

GEISINGER HEALTH PLAN FAMILY

Member handbook



Geisinger
HEALTH PLAN

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Section 1- Welcome

Introduction

What is HealthChoices?

HealthChoices is Pennsylvania's Medical Assistance managed care program. The Office of Medical Assistance Programs (OMAP) in Pennsylvania's Department of Human Services (DHS) oversees the physical health portion of HealthChoices. Physical health services are provided through the physical health managed care organizations (PH-MCOs). Behavioral health services are provided through behavioral health managed care organizations (BH-MCOs). For more information on behavioral health services, please see Section 7, Behavioral Health Services, beginning on page 63.

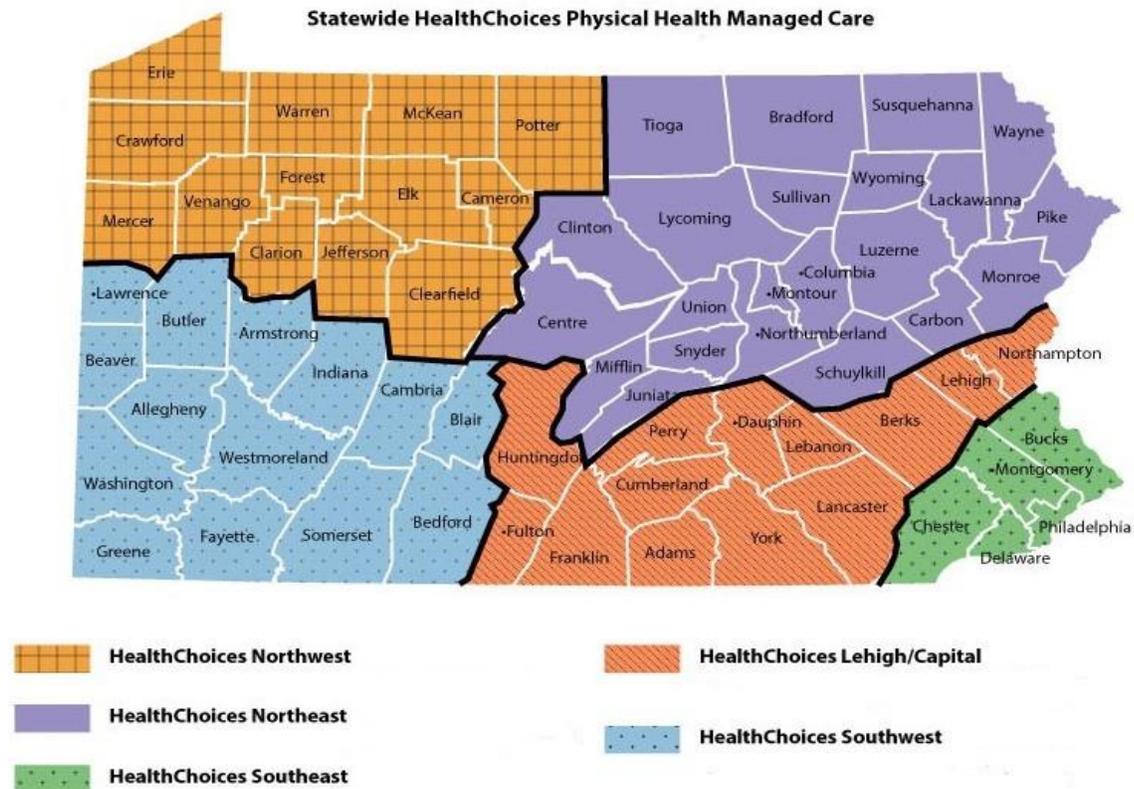
Welcome to GHP Family

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

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

GHP Family has a network of contracted providers, facilities, and suppliers to provide covered physical health services to members. We are licensed by the Pennsylvania Department of Health and the Pennsylvania Insurance Department. We have been providing managed care to rural Pennsylvania for over 35 years and our mission is to provide high-quality care to everyone enrolled in this plan.

We have contracted with the DHS to offer coverage to eligible Medical Assistance recipients living in all 67 Pennsylvania counties.



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

Member Services

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

- Requesting a new identification card
- Adding a new baby or other family member to your insurance
- Changing your address or telephone number
- Choosing a primary or specialty care practitioner
- Changing your primary care practitioner
- Covered services, copayments and limits to your benefits
- Providing a list of names, business addresses, and official positions of the members of the Board of Directors or officers of GHP Family
- How GHP Family protects your medical records and other private information
- Providing a description of how we check our providers' qualifications
- Information about claims or bills
- Providing a list of participating providers and hospitals

- Providing a list of which drugs are covered by this plan
- Information about how we decide what medical devices, or treatments are covered
- Information about how we decide what new treatments are covered
- Answering questions about your prescribed medications
- Providing a summary of how we pay the providers and medical facilities
- Translation services for non-English-speaking members

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

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

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

Or by secure messaging on our website, www.ghpfamily.com.

Member Identification Cards

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

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

Geisinger

First Name Last Name
ID 12345678901

| | | | |
|--------------|-----|-----------------------|---------------------|
| Copay | | Primary care | |
| PCP | \$0 | Office | Office 123/456-7891 |
| Spec | \$0 | Medical record | 12345678 |
| ER | \$0 | BIN 026010 PCN MCDG | |

NAVITUS

GHP Family
Offered by Geisinger Health Plan, part of Geisinger.

Connect with us

Coverage questions
855-227-1302

Tel-A-Nurse 877-543-5061

Prescription questions
855-552-6028

TTY hearing impaired
PA Relay at 711

GHPFamily.com

Mail medical claims to
Geisinger Health Plan
PO Box 160, Glen Burnie, MD 21060

Mail dental claims to
SKYGEN
PO Box 512, Milwaukee, WI 53201

Mail general information to
Geisinger Health Plan, 100 N. Academy Ave.
Danville, PA 17822-3229

Pharmacy technical assistance
844-628-4221

Dental provider assistance 877-378-5292

Issue date: 01/01/2023

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

The MA cards with the Capitol and cherry blossoms may be used for cash assistance, the Supplemental Nutritional Assistance Program (SNAP) and MA. Additionally, if a Member is eligible for cash assistance, they are automatically eligible for MA. Typically, this card is issued to the person who the cash assistance and/or SNAP benefit is directed to, or for MA it is issued to the head of household.



The "Blue Card(s)" are issued only for MA to all other members of the household.

PA pennsylvania **ACCESS**

| | |
|----------------------|-----------------|
| NAME: | Individual Name |
| ID #: | 987654321 |
| CARD ISSUE #: | 0123456789 |

PENNSYLVANIA ACCESS CARD
Commonwealth of Pennsylvania, Department of Human Services

MISUSE OR ABUSE OF THIS CARD MAY MAKE YOU LIABLE FOR CIVIL ACTION AND/OR CRIMINAL PROSECUTION

To Report Fraud and Abuse Call: 1-800-932-0582

Return Postage Guaranteed. If found, drop in nearest United States Mail Box. Return to Department of Human Services, Harrisburg, PA 17105.

NOTE: Even if you or people you are financially responsible for do not obtain services using your ACCESS Card, benefit payments could be made on your behalf or their behalf. If you fail to report changes timely, you may be required to repay these benefits.

Older MA cards that may still be active are shown here. The green/blue card with yellow “ACCESS” may also serve as the head of household’s EBT card for SNAP and cash assistance, and their MA card. The yellow card is only for MA for all other members of the household.



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

Important Contact Information

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

Emergencies

Please see Section 3, Covered Physical Health Services, beginning on page 28, for more information about emergency services. If you have an emergency, you can get help by going to the nearest emergency department, calling 911, or calling your local ambulance service.

Important Contact Information – At a Glance

| Name | Contact Information: Phone or Website | Support Provided |
|--|--|---|
| Pennsylvania Department of Human Services Phone Numbers | | |
| County Assistance Office/COMPASS | 1-877-395-8930 or 1-800-451-5886 (TTY/TTD) or https://www.compass.state.pa.us/ or myCOMPASS PA mobile app for smart phones | Change your personal information for Medical Assistance eligibility. See page 16 of this handbook for more information. |

| | | |
|---|--|--|
| Fraud and Abuse Reporting Hotline, Department of Human Services | 1-844-DHS-TIPS (1-844-347-8477) | Report member or provider fraud or abuse in the Medical Assistance Program. See page 27 of this handbook for more information. |
| Other Important Phone Numbers | | |
| Tel-A-Nurse | 1-877-543-5061 | Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters. See page 20 of this handbook for information. |
| Enrollment Assistance Program | 1-800-440-3989 1-800-618-4225 (TTY) | Pick or change a HealthChoices plan. See page 15 of this handbook for more information. |
| Pennsylvania Insurance Department, Bureau of Consumer Services | 1-877-881-6388 | Ask for a Complaint form, file a Complaint, or talk to a consumer services representative. |
| Protective Services | 1-800-490-8505 | Report suspected abuse, neglect, exploitation, or abandonment of an adult over age 60 or an adult between age 18 and 59 who has a physical or mental disability. |

Other Phone Numbers

| | |
|--|-----------------------|
| Childline | 1-800-932-0313 |
| County Assistance Office | See Appendix A |
| Crisis Intervention Services | See Appendix A |
| Legal Aid | 1-800-322-7572 |
| Medical Assistance Transportation Program | See Appendix A |
| Mental Health/Intellectual Disability Services | See Appendix A |

Suicide and Crisis Lifeline

- The 988 Suicide and Crisis Lifeline number is available 24/7
 - Call: 988
 - Text: 988
 - Visit or Chat: 988lifeline.org

If mental health care or support is needed, you can learn more about services in PA at <https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/default.aspx>.

Communication Services

GHP Family can provide this Handbook and other information you need in languages other than English at no cost to you. GHP Family can also provide your Handbook and other information you need in other formats such as compact disc, Braille, large print, DVD, electronic communication, and

other formats if you need them, at no cost to you. Please contact Customer Care at **1-855-227-1302, PA Relay 711** to ask for any help you need. Depending on the information you need, it may take up to 5 business days for GHP Family to send you the information.

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

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

Enrollment

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

Enrollment Services

The Medical Assistance Program works with the Enrollment Assistance Program (EAP) to help you enroll in HealthChoices. You received information about the EAP with the information you received about selecting a HealthChoices plan. Enrollment specialists can give you information about all of the HealthChoices plans available in your area so that you can decide which one is best for you. If you do not pick a HealthChoices plan, a HealthChoices plan will be chosen for you. Enrollment specialists can also help you if you want to change your HealthChoices plan or if you move to another county.

Enrollment specialists can help you:

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

To contact the EAP, call 1-800-440-3989 or 1-800-618-4225 (TTY).

Changing Your HealthChoices Plan

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

Changes in the Household

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

For example:

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

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

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

What Happens if I Move?

GHP Family can provide you with HealthChoices benefits in all 67 Pennsylvania counties. You will not have to change your insurance as long as you don't move out of Pennsylvania. If you move out of state, notify your CAO as you will no longer be able to get services through HealthChoices. Your caseworker will end your benefits in Pennsylvania. You will need to apply for benefits in your new state.

Loss of Benefits

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

They include:

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

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

They include:

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

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

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

Information About Providers

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

- Name, address, website address, email address, telephone number
- Whether or not the provider is accepting new patients
- Days and hours of operation
- The provider's credentials and board certifications
- The provider's specialty and services offered by the provider
- Whether or not the provider speaks languages other than English and, if so, which languages
- Whether or not the provider locations are wheelchair accessible

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

Picking Your Primary Care Provider (PCP)

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

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

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

Some of these medical professionals may be:

- Physician Assistants
- Medical Residents
- Certified Nurse-Midwives

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

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

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

Changing Your PCP

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

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

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

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

Office Visits

Making an Appointment with Your PCP

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

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

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

Appointment Standards

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

- Your PCP should see you within 10 business days of when you call for a routine appointment.
- You should not have to wait in the waiting room longer than 30 minutes unless the doctor has an emergency.
- If you have an urgent medical condition, your provider should see you within 24 hours of when you call for an appointment.
- If you have an emergency, the provider must see you immediately or refer you to an emergency room.

If you are pregnant and

- In your first trimester, your provider must see you within 10 business days of GHP Family learning you are pregnant.
- In your second trimester, your provider must see you within 5 business days of GHP Family learning you are pregnant.
- In your third trimester, your provider must see you within 4 business days of GHP Family learning you are pregnant.
- Have a high-risk pregnancy, your provider must see you within 24 hours of GHP Family learning you are pregnant.

Referrals

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

If GHP Family does not have at least 2 specialists in your area and you do not want to see the one specialist in your area, GHP Family will work with you to see an out-of-network specialist at no cost to you. Your PCP must contact GHP Family to let GHP Family know you want to see an out-of-network specialist and get approval from GHP Family before you see the specialist.

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

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

For a list of specialists in GHP Family's network, please see the provider directory on our website at <https://www.ghpfamily.com> or call Customer Care to ask for help or a printed provider directory.

Self-Referrals

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

The following services do not require referral from your PCP:

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

You do not need a referral from your PCP for behavioral health services. You can call your behavioral health managed care organization for more information. Please see section 7 of the handbook, on page 63 for more information.

After-Hours Care

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

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

Member Engagement

Suggesting Changes to Policies and Services

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

GHP Family Health Education Advisory Committee (HEAC)

GHP Family has a Health Education Advisory Committee (HEAC) that includes members and network providers. The Committee provides advice to GHP Family about the experiences and needs of members like you. For more information about the Committee, please call the Health and Wellness team at **1-866-415-7138 PA Relay 711, Monday through Friday, 8 a.m. to 5 p.m.**

GHP Family Quality Improvement Program

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

- Live outreach calls with appointment scheduling assistance
- Appointment reminders and educational postcards and materials
- Texting
- Interactive voice response calls

- Information on our website and access to various educational websites and materials
- Community educational activities

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

Section 2- Rights and Responsibilities

Member Rights and Responsibilities

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

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

Member Rights

You have the right:

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

14. To be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you.
15. To get information about services that GHP Family or a provider does not cover because of moral or religious objections and about how to get those services.
16. To exercise your rights without it negatively affecting the way DHS, GHP Family, and network providers treat you.
17. To create an advance directive. See Section 6, Advance Directives, starting on page 62 for more information.
18. To make recommendations about the rights and responsibilities of GHP Family's members.

Member Responsibilities

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

These are the things you should do:

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

Privacy and Confidentiality

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

Co-payments

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

Co-payment amounts can be found in the Covered Services chart starting on page 28 of this Handbook.

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

- Members under age 18
- Pregnant women (including 1 year after the child is born (the post-partum period))
- Members who live in a long-term care facility, including Intermediate Care Facilities for the Intellectually Disabled and Other Related Conditions or other medical institution
- Members who live in a personal care home or domiciliary care home
- Members eligible for benefits under the Breast and Cervical Cancer Prevention and Treatment Program
- Members eligible for benefits under Title IV-B Foster Care and Title IV-E Foster Care and Adoption Assistance

The following services do not require a co-payment:

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

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

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

Billing Information

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

When Can a Provider Bill Me?

Providers may bill you if:

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

What Do I Do if I Get a Bill?

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

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

Third-Party Liability

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

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

Coordination of Benefits

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

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

If you do not have Medicare but you have other health insurance and you need a service or other care that is covered by your other insurance, you must get the service from a provider that is in both the network of your other insurance and GHP Family's network. You need to follow the rules of your other insurance and GHP Family, such as prior authorization and specialist referrals. If your other health insurance covers a specialist referral, or another service that is covered on the Medical Assistance Fee Schedule, with or without prior authorization, you will not need additional approval from the PH-MCO. Your PH-MCO will accept your third party referral and/or prior authorization if the service is covered by your other health insurance.

GHP Family will work with your other insurance to decide if it needs to pay for the services after your other insurance pays the provider first.

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

Recipient Restriction/Lock-In Program

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

How Does it Work?

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

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

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

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

Department of Human Services
Office of Administration
Bureau of Program Integrity - DPPC
Recipient Restriction Section

P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

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

If your appeal is postmarked within 10 days of the date on GHP Family's notice, the limits will not apply until your appeal is decided. If your appeal is postmarked more than 10 days but within 30 days from the date on the notice, the limits will be in effect until your appeal is decided. The Bureau of Hearings and Appeals will let you know, in writing, of the date, time, and place of your hearing. You may not file a Grievance or Complaint through GHP Family about the decision to limit your providers.

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

Reporting Fraud or Abuse

How Do I Report Member Fraud or Abuse?

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

Examples of Member Fraud or Abuse include: someone who receives medical assistance, or other public benefits AND that person is not reporting income, not reporting resources or property they own, not reporting who lives in the household, allowing another person to use their ACCESS/MCO card, forging or making changes to prescriptions, or selling prescriptions or medications.

How Do I Report Provider Fraud or Abuse?

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

Examples of Provider Fraud or Abuse include: billing for services not provided; misrepresenting the service/supplies rendered (for example, billing brand named for generic drugs; billing for a different service than was rendered; billing for more time or units of service than provided; billing at a service location other than the service location at which services were provided; submitting false information on claims, such as date of service, provider or prescriber of service; double billing for the same service; billing for services provided by unqualified persons; billing for used items as new.

Section 3- Physical Health Services

Covered Services

The chart below lists the services that are covered by GHP Family when the services are medically necessary. Some of the services have limits or co-payments or need a referral from your PCP or require prior authorization by GHP Family. If you need services beyond the limits listed below, your provider can ask for an exception, as explained later in this section.

Limits do not apply if you are under age 21 or pregnant.

All medically necessary Medicaid-coverable services in any amount are covered for individual members under the age of 21.

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

| | | | |
|--|--------------------------------|---|---|
| Podiatrist Services | Limit | No | No |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No | Prior Auth.: No Referral: No |
| Chiropractor Services | Limit | No Radiology services received at a chiropractic office are not covered. | No Radiology services received at a chiropractic office are not covered. |
| | Co-payment | \$0 | \$1 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No | Prior Auth.: No Referral: No |
| Optometrist Services | Limit | No | No |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No | Prior Auth.: No Referral: No |
| Hospice Care | Limit | No Respite care may not exceed a total of 5 days in a 60-day certification period. | No Respite care may not exceed a total of 5 days in a 60-day certification period. |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No | Prior Auth.: No Referral: No |
| Dental Care Services | Limit | See Dental Care Services on Page 38 | See Dental Care Services on Page 38 |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No Some procedures require prior authorization | Prior Auth.: Yes Referral: No Some procedures require prior authorization |
| Radiology (ex. X-rays, MRIs, CTs) | Limit | No | No |
| | Co-payment | \$0 | \$1 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No | Prior Auth.: No Referral: No |
| Outpatient Hospital Short Procedure Unit | Limit | No | No |
| | Co-payment | \$0 | \$3 |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No Some procedures require prior authorization | Prior Auth.: Yes Referral: No Some procedures require prior authorization |

| | | | |
|---|--------------------------------------|---|---|
| Outpatient Ambulatory Surgical Center | Limit | No | No |
| | Co-payment | \$0 | \$3 |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No Some procedures require prior authorization | Prior Auth.: Yes Referral: No Some procedures require prior authorization |
| Non-Emergency Medical Transport | Limit | No | No |
| | Co-payment | Covered if you live in a nursing home or need specialized non- emergency transportation OR contact your county MATP Provider. See page 97 | Covered if you live in a nursing home or need specialized non- emergency transportation OR contact your county MATP Provider. See page 97 |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No Covered services require Prior Authorization | Prior Auth.: Yes Referral: No Covered services require Prior Authorization |
| Family Planning Services | Limit | No | No |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No Sterilization procedures require prior authorization | Prior Auth.: No Referral: No Sterilization procedures require prior authorization |
| Renal Dialysis | Limit | No | Adult initial training for home dialysis is limited to 24 sessions per calendar year. Back up visits to the facility limited to no more than 75 per calendar year. |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No | Prior Auth.: Yes Referral: No |
| Emergency Services | Limit | No | No |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No | Prior Auth.: No Referral: No |
| Urgent Care Services | Limit | No | No |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No | Prior Auth.: No Referral: No |

| | | | |
|--|--------------------------------|---|---|
| Ambulance Services | Limit | No | No |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No Non-emergent ambulance requires prior authorization | Prior Auth.: No Referral: No Non-emergent ambulance requires prior authorization |
| Inpatient Hospital | Limit | No | No |
| | Co-payment | \$0 | \$3 per day/\$21 max per admission |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No Some admissions require prior authorization | Prior Auth.: Yes Referral: No Some admissions require prior authorization |
| Inpatient Rehab Hospital | Limit | No | No |
| | Co-payment | \$0 | \$3 per day/\$21 max per admission |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No | Prior Auth.: Yes Referral: No |
| Maternity Care | Limit | No | No |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No | Prior Auth.: No Referral: No |
| Prescription Drugs | Limit | No | No |
| | Co-payment | See Pharmacy Copay on page 43 | \$1 generic \$3 brand See Pharmacy Copay on page 43 |
| | Prior Authorization / Referral | Some medications require prior authorizations. Refer to the PA Statewide PDL or https://www.ghpfamily.com | Some medications require prior authorizations. Refer to the PA Statewide PDL or https://www.ghpfamily.com |
| Enteral/Parenteral Nutritional Supplements | Limit | No | No |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No | Prior Auth.: Yes Referral: No |
| Nursing Facility Services | Limit | See Nursing Facility Services on page 48 | See Nursing Facility Services on page 48 |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No | Prior Auth.: Yes Referral: No |

| | | | |
|--|--------------------------------|---|--|
| Home Health Care including Nursing, Aide, and Therapy Services | Limit | No | No |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No | Prior Auth.: Yes Referral: No |
| Durable Medical Equipment | Limit | There may be limits on some DME. Members can contact Customer Care for more information. | There may be limits on some DME. Members can contact Customer Care for more information. |
| | Co-payment | \$0 | \$2 |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No Some DME requires a prior auth | Prior Auth.: Yes Referral: No Some DME requires a prior auth |
| Prosthetics and Orthotics | Limit | No Flat foot diagnosis is not covered. | No Flat foot diagnosis is not covered. |
| | Co-payment | \$0 | \$2 (if copay applies) |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No Some services require prior authorization | Prior Auth.: Yes Referral: No Some services require prior authorization |
| Eyeglass Lenses | Limit | No limits, but after 4 standard lenses per calendar year, additional lenses in that year must be prior authorized | Only covered with diagnosis of aphakia, 4 standard lenses per calendar year |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No | Prior Auth.: No Referral: No |
| Eyeglass Frames | Limit | No limits, but after 2 standard frames per calendar year, additional frames in that year must be prior authorized | Only covered with a diagnosis of aphakia, 2 standard frames per calendar year (deluxe frames not included) |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No | Prior Auth.: No Referral: No |

| | | | |
|--|--------------------------------|---|---|
| Contact Lenses | Limit | No limits, but after 4 lenses per calendar year, additional lenses in that year must be prior authorized. | Only covered with diagnosis of aphakia, 4 standard lenses per calendar year |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No | Prior Auth.: No Referral: No |
| Contact Lenses Fitting | Limit | Covered when medically necessary | Covered when medically necessary |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No | Prior Auth.: No Referral: No |
| Medical Supplies | Limit | No | No |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No Some medical supplies may require prior authorization | Prior Auth.: Yes Referral: No Some medical supplies may require prior authorization |
| Therapy (Physical, Occupational, Speech) | Limit | No | No |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No | Prior Auth.: Yes Referral: No |
| Laboratory | Limit | No | No |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: Yes Referral: No Some laboratory tests require prior authorization | Prior Auth.: Yes Referral: No Some laboratory tests require prior authorization |
| Tobacco Cessation | Limit | No | No |
| | Co-payment | \$0 | \$0 |
| | Prior Authorization / Referral | Prior Auth.: No Referral: No | Prior Auth.: No Referral: No |

Services That Are Not Covered

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

MCOs may choose to cover experimental medical procedures, medicines, and equipment based on your specific situation. MCOs must provide coverage for routine patient care costs for beneficiaries participating in qualifying clinical trials.

Second Opinions

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

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

What is Prior Authorization?

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

What Does Medically Necessary Mean?

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

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

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

How to Ask for Prior Authorization

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

- GHP Family staff will review the information sent in by your provider. We will use guidelines approved by the Department of Human Services (DHS) to help decide if the service is medically necessary.
- If the request cannot be approved by a GHP Family nurse, a GHP Family Medical Director (who is a doctor), will review the request.
- If the request is approved, we will let you and your provider know that it was approved.
- If the request is not approved, we will send a letter to you and your provider telling you the reason we did not approve the request.

- If you disagree with the decision, you may file a complaint or grievance and/or request a fair hearing. See **Section 8** for more information on complaints, grievances, and fair hearings.

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

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

What Services, Items, or Medicines Need Prior Authorization?

The following list identifies some, but not all services, items, and medicines that require prior authorization.

1. Specific inpatient stays including:
 - skilled nursing facility
 - rehabilitation
 - organ transplant
 - gender transition services
2. Services provided outside the hospital:
 - Certain outpatient procedures or day surgeries.
 - Home care provided in shifts
 - Weight loss surgery
 - Changing someone's gender in the hospital or offsite
 - Outpatient physical therapy/occupational therapy/speech therapy
 - Non-participating Ambulances except in emergencies
 - End of life care
 - Abortion and surgery to prevent pregnancy
 - Advanced X-rays (For example: MRI/CT Scans)
 - Some dental services
 - Some medical supplies
3. Certain types of durable medical equipment, such as power wheelchairs or scooters.
4. Care from providers outside of the GHP Family network
5. A service or item that is not provided or is more than what is provided in Medicaid. Your doctor can make a request.
6. Plastic surgery to rebuild parts of the face or body.

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

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

Prior Authorization of a Service or Item

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

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

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

Prior Authorization of Covered Drugs

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

If you go to a pharmacy to fill a prescription and the prescription cannot be filled because it needs prior authorization, the pharmacist will give you a temporary supply unless the pharmacist thinks the medicine will harm you. If you have not already been taking the medicine, you will get a 5-day supply. If you have already been taking the medicine, you will get a 15-day supply. Your provider will still need to ask GHP Family for prior authorization as soon as possible.

What if I Receive a Denial Notice?

If GHP Family denies a request for a service, item, or drug or does not approve it as requested, you can file a Grievance or a Complaint. If you file a Complaint or a Grievance for denial of an ongoing medication, GHP Family must authorize the medication until the Complaint or Grievance is resolved. See Section 8, Complaints, Grievances, and Fair Hearings, starting on page 64 of this Handbook for detailed information on Complaints and Grievances.

Program Exception Process

For those services that have limits, if you or your provider believes that you need more services than the limit on the service allows, you or your provider can ask for a program exception (PE). The PE process is different from the Dental Benefit Limit Exception process described on pages 39 and 40.

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

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

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

Service Descriptions

Emergency Services

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

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

Emergency medical conditions

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

Non-emergency medical conditions

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

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

Emergency Medical Transportation

GHP Family covers emergency medical transportation by an ambulance for emergency medical conditions. If you need an ambulance, call 911 or your local ambulance provider. Do not call MATP (described on page 57 of this Handbook) for emergency medical transportation.

Urgent Care

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

If you need urgent care, but you are not sure if it is an emergency, call your PCP or the GHP Family Tel-A-Nurse at **1-877-543-5061** first. Your PCP or the Tel-A-Nurse nurse will help you decide if you need to go to the emergency room, the PCP's office, or an urgent care center near you. In most

cases if you need urgent care, your PCP will give you an appointment within 24 hours. If you are not able to reach your PCP or your PCP cannot see you within 24 hours and your medical condition is not an emergency, you may also visit an urgent care center or walk-in clinic within GHP Family's network. Prior authorization is not required for services at an Urgent Care center.

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

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

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

Dental Care Services

Dental care is a very important part of staying healthy and has many connections to overall health. It is important to have routine visits with your dentist. With GHP Family, you do not need to pick one dentist for all your dental care; you can go to any dentist in the GHP Family network. To find a list of the dentists in our network go to our website at

<https://geisingermedicaid.sciondental.com/Public/AdvancedProviderSearch?CustomSearch=true#/search> or call Customer Care at **1-855-227-1302, PA Relay 711**.

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

Members Under 21 Years of Age

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

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

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

- Anesthesia
- Cleanings
- Crowns
- Dental surgical procedures
- Dental emergencies
- Dentures
- Exams/Check-ups

- Extractions (tooth removals)
- Fillings
- Fluoride
- Periodontal Services (deep cleanings)
- Root canals
- Sealants
- X-rays

The following dental procedures require prior authorization:

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

Members 21 Years of Age and Older

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

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

- Anesthesia (prior authorization required)
- Cleanings (2 per calendar year)
- Crowns (benefit limit exception required)
- Dental surgical procedures
- Dental emergencies
- Dentures (1 set per lifetime)
- Exams/Check-ups (2 per calendar year)
- Extractions (tooth removals)
- Fillings
- Periodontal Services (only covered with a BLE)
- Root canals (benefit limit exception required)
- X-rays

Dental Benefit Limit Exception

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

GHP Family will approve a BLE if:

- You have a serious or chronic illness or health condition and without the additional service your life would be in danger; OR
- You have a serious or chronic illness or health condition and without the additional service your health would get much worse; OR

- You would need more expensive treatment if you do not get the requested service; OR
- It would be against federal law for GHP Family to deny the exception.

Your dental service may also be covered by a BLE if you have one of the following underlying medical/dental condition(s).

- Diabetes
- Coronary Artery Disease or risk factors for the disease
- Cancer of the Face, Neck, and Throat (does not include stage 0 or stage 1 non-invasive basal or sarcoma cell cancers of the skin)
- Intellectual Disability
- Current Pregnancy including post-partum period

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

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

BLE requests must include the following information:

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

Time Frames for Deciding a Benefit Limit Exception

If you or your provider asks for an exception before you get the service, GHP Family will let you know whether or not the BLE is approved within 21 days.

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

If you disagree with or are unhappy with GHP Family's decision, you may file a Complaint or Grievance with GHP Family. For more information on the Complaint and Grievance process, please see Section 8 of this Handbook, Complaints, Grievances, and Fair Hearings on page 64.

Vision Care Services

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

Members Under 21 Years of Age

GHP Family covers all medically necessary vision services without limitation for children under 21 years of age. Children may go to a participating vision provider within the GHP Family network.

| Service | Limits | Copayments | Prior Authorization |
|-----------------------------------|---|------------|---------------------|
| Vision Examination and Refraction | No limits, but after 2 examinations per calendar year, additional examinations in that year must be prior authorized | \$0 | No |
| Standard Eyeglass Lenses | No limits, but after 4 standard lenses per calendar year, additional lenses in that year must be prior authorized | \$0 | No |
| Standard Eyeglass Frames | No limits, but after 2 standard frames per calendar year, additional frames in that year must be prior authorized | \$0 | No |
| Contact Lenses | No limits, but after 4 standard lenses per calendar year, additional lenses in that year must be prior authorized | \$0 | No |
| Contact Lens Fitting | Covered when medically necessary | \$0 | No |
| Low Vision Aids | No limits, but after 1 low vision aid every 2 years, additional low vision aids in that time period must be prior authorized. | \$0 | Yes |
| Eye Prostheses | No limits, but after 1 prosthesis every 2 years, additional prostheses in that time period must be prior authorized | \$0 | Yes |

Please Note: If you choose eyeglass frames, eyeglass lenses, and contact lenses that are not considered standard, you may have to pay out of pocket for these items. Your eye doctor will let you know if you have to pay extra for any of these services. If you have questions, you can call GHP Family Customer Care at 1-855-227-1302, PA Relay 711.

Members 21 Years of Age and Older

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

| Service | Limits | Copayments | Prior Authorization |
|-----------------------------------|----------------------------------|------------|---------------------|
| Vision Examination and Refraction | 2 examinations per calendar year | \$0 | No |

Members 21 Years of Age and Older with Diagnosis of Aphakia

GHP Family covers additional vision services for members aged 21 and older with a diagnosis of aphakia. The following services are covered if obtained through providers within the GHP Family network.

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

Please Note: If you choose eyeglass frames, eyeglass lenses, and contact lenses that are not considered standard, you may have to pay out of pocket for these items. Your eye doctor will let you know if you have to pay extra for any of these services. If you have questions, you can call GHP Family Customer Care at 1-855-227-1302, PA Relay 711.

Pharmacy Benefits

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

Prescriptions

When a provider prescribes a medication for you, you can fill your prescription at any pharmacy that is in GHP Family's network. You will need to have your GHP Family prescription ID card with you, and you may have a co-payment if you are over the age of 21. GHP Family will pay for any medicine listed on the Statewide PDL and GHP Family's supplemental formulary and may pay for other medicines if they are prior authorized. Either your prescription or the label on your medicine will tell you if your doctor ordered refills of the prescription and how many refills you may get. If your doctor ordered refills, you may only get one refill at a time. If you have questions about whether a prescription medicine is covered, need help finding a pharmacy in GHP Family's network, or have any other questions, please call Customer Care at **1-855-552-6028, PA Relay 711**.

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

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

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

If you have any questions or to get a copy of the Statewide PDL and GHP Family's supplemental formulary, call Customer Care at **1-855-552-6028, PA Relay 711** or visit GHP Family's website at <https://www.ghpfamily.com>. A copy of the Statewide PDL can be found at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Preferred-Drug-List.aspx> list.

Reimbursement for Medication

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

Pharmacy Copays

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

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

Copayments are as follows:

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

Specialty Medicines

The Statewide PDL and GHP Family's supplemental formulary includes medicines that are called specialty medicines. A prescription for these medicines may need to be prior authorized and you may have a co-payment for your medicine. To see the Statewide Preferred Drug List, the GHP Family's supplemental formulary, a complete list of specialty medicines, and whether your medicine is considered a specialty medicine call Customer Care at **1-855-552-6028, PA Relay 711** or visit GHP Family's website at <https://www.geisinger.org/health-plan/plans/ghp-family-medicaid/what-is-covered>. A copy of the Statewide PDL can be found at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Preferred-Drug-List.aspx>.

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

Over-the-Counter Medicines

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

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

- Heartburn medicine such as antacids and famotidine

You can find more information about covered over-the-counter medicines by visiting GHP Family's website at <https://www.ghpfamily.com> or by calling Customer Care at **1-855-552-6028, PA Relay 711**.

Tobacco Cessation

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

Medicines

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

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

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

Counseling Services

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

Behavioral Health Treatment

Some people may be stressed, anxious, or depressed when they are trying to become smoke-free. GHP Family members are eligible for services to address these side effects, but these services are covered by your BH-MCO. To find the BH-MCO in your county and its contact information:

- See the information that came with your welcome kit, or
- Go to <https://www.dhs.pa.gov/HealthChoices/HC-Services/Pages/BehavioralHealth-MCOs.aspx>, or
- Go to **Appendix A** for a listing of the BH-MCO in your county, or
- Call GHP Family Customer Care at **1-855-227-1302, PA Relay 711** for help in contacting your BH-MCO.

Case Management Programs

Our case management department can help you to quit smoking. Contact case management at **1-800-883-6355, PA Relay 711**.

Other Tobacco Cessation Resources

- Quitline phone counseling is available 24 hours a day, 7 days a week through the following organizations:
 - American Cancer Society at 1-800-227-2345 or visit <https://www.cancer.org>
 - American Lung Association at 1-800-LUNG USA (1-800-586-4872) or visit <https://www.lung.org>

- American Heart Association at 1-800-AHA-USA1 or visit <https://www.heart.org>.
- Visit the federal government's SmokeFree website at <https://smokefree.gov> to view an outline step-by-step cessation guide, get state quit line phone numbers, instant message a National Cancer Institute (NCI) LifeHelp expert, and download publications about smoking cessation.

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

Family Planning

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

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

Maternity Care

Care During Pregnancy

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

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

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

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

- If you are in your first trimester, within 10 business days of GHP Family learning you are pregnant.
- If you are in your second trimester, within 5 business days of GHP Family learning you are pregnant.

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

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

It is important that you stay with the same maternity care provider throughout your pregnancy and postpartum care (1 year after your baby is born). They will follow your health and the health of your growing baby closely. It is also a good idea to stay with the same HealthChoices plan during your entire pregnancy.

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

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

Home Visiting Programs

GHP Family collaborates with various Home Visiting Programs available to any pregnant people, infants, and the infant's parent/caregiver who requests Home Visiting services. The Home Visiting Programs are designed to supply support to parents/caregivers, children, and families. These programs are individualized, strengths-based and family-focused to ensure that all needs are addressed, and families are active partners in their care.

Care for You and Your Baby After Your Baby is Born

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

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

Right from the Start

GHP Family has a special program for pregnant women called Right from the Start. This is a no-cost program when you find out you are pregnant. Our nurses can help you have a healthy pregnancy. Our nurses will help you manage your appointments, including scheduling and transportation, or any other health needs you may have while you are pregnant.

For more information on GHP Family's maternity programs call our Enhanced Member Supports Unit at **1-800-214-8100, PA Relay 711**.

Durable Medical Equipment and Medical Supplies

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

GHP Family will not be held liable for reimbursement regarding the out-of-pocket cost for DME (durable medical equipment) purchased from a retail store or online retail dealer (e.g., Amazon). Retail stores and suppliers are not covered by your medical DME benefit for safety reasons. GHP Family offers a wide network of participating DME providers who are credentialed to meet Medicare and Medicaid standards and requirements.

Examples of DME include:

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

Examples of home accessibility DME include:

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

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

Examples of medical supplies include:

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

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

Outpatient Services

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

Nursing Facility Services

GHP Family covers medically necessary nursing facility services. If you need long term nursing facility services (longer than 30 days), you can apply for the Community HealthChoices Program. You will be evaluated to see if you are eligible for participation in the Community HealthChoices Program. If you have any questions or need more information, please call Customer Care at **1-855-227-1302, PA Relay 711**.

Hospital Services

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

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

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

Sometimes you may need to see a doctor or receive treatment at a hospital without being admitted overnight. These services are called outpatient hospital services.

If you have any other questions about hospital services, please call GHP Family Customer Care at **1-855-227-1302, PA Relay 711**.

Preventive Services

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

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

Physical Exam

You should have a physical exam by your PCP at least once a year. This will help your PCP find any problems that you may not know about. Your PCP may order tests based on your health history, age, and sex. Your PCP will also check if you are up to date on immunizations and preventive services to help keep you healthy.

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

New Medical Technology

GHP Family may cover new medical technologies such as procedures and equipment if requested by your PCP or specialist. GHP Family wants to make sure that new medical technologies are safe, effective, and right for you before approving the service. If you need more information on new medical technologies, please call Customer Care at **1-855-227-1302, PA Relay 711**.

Home Health Care

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

If you are over age 21, there are no limits on the number of home health care visits that you can get, but prior authorization must be obtained from GHP Family for initial and ongoing home health care services.

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

Patient Centered Medical Homes

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

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

The Community Based Care Management (CBCM) team helps you get the community resources you need. They create care plans and help you get treatments or preventive programs.

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

Disease Management

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

Asthma (adult and pediatric) – Nurses will work with you and your family to help you understand asthma and how to manage this condition. Nurses will teach you about asthma medications and the proper use and cleaning of inhalers, spacers and nebulizers. We also assist you and your provider with developing an action plan to control asthma symptoms and manage attacks when

they happen.

Coronary artery disease (CAD) – CAD can include heart disease, stroke and poor circulation in your legs. It can occur 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.

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 HIV infection. GHP Family provides special care for members with HIV/AIDS.

What are the special services available for HIV/AIDS?

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

Examples of these special services are:

- More skilled nursing visits than what are covered by regular Medical Assistance
- More home health aide services than what are covered by regular Medical Assistance
Homemaker services are non-medical services to help you if you can't do everyday 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 Customer Care at **1-855-227-1302, PA Relay 711** for information on participating HIV/AIDS specialists.

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

Expanded Services

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

MyGeisinger

If you use Geisinger doctors, you can manage your care through the MyGeisinger patient portal. Sign up for free at <https://www.mygeisinger.org/>.

You can view:

- Your online medical record including lab and test results, doctor notes, and your health summary
- Your account balances and ability to pay online
- Health-related app recommendations
- Health-related educational resources
- Community events
- How to communicate with your doctor's office for:
 - Prescription renewals

- Appointment requests
- Medical advice for non-urgent questions or concerns

MyChart Mobile App

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

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

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

Member Rewards

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

Healthy Kids Programs

Our Health and Wellness team offers hands-on, fun, interactive educational programs to children and their families. These programs provide information on a variety of topics including hand hygiene, dental health, nutrition and physical activity, and more. For questions or more information, contact the Health and Wellness team at **866-415-7138, PA Relay 711**, Monday through Friday, 8 a.m. to 5 p.m.

GEDWorks™ Program

The GEDWorks™ program is available to assist you with earning your GED®. This program includes an advisor, a personalized study schedule, training materials, practice testing, and unlimited GED® tests. To complete an application, visit <https://app.ged.com/gedworks/Geisinger> and press Sign Up.

Neighborly

Get connected to free and reduced-cost programs and services through an online platform and app that address a variety of social needs, like food, transportation, housing, workforce support and more. For resources available in your community, visit <https://www.neighborlypa.com/>.

Health Coaches

Available telephonically to help you and your children, 18 years or older, improve your health through programs related to weight management, hypertension, tobacco cessation, lower back pain, stress reduction, and more. Schedule an appointment by calling **1-866-415-7138** Monday – Friday from 8 a.m. to 5 p.m.

Centauri Health Solutions

GHP Family works with Centauri Health Solutions to see if you may be eligible for disability benefits. If you think you may qualify for disability benefits you can call Centauri Health Solutions at 1-866-879-0988. If you have questions or want more information, contact Customer Care at **1-855-227-**

1302, PA Relay 711.

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

EPSDT services are available for children under the age of 21 and include what is sometimes referred to as well-baby or well-child checkups. Your child may be seen by a pediatrician, family practice doctor, or CRNP. The provider you choose for your child will be your child's PCP. The purpose of a well-baby or well-child checkup is to detect health problems early so that they can be treated as early as possible.

EPSDT includes all Medicaid covered services that are medically necessary to correct or relieve physical or mental illnesses and conditions. GHP Family covers physical health services that are needed to treat health problems that are identified during the checkup. Behavioral health services are provided through your BH-MCO. For more information on behavioral health treatment, see page 63. If you have questions or want more information, contact Customer Care at **1-855-227-1302, PA Relay 711**.

When Should an EPSDT Exam be Completed?

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

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

What Will the Provider Do During the EPSDT Exam?

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

- A complete physical exam
- Immunizations
- Vision test
- Hearing test
- Autism screening
- Tuberculosis screening
- Oral health examination
- Blood pressure check

- Health and safety education
- Check of the child's body mass index (BMI)
- Screen and/or counsel for tobacco and alcohol use and substance use starting at age 11
- Urinalysis screening
- Blood lead screening test
- Developmental screening
- Depression screening starting at age 12
- Maternal depression screening

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

Additional services are available for children with special healthcare needs. Talk to your provider about whether or not your child may need these additional services.

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

Out-of-Network Providers

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

Getting Care While Outside of GHP Family's Service Area

GHP Family covers all 67 counties in Pennsylvania. If you are outside of GHP Family's service area and have a medical emergency, go to the nearest emergency room, or call 911. For emergency medical conditions, you do not have to get approval from GHP Family to get care. If you need to be admitted to the hospital, you should let your PCP know.

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

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

Out-of-Plan Services

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

Non-Emergency Medical Transportation

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

GHP Family does cover non-emergency medical transportation if:

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

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

Medical Assistance Transportation Program (MATP)

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

Transportation services are typically provided in the following ways:

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

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

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

Women, Infants, and Children Program (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children Program (WIC) provides healthy foods and nutrition services to infants, children under the age of 5, and women who are pregnant or postpartum. WIC helps families eat well by teaching you about good nutrition and giving you benefits to use at grocery stores. WIC also provides breastfeeding information and support to help you succeed on your breastfeeding journey. You can ask your maternity care provider for a WIC application at your next visit or call 1-800-WIC-WINS (1-800-942-9467). For more information or to fill out a pre-application, visit the WIC website at <https://www.pawic.com/>.

Domestic Violence Crisis and Prevention

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

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

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

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

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

If any of these things are happening to you, or have happened, or you are afraid of your partner, you may be in an abusive relationship.

Domestic violence is a crime and legal protections are available to you. Leaving a violent relationship is not easy, but you can get help.

Where to get help:

National Domestic Violence Hotline

1-800-799-7233 (SAFE)

1-800-787-3224 (TTY)

Pennsylvania Coalition Against Domestic Violence

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

1-800-932-4632 (in Pennsylvania)

Sexual Violence and Rape Crisis

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

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

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

Where to get help:

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

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

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

Pennsylvania Coalition to Advance Respect <https://www.pcar.org/>.

Early Intervention Services

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

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

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

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

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

Section 5 - Enhanced Member Supports

Enhanced Member Supports Unit

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

If you think you have or someone in your family has a special healthcare and/or health related social need, and you would like the Enhanced Member Supports Unit to help you, please contact them by calling **1-855-214-8100, PA Relay 711**. The Enhanced Member Supports Unit staff members are available Monday through Friday from 8:00 a.m. to 5:00 p.m. If you need assistance when the Enhanced Member Supports Unit staff are not available you may call Customer Care at **1-855-227-1302, PA Relay 711**.

Coordination of Care

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

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

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

Care Management

GHP Family provides education and assistance to help you manage your medical conditions. Our care management team will make sure you're getting the medication, bloodwork, and diet you need. This will help you avoid trips to the doctor or emergency room. We use a team approach to help you and your family manage your medical conditions more effectively. If you have questions regarding what services are available and how to apply, you may contact the GHP Family Enhanced Member Supports Unit at **1-855-214-8100, PA Relay 711**.

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

The Office of Developmental Programs (ODP) administers the Consolidated Waiver, Community Living Waiver, Person/Family Directed Supports Waiver, Adult Autism Waiver, and the Adult Community Autism Program (ACAP) for individuals with intellectual disabilities or autism. If you have questions regarding any of these programs, you may contact ODP's Customer Service Hotline at 1-888-565-9435, or request assistance from the GHP Family Enhanced Member Supports Unit at **1-855-214-8100, PA Relay 711**.

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

If you have questions regarding what services are available and how to apply, you may contact OLTL's Participant Helpline at 1-800-757-5042, the CHC Helpline at 1-844-824-3655, or request assistance from the GHP Family Enhanced Member Supports Unit at **1-855-214-8100, PA Relay 711**.

Medical Foster Care

The Office of Children, Youth, and Families has oversight of medical foster care for children under the authority of county children and youth programs. If you have questions about this program, please contact the Enhanced Member Supports Unit at **1-855-214-8100, PA Relay 711**.

Section 6 - Advance Directives

Advance Directives

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

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

Living Wills

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

Health Care Power of Attorney

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

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

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

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

Section 7 - Behavioral Health Services

Behavioral Health Care

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

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

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

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

The following services are covered:

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

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

Section 8 - Complaints, Grievances, and Fair Hearings

Complaints, Grievances, and Fair Hearings

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

Complaints

What is a Complaint?

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

Some things you may complain about:

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

First Level Complaint

What Should I Do if I Have a Complaint?

To file a first level Complaint:

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

By mail at GHP Family
ATTN: Appeals Department
100 N. Academy Ave.
Danville, PA 17822-3220

By fax at 570-271-7225

By secure email* at GHPFamilyAppeals@thehealthplan.com

*Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

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

When Should I File a First Level Complaint?

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

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

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

| New Member appointment for your first examination... | We will make an appointment for you... |
|---|--|
| Members with HIV/AIDS | with PCP or specialist no later than 7 days after you become a Member in GHP Family unless you are already being treated by a PCP or specialist. |
| Members who receive Supplemental Security Income (SSI) | with PCP or specialist no later than 45 days after you become a Member in GHP Family, unless you are already being treated by a PCP or specialist. |
| Members under the age of 21 | with PCP for an EPSDT exam no later than 45 days after you become a Member in GHP Family, unless you are already being treated by a PCP or specialist. |
| all other Members | with PCP no later than 3 weeks after you become a Member in GHP Family. |
| New Member appointment for your first examination... | We will make an appointment for you... |
| Members who are pregnant: | We will make an appointment for you... |
| pregnant women in their first trimester | with OB/GYN provider within 10 business days of GHP Family learning you are pregnant. |

| | |
|--|--|
| pregnant women in their second trimester | with OB/GYN provider within 5 business days of GHP Family learning you are pregnant. |
| pregnant women in their third trimester | with OB/GYN provider within 4 business days of GHP Family learning you are pregnant. |
| pregnant women with high-risk pregnancies | with OB/GYN provider within 24 hours of GHP Family learning you are pregnant. |
| Appointment with... | An appointment must be scheduled... |
| PCP | |
| urgent medical condition | within 24 hours. |
| routine appointment | within 10 business days. |
| health assessment/general physical examination | within 3 weeks. |
| Specialists (when referred by PCP) | |
| urgent medical condition | within 24 hours of referral. |
| routine appointment with one of the following specialists: <ul style="list-style-type: none"> • Otolaryngology • Dermatology • Pediatric Endocrinology • Pediatric General Surgery • Pediatric Infectious Disease • Pediatric Neurology • Pediatric Pulmonology • Pediatric Rheumatology • Dentist • Orthopedic Surgery • Pediatric Allergy & Immunology • Pediatric Gastroenterology • Pediatric Hematology • Pediatric Nephrology • Pediatric Oncology • Pediatric Rehab Medicine • Pediatric Urology • Pediatric Dentistry | within 15 business days of referral. |

routine appointment with all other specialists

within 10 business days of referral.

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

What Happens After I File a First Level Complaint?

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

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

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

A committee of 1 or more GHP Family staff who were not involved in and do not work for someone who was involved in the issue you filed your Complaint about will meet to make a decision about your Complaint. If the Complaint is about a clinical issue, a licensed doctor or licensed dentist will be on the committee. GHP Family will mail you a notice within thirty (30) days from the date GHP Family received the Complaint unless you have requested that GHP Family take an additional fourteen (14) days to decide the Complaint. The notice will tell you GHP Family's decision on your First Level Complaint and what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 76.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you file a Complaint that is postmarked or received by GHP Family within 15 days of the date on the notice telling you that the services or items you have been receiving are not covered services or items for you, the services or items will continue until a decision is made.

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

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

- GHP Family's decision that you cannot get a service or item you want because it is not a covered service or item.
- GHP Family's decision to not pay a provider not enrolled in the Medical Assistance Program for a service or item you got without authorization.
- GHP Family's decision to not pay a provider for a service or item you got, because the service or item is not a covered service for you.

- GHP Family’s failure to decide a Complaint or Grievance you told GHP Family about within 30 days from when GHP Family got your Complaint or Grievance.
- You not getting a service or item within the time by which you should have received it
- GHP Family’s decision to deny your request to disagree with GHP Family’s decision that you have to pay your provider.

You must ask for an external Complaint review by submitting your request in writing to the Pennsylvania Insurance Department’s Bureau of Consumer Services within **15 days of the date you got the First Level Complaint decision notice**.

To ask for an external review of your Complaint, send your request to the following:

Pennsylvania Insurance Department
Bureau of Consumer Services
Room 1209, Strawberry Square
Harrisburg, PA 17120
Fax: 717-787-8585

or

Go to the “File a Complaint Page” at
<https://www.insurance.pa.gov/Consumers/Pages/default.aspx>

If you need help filing your request for external review, call the Bureau of Consumer Services at 1-877-881-6388

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

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

For information about Fair Hearings, see page 77

For information about external Complaint review, see page 70

If you need more information about help during the Complaint process, see page 76

Second Level Complaint

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

To file a Second Level Complaint:

- Call GHP Family at **1-866-577-7733, PA Relay 711**, and tell GHP Family your Second Level Complaint, or
- Write down your Second Level Complaint and send it to GHP Family using one of the below methods or
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to GHP Family using one of the below methods.

GHP Family's contact information for Second Level Complaints

By mail at GHP Family
ATTN: Appeals Department
100 N. Academy Ave.
Danville, PA 17822-3220

By fax at 570-271-7225

By secure email* at GHPFamilyAppeals@thehealthplan.com

*Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

What Happens After I File a Second Level Complaint?

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

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

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

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

If you need more information about help during the Complaint process, see page 76

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

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

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

External Complaint Review

How Do I Ask for an External Complaint Review?

Send your written request for an external review of your Complaint to the following:

Pennsylvania Insurance Department
Bureau of Consumer Services
Room 1209, Strawberry Square
Harrisburg, PA 17120

Fax: 717-787-8585

You can also go to the "File a Complaint Page" at:

<https://www.insurance.pa.gov/Consumers/Pages/default.aspx>

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

If you ask, the Bureau of Consumer Services will help you put your Complaint in writing.

What Happens After I Ask for an External Complaint Review?

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

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

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

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and your request for an external Complaint review is postmarked or received by the Pennsylvania Insurance Department within 15 days of the date on the notice telling you GHP Family's First Level Complaint decision that you cannot get services or items you have been receiving because they are not covered services or items for you, the services or items will continue until a decision is made. If you will be asking for both an external Complaint review and a Fair Hearing, you must request both the external Complaint review and the Fair Hearing within 15 days of the date on the notice telling you GHP Family's First Level Complaint decision. If you wait to request a Fair Hearing until after receiving a decision on your external Complaint, services will not continue.

Grievances

What is a Grievance?

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

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

What Should I Do if I Have a Grievance?

To file a Grievance:

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

GHP Family's contact information for Grievances:

By mail at GHP Family
ATTN: Appeals Department
100 N. Academy Ave.
Danville, PA 17822-3220

By fax at 570-271-7225

By secure email* at GHPFamilyAppeals@thehealthplan.com

*Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

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

your provider files a Grievance for you, you cannot file a separate Grievance on your own.

When Should I File a Grievance?

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

What Happens After I File a Grievance?

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

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

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

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

If you need more information about help during the Grievance process, see page 76.

What to do to continue getting services:

If you have been getting services or items that are being reduced, changed, or denied and you file a Grievance that is postmarked, or received by GHP Family within 15 days of the date on the notice telling you that the services or items you have been receiving are being reduced, changed, or denied, the services or items will continue until a decision is made.

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

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

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

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

For information about Fair Hearings, see page 77
For information about external Grievance review, **see below**
If you need more information about help during the Complaint process, see page 76

External Grievance Review

How Do I Ask for External Grievance Review?

To ask for an external Grievance review:

- Call GHP Family at **1-866-577-7733, PA Relay 711** and tell GHP Family your Grievance, or
- Write down your Grievance and send it to GHP Family by using one of the below methods.

GHP Family's contact information for External Grievances:

By mail at GHP Family
ATTN: Appeals Department
100 N. Academy Ave.
Danville, PA 17822-3220

By fax at 570-271-7225

By secure email* at GHPFamilyAppeals@thehealthplan.com

*Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

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

What Happens After I Ask for an External Grievance Review?

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

GHP Family will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within 20 days of being notified the external Grievance reviewer's name.

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

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you ask for an external Grievance review verbally or in a written request that is postmarked or received by the Pennsylvania Insurance Department within 15 days of the date on the notice telling you GHP Family's Grievance decision, the services or items will continue until a decision is made. If you will be asking for both an external Grievance review and a Fair Hearing, you must request both the external Grievance review and the Fair Hearing within 15 days of the date on the notice telling you GHP Family's Grievance decision. If you wait to request a Fair Hearing until after receiving a decision on your external Grievance, services will not continue.

Expedited Complaints and Grievances

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

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

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

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

Expedited Complaint and Expedited External Complaint

A committee of 1 or more people, including a licensed doctor or licensed dentist, will review your expedited Complaint. Other providers may participate in the review but, the licensed doctor or licensed dentist will decide your Complaint. The GHP Family staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about.

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

GHP Family will tell you the decision about your Complaint within 48 hours of when GHP Family gets your doctor's or dentist's letter explaining why the usual time frame for deciding your Complaint will

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

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

Pennsylvania Insurance Department
Bureau of Consumer Services
Room 1209, Strawberry Square
Harrisburg, PA 17120
Fax: 717-787-8585

or

Go to the “File a Complaint Page” at: <https://www.insurance.pa.gov/Consumers/Pages/default.aspx>

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

Expedited Grievance and Expedited External Grievance

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

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

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

If you do not like the expedited Grievance decision, you may ask for an expedited external Grievance review or an expedited Fair Hearing by the Department of Human Services or both an expedited external Grievance review and an expedited Fair Hearing.

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

- Call GHP Family at **1-866-577-7733, PA Relay 711** and tell GHP Family your Grievance, or
- Send an email to GHP Family at GHPFamilyAppeals@thehealthplan.com, or
- Write down your Grievance and send it to GHP Family by mail or fax:
 GHP Family
 ATTN: Appeals Department
 100 N. Academy Ave.
 Danville, PA 17822-3220
 Fax: 570-271-7225

GHP Family will send your request to the Pennsylvania Insurance Department within 24 hours after receiving it.

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

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

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

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

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

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

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

Persons Whose Primary Language Is Not English

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

Persons with Disabilities

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

- Providing sign language interpreters;
- Providing information submitted by GHP Family at the Complaint or Grievance review in an

- alternative format. The alternative format version will be given to you before the review; and
- Providing someone to help copy and present information.

Department of Human Services Fair Hearings

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

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

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

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

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

*Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

How Do I Ask for a Fair Hearing?

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

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

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

*Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email. You may send a request for a Fair Hearing through email and provide your personal

identifying information in a letter mailed to the above address.

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

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

Fax: 1-717-772-6328

Email: RA-PWCGFHteam@pa.gov

What Happens After I Ask for a Fair Hearing?

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

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

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

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

When Will the Fair Hearing Be Decided?

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

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

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

If your Fair Hearing is not decided within 90 days from the date the Department of Human Services receives your request, you may be able to get your services until your Fair Hearing is decided. You

can call the Department of Human Services at 1-800-798-2339 to ask for your services.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you ask for a Fair Hearing and your request is postmarked or received by the Department of Human Services within 15 days of the date on the notice telling you GHP Family's First Level Complaint or Grievance decision, the services or items will continue until a decision is made.

Expedited Fair Hearing

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

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

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

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

*Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

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

Appendix A

Important Telephone Numbers

Geisinger Health Plan Family (GHP Family) Phone Numbers

| | |
|---|----------------|
| GHP Family Customer Care | 1-855-227-1302 |
| (Mon., Tue., Thur., and Fri. from 7:00 a.m. to 7:00 p.m., Wed. 7:00 a.m. to 8:00 p.m., and Sat. 8:00 a.m. to 2:00 p.m.) | |
| TTY users call PA Relay | 711 |
| GHP Family Case Management Department | 1-800-883-6355 |
| GHP Family Pharmacy Customer Care | 1-855-552-6028 |
| GHP Family Enhanced Member Supports 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 2 of this Handbook) | |
| Statewide Customer Service Center | 1-877-395-8930 |
| Philadelphia | 215-560-7226 |
| The Department of Human Services Hotline | 1-800-692-7462 |
| (for information on eligibility and other requirements for DHS programs) | |
| Pennsylvania Tobacco Cessation Information | 1-800-QUIT-NOW |
| WIC Hotline | 1-800-942-9467 |

Behavioral Health Services County Phone Numbers and Websites

| County | Behavioral Health Provider | Contact Information |
|-----------|---|---|
| Adams | Community Care Behavioral Health Organization | 1-866-738-9849 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Allegheny | Community Care Behavioral Health Organization | 1-800-553-7499 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Armstrong | Carelon Behavioral Health | 1-888-204-5581 TTY: 711 https://www.carelonbehavioralhealth.com/ |
| Beaver | Carelon Behavioral Health | 1-888-204-5581 TTY: 711 https://www.carelonbehavioralhealth.com/ |
| Bedford | Community Care Behavioral Health Organization | 1-866-483-2908 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Berks | Community Care Behavioral Health Organization | 1-866-292-7886 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Blair | Community Care Behavioral Health Organization | 1-855-520-9715 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Bradford | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |

| | | |
|------------|---|---|
| Bucks | Magellan Behavioral Health (MBH) of Pa. | 1-877-769-9784 TTY: 711 http://magellanofpa.com/ |
| Butler | Carelon Behavioral Health | 1-888-204-5581 TTY: 711 https://www.carelonbehavioralhealth.com/ |
| Cambria | Magellan Behavioral Health (MBH) of Pa. | 1-800-424-0485 TTY: 711 https://www.magellanofpa.com/ |
| Cameron | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Carbon | Community Care Behavioral Health Organization | 1-866-473-5862 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Centre | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Chester | Community Care Behavioral Health Organization | 1-866-622-4228 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Clarion | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Clearfield | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |

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| Clinton | Community Care Behavioral Health Organization | 1-855-520-9787 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Columbia | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Crawford | Carelon Behavioral Health | 1-888-204-5581 TTY: 711 https://www.carelonbehavioralhealth.com/ |
| Cumberland | PerformCare | 1-888-722-8646 TTY: 1-800-654-5984 or PA Relay 711 https://pa.performcare.org/ |
| Dauphin | PerformCare | 1-888-722-8646 TTY: 1-800-654-5984 or PA Relay 711 https://pa.performcare.org/ |
| Delaware | Magellan Behavioral Health (MBH) of Pa. | 1-888-207-2911 TTY: 711 https://www.magellanofpa.com/ |
| Elk | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Erie | Community Care Behavioral Health Organization | 1-855-224-1777 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Fayette | Carelon Behavioral Health | 1-888-204-5581 TTY: 711 https://www.carelonbehavioralhealth.com/ |
| Forest | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |

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| Franklin | PerformCare | 1-866-773-7917 TTY: 1-800-654-5984 or PA Relay 711 https://pa.performcare.org/ |
| Fulton | PerformCare | 1-866-773-7917 TTY: 1-800-654-5984 or PA Relay 711 https://pa.performcare.org/ |
| Greene | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Huntingdon | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Indiana | Carelon Behavioral Health | 1-888-204-5581 TTY: 711 https://www.carelonbehavioralhealth.com/ |
| Jefferson | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Juniata | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Lackawanna | Community Care Behavioral Health Organization | 1-866-668-4696 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Lancaster | PerformCare | 1-888-722-8646 TTY: 1-800-654-5984 or 711 https://pa.performcare.org/ |

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| Lawrence | Carelon Behavioral Health | 1-888-204-5581 TTY: 711 https://www.carelonbehavioralhealth.com/ |
| Lebanon | PerformCare | 1-888-722-8646 TTY: 1-800-654-5984 or 711 https://pa.performcare.org/ |
| Lehigh | Magellan Behavioral Health (MBH) of Pa. | 1-866-238-2311 TTY: 711 https://www.magellanofpa.com/ |
| Luzerne | Community Care Behavioral Health Organization | 1-866-668-4696 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Lycoming | Community Care Behavioral Health Organization | 1-855-520-9787 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| McKean | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Mercer | Carelon Behavioral Health | 1-888-204-5581 TTY: 711 https://www.carelonbehavioralhealth.com/ |
| Mifflin | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Monroe | Community Care Behavioral Health Organization | 1-866-473-5862 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Montgomery | Magellan Behavioral Health (MBH) of Pa. | 1-877-769-9782 TTY: 711 https://www.magellanofpa.com/ |

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| Montour | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Northampton | Magellan Behavioral Health (MBH) of Pa. | 1-866-238-2312 TTY: 711 https://www.magellanofpa.com/ |
| Northumberland | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Perry | PerformCare | 1-888-722-8646 TTY: 1-800-654-5984 or PA Relay 711 https://pa.performcare.org/ |
| Philadelphia | Community Behavioral Health | 1-888-545-2600 TTY: 1-888-436-7482 https://www.cbhphilly.org/ |
| Pike | Community Care Behavioral Health Organization | 1-866-473-5862 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Potter | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Schuylkill | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Snyder | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |

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| Somerset | Community Care Behavioral Health Organization | 1-866-483-2908 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Sullivan | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Susquehanna | Community Care Behavioral Health Organization | 1-866-668-4696 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Tioga | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Union | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Venango | Carelon Behavioral Health | 1-888-204-5581 TTY: 711 https://www.carelonbehavioralhealth.com/ |
| Warren | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| Washington | Carelon Behavioral Health | 1-888-204-5581 TTY: 711 https://www.carelonbehavioralhealth.com/ |
| Wayne | Community Care Behavioral Health Organization | 1-866-878-6046 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |

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| Westmoreland | Carelon Behavioral Health | 1-888-204-5581 TTY: 711 https://www.carelonbehavioralhealth.com/ |
| Wyoming | Community Care Behavioral Health Organization | 1-866-668-4696 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |
| York | Community Care Behavioral Health Organization | 1-866-542-0299 TTY: 711; Request 1-833-545-9191 Spanish line: 1-866-229-3187 http://www.ccbh.com/ |

Office of Developmental Programs Mental Health/Intellectual Disability Services
1-888-565-9435, Monday through Friday, 8:30 a.m. to 4:00 p.m.

National Suicide Prevention Lifeline
988

National Crisis Text Line
741741

Crisis Intervention Services Phone Numbers

| County | Contact Information |
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| Adams | York/Adams MH/IDD Website: http://www.yorkcountypa.gov/492/Mental-Health Phone: 717-771-9618, Monday through Friday 8:00 a.m. to 4:30 p.m. Crisis Services: 717-851-5320 |
| Allegheny | Allegheny County Department of Human Services Website: https://connect.alleghenycounty.us/mental-health/ Phone: 412-350-4456 Crisis Services: 1-888-796-8226 (1-888-7-YOU CAN) |
| Armstrong | Armstrong/Indiana Behavioral & Developmental Health Program Website: https://www.aibdhp.org/ Phone: Armstrong: 724-548-3451 Indiana: 724-349-3350, by appointment only Crisis Services: 1-877-333-2470 |

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| Beaver | <p>Beaver County Behavioral Health Website: https://www.beavercountypa.gov/departments/behavioral-health Phone: 724-891-2827, 8:00 a.m. to 4:30 p.m. Crisis Services: 1-800-400-6180 and 724-371-8060</p> |
| Bedford | <p>Bedford-Somerset Developmental and Behavioral Health Services (DBHS) Website: https://www.dbhs.co/ Phone: Bedford: 814-623-5166 or 877-814-5166 Somerset: 814-443-4891 or 877-814-4891 Crisis Services: 1-866-611-6467</p> |
| Berks | <p>Berks County MH/DD Website: https://www.berkspa.gov/departments/mental-health-developmental-disabilities Phone: 610-478-3271, Monday through Friday 8:00 a.m. to 5:00 p.m. Crisis Services: 610-379-2007</p> |
| Blair | <p>Blair County MH/BH/ID Programs Website: https://www.blairco.org/departments/social-services Phone: 814-889-2279 Crisis Services: 814-889-2141 Choose option 1</p> |
| Bradford | <p>Bradford/Sullivan Mental Health Services Website: http://www.bradfordcountypa.org/index.php/human-services/mental-health-services_health-services Phone: 570-265-1760 and 1-800-588-1828, Monday through Friday 8:00 a.m. to 5:00 p.m. Crisis Services: 1-800-588-1828 After Hours Mental Health Crisis line: 1-877-724-7142</p> |
| Bucks | <p>Bucks County Dept. Of Mental Health/Developmental Programs Website: https://www.buckscounty.gov/1018/Mental-Health-Services Crisis Services: 1-800-499-7455</p> |
| Butler | <p>Butler County MH/EI/ID Program Website: https://www.butlercountypa.gov/447/Mental-Health-Services Phone: 724-284-5114 Crisis Services: 1-800-292-3866 or text 63288</p> |
| Cambria | <p>Cambria County Behavioral Health / Intellectual Disabilities / Early Intervention Website: https://www.cambriacountypa.gov/behavioral-health/ Phone: 814-535-8531 or Satellite Office: 814-472-4400 Crisis Services: 988</p> |

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| Cameron | <p>Cameron/Elk Counties Behavioral and Developmental Programs Website: https://www.cemhmr.org/ Phone: 814-772-8016 Crisis Services: 1-800-652-0562</p> |
| Carbon | <p>Carbon-Monroe-Pike Mental Health & Developmental Services Website: https://www.cmpmhds.org/ Phone: 570-421-2901 Crisis Services: 570-992-0879 Toll Free: 1-800-849-1868 National Crisis Text Line: 741741</p> |
| Centre | <p>Centre County MH/ID/EI Website: https://www.centrecountypa.gov/341/Mental-Health Phone: 814-355-6782, Monday through Friday 8:30 a.m. to 5:00 p.m. After Hours and Weekend: 1-800-643-5432</p> |
| Chester | <p>Chester County Mental Health/Intellectual & Developmental Disabilities Website: https://www.chesco.org/615/Mental-HealthIntellectual-Dev-Disabiliti Phone: 610-344-6265 Crisis Services: 988 or Valley Creek Crisis Center 610-280-3270</p> |
| Clarion | <p>Clarion County MH/DD Website: https://www.co.clarion.pa.us/government/departments/human_services_mhddei.php Phone: 814-226-1080</p> |
| Clearfield | <p>Community Connections of Clearfield/Jefferson Counties Website: http://www.ccc-j.com/pages/emergency-services Phone: 814-371-5100 Crisis Services: 1-800-341-5040</p> |
| Clinton | <p>Lycoming-Clinton Joinder Programs Website: https://www.joinder.org/ Phone: Lycoming: 570-326-7895; Clinton: 570-748-2262, Crisis Services: 1-844-707-3224; Text: #63288; Chat: https://www.ccrinfo.org/</p> |

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| Columbia | <p>Columbia/Montour/Snyder/Union CMSU Behavioral Health & Developmental Services Website: https://www.cmsu.org/ Phone: 570-275-4962 Crisis Services: 1-800-222-9016</p> |
| Crawford | <p>Crawford County Human Services Website: https://www.crawfordcountypa.net/cchs/Pages/Mental-Health.aspx Phone: 814-724-8380 or toll free at 1-877-334-8793, Monday through Friday 8:30 a.m. to 4:30 p.m. Crisis Services: 814-724-2732 or 1-888-275-7009, option 2</p> |
| Cumberland | <p>Cumberland/Perry Mental Health, Intellectual & Developmental Disabilities Website: https://www.cumberlandcountypa.gov/118/Mental-Health-Intellectual-Develop-Dis Phone: 717-240-6320 or toll free 888-697-0371 ext. 6320; Perry: 866-240-6320, Monday through Friday 8:00 a.m. to 4:30 p.m. Crisis Services: Camp Hill: 717-763-2222 Carlisle: 717-243-6005 All other areas 1-866-350-4357 (HELP)</p> |
| Dauphin | <p>Dauphin County Mental Health/Autism/Developmental Programs Website: https://www.dauphincounty.gov/government/human-services/mental-health-autism-developmental-programs/crisis-intervention-services-Intellectual-Disabilities Phone: 717-780-7050 Crisis Services: 717-232-7511 or 1-888-596-4447</p> |
| Delaware | <p>Delaware County BH/ID Website: https://www.delcopa.gov/health/mentalhealth.html Crisis Services: 1-855-889-7827; Text: 741741</p> |
| Elk | <p>Cameron/Elk Counties Behavioral & Development Programs Website: https://www.cemhmr.org/ Phone: 814-772-8016 Crisis Services: 1-800-652-0562</p> |
| Erie | <p>Erie County MH/ID Website: https://eriecountypa.gov/departments/human-services/mental-health/intellectual-disabilities Phone: 814-528-0600 Crisis Services: 814-456-2014 or 1-800-300-9558</p> |

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| Fayette | Fayette County Behavioral Health Administration Website: https://www.fayettecountypa.org/264/Behavioral-Health Phone: 724-430-1370 Crisis Services: 724-437-1003 |
| Forest | Forest/Warren Human Services Website: https://www.wc-hs.org/1181/Mental-Behavioral-Health Phone: 1-855-284-2494 or TTY 724-631-5600 Crisis Services: 1-844-757-3224; Text: 63288 |
| Franklin | Franklin/Fulton Mental Health / Intellectual & Developmental Disabilities / Early Intervention Website: https://www.franklincountypa.gov/departments/mental-health-intellectual-developmental-disabilities-early-intervention-mh-idd-ei/ Phone: 1-717-264-5387 or email mhiddei@franklincountypa.gov Crisis Services: 717-264-2555 or 1-866-918-2555 |
| Fulton | Franklin/Fulton Mental Health / Intellectual & Developmental Disabilities / Early Intervention Website: https://www.franklincountypa.gov/index.php?section=human-services_mental-health_health Phone: 717-264-5387 or email mhiddei@franklincountypa.gov Crisis Services: 717-264-2555 or 1-866-918-2555 |
| Greene | Greene County Human Services Website: https://www.co.greene.pa.us/Department-Mental-Health-Program Phone: 724-852-5276, Monday through Friday 8:30 a.m. to 4:30 p.m. Crisis Services: 1-800-417-9460 |
| Huntingdon | Juniata Valley Behavioral & Developmental Services Website: https://www.jvbds.org/mental-health-services Phone: 717-242-6467 Crisis Services: 1-800-929-9583; Text: #63288; Chat: https://ccrinfo.org |
| Indiana | Armstrong/Indiana Behavioral & Developmental Health Program Website: https://www.aibdhp.org/ Phone: Armstrong: 724-548-3451, Monday through Friday 8:00 a.m. to 4:00 p.m. Indiana: 724-349-3350, by appointment only Crisis Services: 1-877-333-2470 |
| Jefferson | Community Connections of Clearfield/Jefferson Counties Website: http://www.ccc-j.com/pages/emergency-services Phone: 814-371-5100 Crisis Services: 1-800-341-5040 |

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| Juniata | Juniata Valley Behavioral & Developmental Services Website: https://www.jvbds.org/mental-health-services Phone: 717-242-6467 Crisis Services: 1-800-929-9583; Text: #63288; Chat: https://ccrinfo.org |
| Lackawanna | Lackawanna/Susquehanna BH/ID/EI Programs Website: https://www.lsbhidei.org/ Phone: Friendship House: 570-342-8305 Scranton Counseling Center – 570-348-6100 Crisis Services: Lackawanna: 570-348-6100 Susquehanna: 570-278-6822 |
| Lancaster | Lancaster County Behavioral Health and Developmental Services Website: https://www.lancastercountybhds.org/101/Mental-Health Services Phone: 717-393-0421 Crisis Services: 717-394-2631 |
| Lawrence | Lawrence County Mental Health & Developmental Services Website: https://lawrencecountypa.gov/departments/mhds_services/ Phone: 724-658-2538 Crisis Services: Suicide and Crisis Lifeline 988 |
| Lebanon | Lebanon County MH/ID/EI Website: https://www.lebanoncountypa.gov/departments/mhidei Phone: 717-274-3415, Monday through Friday 8:00 a.m. to 4:30 p.m. Crisis Services: 717-274-3363 or 988 |
| Lehigh | Lehigh County MH/ID/D&A/EI Website: https://www.lehighcounty.org/Departments/Human-Services/Mental-Health Phone: 610-782-3135 Crisis Services: 610-782-3127 |
| Luzerne | Luzerne-Wyoming Counties Mental Health And Developmental Services Website: https://www.luzernecounty.org/466/Mental-Health-Developmental- Services Phone: 1-800-816-1880, Monday through Friday 8:00 a.m. to 4:30 p.m. Crisis Services: 570-829-1341 |
| Lycoming | Lycoming-Clinton Joinder Programs Website: https://www.joinder.org/ Phone: Lycoming: 570-326-7895 Clinton: 570-748-2262, Crisis Services: 1-844-707-3224; Text: #63288; Chat: https://www.ccrinfo.org/ |

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| McKean | <p>McKean County Mental Health Services Website: https://www.mckeancountypa.gov/departments/human_services/mental_health_services/index.php Phone: 814-887-3350 Crisis Services: 1-800-459-6568 or 814-362-4623</p> |
| Mercer | <p>Mercer County Behavioral Health Commission Website: https://www.mercercountybhc.org/ Phone: 724-662-2230 Crisis Services: 724-662-2227</p> |
| Mifflin | <p>Juniata Valley Behavioral & Developmental Services Website: https://www.jvbds.org/mental-health-services Phone: 717-242-6467 Crisis Services: 1-800-929-9583; Text: #63288; Chat: https://ccrinfo.org</p> |
| Monroe | <p>Carbon-Monroe-Pike Mental Health & Developmental Services Website: https://www.cmpmhds.org/ Phone: 570-421-2901 Crisis Services: 570-992-0879 Toll Free: 1-800-849-1868 National Crisis Text Line: 741741</p> |
| Montgomery | <p>Montgomery County MH/DD/EI Program Office Website: http://www.montcopa.org/150/Behavioral-HealthDevelopmental-Disabilit Phone: 610-278-3642, Monday through Friday 8 a.m. to 4:30 p.m. Crisis Services: 1-800-273-8255 Mobile Crisis Support: 1-855-634-HOPE (4673)</p> |
| Montour | <p>Columbia/Montour/Snyder/Union CMSU Behavioral Health & Developmental Services Website: https://www.cmsu.org/ Phone: 570-275-4962 Crisis Services: 1-800-222-9016</p> |
| Northampton | <p>Northampton County Website: http://www.northamptoncounty.org/index.php?section=crisis-resources Phone: 610-829-4800 Crisis Services: 610-252-9060</p> |

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| Northumberland | <p>Northumberland County BH/ID Services Website: https://northumberlandcountypa.gov/bhids/ Phone: 570-495-2040 Crisis Services: 1-844-337-3224</p> |
| Perry | <p>Cumberland/Perry Mental Health, Intellectual & Developmental Disabilities Website: https://www.cumberlandcountypa.gov/118/Mental-Health-Intellectual-Develop-Dis Phone: 717-240-6320 or toll free 888-697-0371 ext. 6320; Perry: 866-240-6320, Monday through Friday 8:00 a.m. to 4:30 p.m. Crisis Services: Camp Hill: 717-763-2222 Carlisle: 717-243-6005 All other areas 1-866-350-4357 (HELP)</p> |
| Philadelphia | <p>Philadelphia Dept Of BH & Intellectual Disability Services Website: https://www.dbhids.org/ Phone: 1-888-545-2600 Crisis Services: 988</p> |
| Pike | <p>Carbon-Monroe-Pike Mental Health & Developmental Services Website: https://www.cmpmhds.org/ Phone: 570-421-2901 Crisis Services: 570-992-0879 Toll Free: 1-800-849-1868 National Crisis Text Line: 741741</p> |
| Potter | <p>Potter County Human Services Website: https://www.pottercountyhumansvcs.org/ Phone: 1-800-800-2560 or 814-544-7315 Crisis Services: 1-866-957-3224; Text #63288</p> |
| Schuylkill | <p>Schuylkill County Mental Health/Development Services Website: https://schuylkillcountypa.gov/departments/human_services/mental_health_development_services.php Phone: 570-621-2890 Crisis Services: 1-877-9WE-HELP or 1-877-993-4357</p> |
| Snyder | <p>Columbia/Montour/Snyder/Union CMSU Behavioral Health & Developmental Services Website: https://www.cmsu.org/ Phone: 570-275-4962 Crisis Services: 1-800-222-9016</p> |

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| Somerset | <p>Bedford-Somerset Developmental and Behavioral Health Services (DBHS) Website: https://www.dbhs.co/ Phone: Bedford: 814-623-5166 or 877-814-5166 Somerset: 814-443-4891 or 877-814-4891 Crisis Services: 1-866-611-6467</p> |
| Sullivan | <p>Bradford/Sullivan MENTAL HEALTH SERVICES Website: http://www.bradfordcountypa.org/index.php/human-services/mental-health-services_health-services Phone: 570-265-1760 and 1-800-588-1828, Monday through Friday 8:00 a.m. to 5:00 p.m. Crisis Services: 1-800-588-1828 After Hours Mental Health Crisis line: 1-877-724-7142</p> |
| Susquehanna | <p>Lackawanna/Susquehanna BH/ID/EI Programs Website: https://www.lsbhidei.org/ Phone: Friendship House: 570-342-8305 Scranton Counseling Center – 570-348-6100 Crisis Services: Lackawanna: 570-348-6100 Susquehanna: 570-278-6822</p> |
| Tioga | <p>Tioga County Dept. Of Human Services Website: https://preventsuicidepa.org/task-force-county-init/tioga/ Phone: 570-724-5766 Crisis Services: 1-877-724-7142</p> |
| Union | <p>Columbia/Montour/Snyder/Union CMSU Behavioral Health & Developmental Services Website: https://www.cmsu.org/ Phone: 570-275-4962 Crisis Services: 1-800-222-9016</p> |
| Venango | <p>Venango County Mental Health & Developmental Services Website: https://www.venangocountypa.gov/795/Contact-Us Phone: 814-432-9120, Monday through Friday 8:30 a.m. to 4:30 p.m. Crisis Services: Call or Text 988; or Text HOME to 741741</p> |
| Warren | <p>Forest/Warren Human Services Website: https://www.wc-hs.org/1181/Mental-Behavioral-Health Phone: 1-855-284-2494 or TTY 724-631-5600 Crisis Services: 1-844-757-3224; Text: 63288</p> |

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| Washington | Washington County Behavioral Health and Developmental Services Website: https://washingtoncountyhumannservices.com/agencies/behavioral-health-developmental-services Phone: 724-228-6832 Crisis Services: Mental Health: 1-877-225-3567 Suicide Prevention: 1-800-273-8255 |
| Wayne | Wayne County Office of Behavioral & Developmental Programs Website: https://www.waynecountypa.gov/155/Behavioral-and-Developmental-Programs-and-early-intervention Phone: 570-253-9200, Monday through Friday 8:00 a.m. to 4:30 p.m. Crisis Services: 1-833-557-3224; Text: #63288; Chat: https://www.ccrinfo.org/ |
| Westmoreland | Westmoreland County Behavioral Health/Developmental Services/Early Intervention Website: https://www.co.westmoreland.pa.us/843/Behavioral-Health-Services Phone: 724-830-3617 Crisis Services: 1-800-836-6010 |
| Wyoming | Luzerne-Wyoming Counties Mental Health And Developmental Services Website: https://www.luzernecounty.org/466/Mental-Health-Developmental-Services Phone: 1-800-816-1880, Monday through Friday 8:00 a.m. to 4:30 p.m. Crisis Services: 570-829-1341 |
| York | York/Adams MH/IDD Website: http://www.yorkcountypa.gov/492/Mental-Health Phone: 717-771-9618, Monday through Friday 8:00 a.m. to 4:30 p.m. Crisis Services: 717-851-5320 |

Medical Assistance Transportation Program (MATP) County Phone Numbers

| County | Local Number | Toll-Free |
|-----------|------------------------|----------------|
| Adams | 717-846-RIDE (7433) | 1-800-632-9063 |
| Allegheny | 412-350-4476 | 1-888-547-6287 |
| Armstrong | 724-548-3408, Option 2 | 1-800-468-7771 |
| Beaver | 724-375-2895 | 1-800-262-0343 |
| Bedford | 814-623-9129 | 1-800-323-9997 |
| Berks | 610-921-2361 | 1-800-383-2278 |

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| Blair | 814-695-3500 | 1-800-458-5552 |
| Bradford | 570-888-7330 | 1-800-242-3484 |
| Bucks | 215-794-5554 | 1-888-795-0740 |
| Butler | 724-431-3663 | 1-866-638-0598 |
| Cambria | 814-535-4630 | 1-888-647-4814 |
| Cameron | 1-866-282-4968 | Same as local number |
| Carbon | 570-669-6380 | 1-888-253-8333, Option 4 |
| Centre | 814-355-6807 | Same as local number |
| Chester | 484-696-3854 | 1-877-873-8415 |
| Clarion | 814-226-7012 | Same as local number |
| Clearfield | 814-765-1551 | 1-800-822-2610 |
| Clinton | 570-323-7575 | 1-800-206-3006 |
| Columbia | 717-846-RIDE (7433) | 1-800-632-9063 |
| Crawford | 814-333-7090 | 1-800-210-6226 |
| Cumberland | 717-846-RIDE (7433) | 1-800-632-9063 |
| Dauphin | 717-232-9880 | 1-800-309-8905 |
| Delaware | 610-490-3960 | 1-866-450-3766 |
| Elk | 1-866-282-4968 | Same as local number |
| Erie | 814-456-2299 | Same as local number |
| Fayette | 724-628-7433 | 1-800-321-7433 |
| Forest | 814-927-8266 | 1-800-222-1706 |
| Franklin | 717-846-RIDE (7433) | 1-800-632-9063 |
| Fulton | 717-485-6767 | 1-888-329-2376 |
| Greene | 724-627-6778 | 1-877-360-7433 |
| Huntingdon | 814-641-6408 | 1-800-817-3383 |
| Indiana | 724-463-3235 | 1-888-526-6060 |
| Jefferson | 814-938-3302 | 1-877-411-0585 |
| Juniata | 717-242-2277 | 1-800-348-2277 |
| Lackawanna | 570-963-6482 | Same as local number |
| Lancaster | 717-291-1243 | 1-800-892-1122 |
| Lawrence | 724-658-7258 | 1-888-252-5104 |
| Lebanon | 717-273-9328 | Same as local number |
| Lehigh | 610-253-8333 | 1-888-253-8333 |
| Luzerne | 570-288-8420 | 1-800-679-4135 |
| Lycoming | 570-323-7575 | 1-800-222-2468 |
| McKean | 1-866-282-4968 | Same as local number |
| Mercer | 724-662-6222 | Same as local number |
| Mifflin | 717-242-2277 | 1-800-348-2277 |
| Monroe | 570-839-6282 ext. 434 | 1-888-955-6282 |
| Montgomery | 215-542-7433 | Same as local number |
| Montour | 717-846-RIDE (7433) | 1-800-632-9063 |
| Northampton | 610-253-8333 | 1-888-253-8333 |
| Northumberland | 717-846-RIDE (7433) | 1-800-632-9063 |
| Perry | 717-846-RIDE (7433) | 1-800-632-9063 |
| Philadelphia | 1-877-835-7412 | Same as local number |
| Pike | 570-296-3408 | 1-866-681-4947 |

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| Potter | 814-544-7315 | 1-800-800-2560 |
| Schuylkill | 570-628-1425 | 1-800-656-0700 |
| Snyder | 717-846-RIDE (7433) | 1-800-632-9063 |
| Somerset | 814-701-3691 | 1-800-452-0241 |
| Sullivan | 570-888-7330 | 1-800-242-3484 |
| Susquehanna | 570-278-6140 | 1-866-278-9332 |
| Tioga | 570-888-7330 | 1-800-242-3484 |
| Union | 717-846-RIDE (7433) | 1-800-632-9063 |
| Venango | 814-432-9767 | 1-877-836-4699 |
| Warren | 814-723-1874 | Same as local number |
| Washington | 724-223-8747 | 1-800-331-5058 |
| Wayne | 570-253-4280 | 1-800-662-0780 |
| Westmoreland | 724-832-2706 | 1-800-242-2706 |
| Wyoming | 570-278-6140 | 1-866-278-9332 |
| York | 717-846-RIDE (7433) | 1-800-632-9063 |

County Assistance Office (CAO) Phone Numbers

| County | Assistance Office Address | Contact Information |
|-----------|---|---|
| Adams | Adams County Assistance Office 225 South Franklin Street P.O. Box 4446 Gettysburg, PA 17325-4446 | Toll-Free: 1-800-638-6816 Phone: 717-334-6241 FAX: 717-334-4104 |
| Allegheny | Piatt Place 301 5th Avenue, Suite 470 Pittsburgh, PA 15222 | Phone: 412-565-2146 FAX: 412-565-3660 |
| Armstrong | Armstrong County Assistance Office 1280 North Water Street Kittanning, PA 16201-0898 | Toll-Free: 1-800-424-5235 Phone: 724-543-1651 FAX: 724-548-0274 |
| Beaver | Beaver County Assistance Office 171 Virginia Avenue Rochester, PA 15074-0349 | Toll-Free: 1-800-653-3129 Phone: 724-773-7300 FAX: 724-773-7859 |
| Bedford | Bedford County Assistance Office 150 North Street Bedford, PA 15522-1040 | Toll-Free: 1-800-542-8584 Phone: 814-623-6127 FAX: 814-623-7310 |
| Berks | Reading State Office Building 625 Cherry Street Reading, PA 19602-1188 | Toll-Free: 1-866-215-3912 Phone: 610-736-4211 FAX: 610-736-4004 |
| Blair | Blair County Assistance Office 1100 Green Avenue Altoona, PA 16601-3440 | Toll-Free: 1-866-812-3341 FAX: 814-941-6813 |
| Bradford | Bradford County Assistance Office 101 Hawkins Road Towanda, PA 18848 | Toll-Free: 1-800-542-3938 Phone: 570-265-9186 FAX: 570-265-3061 |

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| Bucks | Bucks County Assistance Office 1214 Veterans Highway Bristol, PA 19007-2593 | Toll-Free: 1-800-362-1291 Phone: 215-781-3300 FAX: 215-781-3438 |
| Butler | Butler County Assistance Office 108 Woody Dr. Butler, PA 16001-5692 | Toll-Free: 1-866-256-0093 Phone: 724-284-8844 FAX: 724-284-8833 |
| Cambria | Cambria County Assistance Office 729 Goucher Street Johnstown, PA 15905 | Toll-Free: 1-877-315-0389 Phone: 814-533-2491 FAX: 814-533-2214 |
| Cameron | Cameron County Assistance Office 411 N. Chestnut Street P.O. Box 71 Emporium, PA 15834-0071 | Toll-Free: 1-877-855-1824 Phone: 814-486-3757 FAX: 814-486-1379 |
| Carbon | Carbon County Assistance Office 101 Lehigh Drive, Suite A Lehighton, PA 18235 | Toll-Free: 1-800-314-0963 Phone: 610-577-9020 FAX: 610-577-9043 |
| Centre | Centre County Assistance Office 2580 Park Center Boulevard State College, PA 16801-3005 | Toll-Free: 1-800-355-6024 Phone: 814-863-6571 FAX: 814-689-1356 |
| Chester | Chester County Assistance Office 100 James Buchanan Drive Thorndale, PA 19372-1132 | Toll-Free: 1-888-814-4698 Phone: 610-466-1000 FAX: 610-466-1130 |
| Clarion | Clarion County Assistance Office 71 Lincoln Drive Clarion, PA 16214-3861 | Toll-Free: 1-800-253-3488 Phone: 814-226-1700 FAX: 814-226-1794 |
| Clearfield | Clearfield County Assistance Office 1025 Leonard Street Clearfield, PA 16830 | Toll-Free: 1-800-521-9218 Phone: 814-765-7591 FAX: 814-765-0802 |
| Clinton | Clinton County Assistance Office 300 Bellefonte Avenue, Suite 101 Lock Haven, PA 17745-1929 | Toll-Free: 1-800-820-4159 Phone: 570-748-2971 FAX: 570-893-2973 |
| Columbia | Columbia County Assistance Office 27 East Seventh Street Bloomsburg, PA 17815-0628 | Toll-Free: 1-877-211-1322 Phone: 570-387-4200 FAX: 570-387-4708 |
| Crawford | Crawford County Assistance Office 1084 Water Street P.O. Box 1187 Meadville, PA 16335-7187 | Toll-Free: 1-800-527-7861 Phone: 814-333-3400 FAX: 814-333-3527 |
| Cumberland | Cumberland County Assistance Office 33 Westminster Drive Carlisle, PA 17013-0599 | Toll-Free: 1-800-269-0173 Phone: 717-240-2700 FAX: 717-240-2781 |
| Dauphin | Dauphin County Assistance Office 2432 N. 7th Street P.O. Box 5959 Harrisburg, PA 17110-0959 | Toll-Free: 1-800-788-5616 Phone: 717-787-2324 FAX: 717-772-4703 |

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| Delaware | Delaware County Assistance Office Headquarters 701 Crosby Street, Suite A Chester, PA 19013-6099 | Phone: 610-447-5500 FAX: 610-447-5399 |
| Elk | Elk County Assistance Office 145 Race Street P.O. Box F Ridgway, PA 15853-0327 | Toll-Free: 1-800-847-0257 Phone: 814-776-1101 FAX: 814-772-7007 |
| Erie | Erie County Assistance Office 1316 Holland Street P.O. Box 958 Erie, PA 16512-0958 | Toll-Free: 1-800-635-1014 Phone: 814-461-2000 FAX: 814-461-2294 |
| Fayette | Fayette County Assistance Office 41 West Church Street Uniontown, PA 15401-3418 | Toll-Free: 1-877-832-7545 Phone: 724-439-7015 FAX: 724-439-7002 |
| Forest | Forest County Assistance Office 106 Sherman Street Tionesta, PA 16353 | Toll-Free: 1-800-876-0645 Phone: 814-755-3552 FAX: 814-755-3420 |
| Franklin | Franklin County Assistance Office 620 Norland Avenue Chambersburg, PA 17201-4205 | Toll-Free: 1-877-289-9177 Phone: 717-264-6121 FAX: 717-264-4801 |
| Fulton | Fulton County Assistance Office 539 Fulton Drive McConnellsburg, PA 17233 | Toll-Free: 1-800-222-8563 Phone: 717-485-3151 FAX: 717-485-3713 |
| Greene | Greene County Assistance Office 108 Greene Plaza, Suite 1 Waynesburg, PA 15370-0950 | Toll-Free: 1-888-410-5658 Phone: 724- 627-8171 FAX: 724-627-8096 |
| Huntingdon | Huntingdon County Assistance Office 7591 Lake Raystown Shopping Center Huntingdon, PA 16652-0398 | Toll-Free: 1-800-237-7674 Phone: 814-643-1170 FAX: 814-643-5441 |
| Indiana | Indiana County Assistance Office 2750 West Pike Road Indiana, PA 15701 | Toll-Free: 1-800-742-0679 Phone: 724-357-2900 FAX: 724-357-2951 |
| Jefferson | Jefferson County Assistance Office 100 Prushnok Drive P.O. Box 720 Punxsutawney, PA 15767-0720 | Toll-Free: 1-800-242-8214 Phone: 814-938-2990 FAX: 814-938-3842 |
| Juniata | Juniata County Assistance Office 100 Meadow Lane P.O. Box 65 Mifflintown, PA 17059-9983 | Toll-Free: 1-800-586-4282 Phone: 717-436-2158 FAX: 717-436-5402 |
| Lackawanna | Lackawanna County Assistance Office 200 Scranton State Office Building 100 Lackawanna Avenue Scranton, PA 18503-1972 | Toll-Free: 1-877-431-1887 Phone: 570-963-4525 FAX: 570-963-4843 |

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| Lancaster | Lancaster County Assistance Office 832 Manor Street P.O. Box 4967 Lancaster, PA 17604-4967 | Phone: 717-299-7411 FAX: 717-299-7565 |
| Lawrence | Lawrence County Assistance Office 108 Cascade Galleria New Castle, PA 16101-3900 | Toll-Free: 1-800-847-4522 Phone: 724-656-3000 FAX: 724-656-3076 |
| Lebanon | Lebanon County Assistance Office 625 South Eighth Street Lebanon, PA 17042-6762 | Toll-Free: 1-800-229-3926 Phone: 717-270-3600 FAX: 717-228-2589 |
| Lehigh | Lehigh County Assistance Office 555 Union Blvd., Suite 3 Allentown, PA 18109-3389 | Toll-Free: 1-877-223-5956 Phone: 610-821-6509 FAX: 610-821-6705 |
| Luzerne | Luzerne County Assistance Office Wilkes-Barre District 205 South Washington Street Wilkes-Barre, PA 18711-3298 | Toll-Free: 1-866-220-9320 Phone: 570-826-2100 FAX: 570-826-2178 |
| | Hazleton District Center Plaza Building 10 West Chestnut Street Hazleton, PA 18201-6409 | Toll-Free: 1-866-220-9320 Phone: 570-826-2100 FAX: 570-826-2178 |
| Lycoming | Lycoming County Assistance Office 400 Little League Boulevard P.O. Box 127 Williamsport, PA 17703-0127 | Toll-Free: 1-877-867-4014 Phone: 570-327-3300 FAX: 570-321-6501 |
| McKean | McKean County Assistance Office 68 Chestnut Street, Suite B Bradford, PA 16701-0016 | Toll-Free: 1-800-822-1108 Phone: 814-362-4671 FAX: 814-362-4959 |
| Mercer | Mercer County Assistance Office 2236 Highland Road Hermitage, PA 16148-2896 | Toll-Free: 1-800-747-8405 Phone: 724-983-5000 FAX: 724-983-5706 |
| Mifflin | Mifflin County Assistance Office 1125 Riverside Drive Lewistown, PA 17044-1942 | Toll-Free: 1-800-382-5253 Phone: 717-248-6746 FAX: 717-242-6099 |
| Monroe | Monroe County Assistance Office 1972 W. Main Street, Suite 101 Stroudsburg, PA 18360-0232 | Toll-Free: 1-877-905-1495 Phone: 570-424-3030 FAX: 570-424-3915 |
| Montgomery | Montgomery County Assistance Office Norristown District 1931 New Hope Street Norristown, PA 19401-3191 | Toll-Free: 1-877-398-5571 Phone: 610-270-3500 FAX: 610-270-1678 |
| Montour | Montour County Assistance Office 497 Church Street Danville, PA 17821-2217 | Toll-Free: 1-866-596-5944 Phone: 570-275-7430 FAX: 570-275-7433 |

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| Northampton | Northampton County Assistance Office 201 Larry Holmes Drive Easton, PA 18042-3628 | Toll-Free: 1-800-349-5122 Phone: 610-250-1700 FAX: 610-250-1839 |
| Northumberland | Northumberland County Assistance Office 320 Chestnut Street, Suite 1 Sunbury, PA 17801-2729 | Toll-Free: 833-299-4361 Phone: 570-988-5900 FAX: 570-988-5918 |
| Perry | Perry County Assistance Office 100 Centre Drive P.O. Box 280 New Bloomfield, PA 17068-0280 | Toll-Free: 1-800-991-1929 Phone: 717-582-2127 FAX: 717-582-4187 |
| Philadelphia | Philadelphia County Assistance Office Headquarters 801 Market Street Philadelphia, PA 19107 | Phone: 215-560-7226 FAX: 215-560-3214 |
| Pike | Pike County Assistance Office Milford Professional Park Suite 101 10 Buist Road Milford, PA 18337 | Toll-Free: 1-866-267-9181 Phone: 570-296-6114 FAX: 570-296-4183 |
| Potter | Potter County Assistance Office 269 Route 6 West, Room 1 Coudersport, PA 16915-8465 | Toll-Free: 1-800-446-9896 Phone: 814-274-4900 FAX: 814-274-3635 |
| Schuylkill | Schuylkill County Assistance Office 2640 Woodglen Road Pottsville, PA 17901-1335 | Toll-Free: 1-877-306-5439 Phone: 570-621-3000 FAX: 570-624-3334 |
| Snyder | Snyder County Assistance Office 83 Maple Lane Selinsgrove, PA 17870-1302 | Toll-Free: 1-866-713-8584 Phone: 570-374-8126 FAX: 570-374-6347 |
| Somerset | Somerset County Assistance Office 164 Staybrook Street Somerset, PA 15501 | Toll-Free: 1-800-248-1607 Phone: 814-443-3681 FAX: 814-445-4352 |
| Sullivan | Sullivan County Assistance Office 918 Main Street, Suite 2 P.O. Box 355 Laporte, PA 18626-0355 | Toll-Free: 1-877-265-1681 Phone: 570-946-7174 FAX: 570-946-7189 |
| Susquehanna | Susquehanna County Assistance Office 111 Spruce Street Montrose, PA 18801-0128 | Toll-Free: 1-888-753-6328 Phone: 570-278-3891 FAX: 570-278-9508 |
| Tioga | Tioga County Assistance Office 11809 Route 6 Wellsboro, PA 16901-6764 | Toll-Free: 1-800-525-6842 Phone: 570-724-4051 FAX: 570-724-5612 |
| Union | Union County Assistance Office Suite 300 1610 Industrial Boulevard Lewisburg, PA 17837-1292 | Toll-Free: 1-877-628-2003 Phone: 570-524-2201 FAX: 570-524-2361 |

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| Venango | Venango County Assistance Office 530 13th Street Franklin, PA 16323-0391 | Toll-Free: 1-877-409-2421 Phone: 814-437-4341/4342 FAX: 814-437-4441 |
| Warren | Warren County Assistance Office 210 North Drive, Suite A N. Warren, PA 16365 | Toll-Free: 1-800-403-4043 Phone: 814-723-6330 FAX: 814-726-1565 |
| Washington | Washington County Assistance Office 90 W Chestnut Street, Suite 300 East Wing Washington, PA 15301 | Toll-Free: 1-800-835-9720 Phone: 724-223-4300 FAX: 724-223-4675 |
| | Valley District 595 Galiffa Drive P.O. Box 592 Donora, PA 15033-0592 | Toll-Free: 1-800-392-6932 Phone: 724-379-1500 FAX: 724-379-1572 |
| Wayne | Wayne County Assistance Office 15 Innovation Drive Lake Ariel, PA 18436-8800 | Toll-Free: 1-877-879-5267 Phone: 570-253-7100 FAX: 717-525-5151 |
| Westmoreland | Westmoreland County Assistance Office - Main Office 587 Sells Lane Greensburg, PA 15601-4493 | Toll-Free: 1-800-905-5413 Phone: 724-832-5200 FAX: 724-832-5202 |
| Wyoming | Wyoming County Assistance Office 608 Hunter Highway, Suite 6 Tunkhannock, PA 18657-0490 | Toll-Free: 1-877-699-3312 Phone: 570-836-5171 FAX: 570-996-4141 |
| York | York County Assistance Office 130 N. Duke Street P.O. Box 15041 York, PA 17405-7041 | Toll-Free: 1-800-991-0929 Phone: 717-771-1100 FAX: 717-771-1261 |

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

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

Geisinger Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Geisinger Health Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact **Geisinger Health Plan** at **800-447-4000**

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

Geisinger Health Plan Appeals Department 100 North Academy Avenue,
Danville, PA 17822-3220

Phone: (866) 577-7733, PA Relay 711,

Fax: (570) 271-7225, or

Email: GHPCivilRights@thehealthplan.com

The Bureau of Equal Opportunity,

Room 223, Health and Welfare Building,

P.O. Box 2675,

Harrisburg, PA 17105-2675,

Phone: (717) 787-1127, TTY/PA Relay 711, Fax: (717) 772-4366, or

Email: RA-PWBEOAO@pa.gov

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or email at:

U.S. Department of Health and Human Services,

200 Independence Avenue SW.,

Room 509F, HHH Building,

Washington, DC 20201,

1-800-368-1019, 800-537-7697 (TDD).

OCRMail@hhs.gov

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-447-4000 (PA RELAY 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-447-4000 (PA RELAY 711) o hable con su proveedor.

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-800-447-4000 (PA RELAY 711) 或咨询您的服务提供者。

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-800-447-4000 (PA RELAY 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-447-4000 (PA RELAY 711) или обратитесь к своему поставщику услуг.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-447-4000 (PA RELAY 711) أو تحدث إلى مقدم الخدمة.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nan 1-800-447-4000 (PA RELAY 711) oswa pale avèk founisè w la.

LU'U Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-447-4000 (PA RELAY 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-447-4000 (PA RELAY 711) або зверніться до свого постачальника».

注意: 如果您說[中文], 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 1-800-447-4000 (PA RELAY 711) 或與您的提供者討論。」

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-447-4000 (PA RELAY 711) ou fale com seu provedor.

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-800-447-4000 (PA RELAY 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-447-4000 (PA RELAY 711) ou parlez à votre fournisseur. »

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-447-4000 (PA RELAY 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-447-4000 (PA RELAY 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-447-4000 (PA RELAY 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

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

HPM50 GHP Family member handbook rev. 1/2021, 6/2021, 7/2021, 9/2021, 12/2021, 12/2022, 10/2023, 01/2024, 5/2025

