



Pennsylvania's Children's
Health Insurance Program
We Cover All Kids.

wellkids

by  **pa health
& wellness™**



WellKids

by PA Health & Wellness

Member Handbook

1-855-445-1920 (TTY: 711) | PAWellKids.com

WellKids by PA Health & Wellness 2026 Model Member Handbook

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Section – 1

Welcome

Introduction

What is CHIP?

CHIP is a state and federally funded program that provides comprehensive health insurance to children up to 19 years of age. Our Members have a wide range of benefits available to them through the CHIP program.

Welcome to WellKids by PA Health & Wellness

Thank you for enrolling your child in the Children's Health Insurance Program (CHIP) brought to you by **WellKids by PA Health & Wellness**. Established to deliver quality healthcare in the state of Pennsylvania through local, regional, and community-based resources, **WellKids by PA Health & Wellness** is a Managed Care Organization and subsidiary of Centene Corporation Centene. **WellKids by PA Health & Wellness** exists to improve the health of its beneficiaries through focused, compassionate, and coordinated care.

Our approach is based on the core belief that quality healthcare is best delivered locally. **WellKids by PA Health & Wellness** has a network of contracted providers, facilities, and suppliers to provide covered health services to Members. **WellKids by PA Health & Wellness** operates across all counties in the Commonwealth. **WellKids by PA Health & Wellness** has a network of contracted providers, facilities, and suppliers to provide covered services to Members. **WellKids by PA Health & Wellness** works with a large group of Primary Care Providers (PCPs), specialists, hospitals, and other health care providers. This group is our "network." In most cases, you will receive "in-network" care. That is not the case if you need Urgent Care or Emergency Care outside of your service area. Please refer to the Emergency Care section of this handbook for more details.

Member Services

Staff at Member Services can help you with:

- **Finding a doctor or other provider**
- **Getting a new WellKids by PA Health & Wellness Member ID Card**
- **Understanding covered and non-covered benefits**
- **Filing a Complaint or Grievance**
- **Requesting a printed copy of our Provider Directory or Member Handbook**
- **Reporting potential fraud issues by a Member or provider**
- **Updating your address and phone number**
- **Receiving new-Member materials**

WellKids by PA Health & Wellness's Member Services are available:

Monday 8:00 AM – 8:00 PM
Tuesday to Friday 8:00 AM – 5:00 PM

And can be reached at **1-855-445-1920** or **TTY 711**. Member Services can also be contacted in writing at:

1700 Bent Creek BLVD, Ste. 200 Mechanicsburg, PA 17050

And

PAWellKids.com

Member Identification Cards

When you enroll in **WellKids by PA Health & Wellness**, we will mail your Member ID card to you within five (5) business days of being notified by the DHS of your enrollment in our health plan.

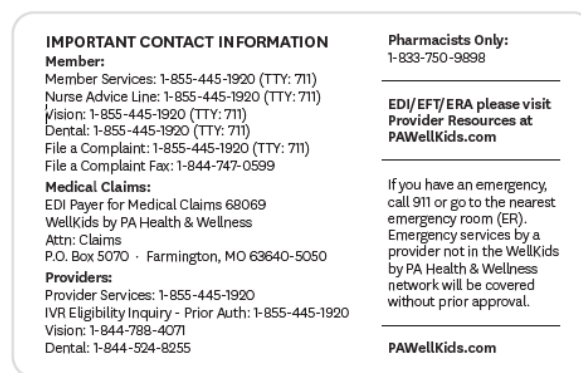
Your Member ID card is proof you are a **WellKids by PA Health & Wellness** Member. You need to keep your Member ID card with you at all times. Please show your Member ID card every time you go for any service covered by **WellKids by PA Health & Wellness**. Anytime you receive a new Member ID card, please destroy your old one. If you lose your Member ID Card, did not receive one, or your ID card was stolen, please visit the secure Member website or call Member Services at **1-855-445-1920 or TTY 711**. We will send you a new ID card with ten (10) days. Your services will continue while you are waiting for your new ID card to arrive. Until you get your new or replacement **WellKids by PA Health & Wellness** ID card, **you can also print a temporary Member ID card from the secure Member Portal on our website: PAWellKids.com**

Your ID looks like this:

Front:



Back:



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 Member Services for help: **1-855-445-1920 or TTY 711**.

Member Emergencies

Please see Section 3, Covered Services, beginning on page **25**, for more information about emergency services. If you have an emergency, you can get help by calling the nearest emergency department, calling 911, or contacting 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		
Bureau of CHIP	1-800-986-KIDS (5437) http://www.chipcoverspa.kids.com	Unresolved issues
COMPASS	1-877-395-8930 or 1-800-451-5886 (TTY/TTD) or http://www.compass.state.pa.us or myCOMPASS PA mobile app for smart phones	Change your personal information for CHIP eligibility. See page 9 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 CHIP program. See page 23 of this handbook for more information.
Other Important Phone Numbers		
WellKids by PA Health & Wellness Nurse Hotline	1-855-445-1920 or TTY 711	Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters. See page of this handbook for 16 information.
Department; Bureau of Consumer Services	1-877-881-6388	Ask for a complaint form, file a complaint, or talk with a consumer services representative.

Other Phone Numbers

Childline	1-800-932-0313
Crisis Intervention Services	1-800-932-4632
Legal Aid	1-800-274-3258
Mental Health/Intellectual Disability Services	1-888-565-9435
National Suicide Prevention Lifeline	1-800-273-8255
Women, Infants, and Children Program (WIC)	1-800-942-9467
Pennsylvania Coalition Against Domestic Violence:	1-800-932-4632 (in Pennsylvania)
National Domestic Violence Hotline:	1-800-799-7233 (SAFE); 1-800-787-3224 (TTY)

Communication Services

WellKids by PA Health & Wellness can provide this Handbook and other information you need in languages other than English at no cost to you. **WellKids by PA Health & Wellness** 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 necessary, at no cost to you. Please contact Member Services at **1-855-445-1920 or TTY: 711 to ask for any help you need.** Depending on the information you need, it may take up to five (5) business days for **WellKids by PA Health & Wellness** to send you the information.

WellKids by PA Health & Wellness 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 Member Services at **1-855-445-1920 or TTY: 711** and Member Services will connect you with the interpreter service that meets your needs. For TTY services, call our specialized number at TTY: 711 or call Member Services who will connect you to the next available TTY line.

If your PCP or other provider cannot provide an interpreter for your appointment, **WellKids by PA Health & Wellness** will provide one for you. Call Member Services at **1-855-445-1920 or TTY: 711** if you need an interpreter for an appointment.

Enrollment

In order to qualify for health insurance coverage under the CHIP program, your child must be:

- Under 19 years of age
- A resident of Pennsylvania
- A U.S. citizen, U.S. national, or lawfully present immigrant
- Uninsured (not covered by any other health insurance coverage)
- Not eligible for Medical Assistance (Medicaid)

You must meet the guidelines based on household size and income

<https://www.pa.gov/agencies/dhs/resources/chip/eligibility-and-benefits>. Most families can receive CHIP coverage for free. Others can get the same benefits at a low cost, depending on household size and income. You will receive CHIP coverage for a twelve (12) month enrollment period unless one of the situations under the “loss of benefit” section occur.

Renewal

CHIP coverage must be renewed at the end of the twelve (12) month period of enrollment. A child's coverage may be renewed, if eligible, every twelve (12) months until the child reaches the age of 19.

At one hundred-twenty (120) calendar days before the end of the twelve (12) month enrolment period, a reminder notice will be sent to you. This notice will explain that the **County Assistance Office** will try to perform the renewal with electronic verification sources, as well as notifying you that you should report any relevant changes to the **County Assistance Office**.

If the **County Assistance Office** is unable to perform the renewal with electronic verification sources, notices will be sent to you at ninety (90) and sixty (60) calendar days prior to the end of the twelve (12) month enrollment period. These notices will include pre-populated renewal forms as well as a postage-paid envelope. You must provide the renewal form and verifications prior to the end of the twelve (12) month enrollment period.

It is important you follow instructions so that your CHIP coverage does not end. If you have questions about any paperwork you get or are unsure whether your eligibility for CHIP is up-to-date, call **WellKids by PA Health & Wellness** Member Services at **1-855-445-1920 or TTY: 711** or the office of CHIP at 1-800-986-KIDS (5437).

Changing Your CHIP MCO

You may change your CHIP plan at any time, for any reason. To change your CHIP plan, call **CHIP at 1-800-986-KIDS (5437)**. They will tell you when the change to your new CHIP plan will start, and you will stay in **WellKids by PA Health & Wellness** until then. Use your **WellKids by PA Health & Wellness** ID card at your appointments until your new plan starts.

Changes in the Household

If there are changes to your household, they can be reported via Compass, the Statewide Customer Service Center at 1-877-395-8930 or 215-560-7226 in Philadelphia (Monday-Friday, 8am to 4:30pm) or your local County Assistance Office.

For example:

- Someone in your household is pregnant or has a baby.
- Your address or phone number changes.
- You or a family member who lives with you gets other health insurance.

- You or a family member who lives with you gets very sick or becomes disabled.
- A family member moves in or out of your household.
- There is a death in the family.

A new baby is automatically assigned to the mother's current CHIP plan for the first thirty-one (31) days. The mother must contact the Department of Human Services after the birth of their baby so eligibility can be determined for the newborn. The Department of Human Services can be contacted by visiting dhs.pa.gov/COMPASS, using the myCOMPASS PA mobile app or calling the Statewide Customer Service Center at 877-395-8930 or 215-560-7226 in Philadelphia.

What Should I Do if I Move?

If you move out of your county, you may need to choose a new CHIP plan. Contact CHIP at 1-800-986-KIDS (5437) if you move. If **WellKids by PA Health & Wellness** also serves your new county, you can stay with **WellKids by PA Health & Wellness**. If **WellKids by PA Health & Wellness** does not serve your new county, CHIP will help you transfer to a new MCO for your new county.

If you move out-of-state, you will no longer be eligible to receive services through Pennsylvania CHIP. Contact CHIP or your County Assistance Office if you move out of the state so that your benefits can be terminated in Pennsylvania. You will need to apply for benefits in your new state.

Loss of Benefits

If your CHIP coverage ends for any reason, but you become eligible again within six (6) months, you will be re-enrolled in the same insurance company. You may choose a different MCO at any time.

There are a few reasons why you may lose your benefits, even during the twelve (12) month enrollment period. They include:

- You become eligible for certain other credible medical insurance coverage (including Medical Assistance, certain employer insurances, etc.).
- You are not paying your premium (if you are required to pay a premium).
- You do not complete a renewal.
- You obtain other credible medical insurance coverage.
- You enter a nursing home outside of Pennsylvania.
- You commit CHIP fraud and exhaust all appeals.
- You go to prison.
- Your child is placed in a Youth Development Center.
- You terminate your coverage voluntarily.

- Your child reaches 19 years of age.
- Your child is deceased.
- Your child moves out-of-state.
- Your child moves out of the county.
- Your child is a prison inmate or a patient in a public institution for behavioral diseases.
- Misinformation was provided at the time of application or renewal that would have resulted in a determination of ineligibility.
- There is misuse of your child(ren)'s ID card(s).
- Your mail has been returned.

Provider Directory Information

WellKids by PA Health & Wellness's provider directory has information about the providers in **WellKids by PA Health & Wellness's** network, including PCPs, specialists, dentists and vision providers. The provider directory is located online here: www.pahealthwellness.com/FindaDoctor.html. You can also use our Find A Provider tool located here: <https://findaprovider.pahealthwellness.com/location>. You may call Member Services at **1-855-445-1920** or **TTY: 711** to ask that a copy of the provider directory be sent to you or to request information about a doctor's medical school or residency program. You may also call to get help finding a provider. The provider directory includes the following information about network providers:

- Name, address, website address, email address, and telephone number.
- Whether or not the provider is accepting new patients.
- Days and hours of operation.
- Credentials and board certifications of the provider.
- 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's location is wheelchair accessible.

The information in the printed provider directory may change. You can call Member Services to check if the information in the provider directory is current or contact the practice directly for current information. The online directory is updated at least monthly. You can also request a printed copy of the provider directory.

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 the specialists you need and keeps track of the care you receive by all of your providers.

A PCP may be a family doctor, a general practice doctor, a pediatrician, 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. All enrolled children must have a PCP.

You have ten (10) days from the receipt of your notice of enrollment letter to select a PCP. If you do not select a PCP, **WellKids by PA Health & Wellness** will assign a PCP for your child.

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 special medical needs, you can ask for a specialist to be your PCP. The specialist needs to agree to be your PCP and must be in **WellKids by PA Health & Wellness's** network.

Changing Your PCP

If you want to change your PCP for any reason, call Member Services at **1-855-445-1920 or TTY: 711** to ask for a new PCP. If you need help finding a new PCP, you can go to www.pahealthwellness.com/FindaDoctor.html which includes a provider directory, or ask Member Services to send you a printed provider directory. You can also use our Find A Provider tool located here: <https://findaprovider.pahealthwellness.com/location>.

WellKids by PA Health & Wellness will send you a new ID card with the new PCP's name and phone number on it. The Member Services representative will tell you when you can start seeing your new PCP.

When you change your PCP, **WellKids by PA Health & Wellness** can help coordinate sending your medical records from your old PCP to your new PCP. In emergencies, **WellKids by PA Health & Wellness** 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 Family Practice services at any time.

Who Can My Child See for Dental and Vision Care?

WellKids by PA Health & Wellness's provider directory has information about the dentists, dental specialists, and vision providers in **WellKids by PA Health & Wellness's** network.

The provider directory is located online here:

www.pahealthwellness.com/FindaDoctor.html. You can also use our Find A Provider tool located here: <https://findaprovider.pahealthwellness.com/location>.

You do not need a referral for routine dental services and eye exams.

Continuity of Care

A Member may continue an ongoing course of treatment from a Provider for up to 60 days from the date a Member is notified by **WellKids by PA Health & Wellness** of the termination or pending termination of a Provider.

A Member is considered to be receiving an ongoing course of treatment from a Provider if, during the previous 12 months:

- The Member was treated by the Provider for a condition that requires follow-up care or additional treatment.
- The services have been prior authorized.
- A Member with a previously scheduled appointment, including an appointment for well childcare, is determined to be in receipt of an ongoing course of treatment from a Provider.
- WellKids by PA Health & Wellness will consult with the Member and the Provider to make the determination.
- For existing pregnant Members or new Members in the second or third trimester at the time of the notice, the transitional period shall extend through postpartum care related to the delivery.
- Any health care service provided under this section shall be covered by the **WellKids by PA Health & Wellness** under the same terms and conditions as applicable for participating Providers.

WellKids by PA Health & Wellness shall review each request to continue an ongoing course of treatment and notify the Member of the decision as expeditiously as the Member's health condition requires, but no later than two business days after making decision. If **WellKids by PA Health & Wellness** determines what the Member is requesting is not an ongoing course of treatment, **WellKids by PA Health & Wellness** shall issue the Member a denial notice. **WellKids by PA Health & Wellness** shall also inform the Provider that to be eligible for payment for services provided to a Member after the Provider is terminated from the network, the Provider must agree to meet the same terms and conditions as participating Providers.

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 **WellKids by PA Health & Wellness's** Member Services at **1-855-445-1920** or **TTY: 711**.

If you do not have your **WellKids by PA Health & Wellness** ID card by the time of your appointment, you should also tell your PCP that you selected **WellKids by PA Health & Wellness** as your CHIP plan.

Appointment Standards

WellKids by PA Health & Wellness's providers must meet the following appointment standards:

- Your PCP should see you within ten (10) business days of when you call for a routine appointment.
- You should not have to wait in the waiting room longer than thirty (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 ten (10) business days of **WellKids by PA Health & Wellness** learning you are pregnant.
- In your second trimester, your provider must see you within five (5) business days of **WellKids by PA Health & Wellness** learning you are pregnant.
- In your third trimester, your provider must see you within four (4) business days of **WellKids by PA Health & Wellness** learning you are pregnant.
- Have a high-risk pregnancy, your provider must see you within 24 hours of **WellKids by PA Health & Wellness** learning you are pregnant.

Referrals

A referral is when your PCP sends you to a specialist. A specialist is a doctor (or a doctors' group) or a CRNP who focuses their practice on treating one disease, medical condition, or 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 **WellKids by PA Health & Wellness** only has one or two specialists in your area, and you do not want to see either specialist, **WellKids by PA Health & Wellness** will work with you to see an out-of-network specialist at no cost to you. Your PCP must contact **WellKids by PA Health & Wellness** to let **WellKids by PA Health & Wellness** know you want to see an out-of-network specialist and get approval from **WellKids by PA Health & Wellness** 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 **WellKids by PA Health & Wellness's** network, please see the provider directory on our website at www.pahealthwellness.com/FindaDoctor.html or call Member Services to ask for help or a printed provider directory. You can also use our Find A Provider tool located here: <https://findaprovider.pahealthwellness.com/location>.

Self-Referrals

Self-referrals are services you arrange for yourself and do not require that your PCP arrange for you to receive the services. You must use a **WellKids by PA Health & Wellness** network provider unless **WellKids by PA Health & Wellness** approves an out-of-network provider.

Services that do not need a referral include:

- Prenatal visits.
- Routine obstetric (OB) care.
- Routine gynecological (GYN) care.
- Routine family planning services (may see out-of-network provider).
- Routine dental services.
- Routine eye exams.
- Emergency services.
- Specialist services.
- Surgical consultation.
- Behavioral Health

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 3 of the handbook on page **25** 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.

WellKids by PA Health & Wellness has a toll-free **WellKids by PA Health & Wellness Nurse Hotline** at **1-855-445-1920** or **TTY: 711** that you can also call 24 hours a day, 7 days a week. A nurse will talk with you about your urgent health matters.

Member Engagement

Suggesting Changes to Policies and Services

WellKids by PA Health & Wellness would like to hear from you about ways to make your experience with CHIP better. If you have suggestions for how to make the program better or how to deliver services differently, please contact **1-855-445-1920** or **TTY: 711**.

WellKids by PA Health & Wellness Quality Improvement Program

The Quality Improvement (QI) Program is an important part of **WellKids by PA Health & Wellness**. The program creates plans, puts those plans into action, and measures efforts to improve your health and safety.

The QI Program monitors the quality of care and services provided in the areas below:

- Making sure members get the care they need, when and where they need it
- Making sure that members are receiving quality care
- Cultural needs of our members
- Member satisfaction
- Patient safety and privacy
- Offering a wide variety of provider specialties
- Health plan services members are using

Section – 2

Rights and Responsibilities

Member Rights and Responsibilities

WellKids by PA Health & Wellness and its network of providers do not discriminate against Members based on race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, CHIP status, income status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare, or physical or mental disability, except where medically indicated.

As a **WellKids by PA Health & Wellness** Member, you have the following rights and responsibilities.

Member Rights

You have the right to:

1. Receive required information.
2. To be treated with consideration and respect, recognizing your dignity and need for privacy, by **WellKids by PA Health & Wellness** staff and network providers.
3. To get information in a way you can easily understand and receive help when you need it.
4. To get information you can easily understand about **WellKids by PA Health & Wellness**, its services, and the doctors and other providers that treat you.
5. To pick the network health care providers you want to treat you.
6. To receive emergency services when you need them from any provider without **WellKids by PA Health & Wellness's** approval.
7. To get information you can easily understand and talk to your providers about your treatment options, risks of treatment, alternative therapies, and consultation or tests that may be self-administered without any interference from **WellKids by PA Health & Wellness** regardless of cost or benefit coverage.
8. 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.
9. To have privacy protected and to talk with providers in confidence and to have your health care information and records kept confidential.
10. To see and get a copy of your medical records and to ask for changes or corrections to your medical records in a timely manner.
11. Be furnished with covered health care services.
12. To ask for a second opinion.
13. To file a grievance if you disagree with **WellKids by PA Health & Wellness's** decision that a service is not medically necessary for you.
14. To file a complaint if you are unhappy about the care or treatment you have received.
15. To ask for a DHS External Review.

16. 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.
17. To receive information about services that **WellKids by PA Health & Wellness** or a provider does not cover because of moral or religious objections and about how to obtain those services.
18. To exercise your rights without it negatively affecting the way DHS, **WellKids by PA Health & Wellness**, and network providers treat you.
19. To make recommendations about the rights and responsibilities of **WellKids by PA Health & Wellness's** Members.

Member Responsibilities

Members are asked to work with their health care service providers. **WellKids by PA Health & Wellness** needs your help so that you get the services and supports you need.

You have the responsibility to:

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 **WellKids by PA Health & Wellness** coverage, including all covered and non-covered benefits and limits.
7. Use only network providers unless **WellKids by PA Health & Wellness** approves an out-of-network provider. You may have to pay if you do not use in-network providers.
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

WellKids by PA Health & Wellness must protect the privacy of your protected health information (PHI). **WellKids by PA Health & Wellness** 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 **WellKids by PA Health & Wellness** can pay your providers. It also includes sharing your PHI with DHS. This information is included in **WellKids by PA Health & Wellness's** Notice of Privacy Practices. To get a copy of **WellKids by PA Health & Wellness's** Notice of Privacy Practices, please call **1-855-445-1920** or **TTY: 711** or visit www.pahealthwellness.com//members/chip/member-resources/privacy-policy.html.

Your Costs for Covered Services

Premiums

Premiums are the regularly scheduled monthly payments you pay to **WellKids by PA Health & Wellness** for CHIP coverage. **There are no premiums for Members with Free CHIP coverage.** If your child is enrolled in Low-cost or Full-cost CHIP, each month you will receive a bill for the following month's premium. You will receive notice from **WellKids by PA Health & Wellness** of any change in your monthly premium payment thirty (30) days before the change takes place.

If your child is terminated due to non-payment of premiums, you must reapply for coverage by completing a new application.

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 receive 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 **25** of this Handbook.

Members in the free program do not have to pay co-payments.

The following services do not require a co-payment:

- Well-child PCP visit.
- Inpatient facility stays.
- Inpatient/outpatient behavioral health visit for mental health or substance abuse.
- Routine dental care.
- Routine vision care.
- Emergency services.
- Laboratory services.
- Family planning services, including supplies.
- Hospice services.
- Home health services.

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 you believe you should not have had to pay, you can file a complaint with **WellKids by PA Health &**

Wellness. Please see Section 6, Complaints, Grievances, and External Review for information on how to file a Complaint, Grievance, or External Review or call Member Services at **1-855-445-1920 or TTY: 711.**

Dental Costs

Except in the case of an emergency, for a dental benefit to be completely covered by CHIP, dental care must be provided by a dentist who is an in-network **WellKids by PA Health & Wellness** provider. Covered dental benefits provided by a network provider and approved by WellKids by PA Health & Wellness will have no out-of-pocket costs. Some out-of-network dental providers will expect payment in full for services at the time of the visit. In this case, it will be your responsibility to pay the bill and then submit the bill to **WellKids by PA Health & Wellness** to request reimbursement, which may be less than the amount you paid. In a case involving a covered service in which the dentist, the Member, or the Member's parent selects a more expensive course of treatment than is customarily provided for the dental condition, payment under this benefit will be based on the charge allowance for the least expensive procedure that will adequately treat the child's condition. In this case, the parent is responsible for paying the difference between the charge of the actual service rendered and the amount received for the allowable procedure from **WellKids by PA Health & Wellness.**

Billing Information

Providers in **WellKids by PA Health & Wellness's** network may not bill you for medically necessary services that **WellKids by PA Health & Wellness** covers. Even if your provider has not received payment or the full amount of his or her charge from **WellKids by PA Health & Wellness**, 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 **WellKids by PA Health & Wellness**, 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 **WellKids by PA Health & Wellness**, the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.

- Your child received a service from a provider who is not enrolled with the Commonwealth.
- Your child goes over a benefit limit on a service.
- Your child receives a medical service that is not a covered benefit.

Other than in the above circumstances, you should not receive a bill from a provider. If you do receive a bill from a out-of-network provider, call Member Services at **1-855-445-1920 or TTY: 711** immediately so the situation can be resolved as soon as possible.

Providers in **WellKids by PA Health & Wellness's** network may not bill you for services that WellKids by PA Health & Wellness covers. Even if your provider has not received payment or the full amount of his or her charge from WellKids by PA Health & Wellness, the provider may not bill you. This is called balance billing.

What Do I Do if I Get a Bill?

If you get a bill from a WellKids by **PA Health & Wellness** network provider and you think the provider should not have billed you, you can call Member Services at **1-855-445-1920 or TTY: 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

CHIP Members are not allowed to have any other creditable medical insurance coverage in addition to CHIP, but occasionally there are times when some of your child's healthcare bills may be covered by a different policy other than CHIP. An example of when this might happen is when a Member is involved in a motor vehicle accident, and some of the cost of his or her medical care is covered by the automobile insurance policy. This is called subrogation. If your child is injured or ill as a result of an accident and another insurance policy is involved, call **WellKids by PA Health & Wellness** and inform them of the situation.

Reporting Fraud or Abuse

How Do I Report Member Fraud or Abuse?

If you think that someone is using your or another Member's **WellKids by PA Health & Wellness** card to obtain services, equipment, or medicines, is forging or changing their prescriptions, or is getting services they do not need, you should call the **WellKids by PA**

Health & Wellness Fraud and Abuse Hotline at **1-855-445-1920** or **TTY 711** to give **WellKids by PA Health & Wellness** this information. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

How Do I Report Provider Fraud or Abuse?

Provider fraud is when a provider bills for services, equipment, or medicines you did not receive 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 **WellKids by PA Health & Wellness's** Fraud and Abuse Hotline at **1-855-445-1920** or **TTY 711**. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

Section 3 – Health Services

Covered Services

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

SERVICE	Free	Low-Cost (Subsidized)	Full-Cost
Doctors Office Visit			
Well-Child Primary Care Physician (PCP)	\$0	\$0	\$0
Other Primacy Care Physician (PCP) Visit	\$0	\$5	\$15
Specialist Visit	\$0	\$10	\$25
Routine Gynecology Visit	\$0	\$0	\$0
Other Gynecology Visit	\$0	\$10	\$25
Obstetrical (maternity) visit	\$0	\$0	\$0
Inpatient/Outpatient behavioral health visit for mental health or substance use care	\$0	\$0	\$0
Outpatient occupational, physical, or speech therapy visit	\$0	\$10	\$25
Emergency department (waived if admitted)	\$0	\$25	\$50
Urgent care visits, including out-of-area urgent care	\$0	\$10	\$25
Virtual Visits			
Primary Care Virtual Visit	\$0	\$5	\$15
Specialty Virtual Visit	\$0	\$5	\$25
Behavioral Health Virtual Visit	\$0	\$0	\$0
Pharmacy - May Require Prior Authorization			
Generic drug	\$0	\$6	\$10
Brand-Name Drug	\$0	\$9	\$18
Preventive Drug	\$0	\$0	\$0
Dental and Vision			
Routine Dental Services	\$0	\$0	\$0
Routine Eye Exams	\$0	\$0	\$0

Services That Are Not Covered

Listed below are the physical health services that **WellKids by PA Health & Wellness** does not cover. If you have any questions about whether or not **WellKids by PA Health & Wellness** covers a service for you, please call Member Services at **1-855-445-1920** or TTY: **711**.

- Experimental medical procedures, medicines, and equipment
- Non-medically necessary services

This is not an all-inclusive list.

Second Opinions

You have the right to ask for a second opinion if you are unsure 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 **WellKids by PA Health & Wellness** network provider to get a second opinion. If there are not any other providers in **WellKids by PA Health & Wellness's** network, you may ask **WellKids by PA Health & Wellness** for approval to get a second opinion from an out-of-network provider.

What is Prior Authorization?

Some services or items need approval from **WellKids by PA Health & Wellness** before you can get the service. This is called prior authorization. For services that need prior authorization, **WellKids by PA Health & Wellness** decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to **WellKids by PA Health & Wellness** 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 Member Services at **1-855-445-1920 or TTY: 711.**

How to Ask for Prior Authorization

Contact your PCP to request a Prior Authorization on the requested service.

If you need help to better understand the prior authorization process, talk to your PCP or specialist or call Member Services at **1-855-445-1920 or TTY: 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, **please call Member Services at 1-855-445-1920 or TTY: 711.**

What Services, Items, or Medicines Need Prior Authorization?

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

Services that require Prior Authorization

Service	Prior Authorization
Specialist Care	Some services provided by a specialist may require preauthorization.
Chiropractic Care	Preauthorization may be required
Diabetic treatment, equipment, and supplies	Physician orders required
Diagnostic services	Some services may require preauthorization.
Durable Medical Equipment	May require prior authorization.
Hospice	Prior authorization required.
Inpatient Hospital Stays	Preauthorization required for non-emergency services
Oral Surgery	Some services may require Preauthorization.
Organ Transplants	Preauthorization required.
Orthodontia (braces)	Preauthorization required.
Restorative Services	Some services may require preauthorization.
Surgical Services	Services may require preauthorization
Surgical services Mastectomy and breast reconstruction	Preauthorization required

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 or your provider is unsure about whether a service, item, or medicine requires prior authorization, call Member Services at **1-855-445-1920** or **TTY: 711**.

Prior Authorization of a Service or Item

WellKids by PA Health & Wellness will review the prior authorization request and the information you or your provider submitted. **WellKids by PA Health & Wellness** will tell you of its decision within two (2) business days of the date **WellKids by PA Health & Wellness** received the request as long as **WellKids by PA Health & Wellness** has been given enough information to decide if the service or item is medically necessary.

If **WellKids by PA Health & Wellness** does not have enough information to decide the request, we must tell your provider within forty-eight (48) hours of receiving the request that we need more information to decide the request and allow fourteen (14) days for the provider to give us more information. **WellKids by PA Health & Wellness** will tell you of our decision within two (2) business days after **WellKids by PA Health & Wellness** receives the additional information.

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

Prior Authorization of Outpatient Drugs

WellKids by PA Health & Wellness will review a prior authorization request for outpatient drugs, which are drugs that you do not get in the hospital, within twenty-four (24) hours of an urgent request, and within 2 business days but no more than 72 hours for non-urgent requests. You and your provider will receive a written notice telling you if the request was 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 may cause harm to you. If you have not already been taking the medicine, you will get a 72-hour supply. If you have already been taking the medicine, you will get a 15-day supply. Your provider will still need to ask **WellKids by PA Health & Wellness** for prior authorization as soon as possible.

The pharmacist will not give you the 15-day supply for a medicine that you have been taking if you are issued a denial notice from **WellKids by PA Health & Wellness** ten (10) days

before your prescription ends telling you the medicine will not be approved again, and you have not filed a Grievance.

What If I Receive a Denial Notice?

If **WellKids by PA Health & Wellness** denies a request for a service, item, or drug or does not approve it as requested, you can file a Complaint or a Grievance. If you file a Complaint or a Grievance for denial of an ongoing medication, **WellKids by PA Health & Wellness** must authorize the medication until the Complaint or Grievance is resolved unless the pharmacist thinks the medicine will harm you. See Section 6, Complaints, Grievances, and External Review, starting on page **56** 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 you need more services than the limits on the service allows, your provider can ask for a Program Exception (PE).

To request a PE, speak with your provider.

Service Descriptions

Service descriptions listed in the Handbook are taken from the Pennsylvania CHIP State Plan. The Pennsylvania CHIP State Plan lists all the services available to CHIP Members and is subject to change. For more information about services covered by CHIP, please contact WellKids by PA Health & Wellness.

Autism Related Services: Covers medically necessary services included on an autism treatment plan developed by a physician or licensed psychologist. Coverage includes evaluations and tests performed to diagnose autism disorder, services of a psychologist/psychiatrist, rehabilitative care including applied behavioral analysis, speech/language, occupational, and physical therapy, and prescription and over-the-counter drug coverage. Members are eligible to use the expedited appeals process defined in Act 62 for autism related complaints and grievances. To provide your child with the best possible autism related services, you should contact WellKids by PA Health & Wellness Member Services at 1-855-445-1920 or TTY 711 and ask to speak with a Case Manager. You may also visit the Department of Human Services Autism website at www.PAautism.org for more information about autism and Act 62.

Behavioral Health: includes mental health and substance use disorder services treatment. Further information is on page **36**.

Chiropractic Services: Includes spinal manipulations or of other body parts as treatment of diagnosed musculoskeletal conditions. Consultations and x-rays are included.

Preauthorization may be required. Limit to 20 visits per year.

Diabetic Treatment, Equipment, and Supplies: See Disposable Medical Supplies.

Dental Care (Emergency, Preventive, and Routine): Services include diagnostic, preventive, restorative, endodontic, periodontic, prosthodontic, oral and maxillary surgery, orthodontic, and adjunctive dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions as mandated by law. Cosmetic related services are not covered. Covered services are listed in the CHIP Dental Benefits Plan.

Further information for the dental coverage will be on page **38**.

Disposable Medical Supplies: Includes ostomy supplies and urological supplies deemed medically necessary. No limits apply.

Diabetic treatment, equipment and supplies includes blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar, and outpatient management training and education. Physicians order required.

Medical foods include medical foods and prescribed nutritional formulas used to treat Phenylketonuria (PKU) and related disorders given orally or by tube feeding. No limits apply.

Some of these items need prior authorization, and your PCP or other provider must order them. No limits apply.

Durable Medical Equipment (DME): Equipment designed to serve a medical purpose for a medical condition, is intended for repeated use, and is not disposable, and is appropriate for home or school use. May require prior authorization.

Emergency Transportation: Transportation by land, air, or water ambulance rendered in response to an emergency. Emergency transportation must be medically necessary.

Emergency services: Services provided for a sudden onset of a medical condition that is accompanied by a rapidly progressing symptoms such that Member would suffer serious impairment or loss of function of a body part or organ, or whose life or life of an unborn child would be in danger.

Family Planning Services: These services include Included, but is not limited to, birth control pills, injectables, transdermal (patches) and insertion and implantation of

contraceptive devices approved by the FDA, voluntary sterilization and counseling. Abortifacient drugs are not covered.

Gender Transition: These services include coverage related to gender affirming services that otherwise fall within the beneficiary's scope of covered services including physician services, inpatient and outpatient hospital services, surgical services, prescribed drugs, therapies, and behavioral health care. Medical necessity is to be determined utilizing the World Professional Association for Transgender Health (WPATH) guidelines and any successor to WPATH guidelines.

Services provided for a sudden onset of a medical condition that is accompanied by rapidly progressing symptoms such that the member would suffer serious impairment or loss of function of a body part or organ, or whose life or life of an unborn child would be in danger. No limits apply.

Hearing care: Hearing aids and devices and the fitting and adjustment of such devices are covered when determined to be medically necessary. Payment limited to one routine hearing examination and one audiometric examination per calendar year.

Includes the cost of examinations and one hearing aid or device per ear every two calendar years.

Home and Community-based Health Care services: Covered for homebound patients, including nursing care, home health aide services, oxygen, medical and surgical supplies and home infusion therapy. Home infusion therapy does not include blood or blood products. Private duty nursing and custodial services are not covered. No copays apply. No visit limitations.

Hospice Care: Care for a member who is suffering from a terminal illness. Respite care is also included. Requires a certification by a physician stating that the member has a terminal illness. There are no day limits. Members receiving hospice care may still receive care for other illnesses and conditions.

Immunizations: Coverage will be provided for pediatric immunizations (except those required for employment or travel), including immunizing agents, which conform to the standards of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Pediatric and adult immunization schedules may be found by accessing the following link:
<http://www.cdc.gov/vaccines/rec/schedules/default.htm>

Influenza vaccines can be administered by a participation pharmacy for Members starting at the age of nine years old, with parental consent, according to PA Act 8 of 2015. No copays.

Injections and Medications: Includes all injections and medications provided at the time of the office visit or therapy and outpatient surgery performed in the office, a hospital, or freestanding ambulatory service center. Includes immunizations as described in this benefits package and anesthesia services when performed in conjunction with covered services, including emergency services. Must be medically necessary.

Inpatient Mental Health Services: Includes services furnished in a state-operated mental hospital, residential facility, or other 24-hour therapeutically structured services. Covers medical care including psychiatric visits and consultations, nursing care, group and individual counseling, and therapeutic services, and concurrent care and services normally provided relating to inpatient hospitalization. Members may self-refer. No day limits apply.

Inpatient Hospitalization: Includes pre-admission testing, semi-private room unless private room is medically necessary, board, general nursing care, intensive or special care facilities, or and related facilities, anesthesia, oxygen, therapy services, and any other services normally provided with inpatient care. Covered services include inpatient therapy up to 45 visits per calendar year for treatment of CVA, head injury, spinal cord injury, or as a result of a post-operative brain surgery. No day limits apply. Preauthorization required for non-emergency services.

Inpatient rehabilitation stays are covered when a Member requires skilled rehabilitation daily. Requires a physician's prescription. No day limits apply.

Inpatient Substance Use Disorder Services: Services provided in a hospital or an inpatient non- hospital facility that meets the requirements established by the Department of Health and is licensed as an alcohol/drug addiction treatment program. Covers detoxification stays, services of physicians, psychologists, psychiatrists, counselors, trained staff, laboratory and psychological/psychiatric testing, individual and family therapy and interventions and medication management and services normally provided to inpatients. No day limits apply. Treatment for tobacco use cessation is not included.

Maternity care: Prenatal care is the health care a woman receives through her pregnancy and delivery from a maternity care provider, such as an obstetrician (OB or OB/GYN) or a nurse-midwife. Further information can be found on page 40.

Maternity home care visit: Included at least one (1) visit provided at their home when the CHIP member is released prior to 48 hours of inpatient care following a vaginal delivery or 96 hours following a Cesarean delivery, or in the case of a newborn, in consultation with the mother or the newborn's representative. **Medical Foods:** See Disposable Medical Supplies.

Newborn Care: Includes the provision of benefits for a newborn child of a Member for a period of thirty-one (31) days following birth. Includes routine nursery care, prematurity

services, preventive/ well-child health care services, newborn hearing screens, and coverage for injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

Organ Transplants: Includes transplants that are medically necessary and not considered to be experimental or investigative for a recipient who is a Member and services related to inpatient care related to the transplant. This benefit also includes immunosuppressants.

Orthotic Devices: Includes the purchase, fitting, necessary adjustment, repairs, and replacement of a rigid or semi-rigid device designed to support, align, or correct bone and muscle injuries or deformities. Replacements are covered only when the replacement is deemed medically necessary and appropriate and due to the normal growth of the child.

Osteoporosis Screening: Coverage is provided for bone mineral density testing using a U.S. FDA approved method. Requires a prescription from a legally licensed provider.

Outpatient Mental Health Services: Includes partial hospitalization and intensive outpatient mental health services, psychological testing, visits with outpatient mental health providers, individual, group, and family counseling, targeted mental health case management and medication management. No day limits apply.

Outpatient Habilitation Services: Health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of outpatient settings. Covered services are limited to 60 visits per calendar years for physical therapy, 60 visits per calendar year for occupational therapy, and 60 visits per calendar year for speech therapy, for a combined visit limit of 180 days per calendar year.

Outpatient Hospital Services: Includes medical services, nursing, counseling or therapeutic treatment, or supplies received from an approved health care facility while not an inpatient. Outpatient physical health services related to ambulatory surgery, outpatient hospitalization, specialist office visits, follow up visits or sick visits with a PCP are included.

Outpatient Medical Services: Includes chemotherapy, dialysis, radiation treatments, and respiratory therapy when the Member has a documented diagnosis which necessitates the prescribed therapy. There is no limit on number of visits.

Outpatient Rehabilitative Therapy Services: Speech, occupational, and physical therapy to regain lost skills. Members must have a documented diagnosis that indicates the prescribed therapy is medically necessary. Limited to 60 visits per for each type of therapy per calendar year.

Outpatient Substance Use Disorder Services: Services provided in a facility licensed by the Department of Health as an alcohol/drug addiction treatment program. Covers services of physicians, psychologists, psychiatrists, counselors, trained staff, laboratory and psychological/psychiatric testing, individual and family therapy. No limit on number of visits. Treatment for tobacco use cessation is covered.

Physician Office Services: Includes visits for the examination, diagnosis and treatment of an illness or injury at the Member's PCP's office, during and after regular office hours, emergency visits, house-calls in the physician's service area, and telehealth services. Coverage includes medical care at a Retail Health Clinic staffed by a Certified Registered Nurse Practitioner (CRNP) supported by a local physician who is on-call during clinic hours or at an Urgent Care Center.

Remember that you may contact your child's PCP 24 hours a day, 7 days a week, if your child becomes ill and you need a doctor's advice. Your child's PCP can provide many of the healthcare services your child needs including:

- Preventive and well-child visits and services including immunizations
- Physical examinations and routine diagnostic tests
- Oral health risk assessment and fluoride varnish for children ages five (5) months to nineteen (19) years of age.
- Blood lead testing
- Sick and urgent care office visits including those that occur after normal office hours when medically necessary
- Follow up care after emergency services
- Woman's health services and family planning services (see benefit description for details)
- House-calls in the physician's service area
- Telehealth services

Prescription Medicines: Medications/medicine that is are prescribed by a doctor. Further information about prescription medicines can be found on **page 41**.

Prosthetics Devices: Includes the purchase of prosthetic devices and supplies required as a result of injury or illness to replace all or part of an absent body part or to restore function to permanently malfunctioning body organs. The benefit extends to the purchase, fitting, and necessary adjustment of prosthetic devices. Replacements are covered only when the replacement is deemed medically necessary and appropriate due to the normal growth of the child.

Qualifying Clinical Trials: Clinical trial conducted in relation to prevention, detection and treatment of cancer of other life- threatening disease or condition. Covers items and services consistent with what the plan normally covers. Notification of participation in the trial must be given before enrolling in the trial.

Skilled Nursing Services: Medically necessary skilled nursing and related services are covered on an inpatient basis in semi-private accommodations for patients requiring skilled nursing services, but not requiring confinement in a hospital. No day limits apply.

Specialist Physician Services: Includes medical care in any generally accepted medical specialty or subspecialty. Covers office visits, diagnostic testing, and treatment if medically necessary and the Member has an illness or condition outside the scope of practice of the Member's PCP. Services must be within the scope of practice of the specialist. PCP referral is not required to see a specialist. However, some services may require preauthorization.

Surgical Services: Includes services provided for treatment of disease or injury. Surgery performed for treatment of disease is covered on an inpatient or outpatient basis. Cosmetic surgery intended solely to improve appearance, but not to restore bodily function or to correct deformity resulting from disease, trauma, congenital or developmental anomalies or previous therapeutic processes (excluding surgery resulting from an accident) is not covered. Includes anesthesia administered by or under the supervision of a specialist other than the surgeon, assistant surgeon, or other attending specialist. Includes general anesthesia and hospitalization and other expenses normally incurred with administration of general anesthesia. Consultations for a second opinion consultations to determine the medical necessity of elective surgery or when a Member's family desires another opinion about medical treatment. No referral is needed for consultation. Surgical services may require prior authorization.

Mastectomy and breast reconstruction benefits are provided for a mastectomy performed on an inpatient or outpatient basis. Benefits include all stages of reconstruction on the breast on which the mastectomy has been performed, surgery to reestablish symmetry or alleviate functional impairment, including, but not limited to, augmentation, mammoplasty, reduction mammoplasty, mastopexy, and surgery on the other breast to produce a symmetrical appearance. Covers surgery for initial and subsequent insertion or removal prosthetic devices to replace a removed breast or portions of the breast, and treatment of physical complications of all stages of mastectomy, including lymphedema. Coverage is also provided for one Home Health Care visit, as determined by the member's physician, received within forty-eight (48) hours after discharge.

Oral surgery may be performed at an inpatient or outpatient facility depending on the nature of the surgery and medical necessity. Examples of covered services include: removal of partially or fully impacted third molars (wisdom teeth), non-dental treatments of the mouth relating to medically diagnosed congenital defects, birth abnormalities, surgical removal of tumors, cysts and infections, surgical correction of dislocated or completely degenerated temporomandibular joints, incision and drainage of abscesses, and baby bottle syndrome. Preauthorization is required. Must be medically necessary.

Reconstructive surgery will only be covered when required to restore function following accidental injury, result of a birth defect, infection, or malignant disease or in relation to gender transition surgery deemed medically necessary in order to achieve reasonable physical or bodily function; in connection with congenital disease or anomaly through the age of 18; or in connection with the treatment of malignant tumors or other destructive pathology which causes functional impairment; or breast reconstruction following a mastectomy. Preauthorization required. Must be medically necessary.

Vision Care: WellKids by PA Health & Wellness covers all medically necessary vision services. Children may go to a participating vision provider within the **WellKids by PA Health & Wellness** network.

Urgent Care Services: WellKids by PA Health & Wellness 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 **WellKids by PA Health & Wellness Nurse Hotline** at **1-855-445-1920** or **TTY: 711** first. Your PCP or the **WellKids by PA Health & Wellness Nurse Hotline** 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 **WellKids by PA Health & Wellness's** network. Prior authorization is not required for services at an Urgent Care center.

In-Depth Service Descriptions

Behavioral Health Care

Behavioral health services include both mental health services and substance use disorder services. These services are provided through your WellKids by PA Health & Wellness. Contact **WellKids by PA Health & Wellness** at **1-855-445-1920** or **TTY: 711**.

You can call WellKids by PA Health & Wellness toll-free 24 hours a day, 7 days a week.

You do not need a referral from your PCP to get behavioral health services; a Member (14 years of age or older) or a parent or guardian may self-refer.

Behavioral Health or Substance Use Disorder Emergency

A behavioral health emergency is the sudden onset of a potentially life-threatening condition where you believe that your child is at risk of injury to himself/herself or others if immediate medical attention is not given.

A substance use crisis is where your child is considered in imminent, potentially life-threatening physical danger with a need for immediate detoxification for chemical dependency.

If you believe your child is in a behavioral health or substance use crisis or emergency, call 911 or proceed to the nearest emergency room.

If the condition is not a life-threatening one that requires immediate inpatient admission, **WellKids by PA Health & Wellness** will assist in the scheduling your child's urgent care appointment.

Admission to a non-hospital residential treatment facility for rehabilitation treatment is never considered a part of emergency treatment.

The **initial** treatment for a behavioral health emergency is covered even when provided by out-of-network behavioral health providers or rendered at an out-of-network facility if the symptoms are severe enough to need immediate attention.

The following services are covered:

- Behavioral Health Rehabilitation Services (BHRS) (Child/Adolescent)
- Clozapine (Clozaril) Support Services
- Drug and Alcohol Inpatient Hospital-Based Detoxification Services
- Drug and Alcohol Inpatient Hospital-Based Rehabilitation Services
- Drug and Alcohol Outpatient Services
- Drug and Alcohol Methadone Maintenance Services
- Family Based Mental Health Services
- Laboratory Services (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner under the practitioner's scope of practice)
- Mental Health Crisis Intervention Services
- Mental Health Inpatient Hospitalization
- Mental Health Outpatient Services
- Mental Health Partial Hospitalization Services
- Peer Support Services
- Residential Treatment Facilities (Child/Adolescent), if not court-ordered
- Targeted Case Management Services

Dental

WellKids by PA Health & Wellness covers many dental services. You should always see a participating dentist. There are no co-payments for routine dental services. You do not need a referral from your PCP to see a dentist. If you have trouble finding a participating dentist in your area, Well Kids may allow you to see a dentist not in our network. Please contact member services for help. Some of the dental services require prior authorization and may have limits as to the number of times you can receive the service.

Covered dental services include.

- Two dental exams per year
- Dental X-rays
- Two dental cleanings per year
- Fluoride varnish applications – up to 4 per year
- Sealants
- Dental fillings – including tooth-colored restorations
- Different types of dental anesthesia including nitrous oxide
- Crowns for primary and permanent teeth
- Root canal and endodontic services
- Dentures
- Fixed bridges
- Periodontal services and gum treatment
- Extractions including removal of impacted teeth
- Orthodontic Treatment (Braces)
- Orthodontic treatment requires prior authorization.

Braces are not covered just for cosmetic reasons, such as some of the teeth may be out of alignment or look crowded. Braces are covered when they are medically necessary and needed to correct a handicapping malocclusion.

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 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 **WellKids by PA Health & Wellness** to get emergency services and may use any hospital or other emergency care setting.

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 **WellKids by PA Health & Wellness Nurse Hotline** at **1-855-445-1920** or **TTY 711** 24 hours a day, 7 days a week.

Hospital Services

WellKids by PA Health & Wellness covers inpatient and outpatient hospital services. If you need to be admitted inpatient to a hospital, and it is not an emergency, your PCP or specialist will arrange for you to go to a hospital in **WellKids by PA Health & Wellness's** network and will follow your care even if you need other doctors during your hospital stay. Inpatient hospital stays must be approved by **WellKids by PA Health & Wellness**. To find out if a hospital is in the **WellKids by PA Health & Wellness** network, please call Member Services at **1-855-445-1920** or **TTY: 711** or check the provider directory on **WellKids by PA Health & Wellness's** website www.pahealthwellness.com/FindaDoctor.html. You can also use our Find A Provider tool on **WellKids by PA Health & Wellness's** website <https://findaprovider.pahealthwellness.com/location>. If you have any other questions about hospital services, please call Member Services at **1-855-445-1920** or **TTY: 711**.

If you have an emergency and are admitted to the hospital, you, a family member, or a 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 does not accept **WellKids by PA Health & Wellness**, you may be transferred to a **WellKids by PA Health & Wellness** participating hospital. You will not be moved until you are strong enough to be transferred.

It is very important to make an appointment to see your PCP within seven (7) days after you are discharged from the hospital. Seeing your PCP soon after your hospital stay will help you follow any instructions you got while you were in the hospital and prevent you from requiring readmission to the hospital.

Sometimes you may need to see a physician specialist or receive treatment at a hospital without being admitted overnight. These services are referred to as Outpatient Hospital Services.

Maternity Care

Care during Pregnancy

Prenatal care is the health care a woman receives through her pregnancy and delivery from a maternity care provider, such as an obstetrician (OB or OB/GYN) or nurse-midwife. Early and regular prenatal care is very important for your 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 **WellKids by PA Health & Wellness'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 Member Services at **1-855-445-1920** or **TTY: 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 within:

- Ten (10) business days of **WellKids by PA Health & Wellness** learning you are pregnant when in your first trimester.
- Five (5) business days of **WellKids by PA Health & Wellness** learning you are pregnant when in your second trimester.
- Four (4) business days of **WellKids by PA Health & Wellness** learning you are pregnant when in your third trimester.
- 24 hours of **WellKids by PA Health & Wellness** learning you are pregnant when you have a high-risk pregnancy.

In an emergency, call **911** or go to the nearest emergency room.

It is important to receive care throughout your pregnancy and postpartum period. The postpartum period ends at the completion of 12 months after the birth of your baby.

WellKids by PA Health & Wellness 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 **WellKids by PA Health & Wellness**, you can continue to see that provider even if he or she is not in **WellKids by PA Health & Wellness's network**. **The provider will need to be enrolled in the CHIP Program and must call WellKids by PA Health & Wellness for approval to treat you.**

Care for You and Your Baby after Your Baby Is Born

You should visit your maternity care provider between 3-5 days after your baby is delivered for a check-up unless your doctor requests to see you sooner.

Your baby should have an appointment with the baby's PCP when they are 3 to 5 days old, unless the doctor requests 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 Member Services at **1-855-445-1920 or TTY: 711**.

Start Smart for Baby (SSFB)

WellKids by PA Health & Wellness has a special program for pregnant women called **Start Smart for Baby (SSFB)**.

The Start Smart for Baby Program will provide you with support from pregnancy to delivery and after your baby is born. Our SSFB Care Managers are registered nurses who can provide you with answers to your healthcare questions, help with social needs and concerns, help coordinate care to assist with prenatal care access, and give you referrals to appropriate specialists. To learn more about the Start Smart for baby program, call Member Services at 1-855-445-1920 or TTY: 711.

Prescriptions

When a provider prescribes a medication for you, you can take it to any pharmacy that is in **WellKids by PA Health & Wellness's network**. You will need to have your **WellKids by PA Health & Wellness** prescription ID card with you, and you may have a co-payment. **WellKids by PA Health & Wellness** will pay for any medicine listed on **WellKids by PA Health & Wellness's** drug 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 **WellKids by PA Health & Wellness's** network, or have any other questions, please call Member Services at **1-855-445-1920 or TTY: 711**.

Drug Formulary

A formulary, also called a preferred drug list (PDL), is a list of medicines that **WellKids by PA Health & Wellness** covers. This is what your PCP or other doctor should use when deciding what medicine, you should take. The formulary has 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 **WellKids by PA Health & Wellness's** formulary needs prior authorization. The 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 drug formulary, call Member Services at **1-855-445-1920 or TTY: 711** or visit **WellKids by PA Health & Wellness's** website at www.pahealthwellness.com/members/chip/benefits/pharmacy.html.

Reimbursement for Medication

For members that have delays with their medication's prior authorization, adjudication, or other issues at pharmacy point of sale, claim reimbursement may be provided for out-of-pocket expenses. To file a claim for medication reimbursement, a Prescription Claim Reimbursement Form must be filled out. This form can be found on the following webpage: www.pahealthwellness.com/members/chip/benefits/pharmacy.html.

For claim reimbursement, complete and mail this form to:

**Centene Pharmacy Services
7625 N Palm Ave, Suite 107
Fresno, CA. 93711**

Specialty Medicines

The drug formulary includes medicines that are called specialty medicines. A prescription for these medicines needs prior authorization. To see the drug formulary and a complete list of specialty medicines, call Member Services at **1-855-445-1920 or TTY: 711** or visit **WellKids by PA Health & Wellness's** website at www.pahealthwellness.com/members/chip/benefits/pharmacy.html. You may have a co-payment for your medicine.

For any other questions or more information please call Member Services at **1-855-445-1920 or TTY: 711**.

Over-the-Counter Medicines

WellKids by PA Health & Wellness covers some over-the-counter medicines when drug is part of the formulary. You must have a prescription from your provider for these medicines for **WellKids by PA Health & Wellness** to pay for them and a documented medical condition that indicates that the drug is medically necessary. You will need to have your **WellKids by PA Health & Wellness** prescription ID card with you, and you may have a co-payment. The following are some examples of covered over-the-counter medicines:

- Sinus and allergy medicine
- Tylenol or aspirin
- Vitamins
- Cough medicine
- Heartburn medicine
- Anti-diarrheal medications
- Anti-flatulent medications
- Contraceptives
- Laxatives and stool softeners
- Nasal preparation
- Ophthalmic preparation
- Diagnostic Agents

You can find more information about covered over-the-counter medicines by visiting **WellKids by PA Health & Wellness's** website at PAWellKids.com or by calling Member Services at **1-855-445-1920 or TTY 711**.

Vision Care Services

WellKids by PA Health & Wellness covers many vision services. There are no co-payments for routine eye exams. You do not need a referral from your PCP for a vision

provider. Some vision services such as eyeglasses have limits as to the number of times you can receive them.

WellKids by PA Health & Wellness covers vision exams, corrective lenses, frames, or contacts in lieu of glasses or when medically necessary.

- Limited to one exam every 12 months unless an additional exam is medically necessary.
- Covers one pair of prescription eyeglass lenses and one frame, unless a second frame is medically necessary, or contacts every calendar year.
- Eyeglass lenses may be plastic or glass, single vision, bifocal or trifocal, lenticular lens powers and/or oversize lenses, fashion and gradient tinting, oversized glass-grey #3 prescription sunglass lenses, or polycarbonate prescription lenses with scratch resistant coating.
- The allowance is \$130 for prescription lenses and frames or contact lenses (including the lenses fitting). Charges exceeding the \$130 allowance are the responsibility of the Member. For any amount over \$130, a 20 percent discount applies for contact lenses and frames.
- There may be co-payments for optional lens types and treatments.

Replacement

Replacement of broken, lost, or scratched corrective lenses, frames, or medically necessary contacts (when replacement is deemed medically necessary), not to exceed two prescriptions per year.

Low Vision

Coverage includes one comprehensive low vision evaluation every five (5) years, with a maximum charge of \$300; maximum low vision aid allowance of \$600 with a lifetime maximum of \$1,200 for items such as high-power spectacles, magnifiers and telescopes, and follow up care - four visits in any five-year period, with a maximum charge of \$100 per visit. Providers will obtain the necessary preauthorization for these services.

Tobacco Cessation Services

WellKids by PA Health & Wellness's tobacco cessation benefit includes counseling sessions, pharmaceutical cessation products including nicotine replacement therapy, and

member education and support programs. All FDA approved tobacco cessation products are included in this benefit.

Bright Futures

Bright Futures services are available for children under the age of 19. They are sometimes also referred to as well-baby or well-child checkups. Your child may be seen by a pediatrician, family practice doctor, or CRNP. The provider you choose for your child will be your child's PCP. The purpose of this service is to detect potential health problems early and to make sure your child stays healthy. If you have questions or want more information, contact Member Services at **1-855-445-1920 or TTY 711**.

When Should a Bright Futures 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 19 will need just one visit per year.

Recommended Screening Schedule			
3-5 Days	By 1 Month	2 Months	4 Months
6 Months	9 Months	12 Months	15 Months
18 Months	24 Months	30 Months	
Children 3-19 should be screened yearly			

What Will the Provider Do during the Bright Futures 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
- Immunization
- Vision test
- Hearing test
- Autism screening
- Tuberculosis screening
- Dyslipidemia
- Sexually transmitted infections

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

WellKids by PA Health & Wellness covers services that are needed to treat health problems that are identified during the Bright Futures exam.

Additional services are available for children with special 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 **WellKids by PA Health & Wellness** to provide services to **WellKids by PA Health & Wellness's** Members. There may be a time when you need to use a doctor or hospital that is not in the **WellKids by PA Health & Wellness** network. If this happens, you can ask your PCP to help you. Your PCP has a special number to call to ask **WellKids by PA Health & Wellness** that you be allowed to go to an out-of-network provider. **WellKids by PA Health & Wellness** 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 **WellKids by PA Health & Wellness** cannot give you a choice of at least two (2) providers in your area, **WellKids by PA Health & Wellness** will cover the medically necessary treatment by the out-of-network provider.

Getting Care While Outside of WellKids by PA Health & Wellness's Service Area

If you are outside of **WellKids by PA Health & Wellness'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 **WellKids by PA Health & Wellness** to receive 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 Member Services at **1-855-445-1920** or **TTY: 711** who will help you to get the most appropriate care.

WellKids by PA Health & Wellness will not pay for non-emergency 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 **WellKids by PA Health & Wellness**. Below are some services that are available but are not covered by **WellKids by PA Health & Wellness**. If you would like help in getting these services, please call Member Services at **1-855-445-1920** or **TTY: 711**.

Women, Infants, and Children Program

The 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, have given birth, or are breastfeeding. WIC helps you and your baby eat well by teaching you about good nutrition and giving you food vouchers to use at grocery stores. WIC helps babies and

young children eat the right foods so they can grow up healthy. You can ask your maternity care provider for a WIC application at your next visit or call 1-800-WIC-WINS (1-800-942-9467). For more information visit the WIC website at www.pawic.com.

Domestic Violence Crisis and Prevention

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

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

- Emotional Abuse.
- Physical Violence.
- Stalking.
- Sexual Violence.
- Financial Abuse.
- Verbal Abuse.

There are many words 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) 1-800-537-2238 (national)

Sexual Assault and Rape Crisis

Sexual Assault is a term which includes any type of unwanted sexual contact. A person may use force, threats, manipulation, or persuasion to commit sexual violence. Sexual violence can include words and actions of a sexual nature including, but not limited to:

- 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.
- Sexual or anti-LGBTQ bullying.
- Exposure and voyeurism (the act of being viewed, photographed, or filmed in a place where one would expect privacy).
- Forced participation in the production of pornography.

Survivors can have physical, mental, and/or emotional reactions to sexual violence. While every survivor is different, many feel alone, scared, ashamed, and afraid that no one will believe them. Healing can take years with advances and setbacks, but healing can happen.

Where to get help:

Pennsylvania Coalition Against Rape (www.pcar.org/)

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

- Free and confidential crisis counseling twenty-four (24) hours a day.
- Services for the 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 above to reach your local rape crisis center.

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 from birth to the age of five (5) who have developmental delays or disabilities. Services are provided in natural settings, which are settings where a child would be if the child did not have a developmental delay or disability.

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

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

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

Section 5 – Special Medical Needs and Care Management

Special Needs

WellKids by PA Health & Wellness wants to make sure all our Members get the care they need. We have trained case managers that help our Members with special needs have access to the care they need. The case managers help Members with physical or behavioral disabilities, complex or chronic illnesses, and other special needs. **WellKids by PA Health & Wellness** understands that you and your family may need help with issues that may not be directly related to your health care needs. **WellKids by PA Health & Wellness** can assist you with finding programs and agencies in the community that can help you and your family address these needs.

If you think you or someone in your family has a special need and would like **WellKids by PA Health & Wellness** to help you, please contact them by calling **1-855-445-1920 or TTY 711**. Staff are available **Monday 8:00 AM – 8:00 PM and Tuesday to Friday 8:00 AM – 5:00 PM**.

Coordination of Care

WellKids by PA Health & Wellness will help you coordinate care for you and your family who are covered under WellKids by PA Health & Wellness. In addition, WellKids by PA Health & Wellness 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 WellKids by PA Health & Wellness for assistance.

WellKids by PA Health & Wellness 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 WellKids by PA Health & Wellness for assistance in receiving care in your home.

Care Management

We understand some members have special needs. In those cases, WellKids by PA Health & Wellness offers our members Care Management services to assist our members with special healthcare needs. If your child has special healthcare needs or your child has a disability, Care Management may be able to help your child. They can help you understand major health problems and arrange care with your child's providers. A Care Manager will work with you and your child's provider to help them get the care they need.

Care Management also can help your child find their way through the healthcare system so they get the services they need. It also means helping you understand and manage your child's health conditions.

The Care Management Program is geared toward helping you understand and actively manage your child's health. We are here to help your child with things like:

- How to take medicines
- What screening tests to get
- When to call the provider

We will help your child get the things they need. We will provide tools to help you learn about and take control of your child's condition. For more information, please call Members Services at **1-855-445-1920 or TTY: 711**.

Section 6 – Complaints, Grievances, and External Reviews

Complaints, Grievances, and External Reviews

If a provider or **WellKids by PA Health & Wellness** does something you are unhappy about or disagree with, you can tell **WellKids by PA Health & Wellness** or the Department of Human Services what the provider or **WellKids by PA Health & Wellness** has done. This section describes what you can do and what will happen.

Complaints

What Is a Complaint?

A Complaint is when you tell **WellKids by PA Health & Wellness** you are unhappy with **WellKids by PA Health & Wellness** or your provider or do not agree with a decision by **WellKids by PA Health & Wellness**.

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 received services that **WellKids by PA Health & Wellness** 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 **WellKids by PA Health & Wellness** at **1-855-445-1920 (TTY: 711)** and tell **WellKids by PA Health & Wellness** your Complaint.
- Write down your Complaint and send it to **WellKids by PA Health & Wellness** by mail or fax.
- If you received a notice from **WellKids by PA Health & Wellness** telling you **WellKids by PA Health & Wellness**'s decision, and the notice included a Complaint/Grievance Request Form, fill out the form and send it to **WellKids by PA Health & Wellness** by mail or fax:

Well Kids Complaints & Grievances (C&G) Contact Information

Mailing Address:

WellKids by PA Health & Wellness
Attn: Complaints and Grievances Unit
1700 Bent Creek Blvd, Suite 200
Mechanicsburg, PA 17050

Fax: 844-747-0599

Email: CHIPComplaintsandGrievances@pahealthwellness.com

Well Kids Behavioral Health Appeals

Mailing Address:

P.O. Box 10378
Van Nuys, CA 91410-0378

Fax: 866-714-7991

Email: CBHAPPEALS@CENTENE.COM

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 **sixty (60) days of receiving a notice** telling you that:

- **WellKids by PA Health & Wellness** has decided that you cannot receive a service or item you want because it is not a covered service or item.
- **WellKids by PA Health & Wellness** will not pay a provider for a service or item you received.
- **WellKids by PA Health & Wellness** did not tell you it's decision about a Complaint or Grievance you told **WellKids by PA Health & Wellness** about within **30 days** from when **WellKids by PA Health & Wellness** got your Complaint or Grievance.
- **WellKids by PA Health & Wellness** has denied your request to disagree with **WellKids by PA Health & Wellness's** decision that you must pay your provider.
- A denial of payment after the service or item has been delivered because the service or item provided is not a covered service for the Member

- A denial of a Member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other Member financial liabilities

You must file a Complaint **within sixty (60) days of the date you should have received a service or item** if you did not receive a service or item in a timely manner.

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 seven (7) days after you become a Member in **WellKids by PA Health & Wellness** unless you are already being treated by a PCP or specialist.

Members for a Bright Futures exam

with PCP no later than forty-five (45) days after you become a Member in **WellKids by PA Health & Wellness**, unless you are already being treated by a PCP or specialist.

All other Members

with PCP no later than three (3) weeks after you become a Member in **WellKids by PA Health & Wellness**.

Members who are pregnant:

We will make an appointment for you...

Pregnant women in their first trimester

with OB/GYN provider within ten (10) business days of **WellKids by PA Health & Wellness** learning you are pregnant.

Pregnant women in their second trimester

with OB/GYN provider within five (5) business days of **WellKids by PA Health & Wellness** learning you are pregnant.

Pregnant women in their third trimester

with OB/GYN provider within four (4) business days of **WellKids by PA Health & Wellness** learning you are pregnant.

Pregnant women with high-risk pregnancies

with OB/GYN provider within twenty-four (24) hours of **WellKids by PA Health & Wellness** learning you are pregnant.

Appointment with...**An appointment must be scheduled...****PCP**

within twenty-four (24) hours.

Urgent medical condition

Routine appointment

within ten (10) business days.

Health assessment/general

within three (3) weeks

physical examination

Specialists (when referred by PCP)

within twenty-four (24) hours of referral.

Urgent medical condition

Routine appointment with one of the following specialists:

within fifteen (15) business days of referral

- Otolaryngology.
- Dermatology.
- Pediatric Endocrinology.
- Pediatric General Surgery.
- Pediatric Infectious Disease.
- Pediatric Neurology.
- Pediatric Pulmonology.
- Pediatric Rheumatology.
- Dentist.

Optometrist/Vision Specialist

- Orthopedic Surgery.
- Pediatric Allergy & Immunology
- Pediatric Gastroenterology
- Pediatric Hematology
- Pediatric Nephrology
- Pediatric Oncology
- Pediatric Rehab Medicine
- Pediatric Urology
- Pediatric Dentistry

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 **WellKids by PA Health & Wellness** telling you that **WellKids by PA Health & Wellness** has received your Complaint, and about the First Level Complaint review process.

You may ask **WellKids by PA Health & Wellness** to see any information **WellKids by PA Health & Wellness** 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 **WellKids by PA Health & Wellness**.

You may attend the Complaint review if you want to attend it. **WellKids by PA Health & Wellness** will tell you the location, date, and time of the Complaint review at least seven (7) 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 one or more **WellKids by PA Health & Wellness** 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 practitioner will be on the committee. **WellKids by PA Health & Wellness** will mail you a notice within **30** days from the date you filed your First Level Complaint to tell you the decision on your First Level Complaint. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see **page 56**.

What to do to continue receiving services:

If you have been receiving the services or items that are being reduced, changed, or denied, and you file a Complaint verbally or that is faxed, postmarked, or hand-delivered within fifteen (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 WellKids by PA Health & Wellness's Decision?

You may ask for an external review of your Complaint if the Complaint is about one of the following:

- **WellKids by PA Health & Wellness's** decision that you cannot receive a service or item you want because it is not a covered service or item.
- **WellKids by PA Health & Wellness's** decision to not pay a provider for a service or item you received.
- **WellKids by PA Health & Wellness's** failure to decide a Complaint you told **WellKids by PA Health & Wellness** about within **30** days from when **WellKids by PA Health & Wellness** received your Complaint or Grievance.
- Not receiving a service or item within the time by which you should have received it.
- **WellKids by PA Health & Wellness's** decision to deny your request to disagree with **WellKids by PA Health & Wellness's** decision that you have to pay your provider.

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

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

For information about external complaint reviews, see **page 63**.

If you need more information about help during the Complaint process, see **page 56**.

Second Level Complaint

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

To file a Second Level Complaint:

- Call **WellKids by PA Health & Wellness** at 1-855-445-1920 (TTY: 711) and tell **WellKids by PA Health & Wellness** your Second Level Complaint, or
- Write down your Second Level Complaint and send it to **WellKids by PA Health & Wellness** by mail or fax, or
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to **WellKids by PA Health & Wellness** by mail or fax:

WellKids by PA Health & Wellness's address and fax number for Second Level Complaints:

Mailing Address

WellKids by PA Health & Wellness
Attn: Complaints and Grievances Unit
1700 Bent Creek Blvd, Suite 200
Mechanicsburg, PA 17050

Email: CHIPComplaintsandGrievances@pahealthwellness.com
Fax: 844-747-0599

Well Kids Behavioral Health Appeals

Mailing Address:

P.O. Box 10378
Van Nuys, CA 91410-0378

Fax: 866-714-7991
Email: CBHAPPEALS@CENTENE.COM

What Happens after I File a Second Level Complaint?

After you file your Second Level Complaint, you will get a letter from **WellKids by PA Health & Wellness** telling you that **WellKids by PA Health & Wellness** has received your Complaint and about the Second Level Complaint review process.

You may ask **WellKids by PA Health & Wellness** to see any information **WellKids by PA Health & Wellness** 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 **WellKids by PA Health & Wellness**.

You may attend the Complaint review if you want to attend it. **WellKids by PA Health & Wellness** will tell you the location, date, and time of the Complaint review at least fifteen (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 three (3) or more people, including at least one person who does not work for **WellKids by PA Health & Wellness**, and were not involved in any previous level of review or decision-making, will meet to decide your Second Level Complaint. The **WellKids by PA Health & Wellness** staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, a licensed doctor will be on the committee.

WellKids by PA Health & Wellness 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 56**.

What If I Do Not Like WellKids by PA Health & Wellness's Decision on My Second Level Complaint?

You may ask for an external review by either the Department of Health or the Insurance Department.

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

External Review of a Complaint

How Do I Ask for an External Review of a Complaint?

To ask for an external review for a Complaint:

- Call **WellKids by PA Health & Wellness** at **1-855-445-1920 (TTY: 711)** and tell **WellKids by PA Health & Wellness** your Complaint, or
- Write down your Complaint and send it to **WellKids by PA Health & Wellness** by mail to:

WellKids by PA Health & Wellness
Attn: Complaints and Grievances Unit
1700 Bent Creek Blvd, Suite 200
Mechanicsburg, PA 17050

Email: CHIPComplaintsandGrievances@pahealthwellness.com

Fax: 844-747-0599

Well Kids Behavioral Health Appeals

Mailing Address:

P.O. Box 10378
Van Nuys, CA 91410-0378

Fax: 866-714-7991

Email: CBHAPPEALS@CENTENE.COM

What Happens after I Ask for an External Review of my Complaint?

The Department of Health or the Insurance Department will obtain your file from **WellKids by PA Health & Wellness**. 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 receiving services:

If you have been receiving the services or items that are being reduced, changed, or denied, and your request for an external review is postmarked or hand-delivered within fifteen (15) days of the date on the notice telling you **WellKids by PA Health & Wellness's** First Level Complaint decision that you cannot receive 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.

Grievances

What is a Grievance?

When **WellKids by PA Health & Wellness** denies or decreases a service or item you requested because it is not medically necessary or approves a service or item different than the service or item you requested, you will receive a notice telling you **WellKids by PA Health & Wellness's** decision.

A Grievance is when you tell **WellKids by PA Health & Wellness** you disagree with **WellKids by PA Health & Wellness's** decision.

What Should I Do if I Have a Grievance?

To file a Grievance:

- Call **WellKids by PA Health & Wellness** at **1-855-445-1920 (TTY: 711)** and tell **WellKids by PA Health & Wellness** your Grievance, or
- Write down your Grievance and send it to **WellKids by PA Health & Wellness** by mail or fax, or
- Fill out the Complaint/Grievance Request Form included in the denial notice you received from **WellKids by PA Health & Wellness** and send it to **WellKids by PA Health & Wellness** by mail or fax.

WellKids by PA Health & Wellness's address and fax number for Grievances:

Mailing Address:

WellKids by PA Health & Wellness
Attn: Complaints and Grievances Unit
1700 Bent Creek Blvd, Suite 200
Mechanicsburg, PA 17050

Email: CHIPComplaintsandGrievances@pahealthwellness.com

Fax: 844-747-0599

Well Kids Behavioral Health Appeals**Mailing Address:**

P.O. Box 10378
Van Nuys, CA 91410-0378

Fax: 866-714-7991

Email: CBHAPPEALS@CENTENE.COM

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 **sixty (60) days from the date you receive 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 receive a letter from **WellKids by PA Health & Wellness** telling you that **WellKids by PA Health & Wellness** has received your Grievance and about the Grievance review process.

You may ask **WellKids by PA Health & Wellness** to see any information that **WellKids by PA Health & Wellness** 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 **WellKids by PA Health & Wellness**.

You may attend the Grievance review if you want to attend it. **WellKids by PA Health & Wellness** will tell you the location, date, and time of the Grievance review at least fifteen (15) 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 three (3) or more people, including a licensed doctor, will meet to decide your Grievance. The **WellKids by PA Health & Wellness** 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. **WellKids by PA Health & Wellness** 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 64**.

What to do to continue receiving services:

If you have been receiving services or items that are being reduced, changed, or denied and you file a Grievance verbally or that is faxed, postmarked, or hand-delivered within fifteen (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 WellKids by PA Health & Wellness's Decision?

You may ask for an external Grievance review. An external Grievance review is a review by a certified review entity not affiliated with **WellKids by PA Health & Wellness**.

You must ask for an external Grievance review within **fifteen (15) days of the date you received the Grievance decision notice**.

For information about external Grievance reviews, see below.

If you need more information about help during the Grievance process, see **page 64**.

External Review of a Grievance

How Do I Ask for External Review?

To ask for an external review for a Grievance:

- Call **WellKids by PA Health & Wellness** at **1-855-445-1920 (TTY: 711)** and tell **WellKids by PA Health & Wellness** your Grievance, or
- Write down your Grievance and send it to **WellKids by PA Health & Wellness** by mail to:

WellKids by PA Health & Wellness
 Attn: Complaints and Grievances Unit
 1700 Bent Creek Blvd, Suite 200
 Mechanicsburg, PA 17050

Email: CHIPComplaintsandGrievances@pahealthwellness.com

Fax: 844-747-0599

Well Kids Behavioral Health Appeals

Mailing Address:

P.O. Box 10378
 Van Nuys, CA 91410-0378

Fax: 866-714-7991

Email: CBHAPPEALS@CENTENE.COM

WellKids by PA Health & Wellness will send your request for external Grievance review to the Department of Health.

What Happens after I Ask for an External Review of my Grievance?

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

WellKids by PA Health & Wellness 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 fifteen (15) days of filing the request for an external Grievance review.

You will receive a decision letter within sixty (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 receiving services:

If you have been receiving the services or items that are being reduced, changed, or denied, and you ask for an external Grievance review verbally or in a letter that is postmarked or hand-delivered within fifteen (15) days of the date on the notice telling you **WellKids by PA Health & Wellness's** Grievance decision, the services or items will continue until a decision is made.

Expedited Complaints and Grievances

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

If your doctor or dentist believes that waiting 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 **WellKids by PA Health & Wellness** for an early decision in writing, by fax, by email, or orally.
- Your doctor or dentist should fax a signed letter to **844-747-0599** within 72 hours of your request for an early decision that explains why **WellKids by PA Health & Wellness** taking the standard amount of time to tell you the decision about your Complaint or Grievance could harm your health.

If **WellKids by PA Health & Wellness** 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, **WellKids by PA Health & Wellness** will decide your Complaint or Grievance in the usual time frame of 45 days from when **WellKids by PA Health & Wellness** first received your Complaint or Grievance.

Expedited Complaint and Expedited External Review of your Complaint

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

You may attend the expedited Complaint review if you want to attend it. You can attend the Complaint review in person if possible but may have to appear by phone or by videoconference because **WellKids by PA Health & Wellness** 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.

WellKids by PA Health & Wellness will tell you the decision about your Complaint within 48 hours of when **WellKids by PA Health & Wellness** receives your doctor or dentist's

letter explaining why the usual time frame for deciding your Complaint will harm your health or within 72 hours from when **WellKids by PA Health & Wellness** receives your request for an early decision, whichever is sooner, unless you ask **WellKids by PA Health & Wellness** to take more time to decide your Complaint. You can ask **WellKids by PA Health & Wellness** to take up to fourteen (14) more days to decide your Complaint. You will also receive a notice telling you the reason(s) for the decision and how to ask for expedited external Complaint review if you do not like the decision.

If you did not like the expedited Complaint decision, you may ask for an expedited external review of your Complaint from the Department of Health within **two (2) business days from the date you receive the expedited decision notice**. To ask for expedited external review of a Complaint:

- Call **WellKids by PA Health & Wellness** at **1-855-445-1920 (TTY: 711)** and tell **WellKids by PA Health & Wellness** your Complaint.
- Send an email to **WellKids by PA Health & Wellness** at **CHIPComplaintsandGrievances@pahealthwellness.com**.
- Write down your Complaint and send it to **WellKids by PA Health & Wellness** by mail or fax:

Mailing Address:

WellKids by PA Health & Wellness
Attn: Complaints and Grievances Unit
1700 Bent Creek Blvd, Suite 200
Mechanicsburg, PA 17050

Fax: 844-747-0599

Well Kids Behavioral Health Appeals

Mailing Address:

P.O. Box 10378
Van Nuys, CA 91410-0378

Fax: 866-714-7991

Email: CBHAPPEALS@CENTENE.COM

Expedited Grievance and Expedited External Review of your Grievance

A committee of three (3) or more people, including a licensed doctor, will meet to decide your Grievance. The **WellKids by PA Health & Wellness** 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 if possible but may have to appear by phone or by videoconference because **WellKids by PA Health & Wellness** 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.

WellKids by PA Health & Wellness will tell you the decision about your Grievance within 48 hours of when **WellKids by PA Health & Wellness** received your doctor or dentist's letter explaining why the usual time frame for deciding your Grievance will harm your health or within 72 hours from when **WellKids by PA Health & Wellness** receives your request for an early decision, whichever is sooner, unless you ask **WellKids by PA Health & Wellness** to take more time to decide your Grievance. You can ask **WellKids by PA Health & Wellness** to take up to fourteen (14) more days to decide your Grievance. You will also receive 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 review of your Grievance.

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

- Call **WellKids by PA Health & Wellness** at **1-855-445-1920 (TTY: 711)** and tell **WellKids by PA Health & Wellness** your Grievance, or
- Send an email to **WellKids by PA Health & Wellness** at CHIPComplaintsandGrievances@pahealthwellness.com, or
- Write down your Grievance and send it to **WellKids by PA Health & Wellness** by mail or fax:

**1700 Bent Creek Blvd.,
Ste. 200, Mechanicsburg, PA 17050**

Fax: 1-844-873-7451

WellKids by PA Health & Wellness will send your request to the Pennsylvania Insurance Department within 24 hours after receiving it.

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 **WellKids by PA Health & Wellness** 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 be 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.

If you decide to have someone represent or act for you, inform **WellKids by PA Health & Wellness**, in writing, the name of that person and how **WellKids by PA Health & Wellness** can reach him or her.

You or the person you choose to represent you may ask **WellKids by PA Health & Wellness** to see any information **WellKids by PA Health & Wellness** has about the issue you filed your Complaint or Grievance about at no cost to you.

You may call **WellKids by PA Health & Wellness**'s toll-free telephone number at **1-855-445-1920 (TTY: 711)** if you need help or have questions about Complaints and Grievances, you can contact your local legal aid office at **1-800-274-3258** 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, **WellKids by PA Health & Wellness** will provide the services at no cost to you.

Persons with Disabilities

WellKids by PA Health & Wellness 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 **WellKids by PA Health & Wellness** at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review.
- Providing someone to help copy and present information.

Statement of Non-Discrimination

PA Health & Wellness 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. PA Health & Wellness 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.

PA Health & Wellness:

- 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)
- 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 PA Health & Wellness at 1-855-445-1920 (TTY 711).

If you believe that PA Health & Wellness has failed to provide these services or discriminated in another way on the basis of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, MA status, income, status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental handicap, you can file a grievance with:

1557 Coordinator

PA Health & Wellness
1700 Bent Creek Blvd. Ste. 200
Mechanicsburg, PA 17050
(833) 236-9679 (TTY 711)
Fax: 844-747-0599
CHIPComplaintsandGrievances@PAHealthWellness.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
Email: RA-PWBEOAO@pa.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW.
Room 509F, HHH Building,
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
OCRMail@hhs.gov

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at PA Health & Wellness website:

<https://www.pahealthwellness.com/members/chip/member-resources/nondiscrimination-notice.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 1-855-445-1920 (TTY: 711) or speak to your provider.

Spanish

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 1-855-445-1920 (TTY: 711) o hable con su proveedor.

Chinese; Mandarin

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 1-855-445-1920（文本电话：711）或咨询您的服务提供商。

Nepali

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। 1-855-445-1920 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Russian

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 1-855-445-1920 (TTY: 711) или обратитесь к своему поставщику услуг.

Arabic

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 1-855-445-1920 (TTY: 711) أو تحدث إلى مقدم الخدمة.

Haitian Creole

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 aksesib yo disponib gratis tou. Rele nan 1-855-445-1920 (TTY: 711) founisè w la.

Vietnamese

LƯU 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 1-855-445-1920 (Người khuyết tật: (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Ukrainian

УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-855-445-1920 (TTY: 711) або зверніться до свого постачальника».

Chinese; Cantonese

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 1-855-445-1920 (TTY: 711) 或與您的提供者討論。

Portuguese

ATENÇÃO: Se você fala Português, 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 1-855-445-1920 (TTY: 711) ou fale com seu provedor.

Bengali

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। 1-855-445-1920 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

French

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 1-855-445-1920 (TTY: 711) ou parlez à votre fournisseur.

Cambodian

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន ដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-855-445-1920 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Korean

주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-855-445-1920 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Gujarati

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. 1-855-445-1920 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.



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