HealthNow
257 West Genesee Street
Buffalo, New York 14202

December 23, 2016

Dear valued member:

At HealthNow New York, we want to keep you informed.

Why you're receiving this letter	Pursuant to an agreement reached with the New York State Attorney General's Office, we recently updated two of our behavioral health policies to ensure our members have access to appropriate and effective treatment to meet their medical needs. We are reviewing affected claims from January 1, 2012 through the present and you may be entitled to reimbursement.

What you need to know	Preauthorization is no longer required to continue treatment after a member reaches 20 outpatient behavioral visits in a year, including outpatient treatment for alcohol and substance use disorder. We now cover nutritional counseling when recommended as a result of an eating disorder diagnosis. In the future, these claims can be submitted by your provider and will be processed according to your plan benefits.

Over, please

What you need to do	If you or a covered dependent had a nutritional counseling claim denied after being diagnosed with an eating disorder since January 1, 2012 while covered by us, we will automatically reprocess your claim and send you any refund owed in a separate letter. If you or a covered dependent received any nutritional counseling services due to an eating disorder that were not submitted to us for payment since January 1, 2012, please complete and send us the attached claim form along with an itemized receipt or bill by April 30, 2017. If you or a covered dependent incurred out-of-pocket expenses for any outpatient behavioral health services since January 1, 2012 as a result of a claim for services being denied or received any outpatient behavioral health services that were not submitted to us for payment since January 1, 2012 while covered by us, please complete and send us the attached claim form along with an itemized receipt or bill by April 30, 2017. Receipts and completed claim forms should be mailed to: HealthNow New York, PO Box 80, Buffalo, NY 14240-0080. If you have any questions, please call us at 1-800-945-0556. If HealthNow New York cannot resolve your questions, you may also call the New York State Attorney General's Health Care Helpline at 1-800-428-9071.

We apologize for any inconvenience this may have caused you.

Sincerely,

Marisa Kelm
Senior Director, Customer Service

Frequently Asked Questions

I don't receive any of these services. Why am I getting this letter?
In some cases, a member may have received these services, but their provider may not have submitted a claim to us. If we don't receive a claim, we can't be certain that there is no history for that member. In order to give all of our members the chance to be reimbursed if they paid out of pocket for these services, we are sending a letter to all of our members, regardless of claims history.

If you or your dependents have not received any of these services between January 1, 2012 through the present, you do not need to do anything at this time.

How long do I have to submit a claim?
You have until April 30, 2017 to submit the attached claim form and an itemized receipt or bill.

I don't have a receipt. Can I still file a claim?
In order for us to process the claim we will need a receipt, cancelled check, or proof of payment. If you received and paid for related services out-of-pocket, and no longer have the receipt, you can call your provider's office to see if they are able to provide you with a receipt or bill showing:

- Patient's full name
- Amount charged for each service
- Date each service was rendered
- Description of each service
- Diagnosis or nature of illness for each service
- Name and address of provider

How long will it take to process my claim?
Your claim will be processed within 30 business days.

Can my provider bill you for these services going forward?
Yes. Your provider can submit your claim directly to us for processing. We have also sent a communication to the providers in our network to let them know they can now submit claims to us for these services.

HealthNow
HealthNow New York Inc.

AOD

ATTN: AOD Claims Department
PO BOX 80
BUFFALO, NY 14240-0080

MEDICAL BENEFITS
SUBSCRIBER CLAIM FORM

***MAIL COMPLETED FORM TOGETHER WITH ALL ITEMIZED BILLS TO ADDRESS SHOWN ABOVE.

IF CLAIM FORM IS NOT COMPLETE OR IF ANY OF THE ITEMIZED BILLS REQUIRE FURTHER INFORMATION, SUCH MATERIAL MAY BE RETURNED TO YOU WITH ADDITIONAL INSTRUCTIONS. **OTHERWISE ALL ITEMIZED BILLS WILL BE RETAINED BY US AND CANNOT BE RETURNED**.

ALL QUESTIONS MUST BE ANSWERED. PLEASE PRINT OR TYPE.

ENTER NAMES AS SHOWN ON YOUR IDENTIFICATION CARD.

1

Subscriber's Last Name	First Name	Initial	HealthNow ID No	Group Number

Address-Number and Street	Please Check Here if this is a New Address ☐	City	State	Zip Code

2

Patients Last Name	First Name	Initial	Date of Birth (Month Day Year)	Sex	Patient's Relationship to Subscriber
				☐ Male ☐ Female	☐ Self ☐ Child ☐ Spouse

SUBSCRIBER'S SIGNATURE AND ITEMIZATION OF BILLS REQUIRED.

Expense Itemization

Itemized bills for **service or supplies must be attached to this form**

1. Patient's full name
2. Amount charged for each service or supply
3. Date each service or supply was rendered
4. Description of each service or supply
5. Name and address of provider/supplier

LIST BELOW THOSE SERVICES OR SUPPLIES FOR WHICH YOU ARE REQUESTING PAYMENT

Date of Service	Describe: Services or Supplies	Charges
	3 Enter total charges here ▸	

IMPORTANT NOTICE:
"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

_____ Subscriber's Signature (Must Be Signed)

_____ Date

_____ Home Phone Number