

Geisinger Health Plan Family

Member Handbook




GEISINGER
HEALTH PLAN[®]

GHP FAMILY

HELPFUL INFORMATION



Important Telephone Numbers

Geisinger Health Plan Family (GHP Family) Phone Numbers

GHP Family Member Services	1-855-227-1302
(8 a.m. - 5 p.m. Mon. Tue. Thurs. & Fri., Wed. 8 a.m. - 8 p.m.)	TTY users call the PA Relay at 711
GHP Family Case Management Department	1-800-883-6355
GHP Family Pharmacy Member Services	1-855-552-6028
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	1-800-440-3989
	TTY: 1-800-618-4225
PA Medical Assistance Provider Compliance Hotline	1-866-379-8477
(for reporting suspected fraud and/or abuse – see Section 16 of this Handbook)	
Pennsylvania Medical Assistance Customer Service Call Center	1-866-542-3015
	TTY: 1-877-202-3021
The Department of Human Services Hotline	1-800-692-7462
(for information on eligibility and other requirements for DHS programs)	
Clinical Sentinel Health Hotline	1-800-426-2090
(Monday through Friday 9 a.m. to 5 p.m.)	
Pennsylvania Tobacco Cessation Information	1-800-QUIT-NOW
WIC Hotline	1-800-942-9467



Web site: www.ghpfamily.com

Behavioral Health Services County Phone Numbers and Web Sites

County	Behavioral Health Plan	Phone number	En Español	TTY/TDD
Bradford	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Carbon	Community Care Behavioral Health http://www.ccbh.com	1-866-473-5862	1-866-229-3187	1-877-877-3580
Centre	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Clinton	Community Care Behavioral Health http://www.ccbh.com	1-855-520-9787	1-866-229-3187	1-877-877-3580
Columbia	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Juniata	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Lackawanna	Community Care Behavioral Health http://www.ccbh.com	1-866-668-4696	1-866-229-3187	1-877-877-3580
Luzerne	Community Care Behavioral Health http://www.ccbh.com	1-866-668-4696	1-866-229-3187	1-877-877-3580
Lycoming	Community Care Behavioral Health http://www.ccbh.com	1-855-520-9787	1-866-229-3187	1-877-877-3580
Mifflin	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Monroe	Community Care Behavioral Health http://www.ccbh.com	1-866-473-5862	1-866-229-3187	1-877-877-3580
Montour	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Northumberland	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Pike	Community Care Behavioral Health http://www.ccbh.com	1-866-473-5862	1-866-229-3187	1-877-877-3580
Schuylkill	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Snyder	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Sullivan	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Susquehanna	Community Care Behavioral Health http://www.ccbh.com	1-866-668-4696	1-866-229-3187	1-877-877-3580
Tioga	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Union	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Wayne	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Wyoming	Community Care Behavioral Health http://www.ccbh.com	1-866-668-4696	1-866-229-3187	1-877-877-3580

Medical Assistance Transportation Program (MATP) County Phone Numbers

County	Local Phone Number	Toll Free Phone Number
Bradford	(570) 888-7330	(800) 242-3484
Carbon	(570) 669-6380	(800) 990-4287
Centre	(814) 355-6807	Same as Local
Clinton	(570) 323-7575	(800) 222-2468
Columbia	(570) 784-8807	(866) 936-6800
Juniata	(717) 242-2277	(800) 348-2277
Lackawanna	(570) 963-6482	Same as Local
Luzerne	(570) 288-8420	(800) 679-4135
Lycoming	(570) 323-7575	(800) 222-2468
Mifflin	(717) 242-2277	(800) 348-2277
Monroe	(570) 839-8210	(888) 955-6282
Montour	(570) 271-0833	Same as Local
Northumberland		(800) 479-2626
Pike	(570) 296-3408	(866) 681-4947
Schuylkill	(570) 628-1425	(888) 656-0700
Snyder	(570) 522-1390	(877) 877-9021
Sullivan	(570) 888-7330	(800) 242-3484
Susquehanna	(570) 278-6140	(866) 278-9332
Tioga	(570) 659-5330	(800) 242-3484
Union	(570) 522-1390	(877) 877-9021
Wayne	(570) 253-4280	(800) 662-0780
Wyoming	(570) 288-8420	(800) 679-4135



Your Personal Information

My Member ID Number

Other Family Members' ID Numbers

Other Family Members' ID Numbers

Other Family Members' ID Numbers

My PCP's Name and Phone Number



Web site: www.ghpfamily.com

Table of Contents

1. Introduction.....	1
Welcome to Geisinger Health Plan Family!.....	1
Tips for understanding your Handbook and getting other information about GHP Family	1
Important Terms.....	1
How to contact Member Services	2
Requesting information from Member Services.....	2
Non-English speaking Members	2
Members who have trouble seeing to read.....	3
Tel-A-Nurse	3
Information on the GHP Family Web site www.ghpfamily.com	3
2. Rights and Responsibilities.....	4
A Members Rights under the GHP Family plan	4
A Member's responsibilities under this GHP Family plan	5
Confidentiality and privacy of your medical records and protected health information (PHI)	6
Notice of Privacy Practices	6
You also have certain rights regarding your Personal Health Information.....	7
To submit a written request regarding your PHI, mail to.....	7
If you would like to file a complaint, write or call as follows	8
Clinical Sentinel Hotline	8
What is the Clinical Sentinel Hotline?	8
When should I call the Clinical Sentinel Hotline?	8
3. Eligibility and Enrollment	9
How to Enroll in GHP Family.....	9
Identification Cards – GHP Family and ACCESS cards	9
GHP Family Identification Card	9
ACCESS Card.....	10
What do I have to do to enroll a new family member?	10
How to add a baby	10
How to add other family or household members	10
What Pennsylvania counties are covered by this GHP Family plan?	10
What happens if I move or get a different telephone number?	11
What if I want to change my Health Plan?	11
How will I lose coverage in GHP Family?	11
4. Getting Care from PCP's, specialists and other providers	13
Your Primary Care Practitioner (PCP)	13
Who can be a PCP?	13
How can I change my PCP?	13
What if my PCP leaves the GHP Family network?	13
What care will my PCP provide?	13
PCP office waiting times	14
How long will it take to get an appointment?	14
What is the referral process?	16
Specialist Care	16
Can a Specialist be a PCP?	16
What if my current specialist is not part of the GHP Family network?	16
What is a standing referral?	17
What specialists can I see without a referral (self-refer)?	17
What if I want to get a second opinion?	17
What if there are no specialist providers in the GHP Family network to treat my health problem?	17
Other health care providers.....	17
Home health care providers.....	17
Suppliers of Durable Medical Equipment (DME), Prosthetics, Orthotics and other medical supplies.....	18
Nursing facility providers	18
How do I request a Provider Directory and what can I find in the directory?	18

Prior Authorization.....	18
What is the prior authorization process?	18
What services need prior authorization?	19
What is medical necessity?	19
Benefit exceptions.....	19
5. Getting Emergency and Urgent Care.....	21
What is an emergency?	21
What will happen in the emergency room?	21
What if I get admitted to the hospital?	21
What follow up care should I get after an emergency?	21
What is urgent care?	21
What if I need medical care while I am outside of the GHP Family service area?	22
What if I need transportation to a non-emergency appointment?	22
What if I need transportation that is not an emergency or is not covered by MATP?	23
6. Getting Healthy Living Care.....	24
Preventive services?	24
Where do I go for preventive services?	24
Physical examinations and other tests.....	24
Services for children up to age 21 – Early and Periodic Screening Diagnosis and Treatment Examinations (EPSDT)	24
What is an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) examination?	24
How often should the EPSDT exams be done?	24
What will the PCP or provider do during the EPSDT exam?	24
What is the Early Intervention Program?	26
How do I get Early Intervention services?	26
Kick the tobacco habit with our help – Stop Tobacco Use Program.....	26
Do you want help to stop smoking	26
Medicines.....	26
Counseling Services	26
Help with anxiety, depression or mental health while you are trying to quit.....	27
GHP Family also offers additional help to stop smoking.....	27
Family Planning.....	27
What are family planning services?	27
Care during pregnancy	28
How often do I need to see my obstetrician?	28
What if I already have an obstetrician when I enroll in GHP Family?	28
What do I need to do once my baby is born?	28
What is the GHP program “Right from the Start”?	28
Women, Infants and Children Program (WIC)	29
How do I get WIC?	29
7. Getting Special Needs Care and Special Health Programs.....	30
Special health programs	30
How do I become part of a program?	31
What will the program do for me?	31
What if I don’t want to be in a special health program?	31
Special needs Unit.....	31
What is a Special Need?	31
How do I contact the Special Needs Unit?	32
What can the Special Needs Unit help me with?	32
Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS) Services.....	32
What are the special services available for HIV/AIDS?	32
How do I get these special services?	32
What provider(s) do I need to see to treat HIV/AIDS?	33
How can I find out about other State services that are not covered by the plan?	33
Behavioral Health Services.....	34
What Behavioral Health services might be available for me?	34
How do I get Behavioral Health Services?	35
Behavioral Health Contact Information	35
County Behavioral Health Crisis Intervention Phone Numbers	37

Internet Resources.....	37
8. Dental Care	38
Dental Services for Adult Members (age 21 and over)	38
9. Vision Care	40
Vision Care services for Adult members (age 21 and over).....	40
10. Pharmacy Covered Services.....	41
What is the formulary?	41
What is covered under GHP Family pharmacy services?	41
Are there any benefit limits on drugs?	41
What can I do if I am denied a pharmacy service?	41
What if I get a prescription from a non-participating provider?	41
What are my copayments for pharmacy services?.....	42
What drugs are not covered by GHP Family?	42
11. Covered Benefits and Services	43
How to read the covered services chart	43
Covered Services Chart	43
Additional Benefits available for Members.....	47
Transplant Services and Authorization Requirements.....	48
12. Copayments and billing	49
Copayment information.....	49
Who does not have to pay a copayment?	49
What can I do if I think I was charged a copayment that I did not have to pay?	49
What covered services have a copayment?	49
Billing information.....	49
Are there times when I can be billed?	49
What should I do if I get a bill?	50
13. Services that are not covered.....	51
What services, treatments and items are not covered by GHP Family?	51
14. Making Decisions about your health care	53
What is an Advance Directive?	53
What is a Living Will?	53
What is a Durable Power of Attorney for Health Care?	53
Things you should know about Advance Directives	53
What if a provider does not follow my Advance Directive?	54
What can I do now to contribute to my health care?	54
15. Complaint, Appeal and Fair Hearing Processes.....	55
Complaints, Grievances & DHS Fair Hearings	55
Complaints.....	55
What is a complaint?	55
What should I do if I have a complaint?	55
First Level Complaint	55
When should I file a first level complaint?	55
What happens after I file a first level complaint?	57
What to do to continue getting services	57
Second Level Complaint	57
What if I don't like GHP Family's decision?	57
When should I file a second level complaint?	57
What happens after I file a second level complaint?	57
What to do to continue getting services	58
External Complaint Review	58
What can I do if I still don't like GHP Family's decision?	58
What to do to continue getting services	59
Grievances.....	59

What is a grievance?	59
First Level Grievance	59
What should I do if I have a grievance?	59
When should I file a first level grievance?	59
What happens after I file a first level grievance?	59
What to do to continue getting services	60
Second Level Grievance	60
What if I don't like GHP Family's decision?	60
When should I file a second level grievance?	60
What happens after I file a second level grievance?	60
What to do to continue getting services	61
External Grievance Review	61
What can I do if I still don't like GHP Family's decision?	61
What to do to continue getting services	61
Expedited Complaints and Grievances	62
What can I do if my health is at immediate risk?	62
Expedited Complaint	62
Expedited Grievance and Expedited External Grievance	62
Department Of Human Services Fair Hearings	62
How do I ask for a fair hearing?	63
What happens after I ask for a fair hearing?	63
When will the fair hearing be decided?	63
What to do to continue getting services	63
Expedited Fair Hearing	64
What can I do if my health is at immediate risk?	64
What kind of help can I have with the complaint or grievance processes?	64
Persons whose primary language is not English	64
Persons with disabilities	64
16. Fraud and Abuse	66
What are some examples of fraud and abuse?	66
What should I do if I suspect fraud or abuse is or has happened?	66
17. Recipient Restrictions	67
What is the recipient restriction program?	67
How does the recipient restriction program work?	67



Welcome!

Thank you for enrolling in Geisinger Health Plan (GHP) Family. Your plan includes broad health care coverage, including:

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

This handbook will help you to understand your benefits, how to get care and how to work with GHP Family to make the most of your benefits.

You should have received your member ID card in the mail. This card includes information about your benefits, PCP name and phone number, and the GHP Family customer service team phone number. Keep the card and this handbook nearby for easy reference.

If you have any questions about your ID card or GHP Family benefits services, please call the Customer Service Team at (855) 227-1302 (TTY: 711). Hours are Monday, Tuesday, Thursday and Friday from 8 a.m. to 5 p.m. and Wednesday from 8 a.m. to 8 p.m.

We are pleased to provide your health coverage, and look forward to serving you.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dave Evans", with a long horizontal line extending to the right.

Dave Evans
Vice President, State Government Programs
Geisinger Health Plan

INTRODUCTION

Welcome to Geisinger Health Plan Family!

We would like to thank you for choosing Geisinger Health Plan Family (GHP Family) as the Medical Assistance managed care plan for your health care needs. We are licensed by the Pennsylvania Department of Health and the Pennsylvania Insurance Department. We have contracted with the Department of Human Services (DHS) to offer coverage to eligible Medical Assistance recipients living in 22 Pennsylvania counties. 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. Welcome to our Family!

Tips for understanding your Handbook and getting other information about GHP Family.

We have prepared this Handbook to explain how your GHP Family coverage works. While reading this Handbook, keep in mind the following:

Important Terms

- A **benefit limit** is a limit on a benefit. Examples of benefit limits are: a certain number of visits that are covered for a member or a total dollar amount for a benefit that is covered by this Plan. The benefit limits are listed with the covered services in Section 11 of this Handbook.
- A **covered service** is a medical service, procedure or supply listed in this Handbook as being covered by this GHP Family plan.
- **Medical necessity** means the process that GHP Family uses to determine if your care is necessary and appropriate. See Section 4 (page 19) of this Handbook for more information about this process.
- **Member** means an eligible person enrolled in GHP Family.
- **Member Services** is the team of people at GHP Family who can help you with any questions you have about this plan or anything in this Handbook.
- **Network or provider network** are the providers who have agreements with GHP Family to provide services to GHP Family members. The network is made up of both health care professionals and health care facilities (such as hospitals).
- **Non-participating provider** means a health care provider who is NOT part of the GHP Family network of health care providers.
- **Participating provider** or “**provider**” means a health care provider who is part of the GHP Family network of health care providers. Examples of providers are doctors, hospitals, pharmacies and physical therapists.
- **PCP** means your primary care physician. This is the doctor you choose to be the main source of medical care for you and who will coordinate referrals for tests or to other physicians as needed. See Section 4 (page 13) of this Handbook for information on how to choose a PCP.
- **Plan** means your GHP Family coverage.
- **Prior authorization** is when your health care provider gets approval from GHP Family for covered services that need to be reviewed by GHP Family before being covered. For more information see Section 4, (page 18).
- A **referral** is the process where your PCP directs you to be seen and/or treated by another provider. This is explained in more detail in Section 4, (page 16) of this Handbook.
- **Service** means a benefit or “covered service” available under this GHP Family plan.
- **We** or “**us**” means Geisinger Health Plan (GHP).

- **You** means you and everyone in your family who is enrolled in this GHP Family Plan.

How to contact Member Services

- **Mailing address.** If you need to send anything to us, please use the following address:

Geisinger Health Plan Family
M.C 3220
100 North Academy Avenue
Danville, PA 17822

- **The Member Services team.** The Member Services team can help you with questions you have about this Plan or anything covered in this Handbook.

**Call the Member Services team Mon. Tue, Thur. & Fri. from 8:00 a.m. to 5:00 p.m.
Wednesday from 8:00 a.m. to 8:00 p.m.
at: 1-855-227-1302 (toll free)
TDD/TTY users please call the Pennsylvania Relay at 711.**

Requesting information from Member Services

The following information is available upon request from Member Services:

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.

A list of participating providers and hospitals.

A list of which drugs are covered by this plan.

A description of how you can get coverage for specific drugs: 1) prescribed by a participating provider, 2) used for an off-label purpose, 3) not included in the drug formulary, 4) requested when a similar drug on the formulary hasn't successfully treated your disease or information about drugs that cause or are reasonably expected to cause harmful reactions to the member.

How we decide what medical devices, or treatments are covered.

How we decide what new treatments are covered.

A summary of how we pay the providers and medical facilities.

Non-English speaking Members

We will provide translation services for any non-English speaking member who calls the Member Service team. We will connect you with a language line service that can translate any language. You can also use this language line service when you are being seen by a provider and need translation services. These translation services are at no cost to you. This Handbook and other important GHP Family documents are available to you in Spanish if you ask us for them. You can also ask a Member Service team representative to mail you the documents written in other languages.

SPANISH: Si necesita esta información en otro idioma, llame al **1-855-227-1302** (TTY: 711) lunes, martes, jueves y viernes de 8:00 am a 5:00 pm o miércoles de 8:00 am a 8:00 pm.

CAMBODIAN: ប្រសិនបើអ្នកត្រូវការព័ត៌មាននេះជាភាសាខ្មែរទៀត សូមហៅ 1.855-227-1302 (TTY: 711) ថ្ងៃច័ន្ទ ថ្ងៃអង្គការ ថ្ងៃព្រហស្បតិ៍ និងថ្ងៃសុក្រពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 5 ល្ងាច ឬថ្ងៃពុធម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់។

CHINESE: 如果您需要此資訊的其它語言版本，請撥打電話：1.855-227-1302 (聽障專線：711) 週一，週二，週四和週五上午 8：00 至下午 5：00 或者週三上午 8：00 至晚上 8：00。

RUSSIAN: Если вы хотите получить данную информацию на другом языке, позвоните по номеру 1.855-227-1302 (Телетайп: 711) в понедельник, вторник, четверг и пятницу с 8 а.м. до 5 р.м. или в среду с 8 а.м. до 8 р.м.

VIETNAMESE: Nếu quý vị cần thông tin này bằng ngôn ngữ khác, hãy gọi 1.855-227-1302 (TTY: 711) Thứ Hai, Thứ Ba, Thứ Năm và Thứ Sáu từ 8 giờ sáng đến 5 giờ chiều hoặc Thứ Tư từ 8 giờ sáng đến 8 giờ tối.

Members who have trouble seeing to read

Members who have trouble seeing can contact Member Services at **1-855-227-1302** for assistance with this Handbook or any other GHP Family forms and documents. You can ask for all of your member information in large print, Braille, audiotape, CD, DVD and/or computer disc. There is no cost to you for getting information in any of these formats.

Tel-A-Nurse

Tel-A-Nurse is a service we provide so you can get health information from a nurse 24 hours a day. To contact Tel-A-Nurse, call 1-877-543-5061. This number is also on the front of your identification card. You can also use the “Live Chat” on our Web site, www.ghpfamily.com to talk to a nurse.

Tel-A-Nurse can be used for: finding out more about a test your doctor ordered, asking what a medical term means or talking about symptoms you are having. Tel-A-Nurse is **not** for emergencies. It should not be used to make an appointment or to ask if GHP Family covers a certain medical treatment.

Information on the GHP Family Web site www.ghpfamily.com

- **Please visit our Web site at www.ghpfamily.com to find out:**
 - √ How to find a provider.
 - √ Medical, dental and vision benefits and services.
 - √ Network pharmacies, pharmacy benefits and the formulary.
 - √ Member newsletters.
 - √ Health and wellness programs.
 - √ Health education information.
 - √ How to get behavioral health services.
 - √ HIPAA Notice of Privacy Practices.
 - √ Member Rights and Responsibilities.
 - √ Complaint, grievance and fair hearing information.
 - √ Member resources.
 - √ Contact information.
 - √ Copayment information.

A Members Rights under the GHP Family plan

As a member of the GHP Family, you have certain rights. GHP Family wants you to understand these rights. These rights are listed below.

You have the right:

- To receive information about GHP Family, its services, its health care providers, and member's rights and responsibilities.
- To have your identity protected.
- To file complaints and grievances about GHP Family and/or your PCP or other providers and to get a timely response.
- To get materials and/or help in other languages and formats if necessary.
- To access, inspect, and receive a copy of your protected health information (PHI) according to state and federal law. Your PHI includes personal information such as your health records with your address and your Social Security number.
- To request a correction or amendments to your PHI.
- To ask for a list of certain PHI disclosures.
- To be treated with respect, recognizing your right to privacy and dignity.
- To ask for GHP Family's medical management department's review guidelines and clinical practice guidelines.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To expect that your records and anything you say to your doctor will be treated confidentially and will not be released without your consent.
- To receive information from health care providers that you can understand about available treatment options and alternatives.
- To participate with providers in decisions about your health care. This includes talking about appropriate or medically necessary treatment options and alternatives for your condition, regardless of cost or benefit coverage. This also includes the right to refuse treatment, drugs and/or procedures.
- To know what treatment you will receive, what the expected outcome is, what risks there are and any side effects and who will be doing the treatment.
- To ask for a second opinion about any medical treatment or procedure.
- To know if care or treatment is part of a research experiment before you have it and to refuse experimental treatments.
- To file a fair hearing appeal with the Department of Human Services at any time during the complaint or grievance process.
- To offer suggestions for changes in GHP Family's member rights and responsibilities.

- To receive health care services without discrimination based on race, color, ethnicity, age, mental or physical disability, religion, gender, sexual orientation, national origin or income.
- To choose your own PCP within the limits of the GHP Family network, including the right to refuse the care of specific providers.
- To expect that your written permission will be obtained before we give out your medical information to anyone except those directly providing your care, except for purpose specifically permitted by state and federal laws such as to make sure that GHP Family members are getting quality care.
- To make an advance directive that tells others about the types of health care you want to receive if you are unable to speak for yourself.
- To receive information on the cost of your care.
- To exercise your rights freely and be assured that exercising your rights will not adversely affect the way GHP Family, its providers or state agencies treat you.
- Provide written authorization telling GHP Family if you decide to have someone (such as a family member, lawyer or other person) represent or act on your behalf during the complaint or grievance process.
- When emergency services are necessary, you have the right to obtain such services without unnecessary delay.

A Member's responsibilities under this GHP Family plan

As a member of GHP Family, you have certain responsibilities that we want you to understand. These responsibilities will help us give you better health care. They are listed below.

You have the responsibility:

- To protect your GHP Family identification card and show it when you get services.
- To let GHP Family and your provider know about important changes that may affect your membership, health care needs or benefits. Examples of such changes are changes in your name, address or telephone number, if you get pregnant, if your family size changes, if you or your children have other health insurance or if you move out of the county or state.
- To get medical services from GHP Family providers.
- To get a referral from your PCP before you see a specialist *except* for dental, family planning, vision care, chiropractic services or OB/GYN services.
- To use the emergency room only in cases of an emergency.
- To treat your health care providers with courtesy, consideration, respect and dignity. This includes arriving on time for scheduled appointments and canceling appointments when you cannot keep them.
- To ask questions to help you understand your health problems and to work with your provider and GHP Family on agreed upon treatment goals.
- To follow treatment plans and instructions for care that you have agreed on with your provider.
- To learn about any procedure or treatment and to think about it before it is done.
- To report all of your symptoms, problems and related health information to your PCP or other provider.
- To tell your PCP about your medical history.

Confidentiality and privacy of your medical records and protected health information (PHI)

You have important rights as to the privacy of your medical records. GHP follows the regulations in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) including the HITECH Act of 2009. This law protects the privacy of your medical records and health information. We also follow all other state and federal regulations regarding privacy of medical records and health information. A member's medical record and other information (which includes information relating to HIV/AIDS, substance abuse and behavioral health treatments) received by GHP will be kept confidential (private) as required by law.

The following Notice of Privacy Practices gives you details about how GHP Family makes sure your protected health information is kept private.

Notice of Privacy Practices

THIS NOTICE STATES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

We are required by law to protect the privacy of your protected health information (PHI). The only time we may release your information is if you give us permission in writing to release the information, or for one of the following reasons:

- **For medical treatment of the member.** For example, if you are in the hospital, we may show the hospital providers medical records sent to us by your provider.
- **For making a payment.** For example, our claim processing department may use your medical information to make a payment on a claim sent to us by your provider.
- **For health care operations.** For example, we may study your health data to see how we can improve our services to our members.
- **To tell you about health programs or products.** For example, we might send you information about a program to help you stop smoking.
- **For reminders.** For example, we may send you an appointment reminder for an upcoming appointment.
- State and Federal laws may require us to release your health information for the following reasons:
 - **As required by law.** For example, we may report information to state and federal agencies that regulate us.
 - **For public health reasons.** For example, we may report information during a major disease outbreak.
 - **For health oversight activities.** For example, we may report information for audits or fraud and abuse investigations.
 - **For court or administrative proceedings.** For example, we may release your information because we get a court order to do so.
 - **For law enforcement.** For example, we may release information to the police to identify a suspect or missing person.
 - **For reporting to a government agency regarding child abuse, neglect or domestic violence.**
 - **For sharing information with a coroner or medical examiner.** For example, we may release information to identify someone who has died, to determine a cause of death or as authorized by law. We may also share information with funeral directors so they can perform their duties when someone has died.

- **For organ transplants.** For example, we may share information to get, store or transplant organs, eyes or tissue.
- **For some government functions.** These functions may include military and veteran activities, national security and intelligence activities, and protective services.
- **For workers compensation.** For example, we may release information about job-related injuries.
- **For research.** For example, we may release information to study a disease or disability as allowed by law.
- **For correctional institutions or law enforcement.** For example, we may share information with a prison so people in custody can get health care, to protect the health and safety of others and for the security of the institution.

Sometimes we are required to get your authorization so that we can use or share your PHI. You can cancel your authorization allowing us use or share your PHI at any time unless we have already shared the information.

You also have certain rights regarding your Personal Health Information

- **You have the right to ask us to limit how we use or release your PHI for treatment, payment, or health care operations.** If a family member or someone else is involved in your health care decisions or payment, you have the right to ask us to limit information that we share with them. We will try to honor your request unless otherwise required by law or in emergency circumstances.
- **You have the right to ask to get confidential communications.** For example, if getting health information by mail would be harmful for you, you can ask us to send the information another way. We will try to meet your reasonable requests.
- **You have the right to see or get a copy of certain information about yourself.** You must ask for this in writing. Mail the request to the address below. We may send you a summary and we may charge you for copies. We may deny your request and will give you the reason why it has been denied. This does not include psychotherapy notes, information for civil, criminal or administrative proceedings or information related to federal laws, biological products and clinical laboratories.
- **You have the right to ask us to amend your medical claim records or PHI.** If you think it is wrong or incomplete, you can ask us to change your PHI. You must ask for the change in writing and give us a reason for the change. Mail the request to the address below. We will notify you when the change is made. We will send the change to any person who has received your PHI and to others as directed by you. If we deny your request you can have your disagreement added to your PHI and it will be included with future disclosures of your PHI. We will give you the reason why we denied your request.
- **You have the right to ask us for a list of all of the PHI disclosed by us in the 6 years prior to your request.** This will not include: a) any PHI shared before April 14, 2003, b) PHI released for treatment, payment and health operation, c) PHI shared with you or with your consent, d) that relates to a permitted use or disclosure, e) any PHI released during an emergency, f) PHI released for national security or intelligence purposes, g) PHI released to correctional institutions, law enforcement or health oversight agencies and h) PHI released for limited research, public health or health care operations. Also, this will not include disclosures that federal law does not require us to track.

To submit a written request regarding your PHI, mail to:

Geisinger Health Plan Family Privacy Officer
M.C 3220
100 North Academy Avenue
Danville, PA 17822

You have a right to receive a copy of this privacy notice when you ask. If any of our privacy practices change, we have the right to change this notice. We also have the right to make the new notice apply to all protected health

information we maintain. We will mail the new notice to you after it is revised. You may have questions about this notice or wish to file a complaint with GHP Family Plan's Privacy Officer if you feel that your privacy rights have not been respected.

If you would like to file a complaint, write or call as follows:

Geisinger Health Plan Family Privacy Officer

M.C 3220
100 North Academy Avenue
Danville, PA 17822
Telephone: 1-800-292-1627

Clinical Sentinel Hotline

What is the Clinical Sentinel Hotline?

The Clinical Sentinel Hotline (CSH) is operated by The Department of Human Services (DHS) to make sure requests for your medically necessary care and services that are sent to GHP Family and your Behavioral Health Plan are responded to in a timely manner. When you call the CSH, you will speak with nurses who work for DHS. The CSH helps all Medical Assistance consumers who are enrolled in the HealthChoices Program.

When should I call the Clinical Sentinel Hotline?

If your health care provider or you have requested medical care or services, and GHP Family or your Behavioral Health Plan has not responded in time to meet your needs, you can call the CSH. You can also call the CSH if GHP Family or your Behavioral Health Plan has denied you medically necessary care or services and will not accept your request to file a grievance. You can also call the CSH if you are having trouble getting home health shift services that were authorized by GHP Family.

You can call the CSH Monday through Friday between 9:00 a.m. and 5:00 p.m. by calling **1-800-426-2090**.

***Note:** *The CSH can't provide or approve urgent or emergency medical care. If you think that you need urgent or emergency care, you should call your PCP or go to your local hospital.*

3. Eligibility and Enrollment

The Department of Human Services (DHS) will let you know if you are eligible to receive Medical Assistance. There are several ways you can apply for Medical Assistance. You can contact DHS and apply for Medical Assistance online by going to their Web site at <http://www.dhs.state.pa.us/applyforbenefits/index.htm>. You can also apply by going to your County Assistance Office in person or by completing a paper application that you can mail to DHS. Paper applications can be found on the DHS website at <http://www.dhs.state.pa.us/applyforbenefits/index.htm>. GHP Family does not decide if you can get Medical Assistance. We also do not choose what medical services will be covered under GHP Family. The Covered Services under this Plan are decided by the Department of Human Services.

How to Enroll in GHP Family

Once you are approved for Medical Assistance, you can contact DHS Enrollment Services who will help you and your family choose a health plan, enroll in the health plan and help you choose a PCP. They can also answer questions about your choice of health plans or help you if you decide to change health plans. You can talk to a DHS Enrollment Services Specialist by calling 1-800-440-3989 TTY: 1-800-618-4225. You can also contact a DHS Enrollment Services Specialist by going to <http://www.enrollnow.net>. Once you become enrolled in GHP Family, you will get a welcome kit with information about GHP Family services.

Identification Cards – GHP Family and ACCESS cards

GHP Family Identification Card

Once you are enrolled in GHP Family, you will get a GHP Family identification card for each member of your family enrolling in GHP Family. You should keep your GHP Family identification card with you at all times. You will need to show this card when you get a medical service. If you lose your card or need a new one, please call Member Services at 1-855-227-1302 and ask for a new card. A new card will be sent to you. Your GHP Family identification card will have your PCP's phone number on the card and the phone number for GHP Family Member Services. Remember, your GHP Family identification card is only for you to use, don't let anyone else use your card.

FRONT OF GHP FAMILY IDENTIFICATION CARD



BACK OF GHP FAMILY IDENTIFICATION CARD

Please call GHP Family toll free at 855-227-1302

immediately upon hospitalization or if you have questions concerning your coverage. For prescription questions, call 855-552-6028. Hearing-impaired users, please call the PA Relay at 711.

General Information:

Geisinger Health Plan
100 N. Academy Avenue
Danville, PA 17822-3229
XX-XX

Mail Medical Claims to:

Geisinger Health Plan
P.O. Box 8200
Danville, PA 17821-8200

Benefit Code: **ABCDEFGHIJ**
Issue Date: **issuereate**

Pharmacists call 1-800-788-2949 for pharmacy benefit information.
Mail Dental Claims to: DentaQuest-Claims, 12121 N. Corporate Parkway
Mequon, WI 53092. For Dental benefit inquiries: Providers please call 1-800-341-8478.

ACCESS Card

Your GHP Family identification card does not replace your ACCESS card. You will need to carry both cards with you. You may need to show your ACCESS card, your GHP Family identification card and any other insurance cards you have when you go to a medical appointment or a pharmacy. You will also need your ACCESS card for the Medical Transportation Program (MATP) (see page 22 for more information). You will also need your ACCESS card for behavioral health treatment (mental health and substance abuse) – (see page 34 for more information) and WIC services (see page 29 for more information). If you lose your ACCESS card, call your caseworker at your County Assistance Office.

What do I have to do to enroll a new family member?

How to add a baby

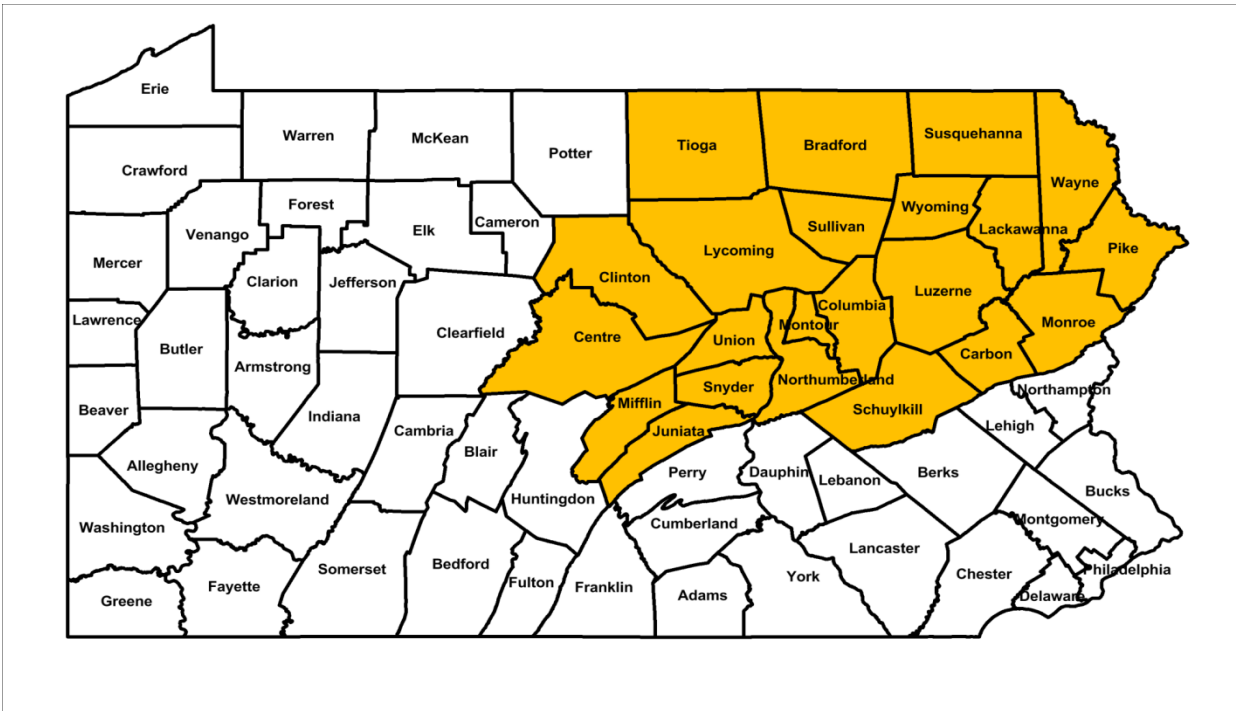
If you have a baby while you are a GHP Family member, you must call your caseworker at the County Assistance Office and tell them you had a baby. If you are a GHP Family member, your baby will be covered by GHP Family from the date it is born. Please call Member Services at **1-855-227-1302** as soon as possible after you have your baby so we can help you choose a PCP for your baby. After you choose your baby's PCP, you will receive a GHP Family identification card for your baby.

How to add other family or household members

Anytime that someone is added to your family or household, you must call your County Assistance Office caseworker. Your caseworker will determine Medical Assistance eligibility for your new family or household member. If they are eligible, your caseworker will add them to your case. After the new member is added to your case by the County Assistance Office, you can contact DHS Enrollment Services who will help you choose a health plan. To contact DHS Enrollment Services, call 1-800-440-3989; TTY: 1-800-618-4225.

What Pennsylvania counties are covered by this GHP Family plan?

The counties below in gold are covered by GHP Family. These counties are known as our Service Area.



What happens if I move or get a different telephone number?

You must notify your caseworker at the County Assistance Office if your home address changes. It is especially important to do this if you move out of the county where you are now living, if you move out of state or if you will be out of the service area for more than 30 days. If you move out of the GHP Family service area, your PCP may no longer be able to manage your care. Depending on where you are moving to, you may need to disenroll from GHP Family and enroll in another managed care plan.

If your telephone number changes you will need to let GHP Family know by calling Member Services at **1-855-227-1302**. You will also need to tell this information to your County Assistance Office caseworker and your PCP and any other providers you are seeing for regular appointments.

What if I want to change my Health Plan?

If you decide you want to leave GHP Family and choose another health plan, please call us first at **1-855-227-1302**. We may be able to help in some way with your decision. If you decide to choose another health plan, you need to call DHS Enrollment Services at 1-800-440-3989 and speak with an Enrollment Specialist. If you are deaf or hard of hearing, you can call using the TTY system at 1-800-618-4225. You will stay enrolled in GHP Family until the date that the Enrollment Specialist tells you that you will be enrolled into your new health plan. Keep using your GHP Family identification card until you are enrolled in your new plan.

How will I lose coverage in GHP Family?

Some reasons that you can be disenrolled from GHP Family could include (but are not limited to):

- You are no longer on Medical Assistance. Your County Assistance Office will notify you in writing that your case is closed. If your case reopens in less than 6 months, you will automatically be re-enrolled into GHP Family.
- You move to another county within Pennsylvania. To see if you can get Medical Assistance, go to the County Assistance Office in your new county.
- You move out of the state of Pennsylvania.
- You are convicted of a crime and are in jail or a youth development center.
- You commit medical fraud or intentional misconduct and have completed all appeals to the Department of Human Services (DHS).

- You are admitted to a nursing facility outside of the state of Pennsylvania.
- If you are placed in a nursing home facility for more than 30 days in a row.
- If you admitted to a state-operated psychiatric facility.
- If you are placed into a juvenile detention center for more than 35 days in a row.
- If you are admitted to a state facility, except for public intermediate care facilities and mental retardation facilities.

** NOTE: You will never be disenrolled in GHP Family due to being sick.*

4. Getting Care from PCP's, specialists and other providers

Your Primary Care Practitioner (PCP)

Your PCP is the doctor who will provide and manage most of your health care needs. You will need to pick a PCP in the GHP Family network of providers. You can find a list of PCPs that you can choose from in the GHP Family Provider Directory or on the GHP Family Web site at www.ghpfamily.com. If you already have a PCP, call Member Services at **1-855-227-1302** or go to the GHP Family Web site at www.ghpfamily.com to see if your doctor is in the GHP Family network. You can pick one doctor for your whole family or you can pick a different doctor for each family member. If you have children, you can pick a pediatrician for your child(ren). If you do not pick a PCP when enrolling in GHP Family, we will assign one for you. If you want to pick a different PCP, you can do so at any time by calling GHP Family Member Services. If you pick a new doctor for your PCP, it is important to get to know your new PCP. Call and make an appointment with your PCP soon after you become a member of GHP Family.

Please call Member Services at **1-855-227-1302** if you have any questions about picking a PCP.

Who can be a PCP?

A PCP may be a family doctor, a general practice doctor or an internist (internal medicine doctor). A PCP may also be a pediatrician who only treats children from birth to age 21. You may also choose a Certified Registered Nurse Practitioner (Nurse Practitioner or CRNP) as a PCP. Nurse Practitioners work under the direction of a doctor and can do many of the same things a doctor can do such as prescribing medicine and diagnosing conditions. If you have Medicare coverage, you have the right to get Medicare covered services from the Medicare provider of your choice.

You might not always see your PCP every time you have a PCP appointment. You might be scheduled for an appointment with another doctor in your PCP's group practice. Some doctor offices also have medical residents, nurse practitioners or physician assistants who care for members under the supervision of the PCP. You may be scheduled with one of these professionals instead of your PCP. Any other healthcare professional you are scheduled with other than your doctor will have all of your medical records and will be able to treat you just as your PCP would.

How can I change my PCP?

You can change your PCP at any time. To change your PCP, call Member Services at **1-855-227-1302**. Your new PCP choice will be effective immediately after calling Member Services. We will send you a new GHP Family identification card with the phone number of your new PCP's office. Keep your current card until your new one comes in the mail.

What if my PCP leaves the GHP Family network?

If your PCP leaves the GHP Family network, we will contact you and let you know. You will be able to pick a new PCP. If you do not pick a new PCP, we will assign one for you.

What care will my PCP provide?

Your PCP helps you stay healthy. Regular visits with your PCP can:

- Give you the checkups, shots, and screenings you need to stay healthy.
- Give you treatment for most common health issues.
- Give you information about your health problems and answer your questions about your health.
- Teach you how to take care of yourself and stay healthy.

- Help you 24 hours a day, seven days a week, including weekends and holidays, either by telephone or in person. Your PCP will tell you how to contact him or her after-hours.
- Order tests, services and treatments if you need them.
- Refer you to a specialist or another provider if you need it. (See the “What is a referral” section on page 16 for more information.)
- Help to coordinate other services. Some examples include hospital admissions, services performed in your home, or medical equipment needs.
- Find health problems before they become serious.
- Be a patient advocate.
- Provide preventive treatment for medical conditions such as: diabetes, asthma, allergies, high cholesterol and high blood pressure.

Your PCP should be the first person you call for non-emergency health care needs. If you are having an emergency, follow the directions in Section 5, page 21 of this Handbook. It is important to be on time for appointments with your PCP. If you are going to be late or need to change your appointment, call your PCP’s office and let them know. Try to give them at least one day’s notice if you have to cancel an appointment.

PCP office waiting times

Most of the time, you should not have to wait at your PCP’s office more than 30 minutes for an appointment for routine (non-emergency) care. There may be rare times that you have to wait up to one hour if the doctor is held up with an emergency or with an urgent visit. GHP Family works with providers to make sure you do not have to wait too long in the office before your appointment.

How long will it take to get an appointment?

Your PCP must schedule your first appointment within 3 weeks of your enrollment. Urgent medical conditions must be scheduled within 24 hours of the request. Wellness appointments (physicals, wellness exams) must be scheduled within 10 business days of your request. All other appointments must be scheduled within 3 weeks of when you call to make the appointment. Your PCP must be available to you 24 hours a day, each day of the week and every day of the year (including holidays). They may have an answering service that will take your call and contact your PCP who will call you back. Your PCP must have at least 20 hours of office hours each week. For detailed appointment standards see below.

Condition	Member (s)	Provider Types	Standards
Emergency	All	PCP’s	Recipients must be seen immediately, or referred to an emergency facility
		Specialist Care Provider’s (SCP’s)	Appointments immediately upon referral
Urgent	All	PCP’s	Appointments within 24 hours
		SCP’s	Appointments within 24 hours of referral

Condition	Member (s)	Provider Types	Standards
Routine	All	PCP's	Appointments must be scheduled within 10 business days
		Specialist:	Appointments must be scheduled within 15 business days
		Otolaryngology	
		Dermatology	
		Pediatric Endocrinology	
		Pediatric General Surgery	
		Pediatric Infectious Disease	
		Pediatric Neurology	
		Pediatric Pulmonology	
		Pediatric Rheumatology	
		Dentist	
		Orthopedic Surgery	
		Pediatric Allergy	
		Pediatric Immunology	
		Pediatric Gastroenterology	
		Pediatric Hematology	
		Pediatric Oncology	
		Pediatric Rehab Medicine	
		Pediatric Urology	
		All other specialty	Appointments must be scheduled within 10 business days
Health Assessment	All	PCP	Appointments must be scheduled within 3 weeks of enrollment
General Physical Examination	All	PCP	Appointments must be scheduled within 3 weeks
First Physical Examination	All	PCP	Appointments must be scheduled within 3 weeks
Initial Appointment	HIV/AIDs Members	PCP or SCP	Must be scheduled within 7 days of enrollment unless the member is already in active care with a PCP or specialist
	SSI Members	PCP or SCP	Must be scheduled within 45 days of enrollment unless the member is already in active care with a PCP or specialist
Initial Prenatal Care	Pregnant Members	OB/GYN or Certified Nurse Midwife	
	First Trimester		Must be scheduled within 10 business days of the member being identified as pregnant

Condition	Member (s)	Provider Types	Standards
	Second Trimester		Within 5 business days of being identified
	Third Trimester		Within 4 business days of being identified
	High Risk Pregnancy		Within 24 hours of identification or immediately if an emergency exists
EPSDT Screens	All under the age of 21	PCP	Appointments must be scheduled within 45 days of enrollment unless the child is already under the care of a PCP and current with screens

What is the referral process?

When your PCP sends you to a specialist or other provider, this is called a “referral”. Most of the time, you will need a referral to see a specialist. It may take a few days for the referral to go through to the specialist. You may need to make an appointment with the specialist after the referral is processed.

You may also get a referral from your PCP for services such as physical, occupational or speech therapy and x-rays and other imaging tests.

If you change your PCP, you must ask them to review any open referrals you may have. Your new PCP will take over your referrals.

Specialist Care

A specialist is a doctor that has advanced training for treating certain illnesses or conditions. Examples of specialists are cardiologists (for heart conditions) or allergists (for allergy treatments). You will need a referral from your PCP to see most specialists (see page 17 for those specialists you can see without a referral). There is no limit to how many visits you have with a specialist.

Can a Specialist be a PCP?

In some cases, your health care can be better managed by a specialist. If you have a life-threatening, degenerative (a disease or condition which will gradually get worse over time), or disabling disease or condition, you may be able to have a specialist act as your PCP. If you have such a health condition or other special needs and would like to talk to us about having your specialist as a PCP, call Member Services at **1-855-227-1302**.

What if my current specialist is not part of the GHP Family network?

When you enroll in GHP Family, you must let us know if you are being treated by a provider who is not in our network. To make sure your care is continued, we will allow you to continue seeing that provider for up to 60 days if they are continuing a course of treatment. Under certain circumstances, this time period may be longer than 60 days. Member Services can help you find a specialist who is a participating provider. If you are pregnant when you enroll in GHP Family, you can see the same OB/GYN specialist for all pregnancy related services and post-partum care (care after the baby is born) even if that doctor is not in our network of providers.

What is a standing referral?

In certain cases, if you have a life threatening, degenerative, or disabling disease or condition, or if you have other special needs, you may be able to get a “standing referral” from your PCP. A standing referral means you don’t have to get a referral each time you need to see a certain specialist. Call Member Services at 1-855-227-1302 for more information.

What specialists can I see without a referral (self-refer)?

There are some specialists you can self-refer to. This means that you can see them without a referral from your PCP. You must make sure the specialist is part of GHP Family’s network. You can call them directly for an appointment. You do NOT need a referral for the following types of providers:

- **Obstetrician** – you can self-refer to an obstetrician if you think you might be pregnant or if you are pregnant. Your right to self-referral includes a nurse mid-wife.
- **Gynecologist** – you can self-refer for your yearly well-woman examination. This exam includes a Pap smear, a breast exam and depending on your age, a routine mammogram. You can also self-refer for any women’s health problems, such as abnormal bleeding, possible infection or sexually transmitted disease.
- **Family planning provider** – you can self-refer for family planning services. You can choose doctors and clinics that are not in the GHP Family network.
- **Dentist** – you can self-refer for routine dental services. (See Section 8 for more information).
- **Vision provider** – you can self-refer for routine eye exams. (See Section 9 for more information).
- **Chiropractor** – you can self-refer for your first visit.
- **Behavioral Health Service** – you can self-refer for treatment (See Page 35 for more information)

What if I want to get a second opinion?

You can always ask for a second opinion on a medical treatment, service or non-emergency surgery. To arrange for a second opinion, call your PCP and request a referral for a second opinion. A second opinion is available at no extra cost to you, However, applicable copayments will apply.

What if there are no specialist providers in the GHP Family network to treat my health problem?

GHP Family is required to have providers, including specialists, that are close to where you live. We are required to provide you with quality care in a timely manner and without the need for you to travel too far to see a specialist. If there isn’t a specialist that meets the travel distance or travel-time requirements, your PCP will contact us for a prior authorization to see the non-participating provider. If the request is denied, you have the right to file a denial of service complaint (for more information, see Section 15, page 63 of this Handbook).

Other health care providers

There are other kinds of health care providers that you may get referred to or need to access. Information on these providers follows below.

Home health care providers

When your doctor thinks you would benefit from getting care at home, they may order home health care for you. Home health care providers are health care providers who will give you health care services in your home. They include nurses, home health aides, physical, speech and occupational therapists and social workers. The providers who come to your home will be determined by your doctor. GHP Family does not require prior authorization for the initial home health visit. Future home health visits will be authorized through review by GHP Family. Home health providers must be providers in the GHP Family network.

Suppliers of Durable Medical Equipment (DME), Prosthetics, Orthotics and other medical supplies.

GHP Family covers medically necessary DME, prosthetics, orthotics and medical supplies. To be covered, these items must be covered under the Pennsylvania Medical Assistance Program. Most must have prior authorization by GHP Family for you to get them. Examples of DME, prosthetics and orthotics are: wheelchairs, walkers, crutches, splints, artificial limbs and oxygen tanks. Medical supplies are such things as ostomy supplies and certain diabetic supplies. Suppliers of DME, prosthetics, orthotics and medical supplies must be providers in the GHP Family network. They must be ordered by your PCP or other health care provider. You can find a listing of suppliers in the Provider Directory or you can call Member Services at **1-855-227-1302** to help you find a provider.

Nursing facility providers

If you are admitted to a nursing facility, GHP Family will cover medically necessary services that would normally be covered under the Pennsylvania Medical Assistance Program for the first 30 days of your stay. After 30 days, You will be disenrolled from GHP Family and the Medical Assistance Fee-for-Service program (ACCESS) will cover your nursing facility care if medically necessary.

How do I request a Provider Directory and what can I find in the directory?

GHP Family has a large network of hospitals, physicians, pharmacies and other health care providers. 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. You can find information about GHP Family providers in the GHP Family provider directory. The Provider Directory gives you the providers' names, what medical group they belong to (if any), addresses of their offices, phone numbers, any specific information about the provider (for example, if they see only children), hospitals they admit patients to, their specialty, any board certifications, the languages they speak, the gender of the doctor, and whether they are taking new patients. There is also information about hospitals. You can request a copy of the Provider Directory from Member Services at **1-855-227-1302** or look on our Web site at www.ghpfamily.com. You have the right to request the directory in a different format or language at no cost to you.

* **NOTE:** *the information in the provider directory is subject to change without notice as it is updated often by GHP Family.*

Prior Authorization

Some services ordered by your doctor will require "prior authorization". Prior authorization means the service must be approved as "medically necessary" by GHP Family before you can get the service (for more information on medical necessity, see Section 4, page 19). Your provider will request the prior authorization from us; you don't need to do anything to request it. You will then receive a written notification of our decision. It is important to make sure you have received notice of prior approval from GHP Family for a service requiring prior authorization before getting the service. If you don't, you may have to pay the bill.

GHP Family makes decisions based on appropriateness of care and service and coverage. We do not reward health care providers for denying, limiting or delaying health care services for our members. We also don't reward any of our employees for denying benefits.

You and your provider can get a copy of the guidelines that we follow for making prior authorization decisions by calling Member Services at **1-855-227-1302**. If you need language assistance about the prior authorization process, please see page 2, "Non-English speaking members".

What is the prior authorization process?

- 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.
- 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 15 for more information on complaints, grievances and fair hearings. You can call Member Services at **1-855-227-1302** for help in filing a complaint, grievance and/or fair hearing.

What services need prior authorization?

For a listing of services needing prior authorization, see the covered benefits and services chart in Section 11, (page 43). The chart will tell you for each service whether or not prior authorization is required. You can also call Member Services at **1-855-227-1302** and ask if a specific service requires prior authorization.

What is medical necessity?

A service is medically necessary if it is covered under the Medical Assistance program and if it meets one of the following standards:

- The service or benefit will, or is reasonably expected to prevent the onset of an illness, condition or disability.
- The service or benefit will, or is reasonably expected to reduce or ameliorate the physical, mental or developmental effect of an illness, condition, injury or disability, and
- The service or benefit will help the member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the member and those functional capacities that are appropriate for members of the same age.

*If you need help understanding any of this information, please call Member Services at **1-855-227-1302**.*

Benefit exceptions

You or your Providers may ask us for an exception for services or items that are above benefit limits if:

- You have a serious chronic illness or other serious health condition and without the additional service, your life would be in danger; or
- You have a serious chronic illness or other serious health condition and without the additional service, your health would get much worse; or
- You would need more expensive services if the exception is not granted; or
- It would be against Federal law for GHP Family to deny the exception.

Your provider can ask for an exception, by calling GHP Family at **1-855-227-1302**, or sending the request to:

GHP Family
 Medical Management Department
 M.C 3218
 100 North Academy Avenue
 Danville, PA 17822

We will let you know whether or not the exception is granted within the time listed below.

- If your provider asks for an exception before you receive the service, you will get a response within 21 days of the date we get the request.
- If your provider asks for an exception before you receive the service, and your provider tells us you have an urgent need for a quick response, you will get a response within 48 hours of the date we get the request.
- If your provider asks for an exception after you received the service, you will get a response within 30 days of the date we get the request.

A benefit exception request made after the service has been received must be submitted no later than 60 days from the date GHP Family rejects the claim because the service is over the benefit limit. Benefit exception requests made after 60 days from the claim rejection date will be denied.

Both you and your provider will receive written notice of the approval or denial of the exception request. For requests sent before the service is provided, if you or the provider are not notified of the decision within 21 days of the date we received the request, the exception will be granted.

If you disagree with the response you get from GHP Family, you can file a complaint and request a Fair Hearing (see Section 15).

What is an emergency?

An emergency is when you need to see a doctor right away. If you need medical care but you are not sure if it is an emergency, call your PCP. If you can't reach your PCP, you can also call Tel-A-Nurse at 1-877-543-5061. Your PCP or the Tel-A-Nurse can help you decide if you should go to the emergency room, see your PCP or go to an urgent care center. You don't need approval from GHP Family to get emergency treatment, and the hospital can't deny you treatment. Any emergency transportation is also covered in an emergency.

An emergency is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (a) placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (b) serious impairment to bodily functions, or (c) serious dysfunction of any bodily organ or part.

Some examples of emergencies include:

- danger of losing limb or life
- passing out
- sharp chest pain
- poisoning
- overdose of medicine or drugs
- choking
- having trouble breathing
- bleeding you can't stop
- not being able to move a body part
- broken bones

If you have an emergency, go to the closest emergency room. Call 911 or your local ambulance service if you need transportation to the emergency room.

What will happen in the emergency room?

The emergency room will do an examination to determine if you have an emergency condition. This examination may include lab tests, x-rays or other testing. They will do treatments to stabilize your medical condition. If the emergency room doctor feels that you need to be transferred to another facility, they will get your written consent and an authorization from GHP Family for the transfer. You can't be transferred to another hospital without your consent and until your medical condition is stabilized.

You have certain rights in the emergency room, such as the right to get the care you need, the right to refuse treatment and you can ask to be transferred to another hospital

What if I get admitted to the hospital?

If you have an emergency and are admitted to the hospital, you should let your PCP know as soon as possible. If you are admitted to a hospital that does not accept GHP Family, you may be moved to a hospital in our network. You will only be moved if your treating provider agrees that your health is good enough for you to be moved.

What follow up care should I get after an emergency?

You must call your PCP for any follow up care needed after you have been in the emergency room. Do not go back to the emergency room for follow up care unless your PCP tells you to. If you need help managing your care after an emergency, call Member Services at 1-855-227-1302.

What is urgent care?

Urgent care is for medical conditions that are serious but are not emergencies. If you need medical care but you are not sure if it is an emergency, **the first thing you should do is call your PCP**. If you can't reach your PCP, you can also call Tel-A-Nurse at 1-877-543-5061. Your PCP or the Tel-A-Nurse will help you decide whether you should go to the emergency room, see your PCP or go to a near-by urgent care center.

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

- vomiting
- sprains
- ear aches
- sore throats
- coughs and fever
- rashes
- ongoing diarrhea
- stomach aches

Call your PCP for routine or non-emergency health care needs. In most cases, your PCP will give you an appointment within 24 hours. If you have any questions call Member Services at **1-855-227-1302**.

What if I need medical care while I am outside of the GHP Family service area?

If you are traveling away from home and you are outside of the GHP Family service area, you are only covered for emergency care services. If you need to arrange for other care while out of the service area, call Member Services at **1-855-227-1302**. You must call your PCP or Member Services within 24 hours of an emergency room visit outside the service area. If you are outside of the United States and need medical care, any health care services you receive will not be covered by GHP Family.

What if I need transportation to a non-emergency appointment?

If you need transportation to a doctor's appointment that is NOT an emergency, your county Medical Assistance Transportation Program (MATP) can help you get transportation. You do not need to pay for MATP transportation. You must register with the MATP office in your county in order to get transportation. It can take up to 10 days to register, so call your county MATP office as soon as possible if you will need transportation. To get transportation, call the telephone number of the county MATP where you live. If you need help with this, or your county is not listed below, call Member Services at **1-855-227-1302**.

County	Local Phone Number	Toll Free Phone Number
Bradford	(570) 888-7330	(800) 242-3484
Carbon	(570) 669-6380	(800) 990-4287
Centre	(814) 355-6807	Same as Local
Clinton	(570) 323-7575	(800) 222-2468
Columbia	(570) 784-8807	(866) 936-6800
Juniata	(717) 242-2277	(800) 348-2277
Lackawanna	(570) 963-6482	Same as Local
Luzerne	(570) 288-8420	(800) 679-4135
Lycoming	(570) 323-7575	(800) 222-2468
Mifflin	(717) 242-2277	(800) 348-2277

County	Local Phone Number	Toll Free Phone Number
Monroe	(570) 839-8210	(888) 955-6282
Montour	(570) 271-0833	Same as Local
Northumberland		(800) 479-2626
Pike	(570) 296-3408	(866) 681-4947
Schuylkill	(570) 628-1425	(888) 656-0700
Snyder	(570) 522-1390	(877) 877-9021
Sullivan	(570) 888-7330	(800) 242-3484
Susquehanna	(570) 278-6140	(866) 278-9332
Tioga	(570) 659-5330	(800) 242-3484
Union	(570) 522-1390	(877) 877-9021
Wayne	(570) 253-4280	(800) 662-0780
Wyoming	(570) 288-8420	(800) 679-4135

What if I need transportation that is not an emergency or is not covered by MATP?

Sometimes, you may need non-emergency transportation that may not be covered by MATP. GHP Family covers only medically necessary transportation. Some examples of this kind of transportation include if you are transferring from one hospital to another hospital, or if you are being transferred from an emergency room to another hospital. Your GHP Family provider will work with GHP Family to arrange this transportation.

** Remember that if you are having an emergency and need transportation, it is covered by GHP Family. You should call 911 for emergency transportation.*

6.

Getting Healthy Living Care

GHP Family has services to help keep you healthy. These services are designed to either help prevent you from getting ill or to help you manage a disease or condition. The sections below have information on routine preventive services and healthy living programs offered by GHP Family that can help you stay healthy.

Preventive services

Preventive services can help to keep you well. They are more than just seeing your PCP once a year for a check-up. They include such things as immunizations (medicine to help protect you from some illnesses), physical examinations, lab tests and other tests that can be ordered by your PCP to help keep you well or to find a problem before it becomes serious.

Where do I go for preventive services?

You will go to your PCP for preventive services. Women can also go to their GHP Family OB/GYN for their yearly Pap smear, pelvic exam and mammogram (as required).

Physical examinations and other tests

Physical examinations should be scheduled with your PCP every year. When you go to your physical exam, your PCP will ask you questions about your medical history and your family's medical history. This is important because sometimes you may have more of a risk of having a disease if someone in your family had or has it. Your PCP will also check your height and weight, measure your body mass index (BMI), take your blood pressure and perform other tests. Your PCP may also order lab tests to check your cholesterol level or blood sugar. The exams performed and tests ordered will depend on your age and whether you are male or female. For a complete list of preventive services, see Section 11, page 45.

Services for children up to age 21 – Early and Periodic Screening Diagnosis and Treatment Examinations (EPSDT).

GHP Family wants to help you keep your children healthy. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screenings are important routine visits for every child. They are also sometimes called well-baby or well-child visits. GHP Family has Quality Improvement (QI) nurses available to help with managing your EPSDT care. To speak with someone, call Quality Improvement at 1-866-847-1216 and ask to speak with the QI Coordinator.

What is an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) examination?

An EPSDT exam is a physical examination that occurs at specific ages for children from birth up to age 21. EPSDT exams help with early identification of physical or behavioral health problems. They also look at growth and development, dental care, vision, immunizations (shots that help protect from some illnesses) and lab tests that may be needed.

How often should the EPSDT exams be done?

A child should have EPSDT exams regularly based on his or her age. Babies need to go several times a year. Children ages 3 to age 21 need to go once a year. Your child's PCP will let you know when your child need to have an appointment for an EPSDT exam.

What will the PCP or provider do during the EPSDT exam?

EPSDT visits can include (depending on the child's age):

- an unclothed physical exam including medical history;
- checking eyes for vision problems and to determine if glasses are needed;

- checking ears for hearing problems;
- measuring height, weight and body mass index (BMI) to see if the child is growing and developing properly and to screen for obesity;
- checking blood pressure on older children;
- checking for any medical or psychosocial/behavioral health problems including autism and developmental screenings;
- giving the child immunizations (shots that help protect from some illnesses) they may not have had or may need;
- ordering blood tests to be sure the child is healthy, including testing for anemia (a condition in which your blood has a lower than normal number of red blood cells), dyslipidemia (abnormal levels of cholesterol), and blood lead screenings to test if the child has too much lead in his or her blood;
- referring the child to a specialist, if needed, for conditions such as sexually transmitted diseases, sickle-cell anemia, and other blood diseases;
- ordering any special equipment, services, or other testing, if needed;
- scheduling another visit to follow up with the PCP, if needed;
- screening and/or counseling for tobacco, alcohol, and substance abuse starting at age 11;
- performing a urinalysis screening, if needed;
- performing a tuberculosis (TB) screening;
- checking oral health and taking a dental history; and
- checking teeth for any dental problems and referring the child to a dentist.

EPSDT checkups are recommended at the following ages:

- | | |
|-------------|--------------------------------------|
| • 1 month | • 2 ½ years (30 months) |
| • 2 months | • 3 years |
| • 4 months | • 4 years |
| • 6 months | • 5 years |
| • 9 months | • 6 years |
| • 12 months | • 7 years |
| • 15 months | • 8 years |
| • 18 months | • 9 years |
| • 2 years | • Every year from ages 10 through 20 |

GHP Family members under age 21 with special needs can also get extra EPSDT services that may not be covered under the Medical Assistance Program if the services are medically necessary. A PCP or other provider can call the GHP Medical Management Department or the Special Needs Unit to ask for these extra services. If the service is medically necessary, GHP Family will work with you and your PCP or provider to get the services your child needs. You can call the Special Needs Unit at 1-855-214-8100 and ask to speak with a case manager for help with EPSDT services.

What is the Early Intervention Program?

The Early Intervention Program is for children from birth up to age 5 who have or are at risk for developmental delays. The Early Intervention Program helps children to grow and develop by helping parents, providers and others work together. Examples of children who could be helped by this Program are:

- babies who are born small or early and need extra care;
- a child up to age 3 who is not growing as quickly as he or she should; and
- children who have high levels of lead in their blood.

How do I get Early Intervention services?

Your PCP or other provider can refer you to the Early Intervention Program. For more information on the early intervention program, call DHS's CONNECT Information and Referral line at 1-800-692-7288. If you have any questions or think the Early Intervention Program can help your child, you can also call GHP Family's Special Needs Unit at 1-855-214-8100. Special Needs representatives are available Monday through Friday from 8 a.m. to 5:00 p.m. The Special Needs Unit staff can explain the Early Intervention Program and help you to enroll your child in it if necessary.

Kick the tobacco habit with our help – Stop Tobacco Use Program

You **CAN Quit Smoking** – we **CAN** help.

Do you want help to stop smoking?

GHP Family wants to help you, whether this is your first try at quitting or even if you have tried before and started smoking again. GHP Family wants to help you become smoke-free.

Medicines

- GHP Family pays for medicines that can help you. Here are the medicines we cover:
- Generic Zyban™ (buproban) – GHP Family will cover the generic drug Zyban™(buproban) for the purpose of smoking cessation in accordance with the formulary.
- Generic over the counter (OTC) tobacco cessation lozenges, patches and chewing gum are covered with a prescription.

To get medications to help you stop smoking, call your PCP for an appointment.

Counseling Services

- GHP Family covers the cost of counseling to help you quit smoking.
- You can enroll by phone or online for this program.

For more information:

- Call Member Services at **1-855-227-1302**;
- Call our case management department at 1-(800) 883-6355; or
- Visit us online at www.ghpfamily.com under the member section.

Help with anxiety, depression or mental health symptoms while you are trying to quit

- Call your PCP for an appointment to talk about help with anxiety, depression or mental health needs while you are trying to quit. You can also contact your Behavioral Health Service Provider at the telephone number listed for your county on page 37 of this Handbook.

GHP Family also offers additional help to stop smoking:

- GHP Family members may call the Tel-A-Nurse audio library at 1-877-543-5061.
- 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
 - American Lung Association at 1-800-LUNG USA (1-800-586-4872)
- National Cancer Institute Smoking Quitline 1-877-44U-QUIT (1-877-448-7848) If you have Internet access, you can go to the following Web site to get a list of programs available in your county at no cost to you: <http://www.dsf.health.state.pa.us/health>.
- Visit the federal government's Smokefree Web site at www.smokefree.gov to: view an outline step-by-step cessation guide, get state quitline phone numbers, instant message a National Cancer Institute (NCI) LifeHelp expert and download publications about quitting smoking.

Even if medicine or counseling did not work before, that does not mean they will never work for you.

The Pennsylvania Department of Health also wants you to succeed in your attempt to quit. That's why they created the Pennsylvania Free Quitline. If you are considering quitting smoking, call the **Pennsylvania Free Quitline today**.

For help, call Pennsylvania's Free Quitline at 1-800-784-8669 .

Remember: People often try to quit several times before they succeed.

Just because you have tried before, does not mean it isn't time to try again.

Family Planning

What are family planning services?

Family planning services are services that help you in planning your family (such as birth control). It is important for you to talk to a health care provider who can help you make decisions about planning your family. A visit to a family planning provider will usually include an overall health exam. You and your provider will decide which method of family planning is best for you. You may be given a prescription to get birth control pills or a device. You can have the prescription filled at any participating GHP Family pharmacy.

You are covered for family planning services under this GHP Family plan. You can see any participating or non-participating doctor or clinic for family planning services, including your PCP or OB/GYN provider. You do not need a referral. For help with finding a participating family planning doctor or clinic, you can call Member Services at **1-855-227-1302** for help in finding one, or you can pick one from the Provider Directory or on our Web site at www.ghpfamily.com. You can also use an out-of-network family planning doctor or clinic. Family planning services are available at no charge to you, just make sure you show the family planning provider your GHP Family and Access identification cards.

Care during pregnancy

It is very important that you get regular scheduled care while you are pregnant. You should see an obstetrician as soon as you find out you are pregnant. You should continue to see your obstetrician regularly and keep all your appointments. You don't need a referral to see an obstetrician, just call and make an appointment with a GHP Family participating provider. If you need help in finding an obstetrician in GHP Family's network, call Member Services at **1-855-227-1302**. It is important that you try to stay with the same obstetrician through your entire pregnancy so they can follow your health and the health of the baby closely. It is also a good idea to stay with GHP Family through your pregnancy so that we can help you manage your care and the care of your baby.

How often do I need to see my obstetrician?

Your obstetrician will let you know when you should come for an appointment for pre-natal care (care before the baby is born). Your appointments will follow the standards below:

Your appointment must be within:

- 10 business days - when you are in your first 3 months of pregnancy (*first trimester*)
- 5 business days - when you are in your second 3 months of pregnancy (*second trimester*)
- 4 business days - when you are in your last 3 months of pregnancy (*third trimester*)
- 24 hours - when you have a high risk pregnancy

What if I already have an obstetrician when I enroll in GHP Family?

If you are pregnant and are already seeing an obstetrician when you enroll in GHP Family and that obstetrician is not in our network of providers, you can continue to see that obstetrician throughout your pregnancy and for postpartum care (care after the baby's birth) related to the delivery of your baby.

What do I need to do once my baby is born?

- You will need to call your local County Assistance Office and tell them you have had a new baby. This is very important. They will make sure that you get the benefits and services your baby needs.
- Call GHP Family Member Services at **1-855-227-1302** to let us know the baby's name and the name of your baby's doctor. We can help you pick a doctor for your baby if you have not done so.
- Call your obstetrician for an appointment for your post-partum check-up. Your appointment should be 4 to 6 weeks after you have your baby unless the doctor tells you to come in sooner.
- Call the baby's doctor and make an appointment for your baby to be seen. The baby's first appointment should be at 2-4 weeks old unless the doctor wants to see the baby sooner.

What is the GHP program "*Right from the Start*"?

The ***Right from the Start*** is designed to help you and your baby get the care you both need while you are pregnant and after the baby is born. The program is meant to teach you how to stay healthy throughout your pregnancy. It also helps you get the care and services you need to get while you are pregnant and helps you keep your appointments with your doctor. It is very important to see your doctor regularly during your pregnancy. Your doctor will tell you how often you need to have appointments. It is also important to make healthy choices while you are pregnant such as quitting smoking (if you smoke), avoiding second-hand smoke, eating properly and understanding what is happening to your body while you are pregnant. We can help you with all of these things through our ***Right from the Start*** program.

This program also offers coverage for childbirth preparation and classes, parenting classes, nutrition education, and breastfeeding classes. The program begins when you find out you are pregnant and call Member Services and ask to speak to the Special Needs Unit. Our nurses will give you information that will help you have a healthy pregnancy. They can also help you with scheduling appointments, getting transportation to appointments, and any other needs you may have while you are pregnant. Please

contact the Special Needs Unit for more information about benefits you may be entitled to as soon as you find out you are pregnant.

GHP Family contracts with Right from the Start Providers in your local community. Call Member Services at **1-855-227-1302** for more information about the Right from the Start program.

Women, Infants and Children Program (WIC)

Women, Infants and Children (WIC) is a program available through the Pennsylvania Department of Health that helps you and your baby eat well. You can start the program when you are pregnant, and can continue on the program until your baby is 12 months old if you are breastfeeding or 6 months old if you are bottle-feeding. Your baby can receive WIC until they are 5 years old if you qualify. WIC can teach you about good nutrition and provide you with food vouchers you can use at grocery stores to get healthy foods for you and your baby.

How do I get WIC?

To get WIC, you will need to fill out a WIC application and have your doctor sign it. You can ask your obstetrician or PCP about a WIC application at your next visit. You can also call the GHP Special Needs Unit - Women's Health Case Manager at 1-855-214-8100 or the WIC Hotline at 1-800-942-9467 for more information.

7. Getting Special Needs Care and Special Health Programs

Special health programs

GHP Family has special disease and case management programs for members with certain health conditions. If you participate in one of these programs, case managers will help you after a hospitalization to be sure you return home with all the information, medications and resources you will need. Our case managers will work with you, your family and your doctors to care for you and assist you with your health care needs. Our health managers will work with you, your family and doctors to help you control and manage chronic conditions such as high blood pressure, asthma or diabetes. You do not need a referral from your PCP to be in any of these programs. If you have one of the health conditions listed below, you can become a part of one of our special programs.

- **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 as a result 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.

How do I become part of a program?

There are several ways you can become part of one of these programs. 1) Your PCP, specialist or other provider may talk to you about becoming a part of a program. He or she will call us to get you set up in the program. 2) Your health history may reveal that you would benefit from a special program. In this case, we will send you information in the mail or call you about becoming a part of a program. 3) You can ask to be in a program. Call Member Services at **1-855-227-1302** if you want more information on any of these programs.

What will the program do for me?

These programs will help you better understand your health condition. You will work with a nurse with special training who will help to coordinate your health care needs. We will also send you information in the mail about your condition. Your case manager/health manager may also work with your doctor (s) to help you in your program. In most cases, you will work on personal goals to improve your health.

What if I don't want to be in a special health program?

You have the right to say you don't want to be part of one of these programs. You can let us know by phone or in writing. If you choose not to be a part of one of these programs, it will not change your GHP Family benefits in any way. It also will not change the way you are treated by GHP Family or our providers or the Department of Human Services.

If you have any questions about our special health programs, or do not want to be a part of these programs, call the Case Management department at 1-800-883-6355.

Special needs Unit

What is a Special Need?

A special need is when any GHP Family member needs extra help with a health condition or getting care for a health condition. The Special Needs Unit can help you understand the services and benefits available to you through GHP Family. The Special Needs Unit can also help you find programs and agencies in the community that can help you. Some examples of special needs include:

- Members with complicated physical health problems.
- Members who are having trouble getting health care services they need.
- Members with special communication needs because they have a vision or hearing problem or they don't speak English.
- Members who have a need for various community services (such as assistance with issues of domestic violence, housing, family/childcare or medical assistance transportation services (MATP – see page 22).
- Members who need help coordinating services for children in the custody of the Office of Children, Youth and Families or a Juvenile Probation office.
- Members who are handicapped or disabled.
- Members with behavioral health problems. GHP Family is not responsible for your behavioral health services but our special needs staff can help you get behavioral health care.

The Special Needs Unit of GHP Family has trained staff members who can help members with special needs get the care they need. If you think you have a special need, call the Special Needs Unit. You will be assigned to a case manager who will work with you to get the services you need both through GHP Family and in the local community.

How do I contact the Special Needs Unit?

The Special Needs Unit can be reached by calling 1-855-214-8100. The Special Needs staff members are available Monday through Friday from 8 a.m. to 5:00 p.m.

What can the Special Needs Unit help me with?

The Special Needs Unit helps GHP Family members understand how to get the covered services they need. They can also connect you with services in the community that may help you and/or your family.

Examples of the things the Special Needs Unit can help you with are:

- getting the services you need as a GHP Family member,
- letting you know which GHP Family participating providers speak languages other than English,
- helping you find a behavioral health provider if you need behavioral health services,
- helping you get language interpreter services if you need them,
- helping you find community agencies that can provide services not covered by GHP Family (such as support groups, MATP and other community based services),
- helping to coordinate your health care with community agencies and GHP Family providers that may be helping you,
- letting you know about GHP Family special health programs that may help you; such as the maternity program if you are pregnant,
- coordinating services for children who are in the custody of the Office of Children, Youth and Families or a Juvenile Probation Office,
- helping you arrange for medical transportation, and
- helping you if you want to file a complaint or grievance or request a fair hearing (see Section 15, for more information on filing disputes).

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. Homemaking 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 Member Services at **1-855-227-1302** for information on participating HIV/AIDS specialists.

How can I find out about other State services that are not covered by the plan?

GHP Family can help you learn about other services that are covered under different state programs. Please call the Special Needs Unit at 1-855-214-8100 for help. The following are examples of out-of-plan services that we can help you with:

• **Transitional Care Homes**

We can help your child get medical care when your child leaves a transitional care home. We will work with your child's doctors to get your child the care he or she needs. We will help find new doctors for your child's care when needed. We will work with other providers and agencies that help your child. The child must be leaving the transitional care home to a home in the GHP Family service area to get help from us.

• **Medical Foster Care Services**

GHP's Special Needs Unit will work with the medical foster care agency to make sure the child gets all the necessary medical and other services to keep them healthy in the foster home.

• **Home and Community Based Waiver Programs:**

GHP Family will provide medical care for members in the following programs and help providers with coordination of care for other services covered under various home and community based waiver programs in Pennsylvania. Please see below for a list of waiver programs:

1. Office of Long Term Living (OLTL) Waivers

These waiver programs are for adults with various physical disabilities that need care but are able to live in the community. Waivers available for these individuals include the following:

- **OBRA (Omnibus Budget Reconciliation Act) Waiver** – This program provides services to adults with severe developmental physical disabilities, such as cerebral palsy, epilepsy or similar conditions, and allows people to live in the community and remain as independent as possible.
- **Independence Waiver** – This program provides services to adults with physical disabilities to allow them to live in the community and remain as independent as possible.
- **Attendant Care Waiver** – This program provides services to adults with physical disabilities to help them to continue to live in their home and community with support and services.
- **COMMCARE Waiver** – This program is for adults with a diagnosis of traumatic brain injury to help them to live as independently in the community as possible.

2. Department of Aging (PDA) Waiver

This program provides long-term care services to qualified older adults age sixty (60) and older to help them continue to live in their homes and communities.

3. Office of Developmental Programs Waivers

These waiver programs are for people of various ages with intellectual disabilities who need care but can live in the community or at home. Waivers available for these individuals include the following:

- **Infants, Toddlers and Families Waiver** – this program is designed to provide services to children from birth to age three (3) who are in need of Early Intervention services and would otherwise require the level of care provided in an Intermediate Care Facility for Persons with Mental Retardation or Other Related Conditions (ICF/MR-ORC).
- **Person/Family Directed Support Waiver** – this program is designed to help persons with developmental disabilities age three (3) and older live more independently in their homes and communities and to provide a variety of services that promote community living, including self-directed service models and traditional, agency-based service models

- **Consolidated Waiver** – this program is designed to help persons with intellectual disabilities age three (3) and older live more independently in their homes and communities and to provide a variety of services that promote community living, including self-directed service models and traditional, agency-based service models.
- **Autism Waiver** - This program is designed to help adults who have autism spectrum disorder to participate in the community.

For more information on any of the above services and programs, call the Special Needs Unit at 1-855-214-8100.

Behavioral Health Services

Many people struggle with behavioral health issues such as depression and anxiety in addition to their physical health problems. GHP Family strongly encourages all members to inform their primary care physician or other physical health provider of any behavioral health care they are receiving or have received in the past.

Behavioral health treatment includes mental health as well as drug and alcohol treatment. These services are available to all GHP Family members through your local county mental health and drug and alcohol office. **GHP Family does not manage these services but can help in arranging them for you.** GHP Family Member Services may be able to help if you have questions about receiving behavioral health treatment.

Your Primary Care Physician (PCP) does not need to give you a referral for behavioral health treatment but may be able to help you get behavioral health treatment. Signing a release of information so your PCP can share information with a behavioral health provider will help to improve communication and care received.. GHP Family encourages your physical health doctors and providers to work together with any behavioral health providers you may have in order to provide the best care possible.

What Behavioral Health services might be available for me?

The following is a listing of the behavioral health services (mental health and substance abuse) that may be available to you:

- Inpatient psychiatric hospital services, except when provided in a state mental hospital;
- Inpatient drug and alcohol detoxification; Psychiatric partial hospitalization services; Inpatient drug and alcohol rehabilitation; Non-hospital residential detoxification, rehabilitation and half-way house services for drug/alcohol dependence/addiction; Emergency room evaluations for voluntary and involuntary commitments; Psychiatric outpatient clinic services, licensed psychologist, and psychiatrist services; Behavioral health rehabilitation services (BHRS) for individuals under the age of 21 with psychiatric, substance abuse or mental retardation disorders;
- Residential treatment services for individuals under the age of 21 whether treatment is provided in facilities that are Joint Commission for the Accreditation for Healthcare Organizations [JCAHO] accredited and/or without JCAHO accreditation;
- Outpatient drug and alcohol services, including Methadone Maintenance Clinic;
- Methadone when used to treat narcotic/opioid dependency and dispensed by an in-plan drug and alcohol services provider;
- Laboratory studies ordered by behavioral health physicians and clozapine support services;
- Crisis intervention with in-home capability;
- Family-based mental health services for individuals under the age of 21; and
- Targeted mental health case management (intensive case management and resource coordination).

How do I get Behavioral Health Services?

Help with arranging behavioral health treatment is available 24 hours a day, 7 days a week. Please call the toll free number for your county in the list below if you would like to make an appointment for mental health or drug and alcohol treatment. Below is a list of mental health, drug and alcohol services crisis numbers and internet links to connect you to your behavioral health plan or other resources.

GETTING MENTAL HEALTH, DRUG AND ALCOHOL SERVICES

Help with arranging behavioral health treatment is available 24 hours a day, 7 days a week. Please call the toll free number for your county in the list below if you would like to make an appointment for mental health or drug and alcohol treatment. Also below is a list of mental health, drug and alcohol services crisis numbers and internet links to connect you to your behavioral health plan or other resources.

BEHAVIORAL HEALTH CONTACT INFORMATION

To contact your county's behavioral health plan, please use the list provided below. DHS's PA Enrollment Services web page at: https://www.enrollnow.net/PASelfService/en_US/behav.html also provides more information about behavioral health services available in your county.

County	Behavioral Health Plan	Phone number	En Español	TTY/TDD
Bradford	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Carbon	Community Care Behavioral Health http://www.ccbh.com	1-866-473-5862	1-866-229-3187	1-877-877-3580
Centre	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Clinton	Community Care Behavioral Health http://www.ccbh.com	1-855-520-9787	1-866-229-3187	1-877-877-3580
Columbia	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Juniata	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Lackawanna	Community Care Behavioral Health http://www.ccbh.com	1-866-668-4696	1-866-229-3187	1-877-877-3580
Luzerne	Community Care Behavioral Health http://www.ccbh.com	1-866-668-4696	1-866-229-3187	1-877-877-3580
Lycoming	Community Care Behavioral Health http://www.ccbh.com	1-855-520-9787	1-866-229-3187	1-877-877-3580
Mifflin	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Monroe	Community Care Behavioral Health http://www.ccbh.com	1-866-473-5862	1-866-229-3187	1-877-877-3580
Montour	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Northumberland	Community Care Behavioral Health	1-866-878-6046	1-866-229-3187	1-877-877-3580

	http://www.ccbh.com			
Pike	Community Care Behavioral Health http://www.ccbh.com	1-866-473-5862	1-866-229-3187	1-877-877-3580
Schuykill	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Snyder	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Sullivan	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Susquehanna	Community Care Behavioral Health http://www.ccbh.com	1-866-668-4696	1-866-229-3187	1-877-877-3580
Tioga	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Union	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Wayne	Community Care Behavioral Health http://www.ccbh.com	1-866-878-6046	1-866-229-3187	1-877-877-3580
Wyoming	Community Care Behavioral Health http://www.ccbh.com	1-866-668-4696	1-866-229-3187	1-877-877-3580

County Behavioral Health Crisis Intervention Phone Numbers

You should contact your county's behavioral health crisis intervention program if you or another person thinks you are at risk for harming yourself or someone else and need immediate assistance.

County	Toll Free Phone Number	Non-Toll Free 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- 1-888-941-2721	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
National Suicide Prevention Hotline	1-800-273-TALK (8255)	

Internet Resources:

<http://pa.networkofcare.org> State wide information

<http://www.ccbh.com> Community Care Behavioral Health Organization

**NOTE: Behavioral Health Information contained in this Handbook is considered current as of the printing date of this Handbook. Always check with your Behavioral Health HealthChoices program for your county to get the most up-to-date information.*

8.**Dental Care**

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 Web site at www.ghpfamily.com, or call Member Services at 1-855-227-1302.

Members are eligible to receive all medically necessary dental services. You can go to any dentist that is part of GHP Family's network. You can find a dentist in your area by using our online provider directory at www.ghpfamily.com or by calling Member Services. No referral is needed for a dentist visit.

Dental Services for Children under age 21

Children under age 21 are eligible to receive all medically necessary dental services. Your child can go to any dentist that is part of GHP Family's network. You can find a dentist in your area by using our online provider directory at www.ghpfamily.com or by calling Member Services. Your child does not need a referral for a dentist visit. However, your child's PCP may refer children age 3 and above to a dental home as part of their regular EPSDT well-child screens (see Section 6, page 24 for more information on EPSDT services).

Dental services that are covered for children under the age of 21 include the following, when medically necessary:

Service	Limits	Copayments	Prior Auth
Exams / Check ups	1 every 180 days	\$0	No
Cleanings	1 every 180 days	\$0	No
Fillings	No limits	\$0	No
Fluoride Varnish	4 per calendar year for children 16 years of age and younger	\$0	No
Fluoride Topical Application	1 every 180 day	\$0	No
Bitewings	No limits	\$0	No
Intraoral, complete series	1 per 5 years	\$0	No
Panoramic Film	1 per 5 years	\$0	No
Sealants	No Limit	\$0	No
Anesthesia	No Limit	\$0	Yes
Bony Impacted Teeth	No Limit	\$0	Yes
Braces	No Limit	\$0	Yes
Crowns	No Limit	\$0	Yes
Dentures	No Limit	\$0	Yes
Extractions	No Limit	\$0	Yes
Periodontal Services	No Limit	\$0	Yes
Root Canals	No Limit	\$0	Yes

Dental Services for Adults 21 years of age and older

Service	Limits	Copayments	Prior Auth
Exams / Check ups	1 every 180 days	\$0	No
Cleanings	1 every 180 days	\$0	No
Fillings	No limits	\$0	No
Fluoride Varnish	Not Covered		
Fluoride Topical Application	Not Covered		
Bitewings	No limits	\$0	No
Intraoral, complete series	1 per 5 years	\$0	No
Panoramic Film	1 per 5 years	\$0	No
Sealants	Not Covered		
Anesthesia	Covered when performed in a hospital short procedure unit, ambulatory	\$0	Yes

	surgical center, emergency room or inpatient hospital		
Bony Impacted Teeth	No Limit	\$0	Yes
Braces	Not Covered		
Crowns	No Limit	\$0	Benefit Limit Exception
Dentures	1 per lifetime	\$0	Yes
Extractions	No Limit	\$0	Yes
Periodontal Services	No Limit	\$0	Benefit Limit Exception
Root Canals	No Limit	\$0	Benefit Limit Exception

Dental emergency care is covered for all members.

9.**Vision Care**

Regular eye exams are important. Call your eye doctor to schedule a routine eye exam. 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. 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 www.ghpfamily.com or call Member Services at **1-855-227-1302**.

Vision Services for Children under age 21

The following vision care services are available to members under age 21.

Service	Limits	Copayments	Prior Auth
Vision Examination and Refraction	2 examinations per benefit year	\$0	No
Eyeglass Lenses	4 standard lenses per benefit year	\$0	No
Eyeglass Frames	2 standard lenses per benefit year	\$0	No
Contact Lenses	For aphakia patients only	\$0	Yes
Low Vision Aids	1 every 2 years	\$0	Yes
Eye Prostheses	1 every 2 years	\$0	Yes

Vision Services for Adults 21 years of age and older

Service	Limits	Copayments	Prior Auth
Vision Examination and Refraction	1 examination per calendar year	\$0	No
Eyeglass Lenses	4 standard lenses per calendar year for aphakia patients only	\$0	Yes
Eyeglass Frames	2 standard frames per calendar year for aphakia patients only	\$0	Yes
Eyeglass Lenses	2 standard lenses per calendar year for patients without aphakia	\$0	Yes
Eyeglass Frames	1 standard frame per calendar year for patients without aphakia	\$0	Yes
Contact Lenses	4 lenses (2 pair) per calendar year	\$0	Yes
Low Vision Aids	1 every 2 years	\$0	Yes
Eye Prostheses	1 per calendar year	\$0	Yes

NOTE: Patients with aphakia are eligible for up to 2 pair of eyeglasses (2 frames and 4 lenses).

When a provider gives you a prescription for a medication you will need to take it to a participating pharmacy to get it filled. You will need to show your GHP Family Identification card at the pharmacy. You may have a copayment if you are over age 18. You can find a list of participating pharmacies on the GHP Family Web site at www.ghpfamily.com.

What is the formulary?

A formulary is a list of the medicines that are covered by GHP Family. This formulary helps your doctor prescribe medicines for you. It will tell your doctor what drugs need prior authorization and what drugs are covered by GHP Family. GHP Family will add or remove drugs to its formulary from time to time as needed. You can ask for a copy of the formulary by calling Pharmacy Member Services at 1-855-552-6028. An updated formulary is available on the GHP Family Web site at www.ghpfamily.com.

What is covered under GHP Family pharmacy services?

- Outpatient prescription drugs are covered if they are in the GHP Family formulary. In most cases, you will get up to a 34 day supply of the drug per copayment.

* **NOTE:** in most cases, you will get a generic drug when you get a prescription filled. There are some cases when a brand name drug is covered – if there is no generic for that drug available or if your provider requests the brand drug and we approve the request.

- Some non-formulary drugs may be covered if approved by GHP Family.
- Some over-the-counter medicines are covered with a provider's prescription (ex: vitamins).
- Some contraceptives are covered with a provider's prescription (ex: birth control pills and contraceptive devices).
- If a pharmacy can't fill your prescription for a newly prescribed, non-formulary medication, your physician should submit a prior authorization request. If the prior authorization request cannot be completed within 24 hours, the pharmacy may give you up to a 5 day temporary supply of the non-formulary medication. If you have already been taking the medication, the pharmacy may supply you with up to a 15-day temporary supply of the medicine while the prior authorization is being reviewed

* **NOTE:** Most prior authorization decisions for prescription medicine will be made by us within 24 hours of getting the request.

- If you need a refill, call your doctor at least 5 days before you run out of the medicine and ask for a refill on your prescription.

Are there any benefit limits on drugs?

- Some medications have limits. This means that you may only get a specific number of pills or dosage within a certain number of days. These limits are noted in the GHP Family formulary.

What can I do if I am denied a pharmacy service?

If you are denied a drug by GHP Family (including a benefit limit exception), you can appeal the denial by following the procedures in Section 15 of this Handbook.

What if I get a prescription from a non-participating provider?

In most cases, if you get a prescription from a non-participating provider it will be your responsibility to pay for the drugs. There are a few exceptions to this:

- if the non-participating provider was approved in advance by GHP Family.

- if the non-participating provider and the pharmacy are your Medicare providers.
- if you are covered by other insurance and the non-participating provider is part of that plan.

What are my copayments for pharmacy services?

Pharmacy copayments will apply. Brand name prescriptions have a \$3 copayment. Generic prescriptions and over-the-counter drugs have a \$1 copayment. Services cannot be denied if the member is unable to afford the copayment.

There are no copayments for:

Pregnant women (including the postpartum period which ends 60 days after delivery).
 Children under 18 years of age.
 Members in a nursing home.
 Members in an Intermediate Care Facility for Mental Retardation.
 Family planning drugs.
 Drugs, including immunizations, when dispensed by a physician.
 Members eligible for Medical Assistance under Title IV-B Foster Care and IV-E Foster and Adoption Assistance.
 Members eligible under the Breast and Cervical Cancer Prevention Treatment Programs.

EXCEPT for Adult members 21 to 65 years of age who have a copayment for all drugs, the following groups of medications do not have a copayment:

Antihypertensives (high blood pressure)
 Antidiabetes (high blood sugar)
 Anticonvulsants (seizure)
 Cardiovascular preparations (heart disease)
 Antipsychotics (except those that are controlled substance antianxiety drugs)
 Antineoplastics (cancer drugs)
 Antiglaucoma drugs
 Anti-Parkinson's drugs
 HIV/AIDS drugs

What drugs are not covered by GHP Family?

The following medications are not eligible for coverage under the Medical Assistance Program:

Drugs that are designated by the FDA as less than effective (DESI) drugs
 Any drug marketed by a drug company that does not participate in the Medicaid Rebate Program
 Drugs used for weight loss
 Drugs used for cosmetic purposes or hair growth
 Drugs used for fertility
 Drugs used for erectile dysfunction
 Cough and cold medications for members 21 years of age and older
 Drugs and devices classified as experimental
 Drugs ordered by a prescriber who has been barred or suspended from participating in the MA program

*** NOTE: For questions on your pharmacy benefit, call Pharmacy Customer Service at 1-855-552-6028.**

11. Covered Benefits and Services

This section has a listing of SOME of the health care services that are covered. Benefit limits and copayments may apply to services you get. Benefit limits do not apply to members under age 21 or members who are pregnant. All covered services must be Medically Necessary.

***NOTE:** *if a service has a benefit limit, you must be aware that this will limit the service to a certain number of visits, a certain number of services you can get or a certain amount of money we will pay for a service.*

How to read the covered services chart

The first column lists the services, copayment amounts, limits, and whether the service requires a prior authorization or referral. The second and third columns identify if the service is covered, if a copayment or benefit limit exists, and if the service requires a prior authorization or a referral. .

This is not a full list Please call Member Services at 1-855-227-1302 for more information on any of the services below, copayment information, prior authorization information or benefit limit information.

SERVICE, COPAYMENTS, LIMITS	CHILDREN	ADULT
Primary Care Provider	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	No	No
Physician Office (Specialist)	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	Yes	Yes
Certified Registered Nurse Practitioner	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	No	No
Family Planning Clinic	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	No	No
Federally Qualified Health Center/Rural Health Center	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	No	No
Independent Clinic	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	Referral Needed	Referral Needed
Maternity - Physician, Certified Nurse Midwives, Birth Centers	Covered	Covered

SERVICE, COPAYMENTS, LIMITS	CHILDREN	ADULT
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	No	No
Urgent Care or Convenience Care Centers	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	No	No
Ambulance (Emergency)	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	No	No
Non-Emergency Medical Transport	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	Prior Auth Needed	Prior Auth Needed
Chiropractic Services	Covered	Covered
Copayment	\$0	\$1.00
Limits	None	None
Prior Auth / Referral	No referral, but chiropractor must prior auth services	No referral, but chiropractor must prior auth services
Optometrist Services	Covered	Covered
Copayment	\$0	\$0
Limits	None	2 visits (exams) per benefit year
Prior Auth / Referral	No	No
Podiatrist Services	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	Referral Needed	Referral Needed
Laboratory	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	No	No
Radiology - x-ray	Covered	Covered
Copayment	\$0	\$1.00 per service
Limits	None	None
Prior Auth / Referral	No	No
Radiology (for example, MRI, CAT Scans)	Covered	Covered
Copayment	\$0	\$1.00 per service
Limits	None	None

SERVICE, COPAYMENTS, LIMITS	CHILDREN	ADULT
Prior Auth / Referral	Prior Auth through NIA (i.e, MRI, CAT Scan, PET Scan)	Prior Auth through NIA (i.e, MRI, CAT Scan, PET Scan)
Renal Dialysis	Covered	Covered
Copayment	\$0	\$0
Limits	None	* Initial training for home dialysis is limited to 24 sessions per patient per calendar year. * Backup visits to the facility limited to no more than 75 per calendar year
Prior Auth / Referral	No	No
Therapy (Physical, Occupational, Speech) Rehabilitative or Habilitative	Covered	Covered, only when provided by a hospital, outpatient clinic, or home health provider
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	Prior Auth Needed	Prior Auth Needed
Outpatient Hospital Clinic	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	Referral Needed	Referral Needed
Outpatient Hospital Short Procedure Unit (SPU)	Covered	Covered
Copayment	\$0	\$3.00
Limits	None	None
Prior Auth / Referral	No	No
Outpatient Ambulatory Surgical Center (ASC)	Covered	Covered
Copayment	\$0	\$3.00
Limits	None	None
Prior Auth / Referral	No	No
Emergency Room	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	No	No
Inpatient Acute Hospital	Covered	Covered
Copayment	\$0	\$3 per day, \$21 maximum per admission
Limits	None	None
Prior Auth / Referral	Prior Auth Needed	Prior Auth Needed
Inpatient Rehab Hospital	Covered	Covered
Copayment	\$0	\$3 per day, \$21 maximum per admission

SERVICE, COPAYMENTS, LIMITS	CHILDREN	ADULT
Limits	None	None
Prior Auth / Referral	Prior Auth Needed	Prior Auth Needed
ICF/ID and ICF/ORC	Covered	Covered, requires an institutional level of care
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	Prior Auth Needed	Prior Auth Needed
Skilled Nursing Facility	Covered	Covered
Copayment	\$0	\$0
Limits	None	365 days per calendar year
Prior Auth / Referral	Prior Auth Needed	Prior Auth Needed
Home Health Care	Covered	Covered
Copayment	\$0	\$0
Limits	None	Unlimited for first 28 days; limited to 15 days every month thereafter
Prior Auth / Referral	Prior Auth Needed	Prior Auth Needed
Hospice Care	Covered	Covered
Copayment	\$0	\$0
Limits	None	Covered, respite care may not exceed a total of 5 days in a 60-day certification period
Prior Auth / Referral	Prior Auth Needed	Prior Auth Needed
Durable Medical Equipment	Covered	Covered
Copayment	\$0	\$2
Limits	None	None
Prior Auth / Referral	Prior Auth Needed	Prior Auth Needed
Medical Supplies	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	Prior Auth Needed	Prior Auth Needed
Orthotics	Covered	Limited Coverage
Copayment	\$0	\$2
Limits	None	Diabetic shoes only
Prior Auth / Referral	Prior Auth Needed	Prior Auth Needed
Nutritional Supplements	Covered	Covered
Copayment	\$0	\$0
Limits	None	None
Prior Auth / Referral	Prior Auth Needed	Prior Auth Needed

SERVICE, COPAYMENTS, LIMITS	CHILDREN	ADULT
Prescription Drugs	Covered	Covered
Copayment	\$0	\$1.00 Generic prescriptions, \$1.00 Over-the-Counter medications, \$3.00 Brand Name Prescriptions \$0 for contraceptive and other family planning prescriptions
Limits	None	None
Prior Auth / Referral	No	No
Tobacco Cessation	Covered	Covered
Copayment	\$0	\$0
Limits	None	70 visits per calendar year
Prior Auth / Referral	No	No
Behavioral Health – See page 34		
Dental Care – See page 38		
Vision Care - See page 40		

Additional Benefits available for Members

The following are benefits available to you through GHP Family. If you have questions on any of these benefits, call Member Services at **1-855-227-1302**.

Accessories Program – GHP Family Members are eligible for discounts on services that are not normally covered under a benefit plan like, acupuncture and massage therapy services, fitness center memberships, Lasik surgery, baby safety products, Weight Watchers® programs, and more.

Smart Phone App - available at no cost to you to help you find the care you need. GHP Family has partnered with iTriage to provide this smart phone app that helps you look up information about your or your child's symptoms and then helps you find the right place to get your care, including after hours and on weekends.

Member Rewards for members who successfully meet health goals or complete wellness/educational programs.

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

“Right from the Start” - a program available at no cost for expectant mothers to help your pregnancy be a great experience for Mom, family and baby. Dedicated nursing staffs help you get the right care you need.

Nurse Advice Line - a service for after- hour's advice from nurses who are available by telephone or email which is available at no cost to you.

Health Coaches - are available to help you or your children improve your health through programs related to weight management, quitting smoking, and exercise and stress reduction.

Special Needs - Our **dedicated** special needs unit has staff that can help you with your complex medical problems. This 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 fashion.

Proven Health Navigators - Professional nursing staff located in your primary care office or available by telephone to help you get the care you need.

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.

Transplant Services and Authorization Requirements

Upon Prior Authorization, hospital, physician, organ procurement, tissue typing and ancillary services related to the following transplants are covered when provided in a Designated Transplant Facility:

- Bone marrow
- Stem cell
- Solid organ

Corneal transplants are covered when medically necessary upon referral by the Member's PCP and performed through a participating provider.

Covered services for patient selection criteria is covered at one Designated Transplant Facility. If the member requests payment for covered services and/or supplies for patient selection criteria at more than one transplant center, the costs shall be paid by the member. This includes the member's desire to be placed on more than one list for getting an organ or for another transplant medium.

Covered Services required by a member who is an organ donor for transplantation into another member are covered upon prior authorization from GHP Family.

Medical expenses of non-member donors of organs for transplantation into a Member are covered only:

- when the organ transplantation is prior authorized by GHP Family;
- for the medical expense directly associated with the organ donation; and
- to the extent not covered by any other insurance.

Non-Covered Transplant Services:

Experimental or investigative organ transplants that are not approved by the Department of Human Services are not covered.

Copayment information

If you are 21 years of age or older some of your covered services (including some drugs) may require a copayment. Providers will ask you to pay the copayment amount when you get services. You cannot be denied medical services or prescriptions if you cannot pay the copayment. Tell your health care provider if you cannot pay the copayment. They can then bill you for the copayment amount.

Who does not have to pay a copayment?

You will not have to pay a copayment if:

- You are a member under age 18.
- You are pregnant. You will not have to pay a copayment for any services through post-partum care.
- You are a patient in a long term care facility or an Intermediate Care Facility for the Mentally Retarded and other related conditions.
- You reside in a personal care home or domiciliary care home.
- You are eligible for benefits under the Breast and Cervical Cancer Prevention and Treatment Program.
- You are eligible for benefits under Title IV-B Foster Care and Title IV-E Foster Care and Adoption Assistance.
- If you get care during an emergency situation.

What can I do if I think I was charged a copayment that I did not have to pay?

If you feel you were charged a copayment you should not have to pay or were charged the wrong amount, you can file a complaint with GHP Family. Please see Section 15, page 63 on how to file the complaint or call Member Services at **1-855-227-1302** for help.

What covered services have a copayment?

For a list of covered services and the required copayments, see the Covered Benefits and Services chart in Section 11, page 43 of this Handbook.

Billing information

You should not get a bill from participating providers for covered services or for services that needed prior authorization. You do not have to pay if we do not pay a network provider for covered benefits or services. If we do not pay for all or part of the cost of a covered service, the provider is NOT allowed to bill you for what we did not pay. This is called balance billing. If you get a bill for a covered service, please call Member Services at **1-855-227-1302** for help.

Are there times when I can be billed?

There are times when you can be billed for a health care service. You can be billed if:

- You get a service that needed prior authorization, but GHP Family did not give prior authorization.
- 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 (*this does not apply to: family planning services provided through GHP Family; emergency services and any Medicare-covered services from a Medicare provider if you have Medicare coverage*).
- You get a service that is not covered by GHP Family and your provider told you before you got the service that it would not be covered.
- You can also be billed for any copayments that were not paid at the time you got the service.

What should I do if I get a bill?

If you get a bill from a provider, call that provider and make sure they have your insurance information. Call Member Services at **1-855-227-1302** if you get a bill and have any questions about what is covered. You should never have to pay a bill for covered services received from a GHP Family participating provider.

The following is a listing of services that are not covered by GHP Family and/or the Pennsylvania Medical Assistance Program. **This is not a list of all non-covered services.** If you have any questions about whether or not a service is covered for you by GHP Family, please call Member Services at **1-855-227-1302**.

What services, treatments, and items are not covered by GHP Family?

- 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.
- 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.
- Experimental or investigational organ transplants.
- Hearing aids for members 21 and older.
- Home modifications, such as chair lifts, wheelchair ramps and bathroom handrails (except as those which may be required to be covered under a special program).
- 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 (see Section 7, page 34).
- 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.
- Paternity testing.
- Penile prosthesis.
- 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.
- Respite care (short-term, temporary relief to those who are caring for family members in the home).
- 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 covered by other insurance, such as workers' compensation.
- Services in connection with sex-change operations.
- 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 did not receive prior authorization.
- Sunglasses or tinted lenses.
- 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.

- The following services provided by a Chiropractor: treatment other than manual manipulation of the spine to correct a subluxation; physical therapy; traction procedures; physical examinations and consultations.
- Treatment of flat foot, subluxations of the foot, or physical therapy of the foot for these conditions.

What is an Advance Directive?

Part of being responsible for good health care is planning ahead for medical events that might happen when you are unable to make decisions about what care you want to receive. There are laws about what rights you have to make certain medical decisions ahead of time. These decisions might be about the medical care you want in certain situations (for example if you want to be put on life support) or who you want to appoint to make health care decisions for you if you can't decide and speak for yourself. In Pennsylvania, the federal Patient Self-Determination Act (the "Act") is in place. This Act gives you the right to choose the medical care and treatment that you would want or the care and treatment you would not want. You make these choices known through an "Advance Directive" which is a written statement about what health care and treatments you want or don't want if you can't make your choices known to your providers. There are two kinds of Advance Directive writings in Pennsylvania, a living will and a durable power of attorney.

What is a Living Will?

A living will is a written statement of how you want your medical care to be handled if you are no longer able to decide and speak for yourself. This document should say what type of medical treatments you would or would not want to have. For example, you may not want to have a machine help you breathe if you have a terminal condition. A living will can be used when your provider has a copy of it and your provider has declared you incompetent and you have a terminal condition or you are in a state of permanent unconsciousness.

You may revoke (take back) a living will at any time and in any way. You can just tell your provider that you are revoking it. Someone else who saw or heard you revoke your living will can also tell your provider.

Your provider must tell you if they can't follow what you have in your living will and they must then help transfer you to another provider who will follow your living will (if your living will directions are valid under Pennsylvania law).

What is a Durable Power of Attorney for Health Care?

A durable power of attorney for health care is a written statement that names a person to make medical decisions for you if you are not physically or mentally fit to make the decisions. You should name someone that you trust. This person can have you admitted to a medical, nursing, residential, or other facility. This person can also enter into medical agreements for your care and can agree to medical and surgical procedures for you. You should get legal help to write a durable power of attorney.

Things you should know about Advance Directives

- You can have both a living will and a durable power of attorney and they can be in the same document.
- You should give a copy of your Advance Directive(s) to your health care provider and health plan case manager, as applicable, and those who will be notified in an emergency.
- GHP Family will honor your Advance Directives to the fullest extent allowed by law. We have no limit on following your Advance Directive based on our beliefs.
- GHP Family can send you information about Pennsylvania's Patient Self Determination Act. This law covers Advance Directives. We can also send you information about our policies on Advance Directives. You can ask for this information by calling Member Services at **1-855-227-1302**.

- GHP Family will let you know of any changes to the Pennsylvania's Patient Self Determination Act within 90 days of the change.

What if a provider does not follow my Advance Directive?

If you believe that a provider has not followed the instructions in your advance directive, you can file a complaint with GHP Family following the process in Section 15, starting on page 63.

What can I do now to contribute to my health care?

There are every-day decisions you can make that will help you stay healthy. Some examples of these are:

- Following your doctor's instructions. It is important to understand what your doctor tells you about your health care. If you don't understand, ask questions so that you leave the doctor's office with a clear idea of what you should or should not do regarding your health care. This includes taking medicine as prescribed, doing or not doing a certain activity or, eating or not eating certain foods.
- You can take advantage of our Tobacco Cessation program to quit smoking or using tobacco (see Section 6, page 26). We want to make quitting as easy as possible for you.
- If you are pregnant, you can take advantage of our Right from the Start and Healthy Beginnings programs (see Section 6, pages 28 & 29) which will guide your care from prenatal care through post-delivery care for you and your baby.
- You can talk to your provider about any of our special health programs that may be of help to you if you have a medical condition covered by one of our programs.
- You should let your PCP know if you are feeling depressed, are having trouble sleeping or find yourself worrying about things much of the time. Your PCP needs to know about how you are feeling inside as well as your physical health.
- You can take advantage of our Tel-A-Nurse line if you have a question about a medical condition or if you can't decide whether to go to the emergency room, an urgent care center or your PCP.
- You can make sure to keep all scheduled appointments with your eye, dental and health care providers, including preventive visits, and for women, your annual OB/GYN examination.
- You can make sure you understand what is in this Handbook and if you have any questions, call Member Services at **1-855-227-1302**. We are here to help you make the most of your GHP Family coverage.

Complaints , Grievances & DHS 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 us 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.

What should I do if I have a complaint?

First Level Complaint

To file a complaint, you can:

- call GHP Family at **1-855-227-1302** and tell us your complaint, or
- write down your complaint and send it to us at:

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

- 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?

You must file a complaint within **45 days of getting a letter** 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 decide a complaint or grievance you told us about within 30 days.

You must file a complaint within 45 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.
Members under the age of 21	with PCP for an EPSDT screen 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 of GHP Family.
Members who are pregnant:	
We will make an appointment for you...	
Pregnant women in their first trimester	with OB/GYN 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 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 Routine appointment Health assessment/general physical examination	Within 24 hours Within 10 business days Within 3 weeks
Specialist (when referred by your PCP)	
We will make an appointment for you...	
Urgent medical condition	Within 24 hours of referral
Routine appointment with one of the following specialists: • 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	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 we have received your complaint, and about the first level complaint review process.

You may ask GHP Family to see any relevant information we have about your complaint. You may also send information that may help with your complaint to GHP Family.

You may attend the complaint review if you want to. You may come to our offices or be included by phone or videoconference. If you decide that you do not want to attend the complaint review, it will not affect our decision.

A committee of one or more GHP Family's staff who have not been involved in the issue you filed your complaint about will review your complaint and make a decision. Your complaint will be decided no later than 30 days after we receive your complaint.

A decision letter will be mailed to you within 5 business days after the decision is made. This letter will tell you all the reason(s) for the decision and what you can do if you don't like the decision.

NOTE: If you need more information about help during the complaint process, call Member Services at 1-855-227-1302 or refer to Page 64 under "What kind of help can I have with the complaint or grievance process?"

What to do to continue getting services

If you have been receiving services or items that are being reduced, changed or stopped and you file a complaint that is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that the services or items you have been receiving are not covered services or items for you, the service or items will continue until a decision is made.

Second Level Complaint

What if I don't like GHP Family's decision?

If you do not agree with our first level complaint decision, you may file a second level complaint with GHP Family.

When should I file a second level complaint?

You must file your second level complaint within 45 days of the date you receive the first level complaint decision letter. To file a second level complaint, you can:

- call GHP Family at 1-866-577-7733, Option "0" and tell us your second level complaint, or
- write down your second level complaint and send it to us at:

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

What happens after I file a second level complaint?

You will receive a letter from GHP Family telling you that we have received your complaint, and telling you about the second level complaint review process.

You may ask GHP Family to see any relevant information we have about your complaint. You may also send information that may help with your complaint to GHP Family.

You may attend the complaint review if you want to. You may come to our offices or be included by phone or by videoconference. If you decide that you do not want to attend the complaint review, it will not affect our decision.

A committee made up of three or more people, including at least one person who is not an employee of GHP Family who have not been involved in the issue you filed your complaint about, will review your complaint and make a decision. Your complaint will be decided no later than 45 days after we receive your complaint.

A decision letter will be mailed to you within 5 business days after the decision is made. This letter will tell you all the reason(s) for the decision and what you can do if you don't like the decision.

NOTE: If you need more information about help during the complaint process, call Member Services at 1-855-227-1302 or refer to Page 64 under "What kind of help can I have with the complaint or grievance process?"

What to do to continue getting services

If you have been receiving services or items that are being reduced, changed or stopped because they are not covered services or items for you and you file a second level complaint that is hand-delivered or postmarked within 10 days of the date on the first level complaint decision letter, the services or items will continue until a decision is made.

External Complaint Review

What can I do if I still don't like GHP Family's decision?

If you do not agree with GHP Family's second level complaint decision, you may ask for an external review by either the Department of Health or the Insurance Department. The Department of Health handles complaints that involve the way a provider gives care or services. The Insurance Department reviews complaints that involve GHP Family policies and procedures. You must ask for an external review within 15 days of the date you received the second level complaint decision letter. If you ask, the Department of Health will help you put your complaint in writing.

You must send your request for external review in writing to either:

**Pennsylvania
Department of Health
Bureau of Managed Care Operations
Health and Welfare Building, Room 912
625 Forster Street
Harrisburg, PA 17120-0701
Telephone: 1-888-466-2787
Or
Pennsylvania Insurance Department
Bureau of Customer Service
1321 Strawberry Square
Harrisburg, Pennsylvania 17120
Telephone: 1-877-881-6388**

If you send your request for external review to the wrong department, it will be sent to the correct department.

The Department of Health or 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 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 don't like the decision.

What to do to continue getting services

If you have been receiving services or items that are being reduced, changed or stopped because they are not covered services or items for you and you file a request for an external complaint review that is hand-delivered or postmarked within 10 days of the date on the second level complaint decision letter, the services or items will continue until a decision is made.

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 letter (notice) telling you GHP Family's decision. A grievance is when you tell us you disagree with GHP Family's decision.

First Level Grievance

What should I do if I have a grievance?

To file a grievance, you can:

- call GHP Family at **1-855-227-1302** and tell us your grievance, or
- write down your grievance and send it to us at:

GHP Family
ATTN: Appeals Department
100 North 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.

NOTE: *If your provider files a grievance for you, you cannot file a separate grievance on your own, unless you rescind consent in writing.*

When should I file a first level grievance?

You have 45 days from the date you receive the letter (notice) that tells you about the denial, decrease, or approval of a different service or item, to file your grievance.

What happens after I file a first level grievance?

After you file your grievance, you will get a letter from GHP Family telling you that we have received your grievance, and about the first level grievance review process.

You may ask GHP Family to see any relevant information we have about your grievance. You may also send information that may help with your grievance to GHP Family.

You may attend the grievance review if you want to. You may come to our offices or be included by phone or by videoconference. If you decide that you do not want to attend the grievance review, it will not affect our decision.

A committee of one or more GHP Family staff, including a licensed doctor, who has not been involved in the issue you filed your grievance about, will review your grievance and make a decision. Your grievance will be decided no later than 30 days after we received your grievance.

A decision letter will be mailed to you within 5 business days after the decision is made. This letter will tell you all the reason(s) for the decision and what you can do if you don't like the decision.

NOTE: If you need more information about help during the grievance process, call Member Services at 1-855-227-1302.

What to do to continue getting services

If you have been receiving services or items that are being reduced, changed or stopped, and you file a first level grievance that is hand-delivered or postmarked within 10 days of the date on the letter, (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.

Second Level Grievance

What if I don't like GHP Family's decision?

If you do not agree with our first level grievance decision, you may file a second level grievance with GHP Family.

When should I file a second level grievance?

You must file your second level grievance within 45 days of the date you receive the first level grievance decision letter. To file a second level grievance, you can:

- call GHP Family at **1-855-227-1302** and tell us your second level grievance, or
- write down your second level grievance and send it to us at:

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

What happens after I file a second level grievance?

You will receive a letter from GHP Family telling you that we have received your grievance, and telling you about the second level grievance review process.

You may ask GHP Family to see any relevant information we have about your grievance. You may also send information that may help with your grievance to GHP Family.

You may attend the grievance review if you want to. You may come to our offices or be included by phone or by videoconference. If you decide that you do not want to attend the grievance review, it will not affect our decision.

A committee of three or more people including a doctor and at least one person who is not an employee of GHP Family, who has not been involved in the issue you filed your grievance about, will review your grievance and make a decision. Your grievance will be decided no later than 45 days after we receive your grievance

A decision letter will be mailed to you within 5 business days after the decision is made. This letter will tell you all the reason(s) for the decision and what you can do if you don't like the decision.

NOTE: If you need more information about help during the grievance process, call Member Services at 1-855-227-1302.

What to do to continue getting services

If you have been receiving services or items that are being reduced, changed or stopped, and you file a second level grievance that is hand-delivered or postmarked within 10 days of the date on the first level grievance decision letter, the services or items will continue until a decision is made.

External Grievance Review

What can I do if I still don't like GHP Family's decision?

If you do not agree with GHP Family's second level grievance decision, you may ask for an external grievance review. You must call or send a letter to GHP Family asking for an external grievance review within 15 days of the date you received our grievance decision letter. To ask for an external grievance review, you can:

- call GHP Family at 1-866-577-7733, Option "0" and tell us your grievance, or
- write down your second level grievance and send it to us at:

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

We will then send your request to the Department of Health.

The Department of Health 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 review 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 don't like the decision.

NOTE: If you need more information about help during the grievance process, call Member Services at 1-855-227-1302.

What to do to continue getting services

If you have been receiving services or items that are being reduced, changed or stopped, and you request an external grievance review that is hand-delivered or postmarked within 10 days of the date on the second level grievance decision letter, the services or items will continue until a decision is made.

You may call GHP Family's toll-free telephone number at 1-855-227-1302 if you need help or have questions about complaints and grievances. You can also contact your local legal aid office at 1-800-322-7572 (www.palegalaid.net) or call the Pennsylvania Health Law Project at 1-800-274-3258 (www.php.org).

Expedited Complaints and Grievances

What can I do if my health is at immediate risk?

If your doctor or dentist believes that the usual timeframes for deciding your complaint or grievance will harm your health, you or your doctor or dentist can call GHP Family at 1-855-227-1320 or **Pennsylvania Relay at 7-1-1** and ask that your complaint or grievance be decided faster. You will need to have a letter from your doctor or dentist faxed to 570-271-7225 explaining how the usual timeframe for deciding your complaint or grievance will harm your health. If your doctor or dentist does not send GHP Family this letter, your complaint or grievance will be decided within the usual timeframes.

Expedited Complaint

The expedited complaint will be decided by a licensed doctor who has not been involved in the issue you filed your complaint about. GHP Family will call you with a decision within 48 hours of when we receive the letter from your doctor or dentist explaining how the usual timeframe for deciding your complaint will harm your health or within 3 business days of your request for an expedited (faster) complaint review, whichever is sooner. You will also receive a letter telling you the reason(s) for the decision and how to file an external complaint, if you don't like the decision. For information on how to file an external complaint see page 66.

Expedited Grievance and Expedited External Grievance

A committee of three or more people, including a licensed doctor and at least one GHP Family member, will review your grievance. The licensed doctor will decide your expedited grievance with help from the other people on the committee. No one on the committee will have been involved in the issue you filed your grievance about. GHP Family will call you with our decision within 48 hours of when we receive the letter from your doctor or dentist explaining how the usual timeframe for deciding your grievance will harm your health or within 3 business days of your request for an expedited (faster) grievance review, whichever is sooner. You will also receive a letter telling you the reason(s) for the decision and how to file an expedited external grievance if you don't like the decision.

If you want to ask for an expedited external grievance review by the Department of Health, you must call GHP Family at 1-866-577-7733, Option "0" or Pennsylvania Relay at 7-1-1 within 2 business days from the date you get the expedited grievance decision letter. GHP Family will send your request to the Department of Health within 24 hours after receiving it.

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 at the same time you file a complaint or grievance or you can ask for a fair hearing after GHP Family decides your first or second level complaint or grievance.

What kind of things can I request a fair hearing about and by when do I have to ask for my fair hearing?

If you are unhappy because...	You must ask for a fair hearing...
1. GHP Family decided to deny a service or item because it is not a covered service or item;	within 30 days of getting a letter from GHP Family telling you of this decision.
2. GHP Family decided to not pay a provider for a service or item you got and the provider can bill you for the service or item.	within 30 days of getting a letter from GHP Family telling you of this decision.
3. GHP Family did not decide within 30 days, a complaint or grievance you told GHP Family about	within 30 days of getting a letter from GHP Family telling you that we did not decide your complaint or

before.	grievance within the time we were supposed to.
4. GHP Family decided to deny, decrease or approve a service or item different than the service or item you requested because it was not medically necessary.	within 30 days of getting a letter from GHP Family telling you of this decision or within 30 days of getting a letter from GHP Family telling you its decisions after you filed a complaint or grievance about this issue.
5. GHP Family did not provide a service or item by the time you should have received it. (The time by which you should have received a service or item is listed on page 14.)	within 30 days from the date you should have received the service or item.

How do I ask for a fair hearing?

You must ask for a fair hearing in writing and send it to:

**Department of Human Services
Office of Medical Assistance Programs - HealthChoices Program
Complaint, Grievance and Fair Hearings
PO Box 2675
Harrisburg, PA 17105-2675**

Your request for a fair hearing should include the following information

- Member name;
- Member social security number and date of birth;
- A telephone number where you can be reached during the day;
- If you want to have the fair hearing in person or by telephone; and
- Any letter you may have received about the issue you are requesting your fair hearing for.

What happens after I ask for a fair hearing?

You will get a letter from the Department of Human Service's 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.

GHP Family will also go to your fair hearing to explain why we made the decision or explain what happened. If you ask, GHP Family must give you (at no cost to you) any records, reports and other information we have that is relevant to your fair hearing.

When will the fair hearing be decided?

If you ask for a fair hearing after a first level complaint or grievance decision, the fair hearing will be decided no more than 60 days after the Department of Human Services gets your request.

If you ask for a fair hearing and did not file a first level complaint or grievance, or if you ask for a fair hearing after a second level complaint or grievance decision, the fair hearing will be decided within 90 days from when the Department of Human Services gets your request.

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 receiving services or items that are being reduced, changed or stopped and your request for a fair hearing is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that GHP Family has reduced, changed or denied your services or items or telling you GHP

Family decision about your first or second level complaint or grievance, your 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 using the usual timeframes to decide your fair hearing will harm your health, you or your doctor or dentist can call the Department of Human Services at 1-800-798-2339 and ask that your fair hearing be decided faster. This is called an expedited fair hearing. You will need to have a letter from your doctor or dentist Faxed to 1-717-772-6328 explaining why using the usual timeframes to decide your fair hearing will harm your health. If your doctor or dentist does not send a written statement, your doctor or dentist may testify at the fair hearing to explain why using the usual timeframes to decide your fair hearing will harm your health.

The Bureau of Hearings and Appeals will contact you to schedule the expedited fair hearing. The expedited fair hearing will be held by telephone within 3 business days after you ask for the 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 time frame for the fair hearing decision will be based on the date you asked for the fair hearing. If your doctor sent a written statement or testifies at the hearing, the decision will be made within 3 business days after you asked for the fair hearing.

You may call the GHP Family toll-free number at 1-866-577-7733, Option “0” or Pennsylvania Relay at 7-1-1 if you need help or have questions about fair hearings. You can also contact your local legal aid office at 1-800-322-7572 on line at www.palegalaid.net or call the Pennsylvania Health Law Project at 1-800-274-3258, online at www.phlp.org.

What kind of help can I have with the complaint or 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. For legal assistance you can contact your local legal aid office at 1-800-322-7572, visit (www.palegalaid.net) or call the Pennsylvania Health Law Project at 1-800-274-3258 (www.phlp.org).

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

You or the person you choose to represent you may ask GHP Family to see any relevant information we have about your complaint or grievance.

Persons whose primary language is not English

If you ask for language interpreter 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 with 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.

NOTE: For some issues you can request a fair hearing from the Department of Human Services in addition to or instead of filing a complaint or grievance with GHP Family. See below for the reasons you can request a fair hearing.

There may be times when you need to report fraud or abuse you have seen. This could be fraud and abuse by a member or a provider.

What are some examples of fraud and abuse?

Some examples of fraud and abuse are:

- If your provider bills or charges you for a service that is covered by GHP Family (this does not include copayments).
- If a provider offers you a gift or money to get a treatment or services you don't need.
- If a member gives their ACCESS or GHP Family identification cards to another person to get services using the member's name.
- If a provider offers to give you free equipment or services or supplies in exchange for your ACCESS or GHP Family member number.
- If a provider gives you a treatment you don't need.
- If you are physically, mentally or sexually abused by medical staff.
- If you are offered prescriptions or prescription medications without being seen or treated by the prescribing doctor.
- If a member abuses their benefits to get prescription drugs that are not medically necessary.

What should I do if I suspect fraud or abuse is or has happened?

GHP Family has a hotline to report suspected fraud and abuse. The hotline number is 1-800-292-1627. You can also report fraud and abuse to the Department of Human Services through any of the following:

- Call the Medical Assistance Provider Compliance hotline at: **1-866-379-8477**
- Go to the Web site: **www.dhs.state.pa.us**
- Or send an email to [http://www.dhs.state.pa.us](mailto:compliance@dhs.state.pa.us)

If you report fraud or abuse to any of the above, you don't have to give your name. If you do give your name, the provider or member will not be told it was you that reported them. Your report is kept completely confidential.

What is the recipient restriction program?

The recipient restriction program is a program to restrict the overuse or misuse of medical services or medications. GHP Family and the Department of Human Services (DHS) have the right to restrict members to certain providers or pharmacies when DHS has determined a member has misused and/or overused medical or pharmacy services.

How does the recipient restriction program work?

GHP Family reviews the usage of all medicine and services our members use. We compare them to guidelines approved by DHS. There are times when we find overuse of a medicine or service. If this happens, we make a report to DHS. We may also restrict the member to specific PCP's, pharmacies and/or other providers. The member can choose which provider or pharmacy they want to go to, or if they do not choose, one will be chosen for them. If the member wants to be restricted to a different provider or pharmacy than the one chosen, they can call Member Services at **1-855-227-1302** to make a different choice. The restriction will last for five years. We will send the member a letter that explains the restriction. The restriction will follow the member, even if they leave GHP Family and choose a different health plan.

Members may ask for a DHS fair hearing about the restriction program within 30 days of notification of restriction. A **written** request must be sent to:

Department of Human Services
Office of Medical Assistance Programs
Bureau of Program Integrity
Division of Program and Provider Compliance
Recipient Restriction Section
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675
Phone number: 717-0772-4627

If you need help requesting a fair hearing, please call Member Services at **1-855-227-1302**.



GEISINGER
HEALTH PLAN®



GHPFamily.com

Cover Photo: BananaStock/ThinkStock
Dev. 3/13 Rev. 12/14