MetroPlus Health Plan Annual Privacy Notice

MetroPlusHealth respects your privacy rights. This notice describes how we treat the nonpublic personal financial and health information (“Information”) we receive about you and what we do to keep it confidential and secure as required by New York State Insurance Law (Regulation 169).

In addition, you can request a full text version of MetroPlusHealth’s Notice of Health Information Privacy Practices, which describes how medical information about you may be used and disclosed under the Federal Health Insurance Portability and Accountability Act (HIPAA) at any time by contacting the MetroPlusHealth Privacy Officer. This information is also available on our website at www.metroplus.org/privacy-policies

Types of Information

MetroPlusHealth collects Information about you from the following sources and may disclose:

- Information you give us on application and other forms or that you tell us; and
- Information about your dealings with us, the health care providers we work with, and others.

What we do with your information:

We do not disclose Information about our members and former members to anyone, except as permitted by law.

- To provide the health care benefits you receive as a member of MetroPlusHealth, for example, to arrange for treatment that you need and to pay for services you receive;
- To communicate with you about programs and services that are available to you as a MetroPlusHealth member; and
- To manage our business and comply with legal and regulatory requirements.
How we protect your privacy

- We limit access to your Information to employees and other persons who need it to conduct MetroPlusHealth business or comply with legal and regulatory requirements.
- Employees are subject to discipline, and may be fired, if they violate our privacy policies and procedures.
- We also use physical, electronic and procedural safeguards to keep Information confidential and secure in accordance with state and federal regulations.

Former Members

- If your membership with MetroPlusHealth ends, your Information will remain protected in accordance with our policies and procedures for current members.

Contact MetroPlus

- Request more information about our privacy policies and practices,
- File a privacy-related complaint with us, or
- Request (in writing) to review Information about you in our records.

Customer Services – MetroPlus Health Plan

50 Water Street, 7th Floor
New York, NY 10004

- General Phone: 1-800-303-9626, 7 days per week 8:00 a.m. to 8:00 p.m.
- Medicare Members: 1-866-986-0356, 7 days per week, 8:00 a.m. to 8:00 p.m.
- TTY: 711
- E-mail: PrivacyOfficer@metroplus.org
VIII. Multi-Language Interpreter Services and Non-Discrimination

MetroPlus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MetroPlus Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MetroPlus Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  - TTY Services

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact MetroPlus Health Member Services at 1-800-303-9626. We are happy to take your calls from Mon.-Sat., 8 am - 8 pm. After 8 pm, Sundays & Holidays: you may contact our After Hours Service 24/7 at 1-800-442-2560. The call is free. For persons who have trouble hearing or speaking, please use our TTY number: 711

If you believe that MetroPlus Health Plan 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 file a grievance with:

MetroPlus Health Plan, Attn: Complaints Manager
50 Water Street, 7th Floor
New York, NY 10004
Phone: 1-800-303-9626 • Fax: 1-212-908-5196

You can file a grievance by mail, or by fax. If you need help filing a grievance, the MetroPlus Health Plan Grievance Department 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, DC 20201
1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/ocr/-le/index.html.
Polish: UWAGA: Jezeli mówisz po polsku, z mysła o Twoich potrzebach udostepnione zostały usługi w Twoim języku. Zadzwoń do Punktu usług dla uczestników programu MetroPlus pod numer 1-800-303-9626. Czekamy na Twój telefon od poniedziałku do soboty w godzinach 8:00-20:00. Po godzinie 20:00, w niedziele i świąt: Punkt przyjmowania zgłoszeń medycznych, dostępny 24/7 pod numerem telefonu 1-800-442-2560. Połączenia telefoniczne są bezpłatne.

French: ATTENTION : Si vous parlez français, un service d’assistance vous est proposé. Appelez le service membre de MétroPlus au 1-800-303-9626 Nous serons heureux de vous répondre du lundi au samedi, de 8 h à 20 h Après 20 h, les dimanche & jours fériés : 24 h / 24, 7 j / 7 Service répondeur téléphonique médical au 1-800-442-2560. L’appel est gratuit.