**Ambulatory Surgery**

An ambulatory surgery center is a health care facility that provides surgery and certain diagnostic services, like a colonoscopy, in an outpatient setting. An ambulatory surgery center is not a hospital. These procedures are not serious enough to go to the hospital but cannot be done in the doctor’s office. Ambulatory surgery centers do not provide emergency services and may specialize in one or more of the following specialties:

- Dermatology
- Ear, nose & throat
- Gastroenterology
- General Surgery
- Gynecology
- Ophthalmology
- Orthopedics
- Urology

**Ambulance**

Ambulance services are 100% covered.

**Behavioral Health Services**

Please visit [www.ctbhp.com](http://www.ctbhp.com).

**Chiropractor**

A chiropractor treats problems with your back.

**Members UNDER AGE 21:**

- Can receive services by an independently enrolled provider ONLY when medically necessary and requested under EPSDT Special Services.
- Covered at 100%
- Prior authorization is required

**Members Age 21 and older**

Effective for dates of service August 1, 2013 and forward, members age 21 and older can get chiropractor services from independent providers to treat certain types of spine or neck pain.

- There is a limited fund of $250,000 for the services (once the fund runs out, services will no longer be available)
- There is a limit of 12 total visits per member
- Chiropractor services are not available for members who are on Medicare
- Prior authorization is required for all visits
- Transportation to the chiropractor visits is not covered
- The initial visit for evaluation and diagnosis is not covered

**Chronic Disease Hospital**
A chronic disease hospital provides care for people who require long-term care due to either a chronic illness or a health condition (such as Traumatic Brain Injury) for which they require an intensive recovery program. There are criteria that members have to meet in order for HUSKY Health to approve their stay at a Chronic Disease Hospital.

A chronic illness must have one or more of the following elements in order for HUSKY Health to consider a member’s stay at a Chronic Disease Hospital:

- An illness is permanent
- It leads to a lasting disability
- It is 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

Members who do not have a chronic illness but have a health condition for which they need an intensive recovery program may also qualify for this benefit if there is a possibility that they will function better or be free from pain.

For members who meet the criteria and we decide that care at a Chronic Disease Hospital is medically necessary, HUSKY Health will cover the hospital stay and services related to it.

**Clinic Services**

A free-standing clinic is a licensed facility not associated with a hospital. Services that you can get from a clinic include:

- Preventive care visits
- Sick visits
- Dialysis
- Family Planning
- Immunizations
- Smoking & tobacco cessation counseling

**Dental Services**

Please visit [www.ctdhp.com](http://www.ctdhp.com).

**Dialysis**

Dialysis services are a covered benefit. These services may be provided in a home, clinic, hospital or institutional setting.
Durable Medical Equipment (DME) is equipment that:

- Can be used over and over again
- Is ordinarily used for medical purposes
- Is generally not useful to a person who isn’t sick, injured or disabled
- Is non-disposable

Some examples of DME that are covered 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 CPAP machines, apnea monitors and ventilators
- Insulin pumps and diabetic supplies

You will need a prescription from your doctor for DME. Prior authorization is also required for many DME items. If prior authorization is necessary, your DME vendor will contact the HUSKY Health Program.

Although the Department of Social Services has a list of DME for which it routinely pays, additional items may be approved for coverage based on individual consideration. Your medical equipment supplier can assist you in requesting items that are not on this list. You can also call Member Services at 1.800.859.9889 to find out what supplies are covered or for information about items and supplies not on the list but that are medically necessary, based on your individual needs.

**Emergency Care**

Emergency Care is medical care that is needed right away. Go to a hospital emergency room or call 911 if you have an emergency.

Examples are:

- Bleeding that can’t be stopped
- Chest pains
- Severe burns
- Seizures or convulsions
- Heat stroke
- Other health problems that could cause death or serious injury

You do not need an authorization to receive emergency care. If you receive out-of-state emergency care in an Emergency Room, authorization is not required but the facility must enroll in CMAP. If out-of-state emergency room care is needed, you should call your PCP within 24 hours of the emergency room visit.

Out-of-state emergency care at a provider’s office is not covered. Also, out-of-the-country care is not covered, with the exception of Puerto Rico and other USA territories.
**Eye/Vision Care**

Vision care is a covered service that can be done by ophthalmologists, optometrists and opticians. Please keep in mind the following:

- Eye exams are covered
- For members who are 21 or older, **one (1)** pair of eyeglasses will be covered every two (2) years unless there has been a significant change in vision requiring a new prescription for eyeglasses

**Eyeglasses that are lost, stolen or broken will not be covered.**

**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
- Lab tests to detect the presence of conditions affecting reproductive health
- Screening, testing and treatment and pre and post test counseling for sexually transmitted disease and HIV
- Contraceptives: a contraceptive can be a pill, patch, medication or other device used to prevent pregnancy
- Sterilization is covered for members 21 years of age or older. Sterilization includes tubal ligations for females and vasectomies for males.
- Abortion

Hysterectomies are only covered for medical reasons, not for family planning.

Services for infertility, including reversal sterilization, in vitro fertilization, artificial insemination and fertility drugs are not covered.

**Hearing Aids & Exams (Audiologists)**

Both hearing aids and hearing exams (audiologist exams) are covered. A prescription from a doctor is generally required for hearing aids.

**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, eating, transferring (help with walking or changing a position, like going from sitting to laying down) and toileting
- Home Health Care Maternity visits for women having a high-risk pregnancy
- Short Term Rehabilitation
  - Includes physical therapy, speech therapy and occupational therapy

Prior authorization is required for some home health services.

Custodial or homemaker services are not a covered benefit.
Hospice services are provided to members who are diagnosed by a doctor as being terminally ill (having six months or less to live). Hospice services are provided instead of treatment for the illness. Members have the right to choose hospice as an option. Hospice services require a hospice election form, meaning a signed form indicating the member would like hospice services. Hospice services can be provided inpatient or outpatient. Hospice services include:

- Nursing care
- Physical therapy, speech therapy and occupational therapy
- Medical social services
- Medication for pain relief and symptom control
- Dietary counseling
- Grief counseling
- Home health aides and homemakers
- Medical supplies and DME
- Short term inpatient care including respite care and care for pain control

Prior authorization is required for inpatient hospice services beyond five days.

Members under the age of 21 do not need to give up their rights for treatment of the terminal condition when choosing hospice services.

Hospital Services

Hospital Services are covered for both inpatient and outpatient hospital services.

Examples of outpatient hospital services are:

- Cardiac rehabilitation
- Dialysis
- Emergency care
- Laboratory work
- Medical check-ups
- Radiology services
- Urgent care visits

A hospital admission will require authorization unless it is a maternity admission.

Independent Therapy

Independent therapy services are rehabilitation services provided in an office setting. Services are performed by a licensed therapist to members who are disabled or injured. An independent therapist is someone who provides services outside of a hospital outpatient department or a clinic. Some services require prior authorization beyond a certain number of visits. Services that are covered include:

- Physical therapy
- Speech therapy
- Occupational therapy
- Audiology
Independent therapy services are covered only for members:

- Age 20 and younger or
- Members who have both Medicaid and Medicare (dually-eligible) and Medicare pays first

Members age 21 and older may receive these services through a clinic, home health agency or hospital outpatient setting.

**Intermediate Care Facility/Mental Retardation (ICF/MR)**

An ICF/MR is covered for members with developmental disabilities. These facilities provide:

- 24 hour supervision
- Ongoing evaluation
- Health and rehabilitation services to help an individual reach their fullest potential

**Laboratory Work**

Laboratory services and diagnostic tests are done to help your doctor diagnose or rule out a suspected illness or condition. These tests can be done in a hospital lab, physician’s office or an independent lab. Some testing, including genetic testing, needs prior authorization.

**Maternity**

Maternity visits are done to make sure you have a healthy pregnancy and that you are 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.

HUSKY Health now covers childbirth services at a free standing birth center. Currently, there is one birth center enrolled in HUSKY. The birth center is located in Danbury. Please call our Member Services at 1.800.859.9889 for more information.

**Medical Surgical Supplies**

Medical Surgical Supplies are items that:

- Cannot be used over and over again – are disposable
- Are used to treat or diagnose a medical condition
- May be used after a surgery
- Are generally not useful to a person who isn’t sick, injured or disabled

Some examples of medical surgical supplies that are covered are:

- Dressings
- Catheters
- Diabetes supplies

You will need a prescription from your doctor for medical surgical supplies. Also, many items have a limit to the amount that can be provided to you each month. Prior authorization is required for many items. If prior authorization is necessary, your provider will contact the HUSKY Health Program.

**Naturopaths**
Naturopathic medicine treats illness but avoids drugs and surgery and instead uses natural agents (such as air, water and herbs).

- Only members under age 21 can receive services from an independent provider
- Members 21 years of age and over can receive services only if the services are offered in a clinic

**Non-Emergency Medical Transportation**

Please see **OTHER SERVICES COVERED UNDER THE HUSKY PROGRAM** below.

**Nursing Facilities**

Nursing facilities are also called nursing homes or skilled nursing facilities (SNF). These facilities are covered for members who have been certified by a health care professional to need a higher level of care than can be provided at home. A nursing facility means a licensed facility that provides:

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

Nursing facility stays require an evaluation and prior authorization.

**Orthotic & Prosthetic Devices**

Orthotic or prosthetic devices are corrective or supportive devices that are designed to:

- Artificially replace a missing portion of the body
- Prevent or correct physical deformity or malfunctions
- Support a weak or deformed portion of the body

An orthotic or prosthetic device is covered once a doctor decides it is needed then writes a prescription for it. Some age restrictions apply for orthotic and prosthetic devices. Prior authorization is required for some orthotic or prosthetic devices.

**Oxygen**

Oxygen therapy that has been prescribed by a doctor is a covered service unless it is 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

**Pharmacy Benefits**

Please visit [www.ctdssmap.com](http://www.ctdssmap.com).
Physician Services

Services may be provided by a physician and certain allied health professionals, such as advanced practice registered nurses (APRN), nurse midwives and physician assistants (PA) enrolled in CMAP. Covered services include:

- Office visits
- Preventive care 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 address a medical issue. It is not covered for cosmetic reasons.

Podiatry

Podiatry is the part of medicine that deals with medical care of the foot.

- Routine foot care is not covered unless you have a systemic condition, such as diabetes, and your doctor has determined it is medically necessary. Routine foot care includes services such as trimming of toenails and the 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, MRI, CAT scans, PET scans, ultrasounds and CT scans. Some radiology services require prior authorization.

Rehabilitation Clinic

A rehabilitation clinic is an independent clinic—not part of a hospital—that provides outpatient rehabilitation services to clients who are disabled or injured. Some services require prior authorization beyond a certain number of visits. Services that are covered include:

- Physical therapy
- Speech therapy
- Occupational therapy
- Respiratory Therapy
- Audiology
There are some Behavioral Health services that can be provided in this setting. For more information, please call CT BHP at 1.877.552.8247 (Monday - Friday from 9:00 a.m. to 7:00 p.m.). You may also visit them on the web by going to www.ctbhp.com.

**Smoking & Tobacco Cessation**

Smoking & tobacco cessation counseling is covered to help you stop smoking. The counseling must be done in either a physician’s office or in an outpatient setting. Counseling that is received from a behavioral health clinician or in a mental health clinic is covered under your behavioral health benefit. For information about other Behavioral Health Services, please call CT BHP at 1.877.552.8247 (Monday - Friday from 9:00 a.m. to 7:00 p.m.). You may also visit them on the web by going to www.ctbhp.com.

Drugs and “over the counter” nicotine replacement medications like gum, patches or lozenges are covered under your Pharmacy benefit. To find out more, call the Pharmacy Benefit Customer Call Center at 1.866.409.8430 (Monday - Friday from 9 a.m. to 7 p.m.).

**SERVICES THAT ARE NOT COVERED***

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

- Cosmetic or plastic surgery
- Educational services
- Experimental treatments
- Care outside of the United States except for Puerto Rico and other US territories
- Out-of-network services
- Physical exams needed for employment, insurance, school, summer camp, etc
- Services that are not medically necessary
- Sterilization reversal
- Transsexual surgery or procedures related to transsexual surgery
- 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 are enrolled in CMAP

* See policies and regulations for more information.

**OTHER SERVICES COVERED UNDER THE HUSKY HEALTH PROGRAM**

**Dental Services**

Your dental care is covered under the HUSKY Health Program by the Connecticut Dental Health Partnership (CT DHP). The health of your mouth is related to the health of your entire body which is why it is important to visit your dentist on a regular basis. The CT DHP provides complete dental coverage to help keep your teeth healthy and care for teeth and mouth problems. Dental services covered under your plan include:

- Prevention services such as cleaning, fluoride, sealants and X-rays
- Restorative care: fillings and crowns
- Endodontic care: root canal treatment
• Oral surgery and prosthodontic services (dentures)
• Some of these services may require prior authorization by your dental provider.
• Orthodontics (braces) are provided to children under the age of twenty-one (21) when a dentist or orthodontist determines they are necessary based on a complete evaluation.

If you need help finding a dentist or making an appointment, please call the CT DHP. The number is 1.855.283.3682. They are open Monday through Friday from 8 a.m. to 5 p.m. The CTDHP Customer Service Representatives will help coordinate your transportation and assist with translation services. The CTDHP healthcare specialists will also provide care coordination if a member has extensive dental problems. If you are hearing impaired, you can call TDD/TYY for assistance, the number is 711. You can also visit the CT DHP website at www.ctdhp.com.

**Behavioral Health Services**

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

Here is how to reach the CT BHP:

• Call their Customer Service Department. It is open Monday through Friday. The hours are 9 a.m. to 7 p.m. The number is 1.877.552.8247. If you are hearing impaired, call 711 or 1.866.218.0525. They can help you with no-cost language interpretation if you need it.
• Visit their website. The address is www.ctbhp.com

Behavioral Health services include the following services for mental health or substance abuse problems:

• 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 your behavioral health conditions
• Counseling to help you stop smoking
• Extended day treatment
• Crisis stabilization beds for children and adolescents (CARES unit)
• Emergency Mobile Psychiatric Services for kids
• Psychiatric Residential Treatment Facility (PRTF)
• Residential treatment center for children
• Adult and child group homes
• Home–based services
• Case Management
• Intensive outpatient services
• Electro Convulsive Therapy (ECT)
• Methadone maintenance or Suboxone treatment for problems with addictions
• Ambulatory detoxification
• Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT)
Behavioral Health providers are doctors, nurses or therapists. They can help you get treatment. You do not need a referral to get mental health or substance abuse services. If your behavioral health provider is not enrolled with CMAP, you can ask them to call the CT BHP. The number is 1.877.552.8247. The CT BHP will work with them to get the necessary details to begin the enrollment process.

Here are ways you can find a behavioral health provider:

- Call the CT BHP. The number is 1.877.552.8247. It is open Monday through Friday. The hours are 9 a.m. to 7 p.m.
- Visit their website. The address is www.ctbhp.com. Click For Members. Then click Find a Provider.

Pharmacy Services

Pharmacy services are covered under the HUSKY Health Program. Most medicines that need a prescription are covered.

“Over the Counter” Medications

- For members under the age of 21, medicines that you can buy “over the counter” are also covered when your doctor writes a prescription for them
- Members who are over 21 and who need tube feeding or cannot swallow food in any other form can get “over the counter” nutritional supplements
- “Over the counter” diabetic supplies that you can get through your pharmacy benefit like insulin and insulin syringes are covered for members regardless of their age

Your pharmacy benefit also includes medications to help you stop smoking and “over the counter” nicotine replacement help like gum, patches or lozenges. All stop smoking pharmacy services require a prescription from your doctor.

If you are not sure if your medicine will be covered, please call the Connecticut Pharmacy Assistance Program. Their number is 1.866.409.8430, Monday through Friday from 8 a.m. to 5 p.m.

Your doctor will always prescribe a generic medicine. To prescribe a brand name, your doctor must ask for approval from the Connecticut Pharmacy Assistance Program. There are also certain medicines which are considered “non-preferred” medicines. “Non-preferred” medicines also need approval before they can be given to you.

Your medicines are filled by in-state pharmacies enrolled in the CMAP network. If you are going to travel out of state, you should tell your doctor. Also tell your pharmacy. You can ask for an early refill of your medicine. This is to make sure you do not run out while you are away.

As a HUSKY Health member, you will not have to pay for medicines at the pharmacy. But remember, you must show your gray CONNECT card each time you pick up a prescription from the pharmacy. And unless you also get pharmacy benefits from Medicare, there are no co-payments for medications covered by the Connecticut Pharmacy Assistance Program.
If you also get your pharmacy benefits from Medicare Part D prescription drug coverage, you may be responsible for paying Medicare Part D co-payments of up to $15.00 per month. Once the $15.00 per month in Medicare Part D co-payments has been reached, DSS will begin providing coverage for Medicare Part D co-payments for the rest of the month. If you are not sure whether you are responsible for co-payments, please call Medicare. The number is 1.800.633.4227.

If you have any questions about your pharmacy benefit, please call the Connecticut Pharmacy Assistance Program. Please call if you would like more information on your benefits. The number is 1.866.409.8430. You can also visit their website at www.huskyhealth.com. Click on “Pharmacy” to learn more.

**Non-Emergency Medical Transportation**

As a HUSKY Health member, you can get rides or bus passes to medical, dental and behavioral health appointments. Transportation is available from LogistiCare only for HUSKY Health (Medicaid) covered services. This service is for members who can’t get to appointments themselves and have no other means of transportation. This is for non-emergency appointments only.

If you need a ride to an appointment, please call LogistiCare. The number is 1.888.248.9895, Monday-Friday, 7 a.m. to 6 p.m. You must call at least 2 business days before your scheduled appointment. For example, if your appointment is on a Monday, you have to call no later than the Thursday before your appointment.

For urgent appointments, transportation is provided for the same day or for the next day. Having an urgent appointment means that you have medical needs that must be taken care of by a provider within 2 days. LogistiCare will have to confirm that you have an urgent appointment with your provider before they can set up your ride.

Non-emergency medical transportation includes:

- Bus
- Taxi
- Wheelchair Van
- Ambulance
- And other forms of transportation

LogistiCare will schedule the most appropriate and least expensive type of transportation for your appointment. They will provide bus tickets if you can get to your appointment by bus. If you cannot ride the bus, LogistiCare will schedule a ride for you if you or your doctor gives them more information that tells them why you are not able to ride a bus.

LogistiCare will bring you to the closest, appropriate doctor. If you need to go to a doctor who is more than 15 miles from your home, a doctor who knows your medical needs must give LogistiCare information telling why you must see this certain doctor.

Rides are only covered for the member who has the appointment. If the appointment is for a child, transportation will also be given to the parent/guardian who takes the child to the appointment. If the
appointment is for an adult, 1 other adult may accompany the member only if the other adult is required to assist the member or the other adult’s help is needed as part of the medical service.

**Transportation Policies and Procedures for Unescorted Children**

- An adult must travel with children under 16 to appointments. The only exception to this rule is where parents approve their children, aged 12 to 16 only, to ride alone. The parent (foster parent, caretaker or adult relative, or legal guardian) must sign a special form to allow the child to ride alone. Children who behave inappropriately in a car when traveling alone will have to travel with an adult.
- The child’s parent, foster parent, caretaker, legal guardian, or Department of Children and Families (DCF) worker can escort the child
- Members age 16 and older may travel alone without a consent form

If you have questions about transportation policies, you may call LogistiCare. The number is 1.888.248.9895. You can also call us at 1.800.859.9889.

**GETTING THE RIGHT CARE AT THE RIGHT TIME AND AT THE RIGHT PLACE**

**Preventive/Routine Care**

Preventive care visits are for health care needs such as immunization (shots), well-visits, and health screens, as well as for your regular check-ups. The goal of preventive care is to keep you healthy. It is recommended that you go to your doctor for a routine care 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 doctor, 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 are unwell.

**Urgent Care**

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. If you are having a problem that needs urgent care, please call your PCP to set up an appointment. You may also call the Nurse Advice Line to talk to about your symptoms. You can speak to a nurse at any time by calling our Nurse Advice Line at 1.800.859.9889. You can also speak to Member Services representatives who have a listing of some urgent care centers you can go to for urgent medical problems.

**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.

Examples are:
- Bleeding that can’t be stopped
- Chest pains
- Severe burns
- Seizures or convulsions
- Heat Stroke
- Other health problems that could cause death or serious injury

If you go to the emergency room, bring your HUSKY Health ID card. Also bring your CONNECT card. Ask the ER staff to call your PCP or specialist when you arrive. You do not need an authorization to receive emergency care.

**INTENSIVE CARE MANAGEMENT (ICM)**

HUSKY Health offers Intensive Care Management (ICM) services to members with special conditions and circumstances. It helps members better understand and manage their care.

There are nurses, social workers, human service specialists and other team members to work with you and your doctors. They will work with you to manage your health conditions and other situations you may have.

The ICM team can enroll you into the ICM program over the phone. They can also meet with you in person, in your home or at your doctor’s office.

During your meeting with the ICM staff, you can talk about any worries or health problems you might have. The goal of the ICM team is for you to be involved with your treatment. The nurse will work with you, so together you can make a care plan based on the health problems or situations that worry you the most. This care plan will be shared with your PCP so that they will know how to help you and to better understand your goals.

Some common conditions that the ICM team can assist with are:

- Adults and children with special health care needs
- Asthma
- Cancer
- Certain social situations such as homelessness
- Chronic pain
- COPD
- Diabetes
- Head or spinal cord injuries
- Heart conditions
- Issues with arranging for transportation
- Issues with making doctors’ appointments
- Kidney disease
- Major burns
- Mental illness such as depression and substance abuse
- Neurological conditions
- Newborns in the Intensive Care Unit (NICU)
• Transplants
• Unstable pregnancy

The ICM team will work with you and your doctors to answer any of your health questions.

They can also help you:

• Learn more about your illness or condition
• Make appointments or arrange other health services
• Help you with getting transportation to your health care appointments
• Make sure that your medications are the right ones for you and can be taken together
• Make sure that all of your doctors are working together to best manage your care
• Make sure that you are getting the right care at the right place at the right time

As a HUSKY Health member, you can have your own nurse help you with your health care and other important needs.

Your nurse will:

• Call you by phone and/or meet with you in person.
• Talk to you about your health
• Be there to answer your health questions and give you health education materials
• Stay in touch to help you stay well
• Help you understand the care you need to stay healthy
• Help you to talk with your doctor about your personal health concerns
• Work closely with you and your doctor to make the best plan that meets all of your needs
• Make sure you have the assistance you need such as referrals with special needs – home care, special equipment, community resources
• Allow you to meet face-to-face with a social worker or human service specialist to learn more about community resources such as:
  • Behavioral Health Services
  • Cancer Supports
  • Childcare
  • Clothing
  • Dental Services
  • Disability Services
  • Domestic Violence Supports
  • Educational Supports
  • Employment Services
  • Food
  • Holiday Supports
  • Housing
  • Legal Services
  • Parenting Supports
  • State Benefits
  • Utility Assistance
  • Vision Services
  • Youth Programs
As a HUSKY Health member, you can receive ICM services at no cost.

To join the ICM Program:

- You may receive a letter or a call from us asking if you would like to join the ICM Program
- Your doctor may call and recommend you to one of our nurses
- You or your family member can call us and ask to join the ICM program. Our number is 1.800.859.9889.

SPECIALIZED PROGRAMS

Transplant Care Management

Transplant Care Management is a program that supports members who need a transplant. Members will be guided through the evaluation, the transplant and the recovery process. The Transplant Care Manager will work with you to give you details about benefits, doctors, and hospitals where transplants are done. They will also tell you what to expect during each step of the process.

Healthy Beginnings Maternity Program

Whether you are pregnant or are planning to get pregnant, you will want to give your baby a healthy start. Our Healthy Beginnings maternity program was made to help you have a healthy pregnancy and baby. You need to have regular visits with your doctor. These visits are very important for your baby and yourself. The Nurse Care Managers in our Healthy Beginnings Maternity Program can work with you and your doctor to help you understand the changes that your body is going through. They can also tell you what to expect during your pregnancy, the birth of your baby and the 6 weeks after your baby’s birth.

Some things the Healthy Beginnings Maternity Program can help you with are:

- Pregnancy testing
- Choice of prenatal care doctor (listed in our Provider Directory)
- Nutritional counseling
- Programs, counseling and medications to help you stop smoking during and after your pregnancy
- Assessment for Women, Infants and Children (WIC), if qualified
- Prenatal health education classes for childbirth, breast feeding and parenting
- Hospitalization
- Family planning

Healthy Airways – a program for members with asthma
Under the Healthy Airways program, a nurse care manager will work with you and your doctor to help you understand your asthma. They will help you build a plan to better take care of your asthma. A care manager will give you support and education. This will help you avoid situations that may increase your symptoms and the need for emergency care.

**Healthy Cells – a program for members with Sickle Cell Disease**

This program can help members living with Sickle Cell Disease become aware of the early signs of a Sickle Cell Crisis. A Sickle Cell Crisis can cause increased pain and hospitalization. A nurse care manager will work with you and your doctors to find the best treatment plan to control your symptoms. They will offer education and coaching to help you put that plan into action. They will also teach you how to recognize when you should seek medical care.

**Healthy Living with Diabetes – a program for members with diabetes**

This program helps members living with diabetes better understand and control their diabetes. The nurse care manager will work with you and your doctors to show you how to prevent or lessen problems from diabetes to improve your health.

To join any of the specialized programs listed above:

- You may receive a letter or a call from us asking if you would like to join the Specialized ICM Program
- Your doctor may call and recommend you to one of our nurses
- You or your family member can call us and ask to join a Specialized ICM Program. Our number is 1.800.859.9889.

**OTHER SERVICES**

HUSKY Health will help members with care that is usually not covered. This includes working with DSS and other agencies that are listed below. To get more details about the programs shown below, please call the HUSKY InfoLine at 211 or 1.877.284.8759. You can also call Member Services. The number is 1.800.859.9889.

**Women, Infants and Children (WIC) Nutrition Program**

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) offers many types 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 women, women who are breastfeeding a child under the age of one and women who have had a baby in the past six months may also be eligible.

People who apply for WIC must:

- Meet income requirements
• Live in Connecticut
• Have legal proof of identity
• Be at a nutritional risk

WIC services include nutrition risk assessment, nutrition education, breastfeeding education and support. Additional WIC services may include checks 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 maternity and child health. It offers program members health education and care management services. It also offers help with the HUSKY application to eligible pregnant women. This program aims to help promote and protect the health of mothers and children.

**Nurturing Families**

This program provides home visiting services that help new parents at risk for abuse and/or neglect learn how to care for their baby. It also aims to help members adjust to the many demands 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.

**Birth to Three**

This program gives a range of early intervention services to children under the age of three that are either:

• Experiencing a significant developmental delay, or
• Have a diagnosed physical or mental condition with a high probability of resulting in a developmental delay

**HUSKY InfoLine (211)**

The HUSKY InfoLine, or 211, is a free system of help. It gives you information on community services, referrals to human services and crisis help all in one place. You can use 211 by calling 211. You can also call 1.877.284.8759. You can also visit its website. The address is [www.infoline.org](http://www.infoline.org).

**School-Based Child Health Services**

School-Based Child Health Services are special diagnostic and treatment services provided to children eligible under the Individuals with Disabilities Education Act and who have an individualized education plan (IEP).

**Educational Health Materials Available to Members**
If you are looking for up-to-date educational health materials, please visit Krames online. Krames Online is easy to find. Just go to www.huskyhealth.com. Click the For Members link. Then click the Health Education Materials link. Look for the Krames Logo on the bottom left side of your screen. Krames Online is in English and Spanish.

Krames Online will give you and your family access to details on more than 4,500 health topics. It is part of our commitment to make sure you get the care you need, the answers you deserve and the resources to answer any question that you might have. You can type any keyword into the Krames search box to bring up articles about it. These articles, called HealthSheets™, offer helpful and easy-to-understand information about the topic you searched for.

Other educational health materials can also be requested from HUSKY Health. If you would like details on subjects such as diabetes, high blood pressure, asthma, preventative care, prenatal care, well-care visits, depression, substance abuse or mental illness, call us at 1.800.859.9889.

HUSKY Health also offers educational videos related to member health and health care. These videos can be found on our website. To watch an educational video, visit our website. The address is www.huskyhealth.com. Click the For Members link. Then click the Health Education Materials link. On the right side of the screen, you will see the link for the Educational Videos page. Just click it. You’ll be ready to go!