to expect during your pregnancy, labor, birth, and after delivery, as well as how to recognize warning signs of any possible problems. They'll talk to you about benefits and services

that may be available to you, such as a blood pressure device or breast pump, and can provide education on many pregnancy-related topics, such as breastfeeding.

Neonatal Intensive Care Unit (NICU) Program

The NICU program provides care management services for babies who were born early or received care after birth in a Neonatal Intensive Care Unit (NICU). This program starts when the baby is discharged from the hospital and follows the baby through their first year of life after discharge. You'll learn what to expect during your baby's first year, and about community services to help you and your baby.

Care Management for Members Obtaining an Organ Transplant

Our Care Management team provides support to members who need organ transplants. Members are guided through the evaluation, transplant, and recovery process. Our Care Management nurses will work with you to give you details about benefits, providers, and hospitals where transplants are done. They'll also share with you what to expect each step of the way.

Care Management for Members Receiving Gender-Affirming Care

Our Care Management team provides support to members receiving gender-affirming care. Our team will work with you to navigate benefits, provider access, and treatment requirements. They'll also help you coordinate necessary healthcare services.

When You've Been to the Hospital

If you've recently been to the emergency room or hospital, a HUSKY Health nurse may call you to review your discharge plan and medications and answer any questions you may have. The nurse can also help make sure you have your follow-up appointments scheduled and have transportation to them. If you need a PCP or specialist, our Care Management Team can help you find one.

COMMUNITY RESOURCES

Community Engagement

HUSKY Health's Community Engagement Team is here to help you navigate the healthcare system and provide community support services.

Community Health Worker Ambassador Program

Our certified Community Health Workers (CHWs) provide members help with addressing basic needs and using the healthcare system. They listen to your individual needs and concerns and can help find you the best resources to navigate whatever difficulties you're facing. Many of our CHWs live and work in your neighborhoods and have diverse cultural and linguistic backgrounds.

Our CHWs serve as ambassadors for the HUSKY Health program. As representatives of HUSKY Health, they work to help members live their healthiest lives regardless of ability, age, cultural background, ethnicity, faith, gender, gender identity, ideology, income, national origin, race, or sexual orientation.

CHWs can help you find resources for:

- Childcare.
- Clothing.
- Diapers.
- Education.
- Employment.
- Food.
- Housing.

- Parenting support.
- State benefits.
- Utility assistance.

To talk to one of our CHWs, call [1.800.859.9889](tel:1.800.859.9889), extension 4326, Monday through Friday from 8:00 a.m. to 5:00 p.m.

HUSKY Health HUBs

A HUB is a central location for members who need Help Understanding their Benefits. At a HUB, you'll be greeted by a CHW who will answer questions about your HUSKY Health benefits, assist you with finding a PCP, and connect you to resources in your community to help with basic needs such as food, education, and employment. To find a HUB near you, visit our community engagement calendar at <https://portal.ct.gov/husky>. Click on "**Information for Members**," then "**Health & Wellness**," followed by "**Health Events**." Follow us on Facebook and X: @HUSKYHealthCT for additional HUB information.

Nutrition Education Programs

HUSKY Health nutritional programs are fun and interactive ways to help fight against obesity, high blood pressure, and diabetes.

Fat Attack™

Fat Attack™ provides information on the importance of healthy fats and how they support many bodily functions and reduce the risk of chronic diseases. Fat Attack™ shows you that fat is high in calories, and how excessive fat intake can lead to weight gain and obesity, raising health risks associated with heart disease and stroke.

For more information about our Fat Attack™ program, visit our Fat Attack™ website at <https://portal.ct.gov/husky>. Click on "**Information for Members**," then "**Health & Wellness**" and "**Healthy Eating**."

Sugar Rush

Through hands-on activities, Sugar Rush helps you see how much sugar we're consuming daily, and how much added sugars are in your favorite drinks.

Visit our Community Engagement calendar to see when Fat Attack™ or Sugar Rush might be in your area. Go to <https://portal.ct.gov/husky> click on "**Information for Members**," then "**Health & Wellness**," followed by "**Health Events**."

Are you interested in having a Fat Attack™ or Sugar Rush workshop at your school, community organization, or health fair? If so, call us at [203.303.3932](tel:203.303.3932).

Please note: Due to high interest, workshop requests must be made at least one month in advance.

Women, Infants, and Children (WIC) Nutrition Program

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offers many kinds of nutrition services. People who might be eligible include parents, stepparents, guardians, and foster parents of infants and children under the age of five. Pregnant individuals, individuals who are breastfeeding a child under the age of one, or those 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 nutritional risk.

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

Healthy Start

Healthy Start is a program geared towards parent and child health. It offers program members health education and care management services. It also offers help filling out the HUSKY Health application for qualifying pregnant individuals. This program aims to help promote and protect the health of parents and children. To learn more about Healthy Start, visit this link: <https://uwc.211ct.org/healthy-start>.

Nurturing Families

The Nurturing Families program provides home visiting services to new parents who are at-risk for abuse and/or neglect. You'll learn how to care for your baby and 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. Call the Child Development Infoline at United Way at [1.800.505.7000](tel:1.800.505.7000) for more information.

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

Visit <https://www.birth23.org> for a list of sites by town. You can also call them with questions.

- Questions about **joining** the program: [1.800.505.7000](tel:1.800.505.7000).
- Questions if **you're already in the program**: [1.866.888.4188](tel:1.866.888.4188).

2-1-1 of Connecticut

There are resources within your community to help when you struggle with basic needs such as food, housing, clothing, and utilities. To get started, check out *2-1-1 of Connecticut*. 2-1-1 is a free, confidential information and referral service that connects people to essential health and human services 24 hours a day, seven days a week, online and over the phone.

There are multiple ways to reach 2-1-1:

- Dial [2.1.1](tel:2.1.1) and be connected to a trained contact specialist 24/7.
- Visit their website at <https://www.211ct.org>.
 - Live Chat is available.
- Call [7.1.1](tel:7.1.1) to access Relay services. Anyone who is out-of-state or using Relay can connect to Connecticut 2-1-1 toll-free by dialing [1.800.203.1234](tel:1.800.203.1234).

- Text CTWARM, CTFOOD, and/or CTRECOVERY to [8898211](tel:8898211) for resources (*standard message & data rates may apply*).

School-Based Health Centers & Child Health Services

School-based Health Centers (SBCHs) are comprehensive primary care facilities located in schools or on school grounds. They offer primary care, mental health services, health promotion activities, and, at some sites, dental services. Services are available to all students with written consent signed by the parent/guardian. To learn more about SBCHs and where they are located, please visit:

<https://portal.ct.gov/DPH/Family-Health/School-Based-Health-Centers/School-Based-Health-Centers>.

School-Based Child Health Services are special diagnostic and treatment services. They're for children eligible under the Individuals with Disabilities Education Act. These children must have an Individualized Education Plan (IEP). To learn more, visit: <https://portal.ct.gov/DSS/Health-And-Home-Care/School-Based-Health-Care-Program/School-Based-Child-Health---SBCH>

Peace at Home

Parenting can be the most stressful job of all. Gaining skills and support can make a big difference in how your family functions. HUSKY Health members can view free, online parenting classes offered by Peace at Home Parenting Solutions. Classes focus on a wide range of topics including positive discipline, child development, co-parenting, raising a lesbian, gay, bisexual, transgender, queer and/or questioning (LGBTQ+) child, and much more. To review the topics and view the classes, visit

<https://www.peaceathomeparenting.com/husky-health>.

Educational Health Materials Available to Members

The HUSKY Health website contains many valuable materials. In addition to information on your HUSKY Health benefits and services, you can find health fact sheets and videos on many topics to help you and your family be as healthy as possible. To access the HUSKY Health library of materials, visit

<https://portal.ct.gov/husky>, click "**Information for Members**," then "**Your Health Library**" under the "**Health & Wellness**" menu.

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

Phone Services

You may be eligible for a no-cost smartphone or discounted phone service through the Lifeline program. Lifeline is a federal program that lowers the monthly cost of phone or internet service. To learn more, please visit https://getinternet.gov/apply?id=nv_home and click "**Get Started**" to see if you qualify.

COMMUNICATIONS FROM HUSKY HEALTH

Automated Calls/Live Calls

There are times we may call you to share important health information. Sometimes these calls are live, and sometimes they're pre-recorded. For example, we might call you to welcome you to the HUSKY Health program and share information about benefits and services that can help you and your family. We might also call you with information on important screenings or to help you find a PCP. Whether you receive an automated call or a call from one of our representatives, our goal is to make sure you get the most valuable information as soon as you need it.

HUSKY Health News Emails

We might send important information straight to your email inbox about your HUSKY Health benefits, available resources, health reminders, and more. You can also sign up to receive emails on specific topics such as asthma, diabetes, chronic obstructive pulmonary disease (COPD), and pregnancy. Sign up for “HUSKY Health News” by going to <https://portal.ct.gov/husky> and clicking “**Information for Members**,” then the email “**Sign up**” button near the bottom of the page.

Text Messages from HUSKY Health

HUSKY Health can send you text messages with helpful information about the HUSKY Health program’s benefits and services. We can send SMS (short message service; text only, not images or videos) messages only if you sign up to receive them. To sign up for text messages (they’ll come from 2HUSKY or 248759), just visit our website at <https://portal.ct.gov/husky>, click “**Information for Members**,” followed by “**Phone, Internet, & Communication Services**” under the “**Member Information**” menu, then the “**Text Message Opt-in**” button.

Please note: We can only send, not receive, text messages. The messages are general messages that apply to all HUSKY Health members. For personal information, or information specific to you/your household, please call Member Engagement Services directly. Any replies to text messages sent by HUSKY Health won’t be received. Message and data rates may apply.

MEMBER ADVISORY WORKGROUP

Members have a voice in improving the HUSKY Health program by joining the Member Advisory Workgroup. Your input helps make the program better.

The Member Advisory Workgroup collaborates on different projects and engages in feedback sessions to help members get the most out of the HUSKY Health program. The workgroup is also responsible for producing the *HUSKY Health Spotlight Member Newsletter*, which is created for members, by members. The Member Advisory Workgroup meets online every month. Members who attend the meeting will receive a \$25.00 gift card in the mail as a thank you.

To join our Member Advisory Workgroup, please call Member Engagement Services at [1.800.859.9889](tel:1.800.859.9889). You can also [send us a secure email](#).

To see upcoming dates for the Member Advisory Workgroup, visit our website at <https://portal.ct.gov/husky>, click “**Information for Members**,” followed by “**Member Advisory Workgroup**” under the “**Member Information**” menu. You can also visit this link: https://www.huskyhealthct.org/members/members_workgroup.html.

To read member newsletters created by our Member Advisory Workgroup, go to <https://portal.ct.gov/husky>, click “**Information for Members**,” followed by “**Member Newsletters**” under the “**Member Information**” menu.

MEMBER RIGHTS & RESPONSIBILITIES

We are committed to treating members in a way that respects your rights, as well as our expectations of each member’s responsibilities. By working together, we can help you and your family meet your healthcare needs. As healthcare partners here are the rights and rules we both agree to:

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 advance 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

Your Responsibilities:

- Give your providers and HUSKY the information they need to better serve you
- Choose a primary care provider (PCP)
- Get regular checkups
- Follow the plan of care that you made with your providers
- Discuss your care with your PCP before seeing a specialist, unless it is an emergency, pregnancy-related, or for family planning
- Keep your appointments, or let your provider know at least 24 hours in advance if you need to cancel or reschedule
- Respect the dignity and privacy of others
- Carry your HUSKY Health cards
- Notify HUSKY Health and DSS if there are changes to your address, phone number, household members, demographic information, or income

Please call if you have questions about these rights or would like to make a complaint because you feel your rights have been violated. You can call Member Engagement Services at 1.800.859.9889.

ADVANCE DIRECTIVES

If you're 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're not able to tell them yourself.

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

- The living will or healthcare instructions.

- The appointment of a healthcare representative.

To learn more about advance directives, please visit this website:

<https://portal.ct.gov/DMHAS/Programs-and-Services/Advocacy/Advance-Directives>

COMPLAINTS AND ADVERSE INCIDENT REPORTING

If you aren't happy with how you're 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.

For complaints, please call the following numbers directly, depending on your area of concern:

- Behavioral healthcare or services: [1.877.552.8247](tel:1.877.552.8247).
- Dental care or services: [1.855.283.3682](tel:1.855.283.3682).
- Medical care or services: [1.800.859.9889](tel:1.800.859.9889).
- Non-emergency medical transportation: [1.866.436.0457](tel:1.866.436.0457).

Complaints can be general or related to your specific care quality. Some examples include:

- 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.
- General dissatisfaction with HUSKY Health.

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 did not order one.
- You believe your condition isn't properly diagnosed, or you believe you were given the wrong medicine.
- You unexpectedly develop an infection.

A quality-of-service matter may be when:

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

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

Some examples include:

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

When a complaint, quality of care issue, or adverse incident is filed, it's investigated. We look into all complaints about clinical matters, quality of care and service issues, and adverse incidents.

Depending on what the complaint is about, we may:

- Talk to you.
- Talk to your provider.

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

We collect and report all complaints, service matters, quality of care issues, and adverse incident information to the HUSKY Health Quality Committees. The information is used to create quality improvement activities. Some complaints such as those related to 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](tel:1.800.859.9889)
- **Mail a complaint to:**
HUSKY Health Program
Attn: Member Engagement Services
P.O. Box 5005
Wallingford, CT 06492
- **Fax a complaint to:**
1.203.265.3197 Attn: Member Engagement Services
- **Email a complaint:**
Go to portal.ct.gov/husky, click “**Information for Members,**” “**Contact Us,**” then “**Send us a secure email**” or [click here](#).

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 Avenue
Hartford, CT 06105

You can also contact the Office of Healthcare Advocate by calling [1.866.466.4446](tel: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. This notice describes how your health information is shared during our normal daily operations and as required by law. It also defines our privacy rights. 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 <https://portal.ct.gov/husky>, clicking “**Information for Members,**” “**Member Information,**” then “**Member Privacy**” (or [click here](#)).

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 Avenue
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 won't be affected if you make a complaint.

APPEALS

Some services require prior authorization. If HUSKY Health partially or fully denies, suspends, reduces, or terminates authorization of goods or services, you'll receive a Notice of Action (NOA). The NOA will tell you why this decision was made. It also tells you how to get a copy of the guidelines used to make the decision. If you don't agree with the decision, the NOA lets you know how to file an appeal.

You or your legally authorized representative can ask for a verbal appeal by phone or file an appeal in writing by mail, fax, or email. You must appeal within 60 calendar days of the date of the NOA. If you wait longer than 60 days, you'll lose your right to appeal the decision.

If you appeal by phone, you still need to send HUSKY Health an appeal request in writing to request an administrative hearing. With your NOA, you'll get an Appeal/Administrative Hearing request form. You'll also get a *What You Should Know about the Appeals/Administrative Hearing Process* sheet. If you don't have an appeal form, need help completing the form, or have questions about a denial, please call us. The phone number for Member Engagement Services is [1.800.859.9889](tel:1.800.859.9889). Deaf and hard of hearing people can use a TTY by calling [711](tel:711).

Send your completed form to the Department of Social Services (DSS) by mail or fax.

- **Mail appeals to:**
State of Connecticut – Department of Social Services (DSS)
Office of Legal Counsel, Regulation and Administrative Hearings HUSKY A, HUSKY C, and HUSKY D Appeals
55 Farmington Avenue, 11th Floor
Hartford, CT 06105
- **Fax appeals to:**
860.424.5729

Your appeal may have to do with goods or services that you've already been getting. If you want to continue to get these goods or services while the appeal process is going on, the form or letter you send must be faxed, postmarked, or received by DSS on or before the date that the planned change (the change you're appealing) takes place. It could also be within 10 days of the mail date of the NOA – whichever date is **later**.

Before the administrative hearing takes place, HUSKY Health will look over your appeal request first. You or your provider can send in more information in support of your appeal. You can also meet with HUSKY Health representatives if you would like. If you meet with representatives, the meeting can be held over the phone or at a place you can get to easily.

For a regular appeal, HUSKY Health will send you an appeal decision by mail no later than 30 calendar days from the date on which the appeal was received by HUSKY Health or DSS. It could also be by the date of the scheduled administrative hearing (whichever is sooner). If you're not happy with the decision, you may go on to the administrative hearing.

At the administrative hearing, you can explain why you don't agree with the decision. You'll meet with a Hearing Officer from DSS, a representative from HUSKY Health, and someone from DSS. The hearing is held at a DSS office near where you live. You can present more information and you can be represented by a person of your choice, including a lawyer. If you choose a lawyer, please notify HUSKY Health and/or the Administrative Hearings Office at DSS.

HUSKY Health will send you a hearing overview, which is a summary of the appeal issue. It will be sent to you at least five business days before the administrative hearing. It will also be presented at the administrative hearing. The Hearing Officer will listen to all of the information and then send you a decision in writing. HUSKY Health will go along with the decision.

You may want to cancel your request for an administrative hearing. You can do this at any time by calling the Administrative Hearings Office. The phone number is [1.800.462.0134](tel:1.800.462.0134).

If you don't attend the administrative hearing and you didn't ask to have it rescheduled, DSS may dismiss your appeal and the HUSKY Health decision will stay in place.

Expedited (Rushed) Review

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

MEMBER SATISFACTION SURVEYS

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

As part of its Quality Management program, the HUSKY Health program works with a company to complete a **yearly** member satisfaction survey (CAHPS®). Members asked to take the CAHPS survey are picked at random. You may be asked for your opinion. Surveys are conducted by mail, phone, and online. If you receive the survey, please complete it. Your feedback helps us get better!

Member Engagement Services Satisfaction Survey

When you call into Member Engagement Services you may be asked if you would like to take a short, three-question survey. All information is private and HUSKY Health doesn't know which members answered the questions. The information we get from the survey is used to make changes that help us improve. Your answers are very important to us.

RENEWALS

Renewing Your HUSKY C Coverage

If you're a HUSKY C member, DSS will send you a renewal packet. This packet will include a renewal form and return envelope. You'll get your renewal packet 60 days before the end of your eligibility year (12-month period). It's important that you return your renewal application right away, so you don't lose coverage. DSS will go over your finished renewal application. Your coverage will keep going if you're still eligible. Your coverage will end if you're not.

You can also renew your coverage online by visiting: <https://www.connect.ct.gov/> and creating a "MyAccount."

Renewing your HUSKY A or D Coverage

Access Health CT, in partnership with DSS, will send HUSKY A and HUSKY D members a renewal form to complete. They'll also include the return envelope. These are the following options to complete your renewal:

- You can go online to Access Health CT by visiting <https://accesshealthct.com>. This is the quickest way to renew and get an immediate eligibility decision.
- You may complete your renewal by calling Access Health CT at [1.855.805.4325](tel:1.855.805.4325).
- You may mail the renewal form using the envelope sent to you.

DSS will attempt to validate your eligibility using available electronic data sources. If DSS is able to verify your information, you'll receive up to another year of eligibility. You'll receive a confirmation letter. If DSS wasn't able to validate the information, you'll receive a renewal paperwork to complete. You may call Access Health CT at [1.855.805.4325](tel:1.855.805.4325) to have someone help you.

Whether you're a HUSKY A, C, or D member, please always keep your address up-to-date with DSS. This helps to make sure you receive your renewal paperwork. To learn how to update your address, please visit <https://portal.ct.gov/updateusdss>.

HUSKY HEALTH IS HERE FOR YOU

As a HUSKY Health plan member, your health, well-being, and access to care are 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 goal is to make sure that you receive the healthcare you need when you need it. We're always here to help. HUSKY Health Member Engagement Services is available to you Monday through Friday 8:00 a.m. to 6:00 p.m. at [1.800.859.9889](tel:1.800.859.9889). Our website is available 24/7. Please visit <https://portal.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!

IMPORTANT HOTLINES

HOTLINE	CONTACT INFORMATION
2-1-1 of Connecticut Crisis Services	2.1.1 Follow the prompts for the Crisis Services Option
988 Suicide and Crisis Lifeline	Call or text 9.8.8
Connecticut Department of Children and Families (CT DCF) Child Abuse and Neglect Careline	1.800.842.2288
CT Safe Connect Domestic Violence Hotline	1.888.774.2900
Connecticut Quitline (through the Department of Public Health)	1.800.QUIT.NOW (1.800.784.8669)
Connecticut Sexual Assault Hotline	1.888.999.5545
Connecticut Protective Services for the Elderly (through the Department of Social Services)	1.888.385.4225 (during business hours) 2.1.1 (after business hours)
Substance Use Services Access Line (through the Connecticut Department of Mental Health and Addiction Services)	1.800.563.4086
Veterans Crisis Line	Dial 9.8.8 then press 1 or text: 838255

MEMBER BASIC INFORMATION FACT SHEET

*For your personal use. You're welcome to make copies.
Please use one Fact Sheet for every member in the household.
Have your Fact Sheet ready for caregivers.*

NAMES OF MEMBERS IN HOUSEHOLD	HUSKY HEALTH (MEDICAID) MEMBER ID NUMBER	DATE OF BIRTH	AGE

Address: _____

Phone Number(s): _____

In Case of Emergency Call:

NAME:

RELATIONSHIP:

PHONE:

Police Department Phone: _____

Fire Department Phone: _____

Physician's Name & Phone: _____

Physician's Name & Phone: _____

Physician's Name & Phone: _____

Therapist's Name & Phone: _____

Health Conditions:

Allergies:

Medications:

Special Instructions:
