

GEISINGER HEALTH PLAN FAMILY

Member handbook



Geisinger

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Section 1

Welcome

Introduction

What is HealthChoices?

HealthChoices is Pennsylvania's Medical Assistance managed care program. The Office of Medical Assistance Programs (OMAP) in Pennsylvania's Department of Human Services (DHS) oversees the physical health portion of HealthChoices. Physical health services are provided through the physical health managed care organizations (PH-MCOs). Behavioral health services are provided through behavioral health managed care organizations (BH-MCOs). For more information on behavioral health services, please see Section 7, Behavioral Health Services, beginning on page 67.

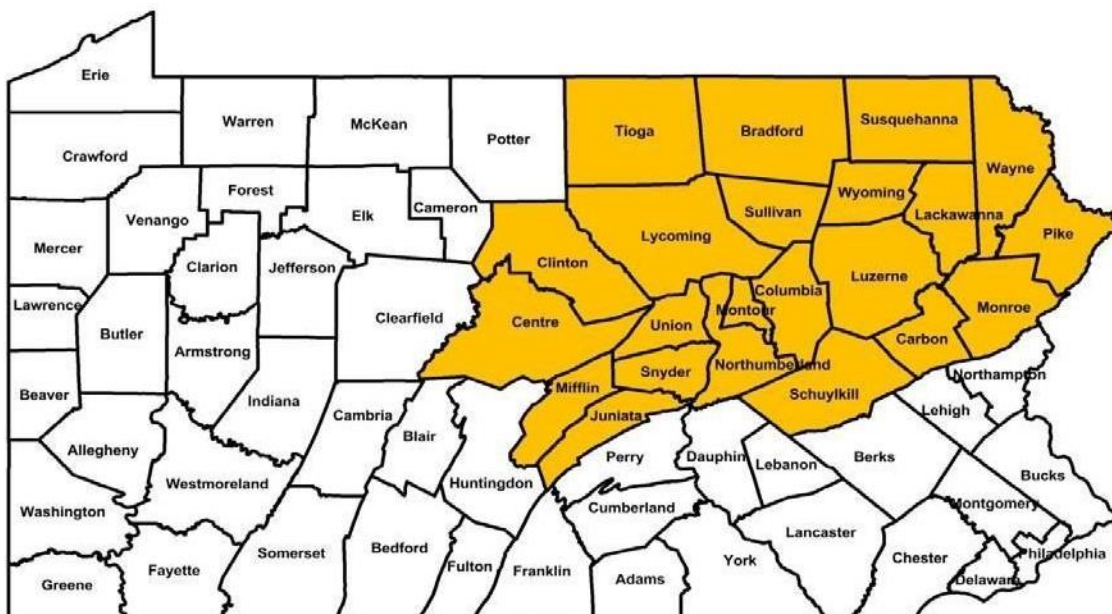
Welcome to GHP Family

GHP Family welcomes you as a member in HealthChoices and GHP Family. Your plan includes broad health care coverage, including:

- Doctors and hospitals nearby
- Routine check-ups and immunizations
- Prescription drugs
- Vision and dental care
- Emergency care
- And more!

GHP Family has a network of contracted providers, facilities, and suppliers to provide covered physical health services to members. We are licensed by the Pennsylvania Department of Health and the Pennsylvania Insurance Department. We have been providing managed care to rural Pennsylvania for over 25 years and our mission is to provide high-quality care to everyone enrolled in this plan.

We have contracted with the Department of Human Services (DHS) to offer coverage to eligible Medical Assistance recipients living in 22 Pennsylvania counties. The counties below in gold are covered by GHP Family. These counties are known as our Service Area.



GHP Family members should receive services from a participating provider unless it is an emergency or there is an urgent need for care while out of the GHP Family service area. It is important to remember that if you get a service from a provider who is not in the GHP Family network (a non-participating provider) and GHP Family did not give prior authorization to see that provider, you may be responsible for the cost of the service.

Member Services

GHP Family Member Services is called GHP Family Customer Care Team Team. Our Customer Care Team can help you with:

- Request for a new identification card
- Adding a new baby or other family member to your insurance
- Changing your address or telephone number
- Choosing a primary or specialty care practitioner
- Changing your primary care practitioner
- Covered services, copayments, and limits to your benefits
- A list of names, business addresses, and official positions of the members of the Board of Directors or officers of Geisinger Health Plan Family
- How GHP Family protects your medical records and other private information
- A description of how we check our providers' qualifications
- Information about claims or bills
- A list of participating providers and hospitals
- A list of which drugs are covered by this plan
- How we decide what medical devices, or treatments are covered
- How we decide what new treatments are covered
- Answer questions about your prescribed medications
- A summary of how we pay the providers and medical facilities
- Translation services for non-English-speaking members

GHP Family's Customer Care team is available Monday, Tuesday, Thursday, and Friday from 7:00 a.m. to 7:00 p.m., Wednesday from 7:00 a.m. to 8:00 p.m. and Saturday from 8a.m. to 2p.m. at **1-855-227-1302** (toll-free) TTD/TTY users please call the **PA Relay at 711**.

GHP Family Customer Care Team can also be contacted in writing at:

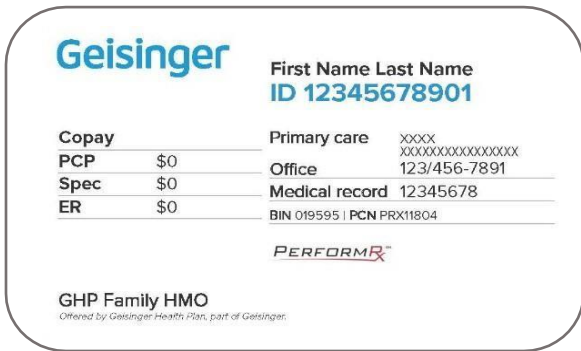
Geisinger Health Plan Family
M.C. 3220
100 N. Academy Ave.
Danville, PA 17822

Or by secure messaging on our website, [GHPFamily.com](https://www.GHPFamily.com).

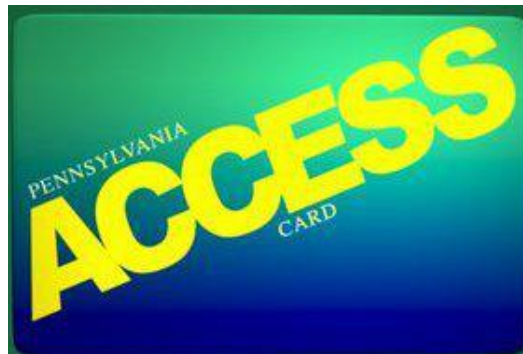
Member Identification Cards

Once you are enrolled in GHP Family, you will get a GHP Family identification (ID) card for each member of your family enrolling in GHP Family. If you lose your card or need a new one, please call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**, and ask for a new card. A new card will be sent to you. Remember, your GHP Family identification card is only for you to use — **don't let anyone else use your card**. Your member ID card will have:

- Your name
- Your member ID number
- Your copay amounts
- Your primary care provider's (PCP) name
- Your PCP's phone number
- Your medical record number
- Important telephone numbers



You will also get an ACCESS or EBT card. You will need to present this card along with your GHP Family ID card at all appointments. If you lose your ACCESS or EBT card, call your County Assistance Office (CAO). The phone number for the CAO is listed later in the **Important Contact Information** section. You will receive one of the following two cards.



Until you get your GHP Family ID card, use your ACCESS or EBT card for your health care services that you get through HealthChoices.

Important Contact Information

The following is a list of important phone numbers you may need. If you are not sure who to call, please contact Customer Care Team for help: **1-855-227-1302, PA Relay 711.**

Emergencies

Please see Section 3, Covered Physical Health Services, beginning on page 29, for more information about emergency services. If you have an emergency, you can get help by going to the nearest emergency department, calling 911, or calling your local ambulance service.

Important Contact Information – At a Glance

Name	Contact Information: Phone or Website	Support Provided
Pennsylvania Department of Human Services Phone Numbers		
County Assistance Office/COMPASS	1-877-395-8930 or 1-800-451-5886 (TTY/TTD) or www.compass.state.pa.us or myCOMPASS PA mobile app for smart phones	Change your personal information for Medical Assistance eligibility. See page 15 of this handbook for more information.
Fraud and Abuse Reporting Hotline, Department of Human Services	1-844-DHS-TIPS (1-844-347-8477)	Report member or provider fraud or abuse in the Medical Assistance Program. See page 27 of this handbook for more information.
Other Important Phone Numbers		
GHP Family Nurse Hotline (Tele-A-Nurse)	1-877-543-5061	Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters. See page 18 of this handbook for information.
Enrollment Assistance Program	1-800-440-3989 1-800-618-4255 (TTY)	Pick or change a HealthChoices plan. See page 15 of this handbook for more information.
Insurance Department, Bureau of Consumer Services	1-877-881-6388	Ask for a Complaint form, file a Complaint, or talk to a consumer services representative.

Protective Services	1-800-490-8505	Report suspected abuse, neglect, exploitation, or abandonment of an adult over age 60 or an adult between age 18 and 59 who has a physical or mental disability.
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Other Phone Numbers

Childline	1-800-932-0313
County Assistance Office	See Appendix A
Crisis Intervention Services	See Appendix A
Legal Aid	1-800-322-7572
Medical Assistance Transportation Program	See Appendix A
Mental Health/Intellectual Disability Services	See Appendix A
National Suicide Prevention Lifeline	1-800-273-8255

Communication Services

GHP Family can provide this Handbook and other information you need in languages other than English at no cost to you. GHP Family can also provide your Handbook and other information you need in other formats such as compact disc, Braille, large print, DVD, electronic communication, and other formats if you need them, at no cost to you. Please contact Customer Care Team at **1-855-227-1302, PA Relay 711** to ask for any help you need. Depending on the information you need, it may take up to 5 business days for GHP Family to send you the information.

GHP Family will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call Customer Care Team at **1-855-227-1302, PA Relay 711** and Customer Care Team will connect you with the interpreter service that meets your needs. For TTY services, call our specialized number at PA Relay 711 or call Customer Care Team who will connect you to the next available TTY line.

If your PCP or other provider cannot provide an interpreter for your appointment, GHP Family will provide one for you. Call Customer Care Team at **1-855-227-1302, PA Relay 711** if you need an interpreter for an appointment.

Enrollment

To get services in HealthChoices, you need to stay eligible for Medical Assistance. You will get paperwork or a phone call about renewing your eligibility. It is important that you follow instructions so that your Medical Assistance does not end. If you have questions about any paperwork you get or if you are unsure whether your eligibility for Medical Assistance is up to date, call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711** or your CAO.

Enrollment Services

The Medical Assistance Program works with the Enrollment Assistance Program (EAP) to help you enroll in HealthChoices. You received information about the EAP with the information you received about selecting a HealthChoices plan. Enrollment specialists can give you information about all of the HealthChoices plans available in your area so that you can decide which one is best for you. If you do

not pick a HealthChoices plan, a HealthChoices plan will be chosen for you. Enrollment specialists can also help you if you want to change your HealthChoices plan or if you move to another county.

Enrollment specialists can help you:

- Pick a HealthChoices plan
- Change your HealthChoices plan
- Pick a PCP when you first enroll in a HealthChoices plan
- Answer questions about all of the HealthChoices plans
- Determine whether you have special needs, which could help you decide which HealthChoices plan to pick
- Give you more information about your HealthChoices plan

To contact the EAP, call 1-800-440-3989 or 1-800-618-4225 (TTY) Monday through Friday 8:00 a.m. to 6:00 p.m.

Changing Your HealthChoices Plan

You may change your HealthChoices plan at any time, for any reason. To change your HealthChoices plan, call the EAP at 1-800-440-3989 or 1-800-618-4225 (TTY). They will tell you when the change to your new HealthChoices plan will start, and you will stay in GHP Family until then. It can take up to 6 weeks for a change to your HealthChoices plan to take effect. Use your GHP Family ID card at your appointments until your new plan starts.

Changes in the Household

Call your CAO and Customer Care Team at **1-855-227-1302, PA Relay 711** if there are any changes to your household.

For example:

- Someone in your household is pregnant or has a baby
- Your address or phone number changes
- You or a family member who lives with you gets other health insurance
- You or a family member who lives with you gets very sick or becomes disabled
- A family member moves in or out of your household
- There is a death in the family

A new baby is automatically assigned to the mother's current HealthChoices plan. You may change your baby's plan by calling the EAP at **1-800-440-3989**. Once the change is made you will receive a new HealthChoices member ID card for your baby.

Remember that it is important to call your CAO right away if you have any changes in your household because the change could affect your benefits.

What Happens if I Move?

If you move out of your county, you may need to choose a new HealthChoices plan. Contact your CAO if you move. If GHP Family also serves your new county, you can stay with GHP Family. If GHP Family does not serve your new county, the EAP can help you select a new plan.

If you move out of state, you will no longer be able to get services through HealthChoices. Your caseworker will end your benefits in Pennsylvania. You will need to apply for benefits in your new state.

Loss of Benefits

There are a few reasons why you may lose your benefits completely.

They include:

- Your Medical Assistance ends for any reason. If you are eligible for Medical Assistance again within 6 months, you will be re-enrolled in the same HealthChoices plan unless you pick a different HealthChoices plan.
- You go to a nursing home outside of Pennsylvania.
- You have committed Medical Assistance fraud and have finished all appeals.
- You go to prison or are placed in a youth development center.

There are also reasons why you may no longer be able to receive services through a physical health MCO and you will be placed in the fee-for service program.

They include:

- You are placed in a juvenile detention center for more than 35 days in a row.
- You are 21 years of age or older and begin receiving Medicare Part D (Prescription Drug Coverage).
- You go to a state mental health hospital

You may also become eligible for Community HealthChoices. If you become eligible for Medicare coverage or become eligible for nursing facility or home and community-based services, you will be eligible for Community HealthChoices. For more information on Community HealthChoices visit www.healthchoices.pa.gov.

You will receive a notice from DHS if you lose your benefits or if you are no longer able to receive services through a physical health MCO and will begin to receive services through the fee-for-service system or Community HealthChoices.

Information About Providers

The GHP Family's provider directory has information about the providers in GHP Family's network. The provider directory is located online here: GHPFamily.com. You may call Customer Care Team at **1-855-227-1302, PA Relay 711** to ask that a copy of the provider directory be sent to you or to request information about where a doctor went to medical school or their residency program. You may also call Customer Care Team to get help finding a provider. The provider directory includes the following information about network providers:

- Name, address, website address, email address, telephone number
- Whether or not the provider is accepting new patients
- Days and hours of operation
- The provider's credentials and board certifications
- The provider's specialty and services offered by the provider

- Whether or not the provider speaks languages other than English and, if so, which languages
- Whether or not the provider locations are wheelchair accessible

The information in the printed provider directory may change. You can call Customer Care Team to check if the information in the provider directory is current. GHP Family updates the printed provider directory yearly. The online directory is updated at least monthly.

Picking Your Primary Care Provider (PCP)

Your PCP is the doctor or doctors' group who provides and works with your other health care providers to make sure you get the health care services you need. Your PCP refers you to specialists you need and keeps track of the care you get by all of your providers.

A PCP may be a family doctor, a general practice doctor, a pediatrician (for children and teens), or an internist (internal medicine doctor). You may also pick a certified registered nurse practitioner (CRNP) as a PCP. A CRNP works under the direction of a doctor and can do many of the same things a doctor can do such as prescribing medicine and diagnosing illnesses.

Some doctors have other medical professionals who may see you and provide care and treatment under the supervision of your PCP.

Some of these medical professionals may be:

- Physician Assistants
- Medical Residents
- Certified Nurse-Midwives

If you have Medicare, you can stay with the PCP you have now even if your PCP is not in GHP Family's network. If you do not have Medicare, your PCP must be in GHP Family's network.

If you have special needs, you can ask for a specialist to be your PCP. The specialist needs to agree to be your PCP and must be in GHP Family's network.

Enrollment specialists can help you pick your first PCP with GHP Family. If you do not pick a PCP through the EAP within 14 days of when you picked GHP Family, we will pick your PCP for you.

Changing Your PCP

If you want to change your PCP for any reason, call Customer Care Team at **1-855-227-1302, PA Relay 711** to ask for a new PCP. If you need help finding a new PCP, you can go to [GHPFamily.com](https://www.ghpfamily.com), which includes a provider directory, or ask Customer Care Team to send you a printed provider directory.

GHP Family will send you a new ID card with the new PCP's name and phone number on it. The Customer Care Team representative will tell you when you can start seeing your new PCP.

When you change your PCP, GHP Family can help coordinate sending your medical records from your old PCP to your new PCP. In emergencies, GHP Family will help to transfer your medical records as soon as possible.

If you have a pediatrician or pediatric specialist as a PCP, you may ask for help to change to a PCP who provides services for adults.

Office Visits

Making an Appointment with Your PCP

To make an appointment with your PCP, call your PCP's office. If you need help making an appointment, please call GHP Family's Customer Care Team at **1-855-227-1302, PA Relay 711**.

If you need help getting to your doctor's appointment, please see the Medical Assistance Transportation Program (MATP) section in Appendix A of the member handbook or call GHP Family's Customer Care Team at the phone number above.

If you do not have your GHP Family ID card by the time of your appointment, take your ACCESS or EBT card with you. You should also tell your PCP that you selected GHP Family as your HealthChoices plan.

Appointment Standards

GHP Family's providers must meet the following appointment standards:

- Your PCP should see you within 10 business days of when you call for a routine appointment.
- You should not have to wait in the waiting room longer than 30 minutes, unless the doctor has an emergency.
- If you have an urgent medical condition, your provider should see you within 24 hours of when you call for an appointment.
- If you have an emergency, the provider must see you immediately or refer you to an emergency room.
- If you are pregnant and:
 - In your first trimester, your provider must see you within 10 business days of GHP Family learning you are pregnant.
 - In your second trimester, your provider must see you within 5 business days of GHP Family learning you are pregnant.
 - In your third trimester, your provider must see you within 4 business days of GHP Family learning you are pregnant.
 - Have a high-risk pregnancy, your provider must see you within 24 hours of GHP Family learning you are pregnant.

Referrals

A referral is when your PCP sends you to a specialist. A specialist is a doctor (or a doctor's group) or a CRNP who focuses his or her practice on treating one disease or medical condition or a specific part of the body. If you go to a specialist without a referral from your PCP, you may have to pay the bill.

If GHP Family does not have at least 2 specialists in your area and you do not want to see the one specialist in your area, GHP Family will work with you to see an out-of-network specialist at no cost to

you. Your PCP must contact GHP Family to let GHP Family know you want to see an out-of-network specialist and get approval from GHP Family before you see the specialist.

Your PCP will help you make the appointment with the specialist. The PCP and the specialist will work with you and with each other to make sure you get the health care you need.

Sometimes you may have a special medical condition where you need to see the specialist often. When your PCP refers you for several visits to a specialist, this is called a standing referral.

For a list of specialists in GHP Family's network, please see the provider directory on our website at GHPFamily.com or call Customer Care Team to ask for help or a printed provider directory.

Self-Referrals

Self-referrals are services you arrange for yourself and do not require that your PCP arrange for you to receive the service. You must use a GHP Family network provider unless GHP Family approves an out-of-network provider.

The following services do not require referral from your PCP:

- Prenatal visits
- Routine obstetric (OB) care
- Routine gynecological (GYN) care
- Routine family planning services (may see out-of-network provider without approval)
- Routine dental services
- Routine eye exams
- Emergency services

You do not need a referral from your PCP for behavioral health services. You can call your behavioral health managed care organization for more information. Please see section 7 of the handbook, on page 67 for more information.

After-Hours Care

You can call your PCP for non-emergency medical problems 24 hours a day, 7 days a week. On-call health care professionals will help you with any care and treatment you need.

GHP Family has a toll-free nurse hotline (**Tel-A-Nurse**) at **1-877-543-5061** that you can also call 24 hours a day, 7 days a week. A nurse will talk with you about your urgent health matters.

Member Engagement

Suggesting Changes to Policies and Services

GHP Family would like to hear from you about ways to make your experience with HealthChoices better. If you have suggestions for how to make the program better or how to deliver services differently, please contact GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

GHP Family Health Education Advisory Committee (HEAC)

GHP Family has a Health Education Advisory Committee (HEAC) that includes members and network providers. The Committee provides advice to GHP Family about the experiences and needs of members like you. For more information about the Committee, please call the Special Needs Unit at **1-855-214-8100**.

GHP Family Quality Improvement Program

GHP Family has a Quality Improvement Program that is aimed at improving the care of our members by monitoring and evaluating care and acting upon opportunities to improve the quality of care received. We do this by working with our members to educate on the importance of preventive care and management of chronic illnesses and assistance with appointment scheduling. Our programs include topics such as well care for adults and children, maternity care, diabetes and asthma care and many others. The Quality program also includes outreach to members in various ways such as:

- Live outreach calls with appointment scheduling assistance
- Appointment reminder and educational postcards and materials
- Texting
- Interactive voice response calls
- Educational mailings
- Information on our website and access to various educational websites and materials
- Community educational activities

The Quality Program also works closely with your provider to educate, monitor and evaluate the care they are providing to you. To learn more about our Quality activities and available programs, please call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

Section 2

Rights and Responsibilities

Member Rights and Responsibilities

GHP Family and its network of providers do not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, gender identity, or any other basis prohibited by law.

As a GHP Family member, you have the following rights and responsibilities.

Member Rights

You have the right:

1. To be treated with respect, recognizing your dignity and need for privacy, by GHP Family staff and network providers.
2. To get information in a way that you can easily understand and find help when you need it.
3. To get information that you can easily understand about GHP Family, its services, and the doctors and other providers that treat you.
4. To pick the network health care providers that you want to treat you.
5. To get emergency services when you need them from any provider without GHP Family's approval.
6. To get information that you can easily understand and talk to your providers about your treatment options, risks of treatment, and tests that may be self-administered without any interference from GHP Family.
7. To make all decisions about your health care, including the right to refuse treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or make decisions for you.
8. To talk with providers in confidence and to have your health care information and records kept confidential.
9. To see and get a copy of your medical records and to ask for changes or corrections to your records.
10. To ask for a second opinion.
11. To file a Grievance if you disagree with GHP Family's decision that a service is not medically necessary for you.
12. To file a Complaint if you are unhappy about the care or treatment you have received.
13. To ask for a DHS Fair Hearing.
14. To be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you.

15. To get information about services that GHP Family or a provider does not cover because of moral or religious objections and about how to get those services.
16. To exercise your rights without it negatively affecting the way DHS, GHP Family, and network providers treat you.
17. To create an advance directive. See Section 6, Advance Directives, starting on page 65 for more information.
18. To make recommendations about the rights and responsibilities of GHP Family's members.

Member Responsibilities

Members need to work with their health care service providers. GHP Family needs your help so that you get the services and supports you need.

These are the things you should do:

1. Provide, to the extent you can, information needed by your providers.
2. Follow instructions and guidelines given by your providers.
3. Be involved in decisions about your health care and treatment.
4. Work with your providers to create and carry out your treatment plans.
5. Tell your providers what you want and need.
6. Learn about GHP Family coverage, including all covered and non-covered benefits and limits.
7. Use only network providers unless GHP Family approves an out-of-network provider or you have Medicare.
8. Get a referral from your PCP to see a specialist.
9. Respect other patients, provider staff, and provider workers.
10. Make a good-faith effort to pay your co-payments.
11. Report fraud and abuse to the DHS Fraud and Abuse Reporting Hotline.

Privacy and Confidentiality

GHP Family must protect the privacy of your protected health information (PHI). GHP Family must tell you how your PHI may be used or shared with others. This includes sharing your PHI with providers who are treating you or so that GHP Family can pay your providers. It also includes sharing your PHI with DHS. This information is included in GHP Family's Notice of Privacy Practices. To get a copy of GHP Family's Notice of Privacy Practices, please call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711** or visit GHPFamily.com.

Co-payments

A co-payment is the amount you pay for some covered services. It is usually only a small amount. You will be asked to pay your co-payment when you get the service, but you cannot be denied a service if you are not able to pay a co-payment at that time. If you did not pay your co-payment at the time of the service, you may receive a bill from your provider for the co-payment.

Co-payment amounts can be found in the Covered Services chart starting on page 29 of this Handbook.

The following members do not have to pay co-payments:

- Members under age 18
- Pregnant women (including 60 days after the child is born (the post-partum period))
- Members who live in a long-term care facility, including Intermediate Care Facilities for the Intellectually Disabled and Other Related Conditions or other medical institution
- Members who live in a personal care home or domiciliary care home
- Members eligible for benefits under the Breast and Cervical Cancer Prevention and Treatment Program
- Members eligible for benefits under Title IV-B Foster Care and Title IV-E Foster Care and Adoption Assistance

The following services do not require a co-payment:

- Emergency services
- Laboratory services
- Family planning services, including supplies
- Hospice services
- Home health services
- Tobacco cessation services
- Covered dental services
- Covered vision services
- Primary Care Provider visits
- Specialist office visits
- Maternity care visits
- Urgent care of convenience care visits
- Ambulance transportation
- Renal dialysis
- Physical, occupational, speech or rehabilitative therapy
- Skilled nursing facility care

What if I Am Charged a Co-payment and I Disagree?

If you believe that a provider charged you the wrong amount for a co-payment or a co-payment you believe you should not have had to pay, you can file a Complaint with GHP Family. Please see Section 8, Complaints, Grievances, and Fair Hearings for information on how to file a Complaint, or call Customer Care Team at **1-855-227-1302, PA Relay 711**.

Billing Information

Providers in GHP Family's network may not bill you for medically necessary services that GHP Family covers. Even if your provider has not received payment or the full amount of his or her charge from GHP Family, the provider may not bill you. This is called balance billing.

When Can a Provider Bill Me?

Providers may bill you if:

- You did not pay your co-payment.
- You received services from an out-of-network provider without approval from GHP Family and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received services that are not covered by GHP Family and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received a service from a provider that is not enrolled in the Medical Assistance Program.

What Do I Do if I Get a Bill?

If you get a bill from a GHP Family network provider and you think the provider should not have billed you, you can call Customer Care Team at **1-855-227-1302, PA Relay 711**.

If you get a bill from a provider for one of the above reasons that a provider is allowed to bill you, you should pay the bill or call the provider.

Third-Party Liability

You may have Medicare or other health insurance. Medicare or your other health insurance is your primary insurance. This other insurance is known as "third party liability" or TPL. Having other insurance does not affect your Medical Assistance eligibility. In most cases, your Medicare or other insurance will pay your PCP or other provider before GHP Family pays. GHP Family can only be billed for the amount that your Medicare or other health insurance does not pay.

You must tell both your CAO and GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711** if you have Medicare or other health insurance. When you go to a provider or to a pharmacy you must tell the provider or pharmacy about all forms of medical insurance you have and show the provider or pharmacy your Medicare card or other insurance card, ACCESS or EBT card, and your GHP Family ID card. This helps make sure your health care bills are paid timely and correctly.

Coordination of Benefits

If you have Medicare and the service or other care you need is covered by Medicare, you can get care from any Medicare provider you pick. The provider does not have to be in GHP Family's network. You also do not have to get prior authorization from GHP Family or referrals from your Medicare PCP to see a specialist. GHP Family will work with Medicare to decide if it needs to pay the provider after Medicare pays first if the provider is enrolled in the Medical Assistance Program.

If you need a service that is not covered by Medicare but is covered by GHP Family, you must get the service from a GHP Family network provider. All GHP Family rules, such as prior authorization and specialist referrals, apply to these services.

If you do not have Medicare but you have other health insurance and you need a service or other care that is covered by your other insurance, you must get the service from a provider that is in both the network of your other insurance and GHP Family's network. You need to follow the rules of your other insurance and GHP Family, such as prior authorization and specialist referrals. GHP Family will work with your other insurance to decide if it needs to pay for the services after your other insurance pays the provider first.

If you need a service that is not covered by your other insurance, you must get the services from a GHP Family network provider. All GHP Family rules, such as prior authorization and specialist referrals, apply to these services.

Recipient Restriction/Lock-in Program

The Recipient Restriction/Member Lock-In Program requires a member to use specific providers if the member has abused or overused his or her health care or prescription drug benefits. GHP Family works with DHS to decide whether to limit a member to a doctor, pharmacy, hospital, dentist, or other provider.

How Does it Work?

GHP Family reviews the health care and prescription drug services you have used. If GHP Family finds overuse or abuse of health care or prescription services, GHP Family asks DHS to approve putting a limit on the providers you can use. If approved by DHS, GHP Family will send you a written notice that explains the limit.

You can pick the providers, or GHP Family will pick them for you. If you want a different provider than the one GHP Family picked for you, call Customer Care Team at **1-855-227-1302, PA Relay 711**. The limit will last for 5 years even if you change HealthChoices plans.

If you disagree with the decision to limit your providers, you may appeal the decision by asking for a DHS Fair Hearing, within 30 days of the date of the letter telling you that GHP Family has limited your providers.

You must sign the **written** request for a Fair Hearing and send it to:

Department of Human Services
Office of Administration
Bureau of Program Integrity - DPPC
Recipient Restriction Section
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

If you need help asking for a Fair Hearing, please call Customer Care Team at **1-855-227-1302, PA Relay 711** or contact your local legal aid office at 1-800-322-7572.

If your appeal is postmarked within 10 days of the date on GHP Family's notice, the limits will not apply until your appeal is decided. If your appeal is postmarked more than 10 days but within 30 days from the date on the notice, the limits will be in effect until your appeal is decided. The Bureau of

Hearings and Appeals will let you know, in writing, of the date, time, and place of your hearing. You may not file a Grievance or Complaint through GHP Family about the decision to limit your providers.

After 5 years, GHP Family will review your services again to decide if the limits should be removed or continued and will send the results of its review to DHS. GHP Family will tell you the results of the review in writing.

Reporting Fraud or Abuse

How Do I Report Member Fraud or Abuse?

If you think that someone is using your or another member's GHP Family card to get services, equipment, or medicines, is forging or changing their prescriptions, or is getting services they do not need, you can call the GHP Family Fraud and Abuse Hotline at **1-800-292-1627** to give GHP Family this information. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

How Do I Report Provider Fraud or Abuse?

Provider fraud is when a provider bills for services, equipment, or medicines you did not get or bills for a different service than the service you received. Billing for the same service more than once or changing the date of the service are also examples of provider fraud. To report provider fraud you can call the GHP Family's Fraud and Abuse Hotline at **1-800-292-1627**. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

Section 3

Physical Health Services

Covered Services

The chart below lists the services that are covered by GHP Family when the services are medically necessary. Some of the services have limits, co-payments, or need a referral from your PCP or require prior authorization by GHP Family. If you need services beyond the limits listed below, your provider can ask for an exception, as explained later in this section. Limits do not apply if you are under age 21 or pregnant.

Service		Children	Adults
Primary Care Provider	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/No	No/No
Specialist	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/Yes	No/Yes
Certified Registered Nurse Practitioner	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/Yes	No/Yes
Federally Qualified Health Center / Rural Health Center	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/No	No/No
Outpatient Non-Hospital Clinic	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	Yes/Yes	Yes/Yes
Outpatient Hospital Clinic	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	Yes/Yes	Yes/Yes
Podiatrist Services	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/Yes	No/Yes

Chiropractor Services	Limit	No	No
	Co-payment	\$0	\$1
	Prior Authorization / Referral	Yes/No	Yes/No
Optometrist Services	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/No	No/No
Hospice Care	Limit	Respite care may not exceed a total of 5 days in a 60-day certification period.	Respite care may not exceed a total of 5 days in a 60-day certification period.
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/No	No/No
Dental Care Services	Limit	See Dental Care Services on Page 40	See Dental Care Services on Page 40
	Co-payment	\$0	\$0
	Prior Authorization / Referral	Yes/No Some procedures require prior authorization	Yes/No Some procedures require prior authorization
Radiology (ex. X-rays, MRIs, CTs)	Limit	No	No
	Co-payment	\$0	\$1
	Prior Authorization / Referral	No/No	No/No
Outpatient Hospital Short Procedure Unit	Limit	No	No
	Co-payment	\$0	\$3 per service
	Prior Authorization / Referral	Yes/No Some procedures require prior authorization	Yes/No Some procedures require prior authorization
Outpatient Ambulatory Surgical Center	Limit	No	No
	Co-payment	\$0	\$3 per service
	Prior Authorization / Referral	Yes/No Some procedures require prior authorization	Yes/No Some procedures require prior authorization

Non-Emergency Medical Transport	Limit	Covered if you live in a nursing home or need specialized non-emergency transportation OR Contact your county MATP provider. See page 88	Covered if you live in a nursing home or need specialized non-emergency transportation OR Contact your county MATP provider. See page 88
	Co-payment	Contact your county MATP provider. See page 88	Contact your county MATP provider. See page 88
	Prior Authorization / Referral	Yes/No Covered services require Prior Authorization	Yes/No Covered services require Prior Authorization
Family Planning Services	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/No Sterilization procedures require prior authorization	No/No Sterilization procedures require prior authorization
Renal Dialysis	Limit	No limits	Adult initial training for home dialysis is limited to 24 sessions per calendar year. Back up visits to the facility limited to no more than 75 per calendar year.
	Co-payment	\$0	\$0
	Prior Authorization / Referral	Yes	Yes
Emergency Services	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/No	No/No
Urgent Care Services	Limit	\$0	\$0
	Co-payment	No/No	No/No
	Prior Authorization / Referral	No	No
Ambulance Services	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/No Non-emergent ambulance requires prior authorization	No/No Non-emergent ambulance requires prior authorization

Inpatient Hospital	Limit	No	No
	Co-payment	\$0	\$3 per day/\$21 max per admission
	Prior Authorization / Referral	Yes/No Some admissions require prior authorization	Yes/No Some admissions require prior authorization
Inpatient Rehab Hospital	Limit	No	No
	Co-payment	\$0	\$3 per day/\$21 max per admission
	Prior Authorization / Referral	Yes/No	Yes/No
Maternity Care	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/No	No/No
Prescription Drugs	Limit	No	No
	Co-payment	See Pharmacy Copay on page 44	\$1 generic \$3 brand See Pharmacy Copay on page 44
	Prior Authorization / Referral	Some medications require prior authorizations. Refer to the PA Statewide PDL	Some medications require prior authorizations. Refer to the PA Statewide PDL
Enteral/Parenteral Nutritional Supplements	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	Yes/No	Yes/No
Nursing Facility Services	Limit	First 30 days MCO responsibility; then transfer to FFS	First 30 days MCO responsibility; then transfer to FFS
	Co-payment	\$0	\$0
	Prior Authorization / Referral	Yes/No	Yes/No
Home Health Care including Nursing, Aide, and Therapy Services	Limit	No	The first 28 days unlimited then 15 days per month
	Co-payment	\$0	\$0
	Prior Authorization / Referral	Yes/No	Yes/No

Durable Medical Equipment	Limit	There may be limits on some DME	There may be limits on some DME
	Co-payment	\$0	\$2
	Prior Authorization / Referral	Some DME requires a prior auth/ No	Some DME requires a prior auth/ No
Prosthetics and Orthotics	Limit	Flat foot diagnosis is not covered	Flat foot diagnosis is not covered
	Co-payment	\$0	\$2 (if copay applies)
	Prior Authorization / Referral	Some services require prior authorization/No	Some services require prior authorization/No
Eyeglass Lenses	Limit	4 standard lenses per year	4 standard lenses per year
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/No	No/No
Eyeglass Frames	Limit	2 standard frames per year	2 standard frames per year
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/No	No/No
Contact Lenses	Limit	2 pair of contacts per calendar year instead of glasses	2 pair of contacts per calendar year instead of glasses
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/No	No/No
Medical Supplies	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	Some medical supplies may require prior authorization/No	Some medical supplies may require prior authorization/No
Therapy (Physical, Occupational, Speech)	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	Yes/No	Yes/No
Laboratory	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	Some laboratory tests require prior authorization/No	Some laboratory tests require prior authorization/No

Tobacco Cessation	Limit	No	No
	Co-payment	\$0	\$0
	Prior Authorization / Referral	No/No	No/No

Services That Are Not Covered

There are physical health services that GHP Family does not cover. Listed below are the physical health services that GHP Family does not cover. If you have any questions about whether GHP Family covers a service for you, please call Customer Care Team at **1-855-227-1302, PA Relay 711**.

- Experimental medical procedures, medicines, and equipment.
- A service obtained without a referral when a referral was required.
- A sterilization performed on individuals 20 years of age or younger.
- Abortion procedures performed on individuals if a Physician Certification for an Abortion form has not been completed.
- Acupuncture and experimental procedures.
- Anti-Reflective (AR) Coating, Ultraviolet (UV) Coating, Scratch Resistant Coating, and Mirror Coating on your glasses.
- Care in a skilled nursing or intermediate care facilities for over 30 days in a row.
- Cosmetic surgery (except after a mastectomy, for correction of a congenital defect or correction of a defect due to a birth abnormality, sickness, accidental injury or incidental to surgery).
- Covered services that are not medically necessary.
- Deluxe eyeglass frames/Colored contact lenses
- Experimental or investigational organ transplants.
- Hearing aids for members 21 and older.
- Hysterectomies for the sole purpose of sterilization.
- Infertility procedures such as in vitro fertilization, embryo transplants, artificial insemination and similar procedures.
- Long-term care in a nursing home
- Medical services or surgical procedures performed on an inpatient basis that could have been performed in the physician's office, a clinic, the emergency room, or a short procedure unit without endangering the life or health of the patient.
- Methadone maintenance programs are not a covered benefit. If methadone is required for treatment of substance abuse disorders this is covered by your HealthChoices behavioral health plan.
- Non-emergency routine transportation.
- Non-emergency treatment by non-participating providers (except for family planning).
- Non-medical items or services.
- Orthodontia (braces) for members 21 and older.
- Orthoptic training by an optometrist (limited coverage for children and pregnant women).

- Paternity testing.
- Personal items or services in the hospital (for example, television or phone).
- Prescribed medications and medical supplies provided in a clinic or emergency room.
Laboratory services provided in a clinic or emergency room.
- Private duty skilled nursing and/or private duty home health aide services for members 21 and older.
- Reversal of voluntary sterilization.
- Routine foot care including the cutting or removal of corns, callouses, the trimming of nails and other routine hygienic care.
- Services provided outside of the United States.
- Services covered by other insurance, such as workers' compensation.
- Services not considered to be a "medical service" under Medical Assistance.
- Services not on the Medical Assistance Program fee schedule.
- Services requiring prior authorization which no prior authorization was received.
- The following are not covered even if prescribed by podiatrist: tennis shoes, sneakers, slippers, sandals, or other types of footwear that are not an orthopedic or molded shoe; shoe inserts for orthopedic or molded shoes; modifications to orthopedic or molded shoes (except as necessary for the application of a brace or splint); orthopedic shoe recipients who are 21 years of age and older.
- Sunglasses or tinted lenses.
- Transition ® Lenses, Varilux ® (Progressive) Lenses, Polarized Lenses.

This is not a list of all non-covered services. If you have any questions about if a service is covered, please call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711.**

Second Opinions

You have the right to ask for a second opinion if you are not sure about any medical treatment, service, or non-emergency surgery that is suggested for you. A second opinion may give you more information that can help you make important decisions about your treatment. A second opinion is available to you at no cost other than a co-pay.

Call your PCP to ask for the name of another GHP Family network provider to get a second opinion. If there are not any other providers in GHP Family's network, you may ask GHP Family for approval to get a second opinion from an out-of-network provider.

What is Prior Authorization?

Some services or items need approval from GHP Family before you can get the service. This is called Prior Authorization. For services that need prior authorization, GHP Family decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to GHP Family for approval before you get the service.

What Does Medically Necessary Mean?

Medically necessary means that a service, item, or medicine does one of the following:

- It will, or is reasonably expected to, prevent an illness, condition, or disability;
- It will, or is reasonably expected to, reduce or improve the physical, mental, or developmental effects of an illness, condition, injury, or disability;
- It will help you to get or keep the ability to perform daily tasks, taking into consideration both your abilities and the abilities or someone of the same age.

If you need any help understanding when a service, item, or medicine is medically necessary or would like more information, please call Customer Care Team at **1-855-227-1302, PA Relay 711**.

How to Ask for Prior Authorization

Your PCP or other health care provider will request that the service be covered and will give us information about the service to show that it is medically necessary. If you have questions about the prior authorization process you can call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

- GHP Family staff will review the information sent in by your provider. We will use guidelines approved by the Department of Human Services (DHS) to help decide if the service is medically necessary.
- If the request cannot be approved by a GHP Family nurse, a GHP Family Medical Director (who is a doctor), will review the request.
- If the request is approved, we will let you and your provider know that it was approved.
- If the request is not approved, we will send a letter to you and your provider telling you the reason we did not approve the request.
- If you disagree with the decision, you may file a complaint or grievance and/or request a fair hearing. See Section 8 for more information on complaints, grievances, and fair hearings.

If you need help to better understand the prior authorization process, talk to your PCP or specialist or call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

If you or your provider would like a copy of the medical necessity guidelines or other rules that were used to decide your prior authorization request, call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

What Services, Items, or Medicines Need Prior Authorization?

1. Specific inpatient stays including:
 - skilled nursing facility
 - rehabilitation
 - organ transplant
 - gender transition services
2. Services provided outside the hospital:
 - Certain outpatient procedures or day surgeries.
 - Home care provided in shifts
 - Weight loss surgery
 - Changing someone's gender in the hospital or offsite
 - Outpatient physical therapy/occupational therapy/speech therapy

- Chiropractic services
 - Non-participating Ambulances except in emergencies
 - End of life care
 - Abortion and surgery to prevent pregnancy
 - Advanced x-rays (For example: MRI/CT scans)
 - Some dental services
 - Some medical supplies
3. Certain types of durable medical equipment, such as power wheelchairs or scooters.
 4. Care from providers outside of the GHP Family network
 5. A service or item that is not provided or is more than what is provided in Medicaid. Your doctor can make a request.
 6. Plastic surgery to rebuild parts of the face or body.

For those services that have limits, if you or your provider believes that you need more services than the limit on the service allows, you or your provider can ask for more services through the prior authorization process.

If you are or your provider is unsure about whether a service, item, or medicine requires prior authorization, call Customer Care Team at **1-855-227-1302, PA Relay 711**.

Prior Authorization of a Service or Item

GHP Family will review the prior authorization request and the information you or your provider submitted. GHP Family will tell you of its decision within 2 business days of the date GHP Family received the request if GHP Family has enough information to decide if the service or item is medically necessary.

If GHP Family does not have enough information to decide the request, we must tell your provider within 48 hours of receiving the request that we need more information to decide the request and allow 14 days for the provider to give us more information. GHP Family will tell you of our decision within 2 business days after GHP Family receives the additional information.

You and your provider will get a written notice telling you if the request is approved or denied and, if it was denied, the reason it was denied.

Prior Authorization of Outpatient Drugs

GHP Family will review a prior authorization request for outpatient drugs, which are drugs that you do not get in the hospital, within 24 hours from when GHP Family gets the request. You and your provider will get a written notice telling you if the request is approved or denied and, if it was denied, the reason it was denied.

If you go to a pharmacy to fill a prescription and the prescription cannot be filled because it needs prior authorization, the pharmacist will give you a temporary supply unless the pharmacist thinks the medicine will harm you. If you have not already been taking the medicine, you will get a 72-hour

supply. If you have already been taking the medicine, you will get a 15-day supply. Your provider will still need to ask GHP Family for prior authorization as soon as possible

The pharmacist will not give you the 15-day supply for a medicine that you have been taking if you get a denial notice from GHP Family 10 days before your prescription ends telling you that the medicine will not be approved again and you have not filed a Grievance.

What if I Receive a Denial Notice?

If GHP Family denies a request for a service, item, or drug or does not approve it as requested, you can file a Grievance or a Complaint. If you file a Complaint or a Grievance for denial of an ongoing medication, GHP Family must authorize the medication until the Complaint or Grievance is resolved. See Section 8, Complaints, Grievances, and Fair Hearings, starting on page 69 of this Handbook for detailed information on Complaints and Grievances.

Program Exception Process

For those services that have limits, if you or your provider believes that you need more services than the limit on the service allows, you or your provider can ask for a program exception (PE). The PE process is different from the Dental Benefit Limit Exception process described on page 41.

To ask for a PE, you and your provider may request a Program Exception for medically necessary items or services that:

- Are not currently on the Medical Assistance fee schedule.
- Are included in your benefit package.
- Exceed limits for items or services that are on the Medical Assistance fee schedule (as long as the limits are not based in federal or state rules).

For more information on the Program Exception Process, call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

Service Descriptions

Emergency Services

Emergency services are services needed to treat or evaluate an emergency medical condition. An emergency medical condition is an injury or illness that is so severe that a reasonable person with no medical training would believe that there is an immediate risk to a person's life or long-term health. If you have an emergency medical condition, go to the nearest emergency room, dial 911, or call your local ambulance provider. You do **not** have to get approval from GHP Family to get emergency services and you may use any hospital or other setting for emergency care.

Below are some examples of emergency medical conditions and non-emergency medical conditions:

Emergency medical conditions

- Heart attack
- Chest pain
- Severe bleeding
- Intense pain

- Unconsciousness
- Poisoning

Non-emergency medical conditions

- Sore throat
- Vomiting
- Cold or flu
- Backache
- Earache
- Bruises, swelling, or small cuts

If you are unsure if your condition requires emergency services, call your PCP or the GHP Family Nurse Hotline at **1-877-543-5061** 24 hours a day, 7 days a week.

Emergency Medical Transportation

GHP Family covers emergency medical transportation by an ambulance for emergency medical conditions. If you need an ambulance, call 911 or your local ambulance provider. Do not call MATP (described on page 58 of this Handbook) for emergency medical transportation.

Urgent Care

GHP Family covers urgent care for an illness, injury, or condition which if not treated within 24 hours, could rapidly become a crisis or an emergency medical condition. This is when you need attention from a doctor, but not in the emergency room.

If you need urgent care, but you are not sure if it is an emergency, call your PCP or the GHP Family Nurse Hotline at **1-877-543-5061** first. Your PCP or the hotline nurse will help you decide if you need to go to the emergency room, the PCP's office, or an urgent care center near you. In most cases if you need urgent care, your PCP will give you an appointment within 24 hours. If you are not able to reach your PCP or your PCP cannot see you within 24 hours and your medical condition is not an emergency, you may also visit an urgent care center or walk-in clinic within GHP Family's network. Prior authorization is not required for services at an Urgent Care center.

Some examples of medical conditions that may need urgent care include:

- Vomiting
- Coughs and fever
- Sprains
- Rashes
- Earaches
- Diarrhea
- Sore throats
- Stomach aches

If you have any questions, please call Customer Care Team at **1-855-227-1302, PA Relay 711**.

Dental Care Services

Dental care is a very important part of staying healthy. It is important to have regular visits with your dentist. With GHP Family, you do not need to pick one dentist for all your dental care; you can go to any dentist in the GHP Family network. To find a list of the dentists in our network go to our website at GHPFamily.com or call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

Members are eligible to receive all medically necessary dental services. No referral is needed for a dentist visit.

Members Under 21 Years of Age

GHP Family provides all medically necessary dental services for children under 21 years of age. Children may go to a participating dentist within the SKYGEN/GHP Family network.

Dental visits for children do not require a referral. If your child is 1 year old or older and does not have a dentist, you can ask your child's PCP to refer your child to a dentist for regular dental checkups. For more information on dental services, contact GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

Parents are encouraged to have their child seen and examined by a dentist as early as the eruption of the child's first tooth.

When medically necessary, GHP Family will cover the following dental services for children under the age of 21:

- Anesthesia
- Cleanings
- Crowns
- Dental surgical procedures
- Dental emergencies
- Dentures
- Exams/Check-ups
- Extractions (tooth removals)
- Fillings
- Fluoride
- Periodontal Services (deep cleanings)
- Root canals
- Sealants
- X-rays

The following dental procedures require prior authorization:

- Anesthesia
- Crowns
- Dentures
- Extractions
- Oral Surgery
- Periodontal services (deep cleanings)
- Root Canals

Members 21 Years of Age and Older

GHP Family covers some dental benefits for members 21 years of age and older through dentists in the SKYGEN/GHP Family network. Some dental services have limits.

The following dental services are available to members over age 21:

- Anesthesia (prior authorization required)
- Cleanings (2 per year)
- Crowns (benefit limit exception required)
- Dental surgical procedures
- Dental emergencies
- Dentures (1 per lifetime)
- Exams/Check-ups (2 per year)
- Extractions (tooth removals)
- Fillings
- Fluoride
- Periodontal Services (deep cleanings)
- Root canals (benefit limit exception required)
- X-rays

Dental Benefit Limit Exception

Some dental services are only covered with a Benefit Limit Exception (BLE). You or your dentist can also ask for a BLE if you or your dentist believes that you need more dental services than the limits allow.

GHP Family will approve a BLE if:

- You have a serious or chronic illness or health condition and without the additional service your life would be in danger; OR
- You have a serious or chronic illness or health condition and without the additional service your health would get much worse; OR
- You would need more expensive treatment if you do not get the requested service; OR
- It would be against federal law for GHP Family to deny the exception.

To ask for a BLE before you receive the service, you or your dentist can call SKYGEN/GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711** or send the request to:

GHP Family
Medical Management Department
M.C 3218
100 N. Academy Ave.
Danville, PA 17822

BLE requests must include the following information:

- Your name
- Your address
- Your phone number
- The service you need
- The reason you need the service

- Your provider's name
- Your provider's phone number

Time Frames for Deciding a Benefit Limit Exception

If you or your provider asks for an exception before you get the service, GHP Family will let you know whether or not the BLE is approved within the same time frame as the time frame for prior authorization requests, described on page 42.

If your dentist asks for an exception after you got the service, GHP Family will let you know whether or not the BLE request is approved within 30 days of the date GHP Family gets the request.

If you disagree with or are unhappy with GHP Family's decision, you may file a Complaint or Grievance with GHP Family. For more information on the Complaint and Grievance process, please see Section 8 of this Handbook, Complaints, Grievances, and Fair Hearings on page 69.

Vision Care Services

Regular eye exams are important. Call your eye doctor to schedule a routine eye exam. With GHP Family, you do not need to pick one eye doctor for all your eye appointments; you can go to any eye doctor in the GHP Family network. To find a list of the eye doctors in our network, look in the Provider Directory, go to our website at GHPFamily.com or call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

If you need specialty eye care (for example, treatment of accidental injury or trauma to the eyes or treatment of eye disease), you must go to your PCP first. Your PCP will refer you to a specialist.

Members Under 21 Years of Age

GHP Family covers all medically necessary vision services for children under 21 years of age. Children may go to a participating vision provider within the GHP Family network.

Service	Limits	Copayments	Prior Authorization
Vision Examination and Refraction	2 examinations per calendar year	\$0	No
Standard Eyeglass Lenses	4 standard lenses per calendar year	\$0	No
Standard Eyeglass Frames	2 pair of standard frames per calendar year	\$0	No
Contact Lenses	4 lenses (2 pair) per calendar year	\$0	No
Low Vision Aids	1 every 2 years	\$0	Yes
Eye Prostheses	1 every 2 years	\$0	Yes

Members 21 Years of Age and Older

GHP Family covers some vision services for members 21 years of age and older through providers within the GHP Family network.

Service	Limits	Copayments	Prior Authorization
Vision Examination and Refraction	2 examinations per calendar year	\$0	No
Standard Eyeglass Lenses	4 standard lenses per calendar year	\$0	No
Standard Eyeglass Frames	2 pair of standard frames per calendar year	\$0	No
Contact Lenses	4 lenses (2 pair) per calendar year	\$0	No
Low Vision Aids	1 every 2 years	\$0	Yes
Eye Prostheses	1 every 2 years	\$0	Yes

Pharmacy Benefits

GHP Family covers pharmacy benefits that include prescription medicines and over-the-counter medicines and vitamins with a doctor's prescription.

Prescriptions

When a provider prescribes a medication for you, you can take it to any pharmacy that is in GHP Family's network. You will need to have your GHP Family prescription ID card with you and you may have a co-payment if you are over the age of 18. GHP Family will pay for any medicine listed on the Statewide PDL and GHP Family's supplemental formulary and may pay for other medicines if they are prior authorized. Either your prescription or the label on your medicine will tell you if your doctor ordered refills of the prescription and how many refills you may get. If your doctor ordered refills, you may only get 1 refill at a time. If you have questions about whether a prescription medicine is covered, need help finding a pharmacy in GHP Family's network, or have any other questions, please call Customer Care Team at **1-855-552-6028, PA Relay 711**.

You may be able to receive a 90-day supply of medications that you take on an ongoing basis. You can obtain these medications at a participating retail pharmacy or participating mail order pharmacy. If you have questions about which medications are considered maintenance medications you can check online at GHPFamily.com or call GHP Family Pharmacy services at **1-855-552-6028, PA Relay 711**. Your copay will be the same as a one-month supply for a 90-day supply.

Statewide Preferred Drug List (PDL) and GHP Family Supplemental Formulary

GHP Family covers medicines listed on the Statewide Preferred Drug List (PDL) and the GHP Family supplemental formulary. This is what your PCP or other doctor should use when deciding what medicines you should take. Both the Statewide PDL and GHP Family supplemental formulary cover both brand name and generic drugs. Generic drugs contain the same active ingredients as brand name drugs. Any medicine prescribed by your doctor that is not on the Statewide PDL and GHP Family's supplemental formulary needs prior authorization. The Statewide PDL and GHP Family's supplemental formulary can change from time to time, so you should make sure that your provider has the latest information when prescribing a medicine for you.

If you have any questions or to get a copy of the Statewide PDL and GHP Family's supplemental formulary, call Customer Care Team at **1-855-552-6028, PA Relay 711** or visit GHP Family's website at [GHPFamily.com](https://ghpfamily.com). A copy of the Statewide PDL can be found at <https://papdl.com/preferred-drug-list>.

Reimbursement for Medication

Members can be reimbursed directly if they had to pay out of pocket for formulary or PDL medications because of an emergency, the prescription could not be filled at a participating pharmacy, or the prescription is written by a non-participating physician. Members can call the GHP Family Pharmacy Help Desk at **1-855-552-6028, PA Relay 711** for help with finding a participating provider or questions about getting reimbursed for prescriptions.

Pharmacy Copays

Some drugs require a copayment, which is the amount that you pay to the pharmacy when you receive your prescription or over-the-counter drugs.

You cannot be denied a prescription drug if you cannot pay the copayment. Tell your pharmacist if you cannot afford to pay. Your pharmacist can still try to collect the copayment.

Copayments are as follows:

- For adults:
 - brand-name prescription drugs cost \$3 for each new prescription or refill.
 - Generic prescription drugs and over-the-counter drugs cost \$1 for each new prescription or refill.
- For children:
 - Brand-name prescription drugs and brand-name over-the-counter drugs cost \$0 for each new prescription or refill.
 - Generic prescription drugs and generic over-the-counter drugs cost \$0 for each new prescription or refill.

If you have any questions about your pharmacy copay, call Customer Care Team at 1-855-552-6028, PA Relay 711 or visit GHP Family's website at GHPFamily.com.

Specialty Medicines

The Statewide PDL and GHP Family's supplemental formulary includes medicines that are called specialty medicines. A prescription for these medicines may need to be prior authorized and you may

have a co-payment for your medicine. To see the Statewide Preferred Drug List, the GHP Family's supplemental formulary and a complete list of specialty medicines, call Customer Care Team at **1-855-552-6028, PA Relay 711** or visit GHP Family's website at [GHPFamily.com](https://papdl.com/preferred-drug-list). A copy of the Statewide PDL can be found at <https://papdl.com/preferred-drug-list>.

You will need to get these medicines from a specialty pharmacy. A specialty pharmacy can mail your medicines directly to you and will not charge you for sending you your medicines. The specialty pharmacy will contact you before sending your medicine. The pharmacy can also answer any questions you have about the process. You can pick any specialty pharmacy that is in GHP Family's network. For the list of network specialty pharmacies, please call Customer Care Team at **1-855-552-6028, PA Relay 711** or see the provider directory on GHP Family's website at GHPFamily.com. For any other questions or more information please call Customer Care Team at **1-855-552-6028, PA Relay 711**.

Over-the-Counter Medicines

GHP Family covers over-the-counter medicines when you have a prescription from your provider. You will need to have your GHP Family prescription ID card with you and you may have a co-payment. The following are some examples of covered over-the-counter medicines:

- Sinus and allergy medicine
- Tylenol or aspirin
- Vitamins
- Cough medicine
- Heartburn medicine

You can find more information about covered over-the-counter medicines by visiting GHP Family's website at GHPFamily.com or by calling Customer Care Team at **1-855-552-6028, PA Relay 711**.

Tobacco Cessation

Do you want to quit smoking? GHP Family wants to help you quit! If you are ready to be smoke free, no matter how many times you have tried to quit smoking, we are here to help you.

Medicines

The Statewide PDL covers the following medicines, along with a prescription from your doctor, to help you quit smoking.

- Bupropion (Generic Zyban)TM
- Chantix (varenicline)
- Generic over the counter (OTC) tobacco cessation lozenges, patches, and chewing gum.

Contact your PCP for an appointment to get a prescription for a tobacco cessation medicine.

Counseling Services

Counseling support may also help you to quit smoking. GHP Family covers the following counseling services: Counseling services by your provider and certified tobacco cessation counselors in the GHP Family network. For more information, call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

Behavioral Health Treatment

Some people may be stressed, anxious, or depressed when they are trying to become smoke-free. GHP Family members are eligible for services to address these side effects, but these services are covered by your BH-MCO. You can find the BH-MCO in your county and its contact information in Appendix A in this Handbook. You can also call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711** for help in contacting your BH-MCO.

Case Management Programs

Our case management department can help you to quit smoking. Contact case management at 1-800-883-6355.

Other Tobacco Cessation Resources

- Quitline phone counseling is available 24 hours a day, 7 days a week through the following organizations:
 - American Cancer Society at 1-800-227-2345 or visit [Cancer.org](https://www.cancer.org)
 - American Lung Association at 1-800-LUNG USA (1-800-586-4872) or visit [Lung.org](https://www.lung.org)
 - American Heart Association at 1-800-AHA-USA1 or visit [Heart.org](https://www.heart.org).
- Visit the federal government's [SmokeFree](https://www.smokefree.gov) website to view an outline step-by-step cessation guide, get state quit line phone numbers, instant message a National Cancer Institute (NCI) LifeHelp expert, and download publications about smoking cessation.

Remember GHP Family is here to help support you in becoming healthier by becoming smoke-free. Do not wait! Please call Customer Care Team at **1-855-227-1302, PA Relay 711** so we can help to get you started.

Family Planning

GHP Family covers family planning services. You do not need a referral from your PCP for family planning services. These services include pregnancy testing, testing and treatment of sexually transmitted diseases, birth control supplies, and family planning education and counseling. You can see any doctor that is a Medical Assistance provider, including any out-of-network provider that offers family planning services. There is no co-payment for these services. When you go to a family planning provider that is not in the GHP Family network, you must show your GHP Family and ACCESS or EBT card.

For more information on covered family planning services or to get help finding a family planning provider, call Customer Care Team at **1-855-227-1302, PA Relay 711**.

Maternity Care

Care During Pregnancy

Prenatal care is the health care a woman receives through her pregnancy and delivery from a maternity care provider, such as an obstetrician (OB or OB/GYN) or a nurse-midwife. Early and regular prenatal care is very important for you and your baby's health. Even if you have been pregnant before, it is important to go to a maternity care provider regularly through each pregnancy.

If you think you are pregnant and need a pregnancy test, see your PCP or a family planning provider.

If you are pregnant, you can:

- Call or visit your PCP, who can help you find a maternity care provider in the GHP Family's network.
- Visit a network OB or OB/GYN or nurse-midwife on your own. You do not need a referral for maternity care.
- Visit a network health center that offers OB or OB/GYN services.
- Call Customer Care Team at **1-855-227-1302, PA Relay 711** to find a maternity care provider.

You should see a doctor as soon as you find out you are pregnant. Your maternity care provider must schedule an appointment to see you

- If you are in your first trimester, within 10 business days of GHP Family learning you are pregnant.
- If you are in your second trimester, within 5 business days of GHP Family learning you are pregnant.
- If you are in your third trimester, within 4 business days of GHP Family learning you are pregnant.
- If you have a high-risk pregnancy, within 24 hours of GHP Family learning you are pregnant.

If you have an emergency, go to the nearest emergency room, dial 911, or call your local ambulance provider.

It is important that you stay with the same maternity care provider throughout your pregnancy and postpartum care (60 days after your baby is born). They will follow your health and the health of your growing baby closely. It is also a good idea to stay with the same HealthChoices plan during your entire pregnancy.

GHP Family has specially trained maternal health coordinators who know what services and resources are available for you.

If you are pregnant and are already seeing a maternity care provider when you enroll in GHP Family, you can continue to see that provider even if he or she is not in GHP Family's network. The provider will need to be enrolled in the Medical Assistance Program and must call GHP Family for approval to treat you.

Care for You and Your Baby After Your Baby is Born

You should visit your maternity care provider between 4 – 6 weeks after your baby is delivered for a check-up unless your maternity care provider wants to see you sooner.

Your baby should have an appointment with the baby's PCP when he or she is 3 to 5 days old, unless the doctor wants to see your baby sooner. It is best to pick a doctor for your baby while you are still pregnant. If you need help picking a doctor for your baby, please call Customer Care Team at **1-855-227-1302, PA Relay 711**.

Right from the Start

This is a no-cost program when you find out you are pregnant. Our nurses can help you have a healthy pregnancy. Our nurses will help you manage your appointments, including scheduling and transportation, or any other health needs you may have while you are pregnant.

For more information on GHP Family's maternity programs call our Special Needs Unit at 1-800-214-8100.

Durable Medical Equipment and Medical Supplies

GHP Family covers Durable Medical Equipment (DME), home accessibility DME and medical supplies. DME is a medical item or device that can be used many times in your home or in any setting where normal life activities occur and is generally not used unless a person has an illness or injury. Medical supplies are usually disposable and are used for a medical purpose. Some of these items need prior authorization, and your physician must order them. DME suppliers must be in the GHP Family network. You may have a co-payment.

Examples of DME include:

- Oxygen tanks
- Wheelchairs
- Crutches
- Walkers
- Splints
- Special medical beds

Examples of home accessibility DME include:

- Wheelchair lifts
- Stair glides
- Ceiling lifts
- Metal accessibility ramps

GHP Family covers installation of the home accessibility DME, but not home modifications.

Examples of medical supplies include:

- Diabetic supplies (such as syringes, test strips)
- Gauze pads
- Dressing tape
- Incontinence supplies (such as pull ups, briefs, underpads)

If you have any questions about DME or medical supplies, or for a list of network suppliers, please call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

Outpatient Services

GHP Family covers outpatient services such as physical, occupational, and speech therapy as well as x-rays and laboratory tests. Your PCP will arrange for these services with one of GHP Family's network providers.

Nursing Facility Services

GHP Family covers up to 30 days of nursing facility services. If you need nursing facility services for more than 30 days and the Community HealthChoices Program is available in the area where you live, you will be evaluated to see if you are eligible for participation in the Community HealthChoices Program. If Community HealthChoices is not available in the area where you live you will be disenrolled from GHP Family and will receive your services through the Medical Assistance fee-for-service system.

Hospital Services

GHP Family covers inpatient and outpatient hospital services. If you need inpatient hospital services and it is not an emergency, your PCP or specialist will arrange for you to be admitted to a hospital in GHP Family's network and will follow your care even if you need other doctors during your hospital stay. Inpatient hospital stays must be approved by GHP Family. To find out if a hospital is in the GHP Family network, please call Customer Care Team at **1-855-227-1302, PA Relay 711** or check the provider directory on GHP Family's website at GHPFamily.com.

If you have an emergency and are admitted to the hospital, you or a family member or friend should let your PCP know as soon as possible but no later than 24 hours after you were admitted to the hospital. If you are admitted to a hospital that is not in GHP Family's network, you may be transferred to a hospital in GHP Family's network. You will not be moved to a new hospital until you are strong enough to be transferred to a new hospital.

It is very important to make an appointment to see your PCP within 7 days after you leave the hospital. Seeing your PCP right after your hospital stay will help you follow any instructions you got while you were in the hospital and prevent you from having to be readmitted to the hospital.

Sometimes you may need to see a doctor or receive treatment at a hospital without being admitted overnight. These services are called outpatient hospital services. If you have any other questions about hospital services, please call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

Preventive Services

GHP Family covers preventive services, which can help keep you healthy. Preventive services include more than just seeing your PCP once a year for a check-up. They also include immunizations (shots), lab tests, and other tests or screenings that let you and your PCP know if you are healthy or have any health problems. Visit your PCP for preventive services. He or she will guide your health care according to the latest recommendations for care.

Women can also go to a participating OB/GYN for their yearly Pap test and pelvic exam, and to get a prescription for a mammogram.

Physical Exam

You should have a physical exam by your PCP at least once a year. This will help your PCP find any problems that you may not know about. Your PCP may order tests based on your health history, age,

and sex. Your PCP will also check if you are up to date on immunizations and preventive services to help keep you healthy.

If you are unsure about whether or not you are up to date with your health care needs, please call your PCP or Customer Care Team at **1-855-227-1302, PA Relay 711**. Customer Care Team can also help you make an appointment with your PCP.

New Medical Technology

GHP Family may cover new medical technologies such as procedures and equipment if requested by your PCP or specialist. GHP Family wants to make sure that new medical technologies are safe, effective, and right for you before approving the service.

If you need more information on new medical technologies, please call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

Home Health Care

GHP Family covers home health care provided by a home health agency. Home health care is care provided in your home and includes skilled nursing services; help with activities of daily living such as bathing, dressing, and eating; and physical, speech, and occupational therapy. Your physician must order home health care.

If you are over age 21, there are limits on the number of home health care visits that you can get. The first 28 days unlimited and then 15 days per month.

You should contact Customer Care Team at **1-855-227-1302, PA Relay 711** if you have been approved for home health care and that care is not being provided as approved.

Patient Centered Medical Homes

A patient-centered medical home (PCMH) or health home is a team approach to providing care. It is not a building, house, or home health care service.

Our PCMH program builds relationships between you and your doctors. They work together to focus on all your needs. This includes behavioral health, physical health and wellness. Acute and chronic conditions are included, too.

The CBCM team helps you get the community resources you need. They create care plans and help you get treatments or preventive programs.

This team also helps with problems such as food insecurity and housing instability.

Disease Management

GHP Family has voluntary programs to help you take better care of yourself if you have one of the health conditions listed below. GHP Family has care managers who will work with you and your providers to make sure you get the services you need. You do not need a referral from your PCP for these programs, and there is no co-payment.

- **Asthma** (adult and pediatric) – Nurses will work with you and your family to help you understand asthma and how to manage this condition. Nurses will teach you about asthma medications and the proper use and cleaning of inhalers, spacers

and nebulizers. We also assist you and your provider with developing an action plan to control asthma symptoms and manage attacks when they happen.

- **Coronary artery disease (CAD)** – CAD can include heart disease, stroke, and poor circulation in your legs. It can occur because of high blood pressure, diabetes, high cholesterol and/or family history. The key to managing CAD is diet, exercise and taking the medications that are prescribed by your doctor. Our program will provide you with tools to understand the role of sodium (salt) and fat in your diet, and we will work with your provider on the best way to control your cholesterol, blood pressure and/or blood sugar.
- **Chronic kidney disease** – We will help you learn about the importance of proper nutrition, medications, and blood pressure control. We will provide other important health care information that will help you manage this condition.
- **Chronic Obstructive Pulmonary Disease (COPD)** – This program helps you manage chronic lung disease (also known as emphysema). We focus on medication management, including taking the right medications and using inhalers properly. Other information about stopping tobacco use, exercising and monitoring your condition is also included in the program.
- **Diabetes** – Our program will teach you about diabetes and how diet, exercise and medications will help you control and manage your diabetes and prevent complications. Our nurses will teach you how to monitor your blood glucose (blood sugar) and how to know the signs and symptoms of high and low blood glucose and how to treat these effects. We will also teach you the best care for your eyes, kidneys, and feet when you have diabetes.
- **Heart Failure** – Our case managers will help you understand the importance of medications, diet, and healthy lifestyle habits to improve management of heart failure. We will work with you and your doctor to develop a plan of care that will help you manage this condition.
- **Hypertension (High Blood Pressure)** – Our nurse case managers/health managers will help you learn how to control your blood pressure and reduce the risk of developing other related health problems. We will help you understand that taking the right medications, reducing stress and following your doctor's advice will all help you better control your blood pressure.
- **Osteoporosis** - Osteoporosis can affect both women and men and puts you at risk for bone fractures (broken bones). We will teach you the importance of diet and exercise and monitoring bone density. We will work with your doctor to determine proper medications for you.
- **Tobacco Cessation** – *Stop Tobacco Use* will provide you with professional support from our nurses by phone, group, or Web-based programs. The goal will be to help you break your addiction to tobacco products such as cigarettes, pipes and smokeless tobacco. You will be given the tools and support needed to help you live a healthy life.
- **Weight Management** – This program focuses on helping you develop a healthy lifestyle, rather than just dieting. You will work with your health manager on setting goals, eating healthy and staying active to help you manage your weight.

Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS) Services

HIV is a virus that is very harmful to a person's body and requires special care to treat. AIDS is caused by HIV and applies to the most serious stages of the HIV infection. GHP Family provides special care for members with HIV/AIDS.

What are the special services available for HIV/AIDS?

Members with HIV/AIDS may need services in their home or certain community services to help them with their disease. Any member with AIDS or who is symptomatic for HIV can get these special services.

Examples of these special services are:

- More skilled nursing visits than what are covered by regular Medical Assistance
- More home health aide services than what are covered by regular Medical Assistance
- Homemaker services are non-medical services to help you if you can't do every-day things due to your illness. Some examples of homemaker services are: dressing, bathing, light housekeeping, preparing meals and grocery shopping.
- Medical supplies and nutritional supplements
- Nutritional education with a registered dietitian
- Specialized medical equipment

How do I get these special services?

Your PCP or other provider can help with a referral for these services. A GHP Family participating provider will provide the services. You must get prior authorization from GHP Family for nutritional supplements and homemaker services. Your PCP or other provider will request an authorization for these services for you.

What provider(s) do I need to see to treat HIV/AIDS?

Your PCP can treat you for HIV/AIDS. Your PCP may also refer you to a specialist who can treat you. You can call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711** for information on participating HIV/AIDS specialists.

By following your provider's plan of care and learning about your disease or condition, you can stay healthier. GHP Family care managers are here to help you understand how to take better care of yourself by following your doctor's orders, teaching you about your medicines, helping you to improve your health, and giving you information to use in your community. If you have any questions or need help, please call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

Expanded Services

The following are benefits available to you through GHP Family. If you have questions on any of these benefits, call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

MyGeisinger

If you use Geisinger doctors you can manage your care through the MyGeisinger patient portal. Sign up for free at MyGeisinger.org.

You can view:

- Your online medical record including lab and test results, doctor notes, and your health summary

- Your account balances and ability to pay online
- Health-related app recommendations
- Health-related educational resources
- Community events
- Communicate with your doctor's office for:
 - Prescription renewals
 - Appointment requests
 - Medical advice for non-urgent questions or concerns

MyChart Mobile App

You can use MyChart Mobile to access your MyGeisinger account. The app is available for iPhone® and Android™ users. You must use Geisinger doctors and be signed up through MyGeisinger.org for the mobile app to work.

This app provides a MyGeisinger user with secure access to frequently used features of MyGeisinger such as messaging providers, viewing your own and family medical records, upcoming and past appointments, test results and much more.

Now you no longer need to be in front of your computer to access your MyGeisinger account. Please note, not all MyGeisinger functionality is currently available on the mobile app version.

Member Rewards

Geisinger rewards our members who successfully complete certain health services. To learn more about our member rewards or if you have questions, contact GHP Family Customer Care Team at 1-855-227-1302, PA Relay 711.

KidsHealth

An on-line resource available at no cost to you that contains important health information that engages the whole family. Content is review by physicians and includes age-specific educational materials and videos. KidsHealth is an expert at communicating with parents, kids and teens through content and interactive features created specifically for each audience.

Healthy Kids are Happy Kids

This program offers services to families with young children, including information about important care and screenings that their child may need.

Healthy Beginnings Plus

Healthy Beginnings Plus provides a wide range of special services to pregnant women. We can help you pay for and get to your prenatal appointments. The program also can provide food at low cost or no cost to you. Education on the following topics is available as well:

- Childbirth preparation
- Parenting
- Nutrition
- Breastfeeding

Tel-A-Nurse hotline

Call the toll-free hotline at **1-877-543-5061 24/7** to talk to a nurse about your non-emergency health issues.

GED Scholarship Program

Available to assist with the costs of getting your GED including: training materials, practice testing, the GED test and retests.

Neighborly

Get connected to free and reduced-cost programs and services for a range of needs such as food, transportation, and housing. For resources available in your community, visit neighborlypa.org.

Health coaches

Available telephonically to help you and your children improve your health through programs related to weight management, hypertension, tobacco cessation, lower back pain, stress reduction, and more.

Special needs

Our dedicated special needs unit can help you with your complex medical problems. The staff includes nurses, health coaches and social workers who can help you work through important health issues and get access to care in a timely manner.

No limit on prescriptions

GHP Family has made the decision not to limit the number of prescriptions that a member can receive monthly. Anyone having difficulty with multiple prescriptions can receive help from a GHP Family pharmacist. They will work with you and your physician to make it easier to stay on the medication that is important for you to take.

Human Arc

GHP Family works with Human Arc to see if you may be eligible for disability. If you think you may qualify for disability you can call Human Arc at 1-800-433-5255 or visit their website at thearc.org. If you have questions or want more information, contact GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711**.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

EPSDT services are available for children under the age of 21. They are sometimes also referred to as well-baby or well-child checkups. Your child may be seen by a pediatrician, family practice doctor, or CRNP. The provider you choose for your child will be your child's PCP. The purpose of this service is to detect potential health problems early and to make sure your child stays healthy. If you have questions or want more information, contact Customer Care Team at **1-855-227-1302, PA Relay 711**.

When Should an EPSDT Exam be Completed?

Children and young adults should have their examinations completed based on the schedule listed below. It is important to follow this schedule even if your child is not sick. Your provider will tell you when these visits should occur. Infants and toddlers will need several visits per year, while children between the ages of 3 to 20 will need just 1 visit per year.

Recommended Screening Schedule			
3-5 Days	0-1 Months	2-3 Months	4-5 Months
6-8 Months	9-11 Months	12 Months	15 Months
18 Months	24 Months	30 Months	
Children ages 3-20 should be screened yearly			

What Will the Provider Do During the EPSDT Exam?

Your provider will ask you and your child questions, perform tests, and check how much your child has grown. The following services are some of the services that may be performed during an exam depending on the child's age and needs of the child:

- A complete physical exam
- Immunizations
- Vision test
- Hearing test
- Autism screening
- Tuberculosis screening
- Oral health examination
- Blood pressure check
- Health and safety education
- Check of the child's body mass index (BMI)
- Screen and/or counsel for tobacco and alcohol use and substance use starting at age 11
- Urinalysis screening
- Blood lead screening test
- Developmental screening
- Depression screening starting at age 12
- Maternal depression screening

GHP Family covers services that are needed to treat health problems that are identified during the EPSDT exam.

Additional services are available for children with special needs. Talk to your provider about whether your child may need these additional services.

Section 4
Out-of-Network and
Out-of-Plan Services

Out-of-Network Providers

An out-of-network provider is a provider that does not have a contract with GHP Family to provide services to GHP Family's members. There may be a time when you need to use a doctor or hospital that is not in the GHP Family network. If this happens, you can ask your PCP to help you. Your PCP has a special number to call to ask GHP Family that you be allowed to go to an out-of-network provider. GHP Family will check to see if there is another provider in your area that can give you the same type of care you or your PCP believes you need. If GHP Family cannot give you a choice of at least 2 providers in your area, GHP Family will cover medically necessary services provided by an out-of-network provider.

Getting Care While Outside of GHP Family's Service Area

If you are outside of GHP Family's service area and have a medical emergency, go to the nearest emergency room, or call 911. For emergency medical conditions, you do not have to get approval from GHP Family to get care. If you need to be admitted to the hospital, you should let your PCP know.

If you need care for a non-emergency condition while outside of the service area, call your PCP or Customer Care Team at **1-855-227-1302, PA Relay 711** who will help you to get the most appropriate care.

GHP Family will not pay for services received outside of the United States and its territories.

Out-of-Plan Services

You may be eligible to get services other than those provided by GHP Family. Below are some services that are available but are not covered by GHP Family. If you would like help in getting these services, please call Customer Care Team at **1-855-227-1302, PA Relay 711**.

Non-Emergency Medical Transportation

GHP Family does not cover non-emergency medical transportation for most HealthChoices members. GHP Family can help you arrange transportation to covered service appointments through programs such as Shared Ride or the MATP described below.

GHP Family does cover non-emergency medical transportation if:

- You live in a nursing home, and need to go to any medical appointment or an urgent care center or a pharmacy for any Medical Assistance service, DME or medicine
- You need specialized non-emergency medical transportation, such as if you need to use a stretcher to get to your appointment

If you have questions about non-emergency medical transportation, please call Customer Care Team at **1-855-227-1302, PA Relay 711**.

Medical Assistance Transportation Program (MATP)

MATP provides non-emergency transportation to and from qualified MA-enrolled medical providers and pharmacies of your choice who are generally available and used by other residents of your community. This service is provided at no cost to you. The MATP in the county where you live will determine your need for the Program and provide the right type of transportation for you. Transportation services are typically provided in the following ways:

- Where public transportation such as buses, subways or trains are available, MATP provides tokens or passes or repays you for the public transportation fare if you live within ¼ mile of a fixed route service stop.
- If you or someone else has a car that you can use to get to your appointment, MATP may pay you an amount per mile plus parking and tolls with valid receipts.
- Where public transportation is not available or is not right for you, MATP provides rides in paratransit vehicles, which include vans, vans with lifts, or taxis. Usually, the vehicle will have more than 1 rider with different pick-up and drop-off times and locations.

If you need transportation to a medical appointment or to the pharmacy, contact your local MATP to get more information and to register for services. Please see Appendix A of this handbook for a complete list of counties MATP contact information.

MATP will confirm with GHP Family or your doctor's office that the medical appointment you need transportation for is a covered service. GHP Family works with MATP to help you arrange transportation. You can also call Customer Care Team for more information at **1-855-227-1302, PA Relay 711**.

Women, Infants, and Children Program (WIC)

The WIC Program provides healthy foods and nutrition services to infants, children under the age of 5, and women who are pregnant, have given birth, or are breastfeeding. WIC helps you and your baby eat well by teaching you about good nutrition and giving you food vouchers to use at grocery stores. WIC helps babies and young children eat the right foods so they can grow up healthy. You can ask your maternity care provider for a WIC application at your next visit or call 1-800-WIC-WINS (1-800-942-9467). For more information visit the WIC website at www.pawic.com

Domestic Violence Crisis and Prevention

Domestic violence is a pattern of behavior where one person tries to gain power or control over another person in a family or intimate relationship.

There are many different types of domestic violence. Some examples include:

- Emotional abuse
- Physical violence
- Stalking
- Sexual violence
- Financial abuse
- Verbal abuse
- Elder Abuse
- Intimate partner violence later in life

- Intimate partner abuse
- Domestic Violence in the LGBTQ+ Community

There are many different names used to talk about domestic violence. It can be called: abuse; domestic violence; battery; intimate partner violence; or family, spousal, relationship or dating violence.

If any of these things are happening to you, or have happened, or you are afraid of your partner, you may be in an abusive relationship. Domestic violence is a crime and legal protections are available to you. Leaving a violent relationship is not easy, but you can get help.

Where to get help:

[National Domestic Violence Hotline](#)

1-800-799-7233 (SAFE)

1-800-787-3224 (TTY)

[Pennsylvania Coalition Against Domestic Violence](#)

The services provided to domestic violence victims include: crisis intervention; counseling; going along to police, medical, and court appointments; and temporary emergency shelter for victims and their dependent children. Prevention and educational programs are also provided to lower the risk of domestic violence in the community.

1-800-932-4632 (in Pennsylvania)

Sexual Violence and Rape Crisis

Sexual violence includes any type of unwanted sexual contact, words or actions of a sexual nature that is against a person's will. A person may use force, threats, manipulation, or persuasion to commit sexual violence. Sexual violence can include:

- Rape
- Sexual assault
- Incest
- Child sexual assault
- Date and acquaintance rape
- Grabbing or groping
- Sexting without permission
- Ritual abuse
- Commercial sexual exploitation (for example: prostitution)
- Sexual harassment
- Anti-LGBTQ+ bullying
- Exposure and voyeurism (the act of being viewed, photographed, or filmed in a place where one would expect privacy)
- Forced participation in the production of pornography

Survivors of sexual violence can have physical, mental, or emotional reactions to the experience. A survivor of sexual violence may feel alone, scared, ashamed, and fear that no one will believe them. Healing can take time, but healing can happen.

Where to get help:

Pennsylvania rape crisis centers serve all adults and children. Services include:

- Free and confidential crisis counseling 24 hours a day.
- Services for a survivor's family, friends, partners or spouses.
- Information and referrals to other services in your area and prevention education programs.

Call **1-888-772-7227** or visit the link below to reach your local rape crisis center.

[Pennsylvania Coalition Against Rape \(www.pcar.org/\)](http://www.pcar.org/)

Early Intervention Services

While all children grow and develop in unique ways, some children experience delays in their development. Children with developmental delays and disabilities can benefit from the Early Intervention Program.

The Early Intervention Program provides support and services to families with children birth to the age of 5 who have developmental delays or disabilities. Services are provided in natural settings, which are settings where a child would be if the child did not have a developmental delay or disability.

Early Intervention supports and services are designed to meet the developmental needs of children with a disability as well as the needs of the family. These services and supports address the following areas:

- Physical development, including vision and hearing
- Cognitive development
- Communication development
- Social or emotional development
- Adaptive development

Parents who have questions about their child's development may contact the CONNECT Helpline at 1-800-692-7288 or visit www.papromiseforchildren.org. The CONNECT Helpline assists families in locating resources and providing information regarding child development for children from birth to age 5. In addition, CONNECT can help parents with contacting their county Early Intervention Program or local preschool Early Intervention Program.

Section 5 Special Needs

Special Needs Unit

GHP Family wants to make sure all our members get the care they need. We have trained case managers in the GHP Family Special Needs Unit that help our members with special needs have access to the care they need. The case managers of the unit help members with physical or behavioral disabilities, complex or chronic illnesses, and other special needs. GHP Family understands that you and your family may need help with issues that may not be directly related to your health care needs. The Special Needs Unit can assist you with finding programs and agencies in the community that can help you and your family address these needs.

If you think you have or someone in your family has a special need, and you would like the Special Needs Unit to help you, please contact them by calling **1-855-214-8100**, Monday through Friday from 8:00 a.m. to 5:00 p.m.

Coordination of Care

The GHP Family Special Needs Unit will help you coordinate care for you and your family who are members of GHP Family. In addition, GHP Family can assist in connecting you with other state and local programs.

If you need help with any part of your care, your child's care, or coordinating that care with another state, county, or local program, please contact the GHP Family Special Needs Unit for assistance.

The GHP Family Special Needs Unit will also assist members in transitioning care from services received in a hospital or temporary medical setting to care received at home. We want our members to be able to move back home as soon as possible. Please contact the GHP Family Special Needs Unit for assistance in help receiving care in your home.

Care Management

GHP Family provides education and assistance to help you manage your medical conditions. Our care management team will make sure you're getting the medication, bloodwork, and diet you need. This will help you avoid trips to the doctor or emergency room. We use a team approach to help you and your family manage your medical conditions more effectively. If you have questions regarding what services are available and how to apply, you may contact the GHP Family Special Needs Unit at **1-855-214-8100**.

Home and Community-Based Waivers and Long-Term Services and Supports

The Office of Developmental Programs (ODP) administers the Consolidated Waiver, Community Living Waiver, Person/Family Directed Supports Waiver, Adult Autism Waiver, and the Adult Community Autism Program (ACAP) for individuals with intellectual disabilities or autism. If you have questions regarding any of these programs, you may contact ODP's Customer Service Hotline at 888-565-9435, or request assistance from the GHP Family Special Needs Unit at **1-855-214-8100**.

The Office of Long-Term Living (OLTL) administers programs for seniors and individuals with physical disabilities. This includes the Community HealthChoices Program (CHC). The CHC Program is a Medical Assistance managed care program for individuals who also have Medicare coverage or who need the services of a nursing facility or home-and community-based waiver.

If you have questions regarding what services are available and how to apply, you may contact OLTL's Participant Helpline at 1-800-757-5042 or request assistance from the GHP Family Special Needs Unit at **1-855-214-8100**.

Medical Foster Care

The Office of Children, Youth, and Families has oversight of medical foster care for children under the authority of county children and youth programs. If you have questions about this program, please contact the Special Needs Unit at **1-855-214-8100**.

Section 6

Advance Directives

Advance Directives

There are 2 types of advance directives: Living Wills and Health Care Powers of Attorney. These allow for your wishes to be respected if you are unable to decide or speak for yourself. If you have either a Living Will or a Health Care Power of Attorney, you should give it to your PCP, other providers, and a trusted family member or friend so that they know your wishes.

If the laws regarding advance directives are changed, GHP Family will tell you in writing what the change is within 90 days of the change. For information on GHP Family's policies on advance directives, call Customer Care Team at **1-855-227-1302, PA Relay 711** or visit GHP Family's website at GHPFamily.com.

Living Wills

A Living Will is a document that you create. It states what medical care you do, and do not, want to get if you cannot tell your doctor or other providers the type of care you want. Your doctor must have a copy and must decide that you are unable to make decisions for yourself for a Living Will to be used. You may revoke or change a Living Will at any time.

Health Care Power of Attorney

A Health Care Power of Attorney is also called a Durable Power of Attorney. A Health Care or Durable Power of Attorney is a document in which you give someone else the power to make medical treatment decisions for you if you are physically or mentally unable to make them yourself. It also states what must happen for the Power of Attorney to take effect. To create a Health Care Power of Attorney, you may but do not have to get legal help. You may contact GHP Family for more information or direction to resources near you.

What to Do if a Provider Does Not Follow Your Advance Directive

Providers do not have to follow your advance directive if they disagree with it as a matter of conscience. If your PCP or other provider does not want to follow your advance directive, GHP Family will help you find a provider that will carry out your wishes. Please call Customer Care Team at **1-855-227-1302 , PA Relay 711** if you need help finding a new provider.

If a provider does not follow your advance directive, you may file a Complaint. Please see Section 8 of this Handbook, Complaints, Grievances, and Fair Hearings for information on how to file a Complaint; or call Customer Care Team at **1-855-227-1302, PA Relay 711**.

Section 7

Behavioral Health Services

Behavioral Health Care

Behavioral health services include both, mental health services and substance use disorder services. These services are provided through behavioral health managed care organizations (BH-MCOs) that are overseen by the Department of Human Services' Office of Mental Health and Substance Abuse Services (OMHSAS).

Contact information for the BH-MCO is listed in **Appendix A**. You can also call GHP Family Customer Care Team at **1-855-227-1302, PA Relay 711** to get contact information for your BH-MCO.

You can call your BH-MCO toll-free 24 hours a day, 7 days a week.

You do not need a referral from your PCP to get behavioral health services, but your PCP will work with your BH-MCO and behavioral health providers to help get you the care that best meets your needs. You should let your PCP know if you, or someone in your family, is having a mental health or drug and alcohol problem.

The following services are covered:

- Behavioral health rehabilitation services (BHRS) (children and adolescent)
- Clozapine (Clozaril) support services
- Drug and alcohol inpatient hospital-based detoxification services (adolescent and adult)
- Drug and alcohol inpatient hospital-based rehabilitation services (adolescent and adult)
- Drug and alcohol outpatient services
- Drug and alcohol methadone maintenance services
- Family based mental health services
- Laboratory (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner)
- Mental health crisis intervention services
- Mental health inpatient hospitalization
- Mental health outpatient services
- Mental health partial hospitalization services
- Peer support services
- Residential treatment facilities (children and adolescent)
- Targeted case management services

If you have questions about transportation to appointments for any of these services, contact your BH-MCO.

Section 8
Complaints, Grievances,
and Fair Hearings

Complaints, Grievances, and Fair Hearings

If a provider or GHP Family does something that you are unhappy about or do not agree with, you can tell GHP Family or the Department of Human Services what you are unhappy about or that you disagree with what the provider or GHP Family has done. This section describes what you can do and what will happen.

Complaints

What is a Complaint?

A Complaint is when you tell GHP Family you are unhappy with GHP Family or your provider or do not agree with a decision by GHP Family.

Some things you may complain about:

- You are unhappy with the care you are getting.
- You cannot get the service or item you want because it is not a covered service or item.
- You have not gotten services that GHP Family has approved.
- You were denied a request to disagree with a decision that you have to pay your provider.

First Level Complaint

What Should I Do if I Have a Complaint?

To file a first level Complaint:

- Call GHP Family at **1-855-227-1302, PA Relay 711** and tell GHP Family your Complaint, or
- Write down your Complaint and send it to GHP Family by mail or fax, or
- If you received a notice from GHP Family telling you GHP Family's decision and the notice included a Complaint/Grievance Request Form, fill out the form and send it to GHP Family by mail or fax.

GHP Family ATTN:
Appeals Department
100 N. Academy Ave.
Danville, PA 17822-3220
Fax: 570-271-7225

Your provider can file a Complaint for you if you give the provider your consent in writing to do so.

When Should I File a First Level Complaint?

Some Complaints have a time limit on filing. You must file a Complaint within **60 days of getting a notice** telling you that:

- GHP Family has decided that you cannot get a service or item you want because it is not a covered service or item.
- GHP Family will not pay a provider for a service or item you got.
- GHP Family did not tell you it's decision about a Complaint or Grievance you told GHP Family about within 30 days from when GHP Family got your Complaint or Grievance.
- GHP Family has denied your request to disagree with GHP Family's decision that you have to pay your provider.

You must file a Complaint **within 60 days of the date you should have gotten a service or item** if you did not get a service or item. The time by which you should have received a service or item is listed below:

New Member appointment for your first examination...	We will make an appointment for you...
Members with HIV/AIDS	with PCP or specialist no later than 7 days after you become a Member in GHP Family unless you are already being treated by a PCP or specialist.
Members who receive Supplemental Security Income (SSI)	with PCP or specialist no later than 45 days after you become a Member in GHP Family, unless you are already being treated by a PCP or specialist.
all other Members	with PCP no later than 3 weeks after you become a Member in GHP Family.
New Member appointment for your first examination...	We will make an appointment for you...
Members who are pregnant:	We will make an appointment for you...
pregnant women in their first trimester	with OB/GYN provider within 10 business days of GHP Family learning you are pregnant.
pregnant women in their second trimester	with OB/GYN provider within 5 business days of GHP Family learning you are pregnant.
pregnant women in their third trimester	with OB/GYN provider within 4 business days of GHP Family learning you are pregnant.
Pregnant women with high-risk pregnancies	with OB/GYN provider within 24 hours of GHP Family learning you are pregnant.
Appointment with...	An appointment must be scheduled...
PCP	
urgent medical condition	within 24 hours.
routine appointment/health assessment/general	within 10 business days.
physical examination	within 3 weeks.

Specialists (when referred by PCP)	
urgent medical condition	within 24 hours of referral.
routine appointment with one of the following specialists: <ul style="list-style-type: none"> • Otolaryngology • Dermatology • Pediatric Endocrinology • Pediatric General Surgery • Pediatric Infectious Disease • Pediatric Neurology • Pediatric Pulmonology • Pediatric Rheumatology • Dentist • Orthopedic Surgery • Pediatric Allergy & Immunology • Pediatric Gastroenterology • Pediatric Hematology • Pediatric Nephrology • Pediatric Oncology • Pediatric Rehab Medicine • Pediatric Urology • Pediatric Dentistry 	within 15 business days of referral.
routine appointment with all other specialists	within 10 business days of referral.

You may file **all other Complaints at any time.**

What Happens After I File a First Level Complaint?

After you file your Complaint, you will get a letter from GHP Family telling you that GHP Family has received your Complaint, and about the First Level Complaint review process.

You may ask GHP Family to see any information GHP Family has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to GHP Family.

You may attend the Complaint review if you want to attend it. GHP Family will tell you the location, date, and time of the Complaint review at least 10 days before the day of the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 1 or more GHP Family staff who were not involved in and do not work for someone who was involved in the issue you filed your Complaint about will meet to make a decision about your Complaint. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. GHP Family will mail you a notice within 30 days from the date you filed your First Level Complaint to tell

you the decision on your First Level Complaint. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 79.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you file a Complaint verbally, or that is faxed, postmarked, or hand-delivered within 10 days of the date on the notice telling you that the services or items you have been receiving are not covered services or items for you, the services or items will continue until a decision is made.

What if I Do Not Like GHP Family's Decision?

You may ask for an external Complaint review, a Fair Hearing, or an external Complaint review and a Fair Hearing if the Complaint is about one of the following:

- GHP Family's decision that you cannot get a service or item you want because it is not a covered service or item.
- GHP Family's decision to not pay a provider for a service or item you got.
- GHP Family's failure to decide a Complaint or Grievance you told GHP Family about within 30 days from when GHP Family got your Complaint or Grievance.
- You did not get a service or item within the time by which you should have received it
- GHP Family's decision to deny your request to disagree with GHP Family's decision that you have to pay your provider.

You must ask for an external Complaint review within **15 days of the date you got the First Level Complaint decision notice**.

You must ask for a Fair Hearing within **120 days from the mail date on the notice** telling you the Complaint decision.

For all other Complaints, you may file a Second Level Complaint within **45 days of the date you got the Complaint decision notice**.

For information about Fair Hearings, see page 79

For information about external Complaint review, see page 77

If you need more information about help during the Complaint process, see page 79

Second Level Complaint

What Should I Do if I Want to File a Second Level Complaint?

To file a Second Level Complaint:

- Call GHP Family at **1-866-577-7733** and tell GHP Family your Second Level Complaint, or
- Write down your Second Level Complaint and send it to GHP Family by mail or fax, or

- Fill out the Complaint Request Form included in your Complaint decision notice and send it to GHP Family by mail or fax.

GHP Family's address and fax number for Second Level Complaints

GHP Family ATTN:
Appeals Department
100 N. Academy Ave.
Danville, PA 17822-3220
Fax: 570-271-7225

What Happens After I File a Second Level Complaint?

After you file your Second Level Complaint, you will get a letter from GHP Family telling you that GHP Family has received your Complaint, and about the Second Level Complaint review process.

You may ask GHP Family to see any information GHP Family has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to GHP Family.

You may attend the Complaint review if you want to attend it. GHP Family will tell you the location, date, and time of the Complaint review at least 15 days before the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 3 or more people, including at least 1 person who does not work for GHP Family, will meet to decide your Second Level Complaint. The GHP Family staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. GHP Family will mail you a notice within 45 days from the date your Second Level Complaint was received to tell you the decision on your Second Level Complaint. The letter will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 79.

What if I Do Not Like GHP Family's Decision on My Second Level Complaint?

You may ask for an external review from the Pennsylvania Insurance Department's Bureau of Managed Care.

You must ask for an external review **within 15 days of the date you got the Second Level Complaint decision notice.**

External Complaint Review

How Do I Ask for an External Complaint Review?

You must send your request for an external review of your Complaint in writing to the following:

Pennsylvania Insurance Department
Bureau of Consumer Services
1209 Strawberry Square
Harrisburg, PA
Fax: 717-787-8585

You can also go to the “File a Complaint Page” with the Pennsylvania Insurance Department at <https://www.insurance.pa.gov/Consumers/insurance-complaint/Pages/default.aspx>.

If you need help filing your request for external review, call the Bureau of Consumer Services at 1-877-881-6388. If you ask, the Bureau of Consumer Services will help you put your Complaint in writing.

What Happens After I Ask for an External Complaint Review?

The Insurance Department will get your file from GHP Family. You may also send them any other information that may help with the external review of your Complaint.

You may be represented by an attorney or another person such as your representative during the external review.

A decision letter will be sent to you after the decision is made. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you want to continue getting services, you must ask for an external Complaint review or a Fair Hearing within 10 days of the date on the notice telling you GHP Family’s First Level Complaint decision that you cannot get services or items you have been receiving because they are not covered services or items for you for the services or items to continue until a decision is made. If you will be asking for both an external Complaint review and a Fair Hearing, you must request both the external Complaint review and the Fair Hearing within 10 days of the date on the notice telling you GHP Family’s First Level Complaint decision. If you wait to request a Fair Hearing until after receiving a decision on your external Complaint, services will not continue.

Grievances

What is a Grievance?

When GHP Family denies, decreases, or approves a service or item different than the service or item you requested because it is not medically necessary, you will get a notice telling you GHP Family’s decision.

A Grievance is when you tell GHP Family you disagree with GHP Family’s decision.

What Should I Do if I Have a Grievance?

To file a Grievance:

- Call GHP Family at **1-855-227-1302, PA Relay 711** and tell GHP Family your Grievance, or
- Write down your Grievance and send it to GHP Family by mail or fax, or
- Fill out the Complaint/Grievance Request Form included in the denial notice you got from GHP Family and send it to GHP Family by mail or fax.

GHP Family's address and fax number for Grievances:

GHP Family ATTN:
Appeals Department
100 N. Academy Ave.
Danville, PA 17822-3220
Fax: 570-271-7225

Your provider can file a Grievance for you if you give the provider your consent in writing to do so. If your provider files a Grievance for you, you cannot file a separate Grievance on your own.

When Should I File a Grievance?

You must file a Grievance within **60 days from the date you get the notice** telling you about the denial, decrease, or approval of a different service or item for you.

What Happens After I File a Grievance?

After you file your Grievance, you will get a letter from GHP Family telling you that GHP Family has received your Grievance, and about the Grievance review process.

You may ask GHP Family to see any information that GHP Family used to make the decision you filed your Grievance about at no cost to you. You may also send information that you have about your Grievance to GHP Family.

You may attend the Grievance review if you want to attend it. GHP Family will tell you the location, date, and time of the Grievance review at least 10 days before the day of the Grievance review. You may appear at the Grievance review in person, by phone, or by videoconference. If you decide that you do not want to attend the Grievance review, it will not affect the decision.

A committee of 3 or more people, including a licensed doctor, will meet to decide your Grievance. If the Grievance is about dental services, the Grievance review committee will include a dentist. The GHP Family staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about. GHP Family will mail you a notice within 30 days from the date your Grievance was received to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Grievance process, see page 79.

What to do to continue getting services:

If you have been getting services or items that are being reduced, changed, or denied and you file a Grievance verbally, or that is faxed, postmarked, or hand-delivered within 10 days of the date on the notice telling you that the services or items you have been receiving are being reduced, changed, or denied, the services or items will continue until a decision is made.

What if I Do Not Like GHP Family's Decision?

You may ask for an external Grievance review or a Fair Hearing or you may ask for both an external Grievance review and a Fair Hearing. An external Grievance review is a review by a doctor who does not work for GHP Family.

You must ask for an external Grievance review within **15 days of the date you got the Grievance decision notice**.

You must ask for a Fair Hearing from the Department of Human Services **within 120 days from the date on the notice** telling you the Grievance decision.

For information about Fair Hearings, see page 79

For information about external Grievance review, see below

If you need more information about help during the Complaint process, see page 79

External Grievance Review

How Do I Ask for External Grievance Review?

To ask for an external Grievance review:

- Call GHP Family at **1-866-577-7733 TTY 711** and tell GHP Family your Grievance, or
- Write down your Grievance and send it to GHP Family by mail to:

GHP Family ATTN:
Appeals Department
100 North Academy Ave.
Danville, PA 17822-3220
Fax: 570-271-7225

GHP Family will send your request for external Grievance review to the Insurance Department.

What Happens After I Ask for an External Grievance Review?

GHP Family will notify you of the external Grievance reviewer's name, address and phone number. You will also be given information about the external Grievance review process.

GHP Family will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within 15 days of filing the request for an external Grievance review.

You will receive a decision letter within 60 days of the date you asked for an external Grievance review. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed, or denied and you want to continue getting services, you must ask for an external Grievance review within 10 days of the date on the notice telling you GHP Family's Grievance decision for the services or items to continue until a decision is made. If you will be asking for both an external Grievance review and a Fair Hearing, you must request both the external Grievance review and the Fair Hearing within 10 days of the date on the notice telling you GHP Family's Grievance decision. If you wait to request a Fair Hearing until after receiving a decision on your external Grievance, services will not continue.

Expedited Complaints and Grievances

What Can I Do if My Health Is at Immediate Risk?

If your doctor or dentist believes that waiting 30 days to get a decision about your Complaint or Grievance, could harm your health, you or your doctor or dentist may ask that your Complaint or Grievance be decided more quickly. For your Complaint or Grievance to be decided more quickly:

- You must ask GHP Family for an early decision by:
 - Calling GHP Family at **1-855-227-1302, PA Relay 711**
 - Faxing a letter or the Complaint/Grievance Request Form to **570-271-7225**, or;
 - Sending an email to GHPFamilyAppeals@thehealthplan.com.
- Your doctor or dentist should fax a signed letter to **570-271-7225** within 72 hours of your request for an early decision that explains why GHP Family taking 30 days to tell you the decision about your Complaint or Grievance could harm your health.

If GHP Family does not receive a letter from your doctor or dentist and the information provided does not show that taking the usual amount of time to decide your Complaint or Grievance could harm your health, GHP Family will decide your Complaint or Grievance in the usual time frame of 45 days from when GHP Family first got your Complaint or Grievance.

Expedited Complaint and Expedited External Complaint

Your expedited Complaint will be reviewed by a committee that includes a licensed doctor. Members of the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about.

You may attend the expedited Complaint review if you want to attend it. You can attend the Complaint review in person, but may have to appear by phone or by videoconference because GHP Family has a short amount of time to decide an expedited Complaint. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

GHP Family will tell you the decision about your Complaint within 48 hours of when GHP Family gets your doctor's or dentist's letter explaining why the usual time frame for deciding your Complaint will harm your health or within 72 hours from when GHP Family gets your request for an early decision, whichever is sooner, unless you ask GHP Family to take more time to decide your Complaint. You can ask GHP Family to take up to 14 more days to decide your Complaint. You will also get a notice telling you the reason(s) for the decision and how to ask for expedited external Complaint review, if you do not like the decision.

If you did not like the expedited Complaint decision, you may ask for an expedited external Complaint review from the Insurance Department within **2 business days from the date you get the expedited Complaint decision notice**. To ask for expedited external review of a Complaint:

- Call GHP Family at **1-866-577-7733, PA Relay 711** and tell GHP Family your Complaint, or
- GHPFamilyAppeals@thehealthplan.com, or
- Write down your Complaint and send it to GHP Family by mail or fax:

GHP Family ATTN: Appeals Department
100 N. Academy Ave.
Danville, PA 17822-3220
Fax: 570-271-7225

Expedited Grievance and Expedited External Grievance

A committee of 3 or more people, including a licensed doctor, will meet to decide your Grievance. If the Grievance is about dental services, the expedited Grievance review committee will include a dentist. The GHP Family staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about.

You may attend the expedited Grievance review if you want to attend it. You can attend the Grievance review in person, but may have to appear by phone or by videoconference because GHP Family has a short amount of time to decide the expedited Grievance. If you decide that you do not want to attend the Grievance review, it will not affect our decision.

GHP Family will tell you the decision about your Grievance within 48 hours of when GHP Family gets your doctor's or dentist's letter explaining why the usual time frame for deciding your Grievance will harm your health or within 72 hours from when GHP Family gets your request for an early decision, whichever is sooner, unless you ask GHP Family to take more time to decide your Grievance. You can ask GHP Family to take up to 14 more days to decide your Grievance. You will also get a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not like the expedited Grievance decision, you may ask for an expedited external Grievance review or an expedited Fair Hearing by the Department of Human Services or both an expedited external Grievance review and an expedited Fair Hearing. An expedited external Grievance review is a review by a doctor who does not work for GHP Family.

You must ask for expedited external Grievance review within **2 business days from the date you get the expedited Grievance decision notice**. To ask for expedited external review of a Grievance:

- Call GHP Family at **1-866-577-7733, PA Relay 711** and tell GHP Family your Grievance, or
- GHPFamilyAppeals@thehealthplan.com, or
- Write down your Grievance and send it to GHP Family by mail or fax:

GHP Family ATTN: Appeals Department
100 N. Academy Ave.
Danville, PA 17822-3220
Fax: 570-271-7225

GHP Family will send your request to the Insurance Department within 24 hours after receiving it. You must ask for a Fair Hearing within **120 days from the date on the notice** telling you the expedited Grievance decision.

What Kind of Help Can I Have with the Complaint and Grievance Processes?

If you need help filing your Complaint or Grievance, a staff member of GHP Family will help you. This person can also represent you during the Complaint or Grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your Complaint or Grievance.

You may also have a family member, friend, lawyer or other person help you file your Complaint or Grievance. This person can also help you if you decide you want to appear at the Complaint or Grievance review.

At any time during the Complaint or Grievance process, you can have someone you know represent you or act for you. If you decide to have someone represent or act for you, tell GHP Family, in writing, the name of that person and how GHP Family can reach him or her.

You or the person you choose to represent you may ask GHP Family to see any information GHP Family has about the issue you filed your Complaint or Grievance about at no cost to you.

You may call GHP Family's toll-free telephone number at **1-855-227-1302, PA Relay 711** if you need help or have questions about Complaints and Grievances, you can contact your local legal aid office at 1-800-322-7572 or call the Pennsylvania Health Law Project at 1-800-274-3258.

Persons Whose Primary Language Is Not English

If you ask for language services, GHP Family will provide the services at no cost to you.

Persons with Disabilities

GHP Family will provide persons with disabilities with the following help in presenting Complaints or Grievances at no cost, if needed. This help includes:

- Providing sign language interpreters;
- Providing information submitted by GHP Family at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review; and
- Providing someone to help copy and present information.

Department of Human Services Fair Hearings

In some cases you can ask the Department of Human Services to hold a hearing because you are unhappy about or do not agree with something GHP Family did or did not do. These hearings are called "Fair Hearings." You can ask for a Fair Hearing after GHP Family decides your First Level Complaint or decides your Grievance.

What Can I Request a Fair Hearing About and By When Do I Have to Ask for a Fair Hearing?

Your request for a Fair Hearing must be postmarked within **120 days from the date on the notice** telling you GHP Family's decision on your First Level Complaint or Grievance about the following:

- The denial of a service or item you want because it is not a covered service or item.
- The denial of payment to a provider for a service or item you got and the provider can bill you for the service or item.
- GHP Family's failure to decide a First Level Complaint or Grievance you told GHP Family about within 30 days from when GHP Family got your Complaint or Grievance.
- The denial of your request to disagree with GHP Family's decision that you have to pay your provider.
- The denial of a service or item, decrease of a service or item, or approval of a service or item different from the service or item you requested because it was not medically necessary.
- You're not getting a service or item within the time by which you should have received a service or item.

You can also request a Fair Hearing within 120 days from the date on the notice telling you that GHP Family failed to decide a First Level Complaint or Grievance you told GHP Family about within 30 days from when GHP Family got your Complaint or Grievance.

How Do I Ask for a Fair Hearing?

Your request for a Fair Hearing must be in writing. You can either fill out and sign the Fair Hearing Request Form included in the Complaint or the Grievance decision notice or write and sign a letter.

If you write a letter, it needs to include the following information:

- Your (the Member's) name and date of birth;
- A telephone number where you can be reached during the day;
- Whether you want to have the Fair Hearing in person or by telephone;
- The reason(s) you are asking for a Fair Hearing; and
- A copy of any letter you received about the issue you are asking for a Fair Hearing about.

You must send your request for a Fair Hearing to the following address:

Department of Human Services
Office of Medical Assistance Programs – HealthChoices Program
Complaint, Grievance and Fair Hearings
P.O. Box 2675
Harrisburg, PA 17105-2675

What Happens After I Ask for a Fair Hearing?

You will get a letter from the Department of Human Services' Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time for the hearing. You will receive this letter at least 10 days before the date of the hearing.

You may come to where the Fair Hearing will be held or be included by phone. A family member, friend, lawyer or other person may help you during the Fair Hearing. You **MUST** participate in the Fair Hearing.

GHP Family will also go to your Fair Hearing to explain why GHP Family made the decision or explain what happened.

You may ask GHP Family to give you any records, reports and other information about the issue you requested your Fair Hearing about at no cost to you.

When Will the Fair Hearing Be Decided?

The Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with GHP Family, not including the number of days between the date on the written notice of the GHP Family's First Level Complaint decision or Grievance decision and the date you asked for a Fair Hearing.

If you requested a Fair Hearing because GHP Family did not tell you its decision about a Complaint or Grievance you told GHP Family about within 30 days from when GHP Family got your Complaint or Grievance, your Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with GHP Family, not including the number of days between the date on the notice telling you that GHP Family failed to timely decide your Complaint or Grievance and the date you asked for a Fair Hearing.

The Department of Human Services will send you the decision in writing and tell you what to do if you do not like the decision.

If your Fair Hearing is not decided within 90 days from the date the Department of Human Services receives your request, you may be able to get your services until your Fair Hearing is decided. You can call the Department of Human Services at 1-800-798-2339 to ask for your services.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed, or denied and you ask for a Fair Hearing and your request is postmarked or hand-delivered within 10 days of the date on the notice telling you GHP Family's First Level Complaint or Grievance decision, the services or items will continue until a decision is made.

Expedited Fair Hearing

What Can I Do if My Health Is at Immediate Risk?

If your doctor or dentist believes that waiting the usual time frame for deciding a Fair Hearing could harm your health, you may ask that the Fair Hearing take place more quickly. This is called an expedited Fair Hearing. You can ask for an early decision by calling the Department at 1-800-798-2339 or by faxing a letter or the Fair Hearing Request Form to 717-772-6328. Your doctor or dentist must fax a signed letter to 717-772-6328 explaining why taking the usual amount of time to decide your Fair Hearing could harm your health. If your doctor or dentist does not send a letter, your doctor or dentist must testify at the Fair Hearing to explain why taking the usual amount of time to decide your Fair Hearing could harm your health.

The Bureau of Hearings and Appeals will schedule a telephone hearing and will tell you its decision within 3 business days after you asked for a Fair Hearing.

If your doctor does not send a written statement and does not testify at the Fair Hearing, the Fair Hearing decision will not be expedited. Another hearing will be scheduled and the Fair Hearing will be decided using the usual time frame for deciding a Fair Hearing.

You may call GHP Family's toll-free telephone number at 1-**855-227-1302**, **PA Relay 711** if you need help or have questions about Fair Hearings, you can contact your local legal aid office at 1-800-322-7572 or call the Pennsylvania Health Law Project at 1-800-274-3258.

Appendix A

Important Telephone Numbers

Geisinger Health Plan Family (GHP Family) Phone Numbers

GHP Family Customer Care Team..... 1-855-227-1302

(8 a.m. - 5 p.m. Mon., Tue., Thurs., Fri.; Wed. 8 a.m. - 8 p.m.)

TTY users call PA Relay.....711

GHP Family Case Management Department1-800-883-6355

GHP Family Pharmacy Customer Care Team1-855-552-6028

GHP Family Special Needs Unit 1-855-214-8100

GHP Fraud and Abuse Hotline 1-800-292-1627

GHP Family Quality Improvement (EPSDT Services) 1-866-847-1216

Tel-A-Nurse 1-877-543-5061

(24 hours, 7 days a week)

State of Pennsylvania Contacts

PA Enrollment Assistance TTY: 1-800-618-4225..... 1-800-440-3989

Monday through Friday 8:00 a.m. to 6:00 p.m.

PA Medical Assistance Provider Compliance Hotline 1-866-379-8477

(for reporting suspected fraud and/or abuse – see Section 2 of this Handbook)

Pennsylvania Medical Assistance Customer Service Call Center

TTY: 1-877-202-3021..... 1-866-542-3015

The Department of Human Services Hotline1-800-692-7462

(for information on eligibility and other requirements for DHS programs)

Pennsylvania Tobacco Cessation Information1-800-QUIT-NOW

WIC Hotline 1-800-942-9467

Behavioral Health Services County Phone Numbers and Websites

County	Behavioral Health Plan and Website	Toll Free Phone number	En Español	TTY/TDD
Bradford	Community Care Behavioral Health ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Carbon	Community Care Behavioral Health ccbh.com	1-866-473-5862	1-866-229-3187	1-877-877-3580
Centre	Community Care Behavioral Health ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Clinton	Community Care Behavioral Health ccbh.com	1-855-520-9787	1-866-229-3187	1-877-877-3580
Columbia	Community Care Behavioral Health ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Juniata	Community Care Behavioral Health ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Lackawanna	Community Care Behavioral Health ccbh.com	1-866-668-4696	1-866-229-3187	1-877-877-3580

Luzerne	Community Care Behavioral Health ccbh.com	1-866-668-4696	1-866-229-3187	1-877-877-3580
Lycoming	Community Care Behavioral Health ccbh.com	1-855-520-9787	1-866-229-3187	1-877-877-3580
Mifflin	Community Care Behavioral Health ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Monroe	Community Care Behavioral Health ccbh.com	1-866-473-5862	1-866-229-3187	1-877-877-3580
Montour	Community Care Behavioral Health ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Northumberland	Community Care Behavioral Health ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Pike	Community Care Behavioral Health ccbh.com	1-866-473-5862	1-866-229-3187	1-877-877-3580
Schuylkill	Community Care Behavioral Health ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580

Snyder	Community Care Behavioral Health ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Sullivan	Community Care Behavioral Health ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Susquehanna	Community Care Behavioral Health ccbh.com	1-866-668-4696	1-866-229-3187	1-877-877-3580
Tioga	Community Care Behavioral Health ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Union	Community Care Behavioral Health ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Wayne	Community Care Behavioral Health ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Wyoming	Community Care Behavioral Health ccbh.com	1-866-668-4696	1-866-229-3187	1-877-877-3580

Mental Health/Intellectual Disability Services

1-855-214-8100

National Suicide Prevention Hotline

1-800-273-TALK (8255)

Crisis Intervention Services Phone Numbers

County	Toll Free Number	Toll Phone Number
Bradford	1-877-724-7142	N/A
Carbon	1-800-338-6467	610-377-0773 (MH/DS); 570-992-0879; TTY 570-420-1904
Centre	1-800-643-5432	N/A
Clinton	1-800-525-7938 Drug & Alcohol - 888-941-2721	570-748-2262; D&A 570-323-8543
Columbia	1-800-222-9016	570-275-4962 (Daytime, weekdays only)
Juniata	1-800-929-9583	N/A
Lackawanna	N/A	570-348-6100
Luzerne	Child Crisis Only - 1-888-829-1341	570-552-6000
Lycoming	1-800-525-7938 Drug & Alcohol - 1-888-941-2721	570-326-7895; D&A 570-323-8543
Mifflin	1-800-929-9583	N/A
Monroe	1-800-338-6467	570-421-2901(MH/DS); 570-992-0879; TTY 570-420-1904

Montour	1-800-222-9016	570-275-4962 (Daytime, weekdays only)
Northumberland	1-800-222-9016	570-495-2040 or 570-495-2041 (Daytime only)
Pike	1-800-338-6467	570-296-6484(MH/DS); 570-992-0879; TTY 570-420-1904
Schuylkill	1-877-993-4357	570-628-0152; 570-628-4731
Snyder	1-800-222-9016	570-275-4962 (Daytime, weekdays only)
Sullivan	1-877-724-7142	N/A
Susquehanna	N/A	570-282-1732; 570-278-3393
Tioga	1-877-724-7142	570-724-5766; 570-724-7911
Union	1-800-222-9016	570-275-4962 (Daytime, weekdays only)
Wayne	N/A	570-253-0321
Wyoming	Child Crisis only – 1-888-829-1341	570-836-3118

Medical Assistance Transportation Program (MATP) County Phone Numbers

County	Local Phone Number	Toll Free Phone Number
Bradford	570-888-7330	1-800-242-3484
Carbon	570-669-6380	1-800-990-4287
Centre	814-355-6807	Same as Local
Clinton	570-323-7575	1-800-222-2468
Columbia	570-784-8807	1-866-936-6800

Juniata	717-242-2277	1-800-348-2277
Lackawanna	570-963-6482	Same as Local
Luzerne	570-288-8420	1-800-679-4135
Lycoming	570-323-7575	1-800-222-2468
Mifflin	717-242-2277	1-800-348-2277
Monroe	570-839-8210	1-888-955-6282
Montour	570-271-0833	N/A
Northumberland	N/A	1-800-479-2626
Pike	570-296-3408	1-866-681-4947
Schuylkill	570-628-1425	1-888-656-0700
Snyder	570-522-1390	1-877-1-877-9021
Sullivan	570-888-7330	1-800-242-3484
Susquehanna	570-278-6140	1-866-278-9332
Tioga	570-659-5330	1-800-242-3484
Union	570-522-1390	1-877-1-877-9021
Wayne	570-253-4280	1-800-662-0780
Wyoming	570-288-8420	1-800-679-4135

County Assistance Office (CAO) Phone Numbers

County	Local Phone Number	Toll Free Phone Number
Bradford	570-265-9186	1-800-542-3938
Carbon	610-577-9020	1-800-314-0963
Centre	814-863-6571	1-800-355-6024
Clinton	570-748-2971	1-800-820-4159

Columbia	570-265-9186	1-877-211-1322
Juniata	717-436-2158	1-800-586-4282
Lackawanna	570-963-4842	1-877-431-1887
Luzerne	570-826-2100	1-866-220-9320
Lycoming	570-327-3300	1-877-867-4014
Mifflin	717-248-6746	1-800-382-5253
Monroe	570-424-3030	1-877-905-1495
Montour	570-275-7430	1-866-596-5944
Northumberland	570-988-5900	1-800-368-8390
Pike	570-296-6114	1-866-267-9181
Schuylkill	570-621-3000	1-877-306-5439
Snyder	570-374-8126	1-866-713-8584
Sullivan	570-946-7174	1-877-265-1681
Susquehanna	570-278-3891	1-888-753-6328
Tioga	570-724-4051	1-800-525-6842
Union	570-524-2201	1-877-628-2003
Wayne	570-253-7100	1-877-879-5267
Wyoming	570-836-5171	1-877-699-3312

Discrimination is against the law

Geisinger Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan provides 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)

Geisinger Health Plan 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 Geisinger Health Plan at 800-447-4000.

If you believe that Geisinger Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 North Academy Avenue,
Danville, PA 17822-3220
Phone: (866) 577-7733, PA Relay 711,
Fax: (570) 271-7225, or
Email: GHPCivilRights@thehealthplan.com

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building,
P.O. Box 2675,
Harrisburg, PA 17105-2675
Phone: (717) 787-1127, PA Relay 711,
Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Geisinger Health Plan and the Bureau of Equal Opportunity are 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/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 800-447-4000 (PA RELAY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (PA RELAY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (PA RELAY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (PA RELAY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (PA RELAY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-447-4000 (رقم هاتف الصم والبكم والبرايل: PA RELAY: 711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 800-447-4000 (PA RELAY: 711) ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (PA RELAY: 711) 번으로 전화해 주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់លើអ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (PA RELAY: 711)។

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (PA RELAY: 711).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 800-447-4000 (PA RELAY: 711) သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (PA RELAY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (PA RELAY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 800-447-4000 (PA RELAY: 711)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-447-4000 (PA RELAY: 711).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (PA RELAY: 711).

Geisinger Health Plan may refer collectively to healthcare coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated healthcare delivery and coverage organization.

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