

SAGA BENEFITS INFORMATION

CHNCT Is . . .

A health plan made up of doctors, hospital clinics and neighborhood health providers who participate in the SAGA program. CHNCT also coordinates with other providers when needed for specialized services.

Membership Cards

In addition to your DSS issued CONNECT card you will also be receiving a CHNCT ID card that indicates you are eligible for SAGA medical benefits. Keep both cards with you at all times.

Your Primary Care Provider (PCP)

Your PCP will provide most of your medical care. The name of your PCP facility will appear on your ID card. If you do not live near a facility, your ID card will have an individual provider's name on it. To change your PCP to any other PCP in our Provider Directory simply call us at 1-866-361-SAGA (7242).

When you need to visit a medical specialist, your PCP will arrange it. This might be a surgeon, allergy doctor or pulmonary (lung) doctor, etc. Your doctor will give you a referral form to take with you when you go for the visit. Please remember: the PCP must arrange for your care by the specialists, and make sure that the visit is authorized by CHNCT prior to the visit.

Care at Night or on Weekends

In the event you become sick at night or on a weekend and it is not an emergency, please call your PCP. Your PCP will help you decide what to do next.

an appointment, call them to set up another visit.

- Call us at 1-866-361-7242 if you have any questions on rights and responsibilities.

Member Grievance Process

If you are not satisfied with the service from your doctor or CHNCT, you may file a grievance with CHNCT. Filing a grievance means that you are not satisfied with a service performed by CHNCT or one of its providers. Call Member Services and explain why you are filing a grievance at:

1-866-361-7242

or write, or fax to:

Community Health Network of CT
Manager of Member Services
11 Fairfield Boulevard, Wallingford, CT 06492
203-265-3197 (Fax)

All grievances are investigated. If your grievance involves clinical care, CHNCT will explain the appeals process to you. CHNCT will review your complaint as soon as possible.

Member Appeal Process

SAGA members may appeal any decision to deny, reduce or change medical services or goods. The member must make the appeal to CHNCT within thirty (30) calendar days of the date that the denial letter is sent.

SAGA members may submit an appeal to CHNCT within the thirty (30) calendar day timeframe either verbally or in writing to the plan. Information should be provided at the time of the appeal explaining the reasons why the member is disagreeing with the decision. All verbal appeals should be called in to CHNCT's Member Services Department at 1-866-361-SAGA (7242).

Urgent Care

Urgent medical problems are conditions or symptoms that require evaluation or treatment within 24 hours, but are not emergencies. Examples include fever, persistent cough, signs of a bladder infection, etc. Call your PCP to arrange an urgent care appointment.

Emergency Care

Emergency care is medical care that is needed right away. **Go to the emergency room or call 911 if you have an emergency, such as:** Bleeding that can't be stopped, Chest pain, Seizures or convulsion, Severe burns, Heat stroke or Other health problems that could cause death or serious injury. If you are told to go to the emergency room, **please be sure to take your CONNECT card and CHNCT ID card with you.** Ask the emergency room staff to call your PCP or specialist when you arrive.

Hospital Care

If you need to stay in the hospital, your PCP will arrange for it. Please be sure to take your CONNECT card and CHNCT ID card with you.

Behavioral Health Services

Behavioral health benefits are available under the General Assistance Behavioral Health Program (GABHP) administered by DMHAS. A PCP referral is not needed to access services under GABHP. For behavioral health service referrals call: 1-800-606-3677.

Prescription Benefits

Prescription benefits are provided by the Department of Social Services. If you have any questions

All written appeals should be sent to:

CHNCT
Manager of Member Services
11 Fairfield Boulevard
Wallingford, CT 06492 or faxed to:
203-265-3197

All appeals will be reviewed within 30 days of receipt and written decision will be communicated by certified mail within 30 days.

The appeals process at Community Health Network of Connecticut includes the following three levels of appeal:

Member Appeal Process

1st Level of Appeal: Review by the CHNCT Medical Director (or his/her designee if he/she was the original decision-maker) a decision will be communicated within 30 days.

2nd Level of Appeal: Review by a contracted External Review Company or contracted consultant using a specialist in the field of care/goods being requested when indicated. A decision will be communicated within 30 days.

3rd Level of Appeal: Review by the CHNCT Appeals Committee. A decision will be communicated within 7 business days.

Expedited appeals to the plan may be requested by the Member, or by a doctor acting on behalf of the member. CHNCT will expedite its review in all cases where the standard timeframes for determining an appeal could jeopardize the life or health of the member or the member's ability to regain maximum functioning. CHNCT will

about your pharmacy benefits, talk to your pharmacist, or you may call for assistance: Toll Free 1-866-409-8430 or 860-269-2031 in the local Farmington, CT area.

Interpreter Services

If English is not your primary language interpreter services are available. Call 1-866-361-SAGA (7242) for assistance. We have a special telephone (TDD) number for the hearing-impaired 1-877-659-1252. To use the TDD number, you must have TDD equipment.

Members' Rights and Responsibilities

CHNCT is committed to treating members in a manner that respects their rights as well as its expectations of members' responsibilities. By working with you, we can help you meet your health care needs. Here is a listing of your Rights and Responsibilities under the plan:

Your Rights

- You have the right to receive information about CHNCT, its services, practitioners, providers, and members' rights & responsibilities.

- You have the right to participate with your providers in decision-making regarding your health care.

- You have the right to respectful, personal attention regardless of your race, sex, origin, and religion, physical or mental handicap.

- You have the right to candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit.

determine within one (1) business day of the receipt of the appeal with verbal notification to the member and provider within that same business day. CHNCT will follow up by providing written confirmation within two (2) business days.

DSS Administrative Appeals Process

Once all levels of appeal have been exhausted at CHNCT, a SAGA member has the right to make an additional appeal in writing to the State Department of Social Services by writing to: State of Connecticut, Department of Social Services, 25 Sigourney Street, Hartford, CT 06106 or fax to (860) 424-5729, ATT: Office of Administrative Appeals, SAGA Appeals.

DSS Administrative Appeals Process

The information as to how to request an external review through the DSS Office of Administrative Appeals Division will be included in all CHNCT appeal response letters.

At the hearing the member has the right to explain why he/she disagrees with the CHNCT decision. The member must be present at the hearing and can speak for himself/herself or may bring someone else such as a friend, relative or attorney to speak for the member. Any member who chooses to have an attorney speak for them can request assistance from Legal Services. Free legal help is available for the member by calling the local Legal Services office at 800-453-3320 for information.

www.chnct.org



- You have the right to voice complaints or express grievances regarding any violation of your rights about CHCCT or the care provided by its providers.

- Personal health information must be kept confidential (private) by CHNCT employees and agencies it contracts with. As a member of CHNCT, you have the right to confidentiality of all records and communication to the extent required by law.

- You have the right to be free from any form of retaliation from CHNCT or freedom to exercise the rights explained above without any negative affect on your treatment from CHNCT, sub-contractors or network providers.

Your Responsibilities

- You have a responsibility to provide, to the extent possible, information that CHNCT and its practitioners and providers need in order to care for you.

- To follow the plans and instructions for care that has been agreed on with your providers.

- Choose a Primary Care Provider (PCP). Your PCP will coordinate your medical care.

- Carry your CHNCT ID card and CONNECT card with you at all times.

- Inform CHNCT and DSS about any changes to your name, home address, telephone number, marital status, number of dependents or if you have other insurance coverage.

- Call your PCP before receiving care unless you have an emergency or need family planning.

- Call your provider's office in advance if you cannot keep your appointments. If you miss