



PA Health & Wellness Participant Handbook

1-844-626-6813 (TTY: 711) | PAHealthWellness.com

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Section – 1

Welcome

Introduction

What is Community HealthChoices?

Community HealthChoices is Pennsylvania's Medical Assistance (MA) managed care program that includes physical health benefits and long-term services and supports (LTSS). The Office of Long-Term Living (OLTL) in Pennsylvania's Department of Human Services (DHS) oversees the physical health benefits and LTSS of Community HealthChoices. Those services are provided through the Community HealthChoices managed care organizations (CHC-MCOs). Behavioral health services are provided through behavioral health managed care organizations (BH-MCOs) that are overseen by the Office of Mental Health and Substance Abuse Services (OMHSAS) in DHS. For more information on behavioral health services, see page 99.

Welcome to PA Health & Wellness

PA Health & Wellness welcomes you as a Participant in Community HealthChoices and **PA Health & Wellness**! Established to deliver quality healthcare in the state of Pennsylvania through local, regional, and community-based resources, PA Health & Wellness is a Managed Care Organization and subsidiary of Centene Corporation (Centene). 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. **PA Health & Wellness** has a network of contracted providers, facilities, and suppliers to provide covered services to Participants.



PA Health & Wellness operates across all counties in the Commonwealth. PA Health & Wellness has a network of contracted providers, facilities, and suppliers to provide covered services to Participants. **PA Health & Wellness** works with a large group of Primary Care Providers (PCPs), specialists, hospitals, long term services and supports,

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. If you are a Dual Eligible Participant, you have the right to access Medicare providers for Medicare services regardless of whether the Medicare providers are in the **PA Health & Wellness** network. You will not have to obtain prior approval from PA Health & Wellness for your Medicare covered services.

Participant Services

Staff at Participant Services can help you with:

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

PA Health & Wellness’s Participant Services are available:

PA Health & Wellness’s Participant Services are available:

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

And can be reached at **1-844-626-6813 (TTY: 711)**

Participant Services can also be contacted in writing at:

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

And

www.PAHealthWellness.com or by email at **Information@PAHealthWellness.com**

Participant Identification Cards

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

Your Participant ID card is proof you are a **PA Health & Wellness** Participant. You need to keep your Participant ID card with you at all times. Please show your Participant ID card every time you go for any service covered by **PA Health & Wellness**. In addition, you must also keep your state-issued Medicaid ID card with you in order to receive Medicaid benefits not provided by **PA Health & Wellness**. Anytime you receive a new Participant ID card, please destroy your old one. If you lose your Participant ID Card, did not receive one, or your ID card was stolen, please visit the secure Participant website or call Participant Services at 1-844-626-6813 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.

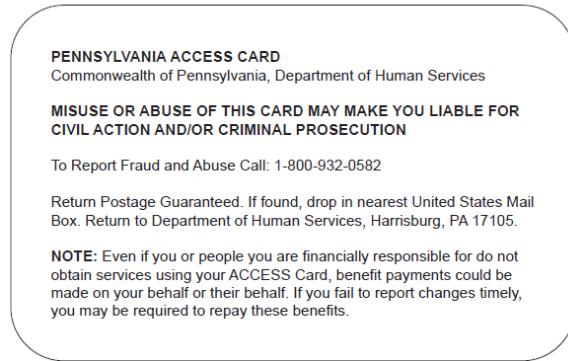
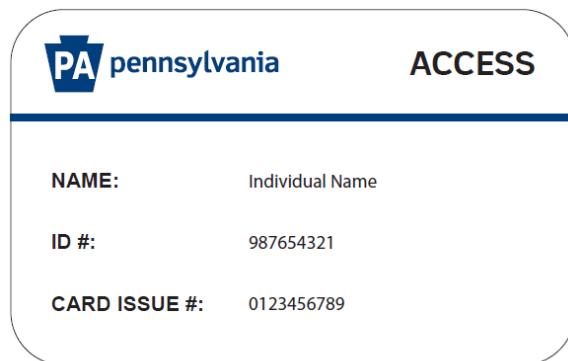
You can also print a temporary Participant ID card from the secure Participant Portal on our website: PAHealthWellness.com

Your ID looks like this:



You will also get an ACCESS or EBT card. If you lose your ACCESS or EBT card, call your County Assistance Office (CAO). The phone number for the CAO is listed later in the **Important Contact Information** section. You will receive one of the following two cards.

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



The white card with blue and black print pictured above can be used for Medical Assistance. This card is issued to Participants who do not receive cash assistance or SNAP benefits (or to participants who receive these benefits but are not the head of household).

Until you get your **PA Health & Wellness** ID card, use your ACCESS or EBT card for your health care services that you get through Community HealthChoices.

Important Contact Information

The following is a list of important phone numbers you may need. If you are not sure who to call, please contact Participant Services for help: **1-844-626-6813 (TTY: 711)**.

Emergencies

Please see Section 3, Covered Physical Health Services, beginning on page **46**, for more information about emergency services. If you have an emergency, you can get help by going to the nearest emergency department, calling 911, or calling your local ambulance service.

Important Contact Information – At a Glance

Name	Contact Information: Phone or Website	Support Provided
Pennsylvania Department of Human Services Phone Numbers		
County Assistance Office/COMPASS	1-877-395-8930 or 1-800-451-5886 (TTY/TTD) or www.compass.state.pa.us or myCOMPASS PA mobile app for smart phones	Change your personal information for Medical Assistance eligibility. See page 27 of this handbook for more information.
Fraud and Abuse Reporting Hotline, Department of Human Services Office of Long-Term Living Participant Helpline	1-844-DHS-TIPS (1-844-347-8477) 1-800-757-5042	Report Participant or provider fraud or abuse in the Medical Assistance Program. See page 43 of this handbook for more information. Talk with a staff member from the state Office of Long-Term Living if your concerns cannot be resolved with PA Health & Wellness
Other Important Phone Numbers		
PA Health & Wellness Nurse Hotline	1-844-626-6813 (TTY: 711)	Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters. See page 32 of this handbook for information.
Pennsylvania Medicare Education and	1-800-783-7067	Get help with questions about Medicare.

Decision Insight (PA MEDI), Department of Aging Enrollment Specialist	1-844-824-3655 (TTY:711)	Pick or change a Community HealthChoices plan. See page 26 of this handbook for more information.
Insurance Department, Bureau of Consumer Services State Ombudsman	1-877-881-6388	Ask for a Complaint form, file a Complaint, or talk to a consumer services representative.
Protective Services	Contact your local Area Agency on Aging. Contact information can be found at : www.aging.pa.gov/aging-services/Pages/Ombudsman.aspx or by calling the PA Department of Aging at 717-783-8975 1-800-490-8505	Ask for help or get information about legal rights for someone in a nursing home, assisted living facility, or personal care home.
		Report suspected abuse, neglect, exploitation, or abandonment of an adult over age 60 or an adult between age 18 and 59 who has a physical or mental disability.

Other Phone Numbers

Childline	1-800-932-0313
County Assistance Office	See list on page 14
Crisis Intervention Services	1-800-932-4632
Legal Aid	1-800-274-3258
Medical Assistance Transportation Program	See list on page 12
Mental Health/Intellectual Disability Services	1-888-565-9435
National Suicide Prevention Lifeline	1-800-273-8255

If mental health care or support is needed, you can learn more about services in PA at Mental Health in PA <https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/default.aspx> To find contact information for behavioral health managed care organizations, see page 99. To find contact information for the Medical Assistance Transportation Program, see page 77.

MATP Providers by County

County	Local Telephone Number	Toll Free Number
Adams	800-632-9063	800-632-9063
Allegheny	412-350-4476	888-547-6287
Armstrong	724-548-3408	800-468-7771
Beaver	724-375-2895	800-262-0343
Bedford	814-643-9484	
Berks	610-921-2361	800-383-2278
Blair	814-695-3500	800-458-5552
Bradford	570-888-7330	800-242-3484
Bucks	215-794-5554	888-795-0740
Butler	724-431-3692	866-638-0598
Cambria	814-535-4630	888-647-4814
Cameron	866-282-4968	866-282-4968
Carbon	570-669-6380	800-990-4287
Centre	814-355-6807	
Chester	484-696-3854	877-873-8415
Clarion	814-226-7012	800-672-7116
Clearfield	814-765-1551	800-822-2610
Clinton	570-323-7575	800-206-3006
Columbia	800-632-9063	800-632-9063
Crawford	814-333-7090	800-210-6226
Cumberland	800-632-9063	800-632-9063
Dauphin	717-232-9880	800-309-8905
Delaware	610-490-3960	866-450-3766
Elk	866-282-4968	866-282-4968
Erie	814-456-2299	800-323-5579
Fayette	724-628-7433	800-321-7433
Forest	814-927-8266	800-222-1706
Franklin	800-632-9063	800-632-9063
Fulton	717-485-4899	800-999-0478
Greene	724-627-6778	877-360-7433
Huntingdon	814-641-6408	800-817-3383
Indiana	724-463-3235	888-526-6060
Jefferson	814-938-3302	800-648-3381
Juniata	717-242-2277	800-348-2277
Lackawanna	570-963-6482	

County	Local Telephone Number	Toll Free Number
<i>Lancaster</i>	717-291-1243	800-892-1122
<i>Lawrence</i>	724-652-5588	888-252-5104
<i>Lebanon</i>	717-273-9328	
<i>Lehigh</i>	610-253-8333	888-253-8333
<i>Luzerne</i>	570-288-8420	800-679-4135
<i>Lycoming</i>	570-323-7575	800-222-2468
<i>McKean</i>	866-282-4968	866-282-4968
<i>Mercer</i>	724-662-6222	800-570-6222
<i>Mifflin</i>	717-242-2277	800-348-2277
<i>Monroe</i>	570-839-8210	888-955-6282
<i>Montgomery</i>	215-542-7433	
<i>Montour</i>	800-632-9063	800-632-9063
<i>Northampton</i>	610-253-8333	888-253-8333
<i>Northumberland</i>	800-632-9063	800-632-9063
<i>Perry</i>	717-846-7433	800-632-9063
<i>Philadelphia</i>	877-835-7412	877-835-7412
<i>Pike</i>	570-296-3408	866-681-4947
<i>Potter</i>	814-544-7315	800-800-2560
<i>Schuylkill</i>	570-628-1425	888-656-0700
<i>Snyder</i>	800-632-9063	800-632-9063
<i>Somerset</i>	814-445-9628	800-452-0241
<i>Sullivan</i>	570-888-7330	800-242-3484
<i>Susquehanna</i>	570-278-6140	866-278-9332
<i>Tioga</i>	570-569-7330	800-242-3484
<i>Union</i>	800-632-9063	800-632-9063
<i>Venango</i>	814-432-9767	
<i>Warren</i>	814-723-1874	877-723-9456
<i>Washington</i>	724-223-8747	800-331-5058
<i>Wayne</i>	570-253-4280	800-662-0780
<i>Westmoreland</i>	724-832-2706	800-242-2706
<i>Wyoming</i>	570-278-6140	866-278-9332
<i>York</i>	717-846-7433	800-632-9063

County Assistance Offices by County

COUNTY	ASSISTANCE OFFICE ADDRESS	TELEPHONE/FAX NUMBERS
ADAMS	Adams County Assistance Office 225 South Franklin Street P.O. Box 4446 Gettysburg, PA 17325-4446	Toll Free: 1-800-638-6816 Phone: 717-334-6241 FAX: 717-334-4104 OFFICE HOURS: 8AM to 5 PM
ALLEGHENY	Allegheny County Assistance Office Headquarters Piatt Place 301 5th Avenue, Suite 470 Pittsburgh, PA 15222	Phone: 412-565-2146 FAX: 412-565-3660 OFFICE HOURS: 7:30 AM to 5 PM
ALLEGHENY	Low Income Home Energy Assistance Program (LIHEAP) 5947 Penn Avenue, 4th Floor Pittsburgh, PA 15206 * The entrance is at Kirkwood Street and North Highland Avenue	Phone: 412-562-0330 FAX: 412-565-0107 OFFICE HOURS: 7:30 AM to 5 PM
ALLEGHENY	Alle-Kiski District 909 Industrial Blvd New Kensington, PA 15068-0132	Toll Free: 1-800-622-3527 Phone: 724-339-6800 FAX: 724-339-6850 OFFICE HOURS: 7:30 AM to 5 PM
ALLEGHENY	Institution-Related Eligibility District (IRED) 301 5th Avenue, Suite 420 Pittsburgh, PA 15222	Phone: 412-565-5604 FAX: 412-565-5074 OFFICE HOURS: 7:30 AM to 5 PM
ALLEGHENY	Liberty District 332 5th Avenue, Suite 300 Pittsburgh, PA 15222	Phone: 412-565-2652 FAX: 412-565-5088
ALLEGHENY	Three Rivers District Warner Center 332 Fifth Avenue, 2nd Floor Pittsburgh, PA 15222	Phone: 412-565-7755 FAX: 412-565-5198 or 5075 OFFICE HOURS: 7:30 AM to 5 PM
ALLEGHENY	Southeast District 220 Sixth Street McKeesport, PA 15132-2720	Phone: 412-664-6800 or 6801 FAX: 412-664-5218 OFFICE HOURS: 7:30 AM to 5 PM
ALLEGHENY	Southern District 332 Fifth Avenue, Suite 230 Pittsburgh, PA 15222	Phone: 412-565-2232 FAX: 412-770-3686 or 412-565-5713 OFFICE HOURS: 7:30 AM to 5 PM

ALLEGHENY	Greater Pittsburgh East District 5947 Penn Avenue Pittsburgh, PA 15206-3844	Phone: 412-645-7400 or 7401 FAX: 412-365-2821 OFFICE HOURS: 7:30 AM to 5 PM
ARMSTRONG	Armstrong County Assistance Office 1280 North Water Street Kittanning, PA 16201-0898	Toll Free: 1-800-424-5235 Phone: 724-543-1651 LIHEAP 724-543-6076 or 800-543-5105 FAX: 724-548-0274 OFFICE HOURS: 7:30 AM to 5 PM
BEAVER	Beaver County Assistance Office 171 Virginia Avenue P. O. Box 349 Rochester, PA 15074-0349	Toll Free: 1-800-653-3129 Phone: 724-773-7300 LIHEAP 724-773-7495 FAX: 724-773-7859 OFFICE HOURS: 7 AM to 5 PM
BEDFORD	Bedford County Assistance Office 150 North Street Bedford, PA 15522-1040	Toll Free: 1-800-542-8584 Phone: 814-623-6127 LIHEAP 814-624-4072 FAX: 814-623-7310 OFFICE HOURS: 7 AM to 5 PM
BERKS	Berks County Assistance Office Reading State Office Building 625 Cherry Street Reading, PA 19602-1188	Toll Free: 1-866-215-3912 Phone: 610-736-4211 LIHEAP 610-736-4228 or 866-215-3911 FAX: 610-736-4004 OFFICE HOURS: 8 AM to 5 PM
BLAIR	Blair County Assistance Office 1100 Green Avenue Altoona, PA 16601-3440	Toll Free: 1-866-812-3341 LIHEAP 814-946-7365 FAX: 814-941-6813 OFFICE HOURS: 7:30 AM to 5 PM
BRADFORD	Bradford County Assistance Office 1 Elizabeth Street, Suite 4 P.O. Box 398 Towanda, PA 18848-0398	Toll Free: 1-800-542-3938 Phone: 570-265-9186 FAX: 570-265-3061 OFFICE HOURS: 8 AM to 5 PM
BUCKS	Bucks County Assistance Office 1214 Veterans Highway Bristol, PA 19007-2593	Phone: 215-781-3300 Toll Free: 1-800-362-1291 LIHEAP 215-781-3393 or 1-800-616-6481 FAX: 215-781-3438 OFFICE HOURS: 8 AM to 5 PM
BUTLER	Butler County Assistance Office 108 Woody Dr. Butler, PA 16001-5692	Toll Free: 1-866-256-0093 Phone: 724-284-8844 FAX: 724-284-8833 OFFICE HOURS: 7:30 AM to 5 PM

CAMBRIA	Cambria County Assistance Office 625 Main Street Johnstown, PA 15901-1678	Toll Free: 1-877-315-0389 Phone: 814-533-2491 LIHEAP 814-533-2253 FAX: 814-533-2214 OFFICE HOURS: 7 AM to 5 PM
CAMERON	Cameron County Assistance Office 411 Chestnut Street P.O. Box 71 Emporium, PA 15834-0071	Toll Free: 1-877-855-1824 Phone: 814-486-3757 LIHEAP 814-486-1206 FAX: 814-486-1379 OFFICE HOURS: 8:30 AM to 5 PM
CARBON	Carbon County Assistance Office 101 Lehigh Drive Lehighton, PA 18235	Toll Free: 1-800-314-0963 Phone: 610-577-9020 LIHEAP (cash) 610-577-9073 LIHEAP (crisis) 866-410-2093 FAX: 610-577-9043 OFFICE HOURS: 7:30 AM to 5 PM
CENTRE	Centre County Assistance Office 2580 Park Center Boulevard State College, PA 16801-3005	Toll Free: 1-800-355-6024 Phone: 814-863-6571 LIHEAP: 814-861-1955 FAX: 814-689-1356 OFFICE HOURS: 7:30 AM to 5 PM
CHESTER	Chester County Assistance Office 100 James Buchanan Drive Thorndale, PA 19372-1132	Toll Free: 1-888-814-4698 Phone: 610-466-1000 LIHEAP 610-466-1042 FAX: 610-466-1130 OFFICE HOURS: 8 AM to 5 PM
CLARION	Clarion County Assistance Office 71 Lincoln Drive Clarion, PA 16214-3861	Toll Free: 1-800-253-3488 Phone: 814-226-1700 LIHEAP 814-226-1780 FAX: 814-226-1794 OFFICE HOURS: 8 AM to 5 PM
CLEARFIELD	Clearfield County Assistance Office 1025 Leonard Street Clearfield, PA 16830	Toll Free: 1-800-521-9218 Phone: 814-765-7591 LIHEAP 814-765-0684 or 800-862-8941 FAX: 814-765-0802 OFFICE HOURS: 7:30 AM to 5 PM

CLINTON	Clinton County Assistance Office 300 Bellefonte Avenue, Suite 101 Lock Haven, PA 17745-1929	Toll Free: 1-800-820-4159 Phone: 570-748-2971 FAX: 570-893-2973 OFFICE HOURS: 7:30 AM to 5 PM
COLUMBIA	Columbia County Assistance Office 27 East Seventh Street P.O. Box 628 Bloomsburg, PA 17815-0628	Toll Free: 1-877-211-1322 Phone: 570-387-4200 LIHEAP 570-387-4232 OFFICE HOURS: 8 AM to 5 PM
CRAWFORD	Crawford County Assistance Office 1084 Water Street P.O. Box 1187 Meadville, PA 16335-7187	Toll Free: 1-800-527-7861 Phone: 814-333-3400 LIHEAP 814-333-3400 FAX: 814-333-3527
CUMBERLAND	Cumberland County Assistance Office 33 Westminster Drive Carlisle, PA 17013-0599	Toll Free: 1-800-269-0173 Phone: 717-240-2700 FAX: 717-240-2781 OFFICE HOURS: 7 AM to 5 PM
DAUPHIN	Dauphin County Assistance Office 2432 N. 7th Street P.O. Box 5959 Harrisburg, PA 17110-0959	Toll Free: 1-800-788-5616 Phone: 717-787-2324 LIHEAP 717-265-8919 FAX: 717-772-4703 OFFICE HOURS: 8 AM to 5 PM
DELAWARE	Delaware County Assistance Office Headquarters 701 Crosby Street, Suite A Chester, PA 19013-6099	Phone: 610-447-5500 LIHEAP 610-447-3099 FAX: 610-447-5399 OFFICE HOURS: 8 AM to 5 PM
DELAWARE	Crosby District 701 Crosby Street, Suite A Chester, PA 19013-6099	Phone: 610-447-5500 LIHEAP: 610-447-3099 FAX: 610-447-5399 OFFICE HOURS: 8 AM to 5 PM
DELAWARE	Darby District 845 Main Street Darby, PA 19023	Phone: 610-461-3800 FAX: 610-461-3900 OFFICE HOURS: 8 AM to 5 PM
ELK	Elk County Assistance Office 145 Race Street P.O. Box F Ridgway, PA 15853-0327	Toll Free: 1-800-847-0257 Phone: 814-776-1101 LIHEAP 814-772-5215 or 814-776-1101 FAX: 814-772-7007 OFFICE HOURS: 8:30 AM to 5 PM
ERIE	Erie County Assistance Office 1316 Holland Street P.O. Box 958 Erie, PA 16512-0958	Toll Free: 1-800-635-1014 Phone: 814-461-2000 LIHEAP 814-461-2002

		FAX: 814-461-2294 OFFICE HOURS: 7:30 AM to 5 PM
FAYETTE	Fayette County Assistance Office 41 West Church Street Uniontown, PA 15401-3418	Toll Free: 1-877-832-7545 Phone: 724-439-7015 LIHEAP 724-439-7125 FAX: 724-439-7002 OFFICE HOURS: 7:30 AM to 5 PM
FOREST	Forest County Assistance Office 106 Sherman Street Tionesta, PA 16353	Toll Free: 1-800-876-0645 Phone: 814-755-3552 FAX: 814-755-3420 OFFICE HOURS: 8:30 AM to 5 PM
FRANKLIN	Franklin County Assistance Office 620 Norland Avenue Chambersburg, PA 17201-4205	Toll Free: 1-877-289-9177 Phone: 717-264-6121 LIHEAP 717-262-6579 FAX: 717-264-4801 OFFICE HOURS: 8 AM to 5 PM
FULTON	Fulton County Assistance Office 539 Fulton Drive McConnellsburg, PA 17233	Toll Free: 1-800-222-8563 Phone: 717-485-3151 FAX: 717-485-3713 OFFICE HOURS: 8 AM to 5 PM
GREENE	Greene County Assistance Office 108 Greene Plaza, Suite 1 Waynesburg, PA 15370-0950	Toll Free: 1-888-410-5658 Phone: 724- 627-8171 FAX: 724-627-8096 OFFICE HOURS: 8 AM to 5 PM
HUNTINGDON	Huntingdon County Assistance Office 7591 Lake Raystown Shopping Center Huntingdon, PA 16652-0398	Toll Free: 1-800-237-7674 Phone: 814-643-1170 LIHEAP 814-643-4098 FAX: 814-643-5441 OFFICE HOURS: 7:30 AM to 5 PM
INDIANA	Indiana County Assistance Office 2750 West Pike Road Indiana, PA 15701	Toll Free: 1-800-742-0679 Phone: 724-357-2900 LIHEAP 724-357-2918 FAX: 724-357-2951 OFFICE HOURS: 7 AM to 5 PM
JEFFERSON	Jefferson County Assistance Office 100 Prushnok Drive P.O. Box 720 Punxsutawney, PA 15767-0720	Toll Free: 1-800-242-8214 Phone: 814-938-2990 LIHEAP 814-938-1329 FAX: 814-938-3842 OFFICE HOURS: 8:30 AM to 5 PM

JUNIATA	Juniata County Assistance Office 100 Meadow Lane P.O. Box 65 Mifflintown, PA 17059-9983	Toll Free: 1-800-586-4282 Phone: 717-436-2158 FAX: 717-436-5402 OFFICE HOURS: 8:30 AM to 5 PM
LACKAWANNA	Lackawanna County Assistance Office 200 Scranton State Office Building 100 Lackawanna Avenue	Toll Free: 1-877-431-1887 Phone: 570-963-4525 LIHEAP: 570-963-4842 FAX: 570-963-4843 OFFICE HOURS: 7:30 AM to 5 PM
LANCASTER	Lancaster County Assistance Office 832 Manor Street P.O. Box 4967 Lancaster, PA 17604-4967	Phone: 717-299-7411 LIHEAP (cash) 717-299-7543 LIHEAP (crisis) 717-299-7543 FAX: 717-299-7565 OFFICE HOURS: 8 AM to 5 PM
LAWRENCE	Lawrence County Assistance Office 108 Cascade Galleria New Castle, PA 16101-3900	Toll Free: 1-800-847-4522 Phone: 724-656-3000 LIHEAP 724-656-3021 FAX: 724-656-3076 OFFICE HOURS: 7:30 AM to 5 PM
LEBANON	Lebanon County Assistance Office 625 South Eighth Street Lebanon, PA 17042-0870	Toll Free: 1-800-229-3926 Phone: 717-270-3600 LIHEAP 717-273-1641 FAX: 717-228-2589 OFFICE HOURS: 8 AM to 5 PM
LEHIGH	Lehigh County Assistance Office 555 Union Blvd., Suite 3 Allentown, PA 18109-3389	Toll Free: 1-877-223-5956 Phone: 610-821-6509 FAX: 610-821-6705 OFFICE HOURS: 7:30 AM to 5 PM
LUZERNE	Luzerne County Assistance Office Wilkes-Barre District 205 South Washington Street Wilkes-Barre, PA 18711-3298	Toll Free: 1-866-220-9320 Phone: 570-826-2100 LIHEAP: 570-826-2041 LIHEAP (crisis): 570-826-0510 FAX: 570-826-2178 OFFICE HOURS: 7:30 AM to 5 PM
LUZERNE	Hazleton District Center Plaza Building 10 West Chestnut Street Hazleton, PA 18201-6409	Phone: 570-459-3800 LIHEAP: 570-459-3834 FAX: 570-459-3931 OFFICE HOURS: 7:30 AM to 5 PM

LYCOMING	Lycoming County Assistance Office 400 Little League Boulevard P.O. Box 127 Williamsport, PA 17703-0127	Toll Free: 1-877-867-4014 Phone: 570-327-3300 LIHEAP 570-327-3497 OFFICE HOURS: 7:30 AM to 5 PM
MCKEAN	McKean County Assistance Office 68 Chestnut Street, Suite B Braford, PA 16701-0016	Toll Free: 1-800-822-1108 Phone: 814-362-4671 FAX: 814-362-4959 OFFICE HOURS: 7:30 AM to 5 PM
MERCER	Mercer County Assistance Office 2236 Highland Road Hermitage, PA 16148-2896	Toll Free: 1-800-747-8405 Phone: 724-983-5000 LIHEAP 724-983-5022 FAX: 724-983-5706 OFFICE HOURS: 7:30 AM to 5 PM
MIFFLIN	Mifflin County Assistance Office 1125 Riverside Drive Lewistown, PA 17044-1942	Toll Free: 1-800-382-5253 Phone: 717-248-6746 LIHEAP 717-242-6095 FAX: 717-242-6099 OFFICE HOURS: 7:30 AM to 5 PM
MONROE	Monroe County Assistance Office 1972 W. Main Street, Suite 101 Stroudsburg, PA 18360-0232	Toll Free: 1-877-905-1495 Phone: 570-424-3030 LIHEAP 570-424-3517 FAX: 570-424-3915 OFFICE HOURS: 7:30 AM to 5 PM
MONTGOMERY	Montgomery County Assistance Office 1931 New Hope Street Norristown, PA 19401-3191	Toll Free: 1-877-398-5571 LIHEAP: 610-272-1752 FAX: 610-270-1678 OFFICE HOURS: 8 AM to 5 PM
MONTGOMERY	Pottstown District 24 Robinson Street Pottstown, PA 19464-5584	Toll Free: 1-800-641-3940 Phone: 610-327-4280 LIHEAP 610-272-1752 FAX: 610-327-4350 OFFICE HOURS: 8 AM to 5 PM
MONTOUR	Montour County Assistance Office 497 Church Street Danville, PA 17821-2217	Toll Free: 1-866-596-5944 Phone: 570-275-7430 LIHEAP 1-866-410-2093 FAX: 570-275-7433 OFFICE HOURS: 8 AM to 5 PM

NORTHAMPTON	Northampton County Assistance Office 201 Larry Holmes Drive P.O. Box 10 Easton, PA 18044-0010	Toll Free: 1-800-349-5122 Phone: 610-250-1700 LIHEAP 610-250-1785/6 FAX: 610-250-1839 OFFICE HOURS: 7:30 AM to 5 PM
NORTHUMBERLAND	Northumberland County Assistance Office 320 Chestnut Street Sunbury, PA 17801	Toll Free: 1-800-368-8390 Phone: 570-988-5900 LIHEAP 570-988-5996 or 800-332-8583 FAX: 570-988-5918 OFFICE HOURS: 8 AM to 5 PM
PERRY	Perry County Assistance Office 100 Centre Drive P.O. Box 280 New Bloomfield, PA 17068-0280	Toll Free: 1-800-991-1929 Phone: 717-582-2127 LIHEAP 717-582-5038 FAX: 717-582-4187 OFFICE HOURS: 8:30 AM to 5 PM
PHILADELPHIA	Philadelphia County Assistance Office Headquarters 801 Market Street Philadelphia, PA 19107	Phone: 215-560-7226 LIHEAP: 215-560-1583 FAX: 215-560-3214 OFFICE HOURS: 8 AM to 5 PM
PHILADELPHIA	Low Income Home Energy Assistance Program (LIHEAP) 1348 W. Sedgley Ave. Philadelphia, PA 19132-2498	LIHEAP: 215-560-1583 LIHEAP Fax: 215-560-2260 OFFICE HOURS: 8 AM to 5 PM
PHILADELPHIA	Boulevard District 4109 Frankford Avenue Philadelphia, PA 19124-4508	Phone: 215-560-6500 FAX: 215-560-2087 OFFICE HOURS: 8 AM to 5 PM
PHILADELPHIA	Chelten District 301 East Chelten Avenue, 1st Flr. Philadelphia, PA 19144-5751	Phone: 215-560-5200 FAX: 215-560-5251 OFFICE HOURS: 8 AM to 5 PM
PHILADELPHIA	Delancey District 5740 Market Street 2nd Floor Philadelphia, PA 19139-3204	Phone: 215-560-3700 FAX: 215-560-2907 OFFICE HOURS: 8 AM to 5 PM
PHILADELPHIA	Elmwood District 5740 Market Street 1st Floor Philadelphia, PA 19139-3204	Phone: 215-560-3800 FAX: 215-560-2065 OFFICE HOURS: 8 AM to 5 PM
PHILADELPHIA	Glendale District 5201 Old York Road Philadelphia, PA 19141-9943	Phone: 215-560-4600 FAX: 215-456-5103 OFFICE HOURS: 8 AM to 5 PM

PHILADELPHIA	Liberty District 219 East Lehigh Avenue Philadelphia, PA 19125-1099	Phone: 215-560-4000 FAX: 215-560-4065 OFFICE HOURS: 8 AM to 5 PM
PHILADELPHIA	Long Term and Independent Services District 5070 Parkside Avenue Philadelphia, PA 19131	Phone: 215-560-5500 FAX: 215-560-1495 OFFICE HOURS: 8 AM to 5 PM
PHILADELPHIA	Ridge/Tioga District 1350 West Sedgley Avenue Philadelphia, PA 19132-2498	Phone: 215-560-4900 FAX: 215-560-4938 OFFICE HOURS: 8 AM to 5 PM
PHILADELPHIA	Somerset District 2701 N. Broad Street, 2nd Flr. Philadelphia, PA 19132-2743	Phone: 215-560-5400 FAX: 215-560-5403 OFFICE HOURS: 8 AM to 5 PM
PHILADELPHIA	South District 1163 S. Broad Street Philadelphia, PA 19147	Phone: 215-560-4400 FAX: 215-218-4650 OFFICE HOURS: 8 AM to 5 PM
PHILADELPHIA	Unity District 4111 Frankford Avenue Philadelphia, PA 19124	Phone: 215-560-6400 FAX: 215-560-2067 OFFICE HOURS: 8 AM to 5 PM
PHILADELPHIA	West District 5070 Parkside Avenue Philadelphia, PA 19131-4747	Phone: 215-560-6100 FAX: 215-560-2053 OFFICE HOURS: 8 AM to 5 PM
PIKE	Pike County Assistance Office Milford Professional Park Suite 101 10 Buist Road Milford, PA 18337	Toll Free: 1-866-267-9181 Phone: 570-296-6114 LIHEAP 570-296-6114 FAX: 570-296-4183 OFFICE HOURS: 8:30 AM to 5 PM
POTTER	Potter County Assistance Office 269 Route 6 West, Room 1 Coudersport, PA 16915-8465	Toll Free: 1-800-446-9896 Phone: 814-274-4900 FAX: 814-274-3635 OFFICE HOURS: 8:30 AM to 5 PM
SCHUYLKILL	Schuylkill County Assistance Office 2640 Woodglen Road P.O. Box 1100 Pottsville, PA 17901-1341	Toll Free: 1-877-306-5439 Phone: 570-621-3000 LIHEAP 570-621-3072 FAX: 570-624-3334 OFFICE HOURS: 8:30 AM to 5 PM
SNYDER	Snyder County Assistance Office 83 Maple Lane Selinsgrove, PA 17870-1302	Toll Free: 1-866-713-8584 Phone: 570-374-8126 LIHEAP: 570-372-1721 FAX: 570-374-6347 OFFICE HOURS: 7:30 AM to 5 PM

SOMERSET	Somerset County Assistance Office 164 Stayrook Street Somerset, PA 15501	Toll Free: 1-800-248-1607 Phone: 814-443-3681 LIHEAP 814-443-3683 FAX: 814-445-4352 OFFICE HOURS: 7 AM to 5 PM
SULLIVAN	Sullivan County Assistance Office 918 Main Street, Suite 2 P.O. Box 355 Laporte, PA 18626-0355	Toll Free: 1-877-265-1681 Phone: 570-946-7174 LIHEAP 570-946-7174 FAX: 570-946-7189 OFFICE HOURS: 8 AM to 5 PM
SUSQUEHANNA	Susquehanna County Assistance Office P.O. Box 128 Montrose, PA 18801-0128	Toll Free: 1-888-753-6328 Phone: 570-278-3891 LIHEAP: 1-866-410-2093 FAX: 570-278-9508 OFFICE HOURS: 8 AM to 5 PM
TIOGA	Tioga County Assistance Office 11809 Route 6 Wellsboro, PA 16901-6764	Toll Free: 1-800-525-6842 Phone: 570-724-4051 LIHEAP 570-724-4051 FAX: 570-724-5612 OFFICE HOURS: 8 AM to 5 PM
UNION	Union County Assistance Office Suite 300 1610 Industrial Boulevard Lewisburg, PA 17837-1292	Toll Free: 1-877-628-2003 Phone: 570-524-2201 LIHEAP 570-522-5274 FAX: 570-524-2361 OFFICE HOURS: 7:30 AM to 5 PM
VENANGO	Venango County Assistance Office 530 13th Street Franklin, PA 16323-0391	Toll Free: 1-877-409-2421 Phone: 814-437-4341/4342 LIHEAP 814-437-4354 FAX: 814-437-4441 OFFICE HOURS: 7:30 AM to 5 PM
WARREN	Warren County Assistance Office 210 North Drive, Suite A N. Warren, PA 16365	Toll Free: 1-800-403-4043 Phone: 814-723-6330 LIHEAP 814-726-2540 FAX: 814-726-1565 OFFICE HOURS: 8 AM to 5 PM
WASHINGTON	Washington County Assistance Office 167 North Main Street Washington, PA 15301-4354	Toll Free: 1-800-835-9720 Phone: 724-223-4300 LIHEAP 724-223-5246 FAX: 724-223-4675 OFFICE HOURS: 7:30 AM to 5 PM
WASHINGTON	Valley District 595 Galiffa Drive P.O. Box 592	Toll Free: 1-800-392-6932 Phone: 724-379-1500 LIHEAP 724-379-1549

	Donora, PA 15033-0592	FAX: 724-379-1572 OFFICE HOURS: 7:30 AM to 5 PM
WAYNE	Wayne County Assistance Office 107 8th Street, 2nd Floor P.O. Box 229 Honesdale, PA 18431-0229	Toll Free: 1-877-879-5267 Phone: 570-253-7100 LIHEAP 570-253-7118 FAX: 570-253-7374 OFFICE HOURS: 8:30 AM to 5 PM
WESTMORELAND	Westmoreland County Assistance Office - Main Office 587 Sells Lane Greensburg, PA 15601-4493	Toll Free: 1-800-905-5413 LIHEAP 724-832-5524 FAX: 724-832-5202 OFFICE HOURS: 7 AM to 5 PM
WESTMORELAND	Donora/Valley District 595 Galiffa Drive P.O. Box 592 Donora, PA 15033-0592	Toll Free: 1-800-238-9094 Phone: 724-379-1500 LIHEAP 724-832-5524 FAX: 724-379-1572 OFFICE HOURS: 7 AM to 5 PM
WESTMORELAND	Alle-Kiski District 909 Industrial Boulevard New Kensington, PA 15068-0132	Toll Free: 1-800-622-3527 Phone: 724-339-6800 LIHEAP 724-832-5524 FAX: 724-339-6850 OFFICE HOURS: 7 AM to 5 PM
WYOMING	Wyoming County Assistance Office 608 Hunter Highway, Suite 6 P.O. Box 490 Tunkhannock, PA 18657-0490	Toll Free: 1-877-699-3312 Phone: 570-836-5171 LIHEAP: 570-836-5171 FAX: 570-996-4141 OFFICE HOURS: 8 AM to 5 PM
YORK	York County Assistance Office 130 N. Duke Street P.O. Box 15041 York, PA 17405-7041	Phone: 717-771-1100 Toll Free: 800-991-0929 LIHEAP: 1-800-991-0929 FAX: 717-771-1261 OFFICE HOURS: 8 AM to 5 PM

Wellcare Dual Access is our Medicare plan for those who are eligible for a Medicare dual eligible special needs plan **Wellcare Dual Access**. **Wellcare Dual Access** is available for Participants who have Medicare in addition to their Community HealthChoices plan. For Participants who become newly eligible for Medicare, you will automatically be enrolled with **Wellcare Dual Access** unless you choose to opt out of the automatic enrollment and choose a different Medicare plan. If you are not currently a member of **Wellcare Dual Access** and would like to learn more, please go to **Wellcare.PAHealthWellness.com** for more information. To view the D-SNP handbook, please go to <https://wellcare.pahealthwellness.com/plan-benefit-materials.html>.

Communication Services

PA Health & Wellness can provide this Handbook and other information you need in languages other than English at no cost to you. **PA Health & Wellness** can also provide your Handbook and other important information you need to obtain or understand your benefits and services in formats such as compact disc, Braille, large print, DVD, electronic communication, and other formats if needed, at no cost to you. Please contact Participant Services at **1-844-626-6813 (TTY: 711)** to ask for any help you need. The time frame to receive documents varies based on the type of document and format requested.

PA Health & Wellness will also provide an interpreter, including for American Sign Language 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 Participant Services at **1-844-626-6813 (TTY: 711)** and Participant Services will connect you with the interpreter service that meets your needs. For TTY services, call our specialized number at **711**. If you communicate using American Sign Language and use a videophone, you can call the general **PA Health & Wellness** phone number at **1-844-626-6813 (TTY: 711)**.

If your PCP or other provider cannot provide an interpreter for your appointment, **PA Health & Wellness** will provide one for you. Call Participant Services at **1-844-626-6813 (TTY: 711)** if you need an interpreter for an appointment.

Living Independence for the Elderly (LIFE) Program

If you are at least 55 years old, you may be able to enroll in the LIFE program instead of Community HealthChoices. The LIFE program covers medical, prescription drug, behavioral health, transportation, and supportive services for persons who are 55 years old and older and meet requirements related to the county where you live, how much care you need, and the kind of financial support you need. For more information on the LIFE program contact an Enrollment Specialist at 1-877-550-4227.

Enrollment

In order to get services in Community HealthChoices, you need to stay eligible for Medical Assistance. You will get paperwork or a phone call about renewing your eligibility. It is important that you follow instructions so that your Medical Assistance does not end. If you have questions about any paperwork you get or if you are unsure whether your eligibility for Medical Assistance is up to date, call **PA Health & Wellness** Participant Services at **1-844-626-6813 (TTY: 711)** or your CAO.

Enrollment Services

The Medical Assistance Program works with Enrollment Specialists at the Independent Enrollment Broker (IEB) to help you enroll in Community HealthChoices. You received information about the Enrollment Specialists with the information you received about selecting a Community HealthChoices plan when you first became eligible for Community HealthChoices. Enrollment Specialists can give you information about all of the Community HealthChoices plans available in your area and help you if you want to change your Community HealthChoices plan, if you move to another county, or if you want to change from Community HealthChoices to the LIFE program.

Enrollment specialists can help you:

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

To contact the Enrollment Specialists, call 1-844-824-3655 (TTY:711).

Changing Your Community HealthChoices Plan

If you are new to Community HealthChoices the information that was sent to you about the Community HealthChoices plans in your area included how to contact the Enrollment Specialists to pick a Community HealthChoices plan and a PCP. If you did not pick, a Community HealthChoices plan was picked for you.

You may change your Community HealthChoices plan at any time, for any reason. To change your Community HealthChoices plan, call an Enrollment Specialist at 1-844-824-3655 (TTY:711). They will tell you when the change to your new Community HealthChoices plan will start, and you will stay in **PA Health & Wellness** until then. It can take up to 6 weeks for a change to your Community HealthChoices plan to take effect. Use your **PA Health & Wellness** ID card at your appointments until your new plan starts.

Transition of Care

PA Health & Wellness will honor approved medication authorizations in place at the time that a Participant over the age of 21 transitions from Fee-For-Service (FFS) or from another Managed Care Organization (MCO) for 60 calendar days. **PA Health & Wellness** will honor ongoing prescriptions that the Participant previously received without any Prior Authorization required for a period of 60 calendar days. **PA Health & Wellness** will provide information to Participants and providers regarding the authorization process in the event that the Participant or provider wishes to request continued authorization of a product not listed on the PDL or if the medication requires prior authorization.

Changes in the Household

Call your CAO and Participant Services at **1-844-626-6813 (TTY: 711)** if there are any changes to your household.

For example:

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

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

What Happens if I Move?

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

Loss of Benefits

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

For example:

- Your Medical Assistance ends for any reason. If you are eligible for Medical Assistance again within 6 months, you will be re-enrolled in the same Community HealthChoices plan unless you pick a different Community HealthChoices plan.
- You go to a nursing home outside of Pennsylvania.
- You have committed Medical Assistance fraud and have finished all appeals.
- You go to a state mental health hospital for more than 30 days in a row.
- You go to prison.

Information About Providers

PA Health & Wellness's provider directory has information about the providers in **PA Health & Wellness**'s network. The provider directory is located online here:

<https://findaprovider.pahealthwellness.com/location>. You may call Participant Services at **1-844-626-6813 (TTY: 711)** to ask that a copy of the provider directory be sent to you or to request information about where a doctor went to medical school or their residency program. You may also call Participant Services to get help finding a provider. The provider directory includes the following information about network providers:

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

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

If you have Medicare, you should confirm your providers are in your Medicare plan's network. For most services, your provider does not need to be in the **PA Health & Wellness** network because Medicare is the primary payer.

Picking Your Primary Care Provider (PCP)

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

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

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

Some of these medical professionals may be:

- Physician Assistants
- Medical Residents
- Certified Nurse-Midwives

If you have Medicare, you can choose any PCP in your Medicare plan's network even if your PCP is not in **PA Health & Wellness**'s network. If you do not have Medicare, your PCP must be in **PA Health & Wellness**'s network.

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

Enrollment specialists can help you pick your first PCP with **PA Health & Wellness**. If you do not pick a PCP through the Enrollment Specialists within 14 days of when you picked **PA Health & Wellness**, we will pick your PCP for you.

Some of these medical professionals may be:

- Physician Assistants
- Medical Residents
- Certified Nurse-Midwives

If you have Medicare, you can stay with the PCP you have now even if your PCP is not in **PA Health & Wellness**'s network. If you do not have Medicare, your PCP must be in **PA Health & Wellness**'s network.

If you have special needs, you can ask for a specialist to be your PCP. The specialist needs to agree to be your PCP and must be in **PA Health & Wellness**' network. To request a specialist, contact Member Services and/or your Service Coordinator. Enrollment specialists can help you pick your first PCP with **PA Health & Wellness**. If you do not pick a PCP through the Enrollment Specialists within 14 days of when you picked **PA Health & Wellness**, we will pick your PCP for you.

Changing Your PCP

If you want to change your PCP for any reason, call Participant Services at **1-844-626-6813 (TTY: 711)** to ask for a new PCP. If you need help finding a new PCP, you can go to **PAHealthWellness.com**, which includes a provider directory, or ask Participant Services to send you a printed provider directory.

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

When you change your PCP, **PA Health & Wellness** can help coordinate sending your medical records from your old PCP to your new PCP. In emergencies, **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 services for adults.

If you have Medicare you should contact your Medicare plan to change your PCP.

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 **PA Health & Wellness**'s Participant Services at **1-844-626-6813 (TTY: 711)**.

If you need help getting to your doctor's appointment, please see the Medical Assistance Transportation Program (MATP) section on page **77**, of this Handbook or call **PA Health & Wellness**'s Participant Services at the phone number above.

If you do not have your **PA Health & Wellness** ID card by the time of your appointment, take your ACCESS or EBT card with you. You should also tell your PCP that you

selected **PA Health & Wellness** as your Community HealthChoices plan. If you have Medicare, also tell your PCP who your Medicare coverage is provided by.

Appointment Standards

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

- Your PCP should see you within 10 business days of when you call for a routine appointment.
- You should not have to wait for routine care more than 30 minutes, or no more than up to one (1) hour when the doctor has an emergency.
- If you have an urgent medical condition, your provider should see you within 24 hours of when you call for an appointment.
- If you have an emergency, the provider must see you immediately or refer you to an emergency room.
- If you are pregnant and
 - In your first trimester, your provider must see you within 10 business days of **PA Health & Wellness** learning you are pregnant.
 - In your second trimester, your provider must see you within 5 business days of **PA Health & Wellness** learning you are pregnant.
 - In your third trimester, your provider must see you within 4 business days of **PA Health & Wellness** learning you are pregnant.
 - Have a high-risk pregnancy, your provider must see you within 24 hours of **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 doctor's group) or a CRNP who focuses his or her practice on treating one disease or medical condition or a specific part of the body. If you go to a specialist without a referral from your PCP, you may have to pay the bill.

If **PA Health & Wellness** does not have at least 2 specialists in your area and you do not want to see the one specialist in your area, **PA Health & Wellness** will work with you to see an out-of-network specialist at no cost to you. Your PCP must contact **PA Health & Wellness** to let **PA Health & Wellness** know you want to see an out-of-network specialist and get approval from **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. Your PCP may ask for your written consent to contact a specialist, without you present, to treat your particular health concern.

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 **PA Health & Wellness**'s network, please see the provider directory on our website at <https://findaprovider.pahealthwellness.com/location> or call Participant Services to ask for help or a printed provider directory.

Self-Referrals

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

The following services do not require referral from your PCP:

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

You do not need a referral from your PCP for behavioral health services. You can call your behavioral health managed care organization for more information. Please see section 7 of the handbook, on page **98** 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.

PA Health & Wellness has a toll-free nurse hotline at **1-844-626-6813 (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. This line is not for emergency needs. If you are experiencing an emergency, you should visit the nearest emergency department, call 911, or call your local ambulance service.

Service Coordination

If you get LTSS, and need more or different services, a service coordinator will help you with your services and make sure you have the services you need. Your service

coordinator will contact you after your coverage with **PA Health & Wellness** starts. You can also contact Participant Services if you need to talk to your service coordinator. See page **82** for more information on LTSS.

Participant Engagement

Suggesting Changes to Policies and Services

PA Health & Wellness would like to hear from you about ways to make your experience with Community HealthChoices better. If you have suggestions for how to make the program better or how to deliver services differently, please contact **Participant Services at 1-844-626-6813 or TTY 711.**

PA Health & Wellness Participant Advisory Committee

PA Health & Wellness has a Participant Advisory Committee (PAC) that includes participants, network providers, and direct care workers. The PAC provides advice to **PA Health & Wellness** about the experiences and needs of participants like you. It meets in-person at least every 3 months. For more information about the PAC, please call **1-844-626-6813 (TTY 711)** or visit the website at **PAHealthWellness.com**.

Long-Term Services and Supports Subcommittee (LTSS)

Participants are encouraged to participate in OLTL's monthly LTSS Subcommittee. This is a subcommittee of the Medical Assistance Advisory Committee (MAAC). The purpose of the LTSS Subcommittee is to advise the MAAC on policy development and program administration for Pennsylvania's long-term care programs. This includes services available to older adults and those with disabilities. For more information on these committees, including meeting schedules, visit the websites below:

LTSS Subcommittee- <https://www.pa.gov/agencies/dhs/about/councils-committees/long-term-services-subcommittee>

MAAC- <https://www.pa.gov/agencies/dhs/about/councils-committees/maac>

PA Health & Wellness Quality Improvement Program

The Quality Improvement (QI) Program is an important part of 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 participants get the care they need, when and where they need it
- Making sure that participants are receiving quality care

- Cultural needs of our participants
- Participant satisfaction
- Patient safety and privacy
- Offering a wide variety of provider specialties
- Health plan services participants are using

The goal of the QI program is to improve participant health, safety, and satisfaction. This is achieved through many different activities. Some of our Quality Improvement goals include the following:

- Good health and quality of life for all members.
- Care provided by **PA Health & Wellness'** Providers meets industry-accepted standards of care.
- Participant services meets industry-accepted standards of performance.
- Provide participants with Preventive Care reminders annually.
- Participant experience will meet PA Health & Wellness' expectations.
- Compliance with all State and Federal laws and regulations
- Evaluate the quality of health care by looking at certain performance measures.
- Participant satisfaction meets PA Health & Wellness' targets.

For questions about the QI Program and our progress on meeting goals, call Participant Services at 1-844-626-6813 or TTY 711.

The QI Program also reviews services provided to our participants. We have clinical practice guidelines for certain conditions. If you would like a copy of these guidelines or need more information about programs call us at **1-844-626-6813 (TTY 711)**.

Information and/or a full copy of **PA Health & Wellness'** QI Program Description is available by request by calling Participant Services at **1-844-626-6813 (TTY 711)**.

More detailed information is also available on our website at:
www.PAHealthWellness.com.

Section – 2

Rights and Responsibilities

Participant Rights and Responsibilities

PA Health & Wellness and its network of providers do not discriminate against Participants based on race, sex, religion, national origin, disability, age, sexual orientation, gender identity, or any other basis prohibited by law.

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

Participant Rights

You have the right:

1. To be treated with respect, recognizing your dignity and need for privacy, by **PA Health & Wellness** staff and network providers.
2. To get information in a way that you can easily understand and find help when you need it.
3. To get information that you can easily understand about **PA Health & Wellness**, its services, and the doctors and other providers that treat you.
4. To pick the network health care providers that you want to treat you.
5. To get emergency services when you need them from any provider without **PA Health & Wellness**'s approval.
6. To get information that you can easily understand and talk to your providers about your treatment options, risks of treatment, and tests that may be self-administered without any interference from **PA Health & Wellness**.
7. To make all decisions about your health care, including the right to refuse treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or make decisions for you.
8. A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
9. A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.

10. To talk with providers in confidence and to have your health care information and records kept confidential.
11. To see and get a copy of your medical records and to ask for changes or corrections to your records.
12. To ask for a second opinion.
13. To file a Grievance if you disagree with **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.
13. To ask for an External Review.
14. To ask for a DHS Fair Hearing.
15. 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.
16. To get information about services that **PA Health & Wellness** or a provider does not cover because of moral or religious objections and about how to get those services.
17. To exercise your rights without it negatively affecting the way DHS, **PA Health & Wellness**, and network providers treat you.
18. To create an advance directive. See Section 6 on page **96** for more information.
19. To make recommendations about the rights and responsibilities of **PA Health & Wellness**'s Participants.

Participant Responsibilities

Participants need to work with their health care and LTSS providers. **PA Health & Wellness** needs your help so that you get the services and supports you need.

These are the things you should do:

1. Provide, to the extent you can, information needed by your providers.
2. Follow instructions and guidelines given by your providers.
3. Be involved in decisions about your health care and treatment. ME
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 **PA Health & Wellness** coverage, including all covered and non-covered benefits and limits.
7. Use only network providers unless **PA Health & Wellness** approves an out-of-network provider or you have Medicare.
8. Get a referral from your PCP to see a specialist.
9. Respect other patients, provider staff, and provider workers.
10. Make a good-faith effort to pay your co-payments.
11. Report fraud and abuse to the DHS Fraud and Abuse Reporting Hotline.

Privacy and Confidentiality

PA Health & Wellness must protect the privacy of your protected health information (PHI). **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 so that **PA Health & Wellness** can pay your providers. It also includes sharing your PHI with DHS. This information is included in **PA Health & Wellness**'s Notice of Privacy Practices. To get a copy of **PA Health & Wellness**'s Notice of Privacy Practices, please call **1-844-626-6813 (TTY 711)** or visit www.PAHealthWellness.com.

Co-payments

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

Co-payment amounts can be found in the Covered Services chart starting on page **46** of this Handbook.

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

- Pregnant Participants (including the post-partum period)
- Participants who live in a long-term care facility, including Intermediate Care Facilities for the Intellectually Disabled and Other Related Conditions or other medical institution
- Participants who live in a personal care home or domiciliary care home

- Participants eligible for benefits under the Breast and Cervical Cancer Prevention and Treatment Program
- Participants who are receiving hospice care

The following services do not require a co-payment:

- Emergency services
- Laboratory services
- Family planning services, including supplies
- Hospice services
- Home health agency services
- Tobacco cessation services
- Professional component of diagnostic radiology, nuclear medicine, radiation therapy and medical diagnostic services when billed separately from technical component
- Psychiatric partial hospitalization services
- Services furnished by a funeral director
- Renal dialysis services
- Blood and blood products
- Oxygen
- Ostomy supplies
- Rental of Durable Medical Equipment
- Outpatient services when MA fee is under \$2.00
- More than one of a series of a specific allergy test provided in a 24-hour period
- Targeted case management services
- Routine Dental Services
- COVID Testing and Screening and COVID 19 Vaccination

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

If you believe that a provider charged you the wrong amount for a co-payment or a co-payment you believe you should not have had to pay, you can file a Complaint with **PA Health & Wellness**. Please see Section 8, Complaints, Grievances, and Fair Hearings for information on how to file a Complaint or call Participant Services at **1-844-626-6813 (TTY: 711)**.

Billing Information

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

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 **PA Health & Wellness** and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received services that are not covered by **PA Health & Wellness** and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received a service from a provider that is not enrolled in the Medical Assistance Program.
- You did not obtain a referral from your PCP or other provider when a referral was needed, and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- Your request for a program exception or benefit limit exception was denied and the provider notified you in advance of the service that you may be responsible for payment.
- You obtained services while committing identity theft or when using someone else's health insurance card.
- You are receiving services in a nursing home and are required to pay a monthly patient liability cost to the nursing home. This is called your 'patient pay' amount.

What Do I Do if I Get a Bill?

If you get a bill from a provider and you think the provider should not have billed you, you can call Participant Services at **1-844-626-6813 (TTY: 711)**. The customer service team can assist you in contracting the provider to determine why you received a bill.

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

Third-Party Liability

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

You must tell both your CAO and Participant Services at **1-844-626-6813** or **TTY:711** if you have Medicare or other health insurance. When you go to a provider or to a pharmacy you must tell the provider or pharmacy about all forms of medical insurance you have and show the provider or pharmacy your Medicare card or other insurance card, ACCESS or EBT card, and your **PA Health & Wellness** ID card. This helps make sure your health care bills are paid timely and correctly.

Coordination of Benefits

If you have Medicare and the service or other care you need is covered by Medicare, you can get care from any Medicare provider in your Medicare plan’s network. The provider does not have to be in **PA Health & Wellness**’s network or enrolled in Medicaid. You also do not have to get prior authorization from **PA Health & Wellness** or referrals from your Medicare PCP to see a specialist. **PA Health & Wellness** will work with Medicare to decide if it needs to pay the provider after Medicare pays first.

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

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

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

Recipient Restriction/Lock-in Program

The Recipient Restriction/ Participant Lock-In Program requires a Participant to use specific providers if the Participant has abused or overused their health care or prescription drug benefits. **PA Health & Wellness** works with DHS to decide whether to limit a Participant to a doctor, pharmacy, hospital, dentist, or other provider.

How Does it Work?

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

You can pick the providers, or **PA Health & Wellness** will pick them for you. If you want a different provider than the one **PA Health & Wellness** picked for you, call Participant Services at **1-844-626-6813 or TTY 711**. The limit will last for 5 years even if you change Community HealthChoices plans.

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

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

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

For questions please call (717) 772-4627

If you need help asking for a Fair Hearing, please call Participant Services at **1-844-626-6813 or TTY: 711** or contact your local legal aid office.

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

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

Reporting Fraud or Abuse

How Do I Report Participant Fraud or Abuse?

If you think that someone is using your or another Participant's **PA Health & Wellness** card to get services, equipment, or medicines, is forging or changing their prescriptions, or is getting services they do not need, you can call the **PA Health & Wellness** Fraud and Abuse Hotline at **1-844-626- 6813 or TTY 711** to give **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).

Additional examples of Participant Fraud or Abuse include, but are not limited to, a Participant who receives MA or other public benefits and is:

- Not reporting income.
- Not reporting resources or property they own.
- Not reporting who lives in the household.
- Is selling prescriptions or medications.

How Do I Report Provider Fraud or Abuse?

Provider fraud is when a provider bills for services, equipment, or medicines you did not 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 **PA Health & Wellness**'s Fraud and Abuse Hotline at **1-866-865-8664**. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

Additional examples of Provider Fraud or Abuse include, but are not limited to, a Participant who receives MA or other public benefits and is:

- Misrepresenting the service/supplies provided.
- Billing brand named for generic drugs.
- Billing for more time or units of service than what was provided.
- Billing at a service location other than the service location at which services were provided.
- Submitting false information on claims, such as date of service, provider or prescriber of service.
- Billing more than once for a service that was provided.

- Billing for services provided by unqualified individuals.
- Billing for used items as if they were new.

Participant Abuse, Neglect, and Exploitation

For critical incidents, including those involving suspected abuse, neglect, exploitation or abandonment, **PA Health & Wellness** is responsible to report the incident to Adult Protective Services (APS) or Older Adults Protective Services Act (OAPSA) but not to investigate. **PA Health & Wellness** staff and service coordinators are required to provide information to and cooperate with APS and OAPSA staff who are conducting the investigation. In addition, the CHC-MCO shall fully cooperate with APS and OAPSA staff in the coordination of any services provided by the CHC-MCO. Upon being notified by APS and OAPSA staff that a case has been closed, or upon being notified by OLTL, **PA Health & Wellness** will resume full responsibility for subsequent critical incident reporting and investigation for that Participant.

As part of its quality management plan, **PA Health & Wellness** shall have a means to identify Participants who may be at risk of abuse or neglect and take steps to minimize those risks while balancing the right of the Participant to live in his or her community or place of choice.

The Department retains the right to review any incident reports or internal documentation, to conduct its own investigations and to require further corrective actions by **PA Health & Wellness**.

Section 3 –

Physical Health Services

Care Management

Care Management is available for all participants. A care manager will work with you, your PCP, all of your other providers, and other health insurance you have to make sure that you get all the services you need. A care manager can also help connect you with other state and local programs, or your Medicare plan (if applicable).

Your care manager will also help you when you are leaving the hospital or other short-term medical setting to make sure you get the services you need when you get home. These services may include home care visits or therapies. PA Health & Wellness wants you to be able to go back home as soon as possible.

Care Management at PA Health & Wellness is available to *all participants*—because everyone deserves personalized support on their health journey.

Your care manager is here to work with *you*, your primary care provider (PCP), your other healthcare professionals, and even other health insurance plans you may have to make sure you get all the services and care you need. We want to ensure that your care feels connected, coordinated, and focused on what matters most to you.

In addition to helping you navigate your medical care, your care manager can connect you with helpful state and local programs, community resources, and your Medicare plan (if applicable). These supports are designed to make your life easier and help you stay healthy at home and in your community.

If you are leaving the hospital or another short-term medical setting, your care manager will help plan a smooth transition back home. This may include arranging home health visits, therapy services, or other care to help you recover comfortably and safely. Participation in the program is voluntary, and eligible members can choose to join or opt out at any time. You do not need a referral from your PCP for these programs, and there is no co-payment.

If you have any questions or need help, please call Participant Services at **1-844-626-6813 (TTY: 711)**.

Covered Services

The chart below lists the services that are covered by **PA Health & Wellness** when the services are medically necessary. Some of the services have limits or co-payments, or need a referral from your PCP or require prior authorization by **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. Limits do not apply if you are pregnant.

If you receive Medicare, your Medicare plan is your primary payer for most services. Please refer to your Medicare plan for information on covered services, limits, copayments and prior authorizations/referrals required for Medicare coverage.

Service		
Primary Care Provider	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	No Prior Authorization
Specialist	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	No Prior Authorization for In Network Specialist
Certified Registered Nurse Practitioner	Limit	No Limits
	Co-payment	\$0
	Prior Authorization / Referral	No Prior Authorization
Federally Qualified Health Center / Rural Health Center	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	No Prior Authorization
Outpatient Non-Hospital Clinic	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Outpatient Hospital Clinic	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Podiatrist Services	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Chiropractor Services	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Optometrist Services	Limit	Limits May Apply
	Co-payment	\$0

Service		
	Prior Authorization / Referral	Prior Authorization may apply for some services
Hospice Care	Limit	Limits may apply
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Dental Care Services	Limit	Limits may apply
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Radiology (ex. X-rays, MRIs, CTs)	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Outpatient Hospital Short Procedure Unit	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Outpatient Ambulatory Surgical Center	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Non-Emergency Medical Transport	Limit	Limits may apply
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Family Planning Services	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some Family Planning Services
Renal Dialysis	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Emergency Services	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	No Prior Authorization or referral needed
Urgent Care Services	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services

Service		
Ambulance Services	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services (i.e. Air Ambulance)
Inpatient Hospital	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Inpatient Rehab Hospital	Limit	No Limit
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Maternity Care	Limit	No limit
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Prescription Drugs	Limit	No Limit
	Co-payment	No copay for generic prescription drugs \$3 copay for brand name prescription drugs
	Prior Authorization / Referral	Prior authorization may apply for some services
Enteral/ Nutritional Supplements	Limit	No Limit
	Co-payment	Copay may apply
	Prior Authorization / Referral	Prior authorization may apply for some services
Short-Term Nursing Facility Services	Limit	Limits may apply
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Long-Term Nursing Facility Services	Limit	Limits may apply
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Home Health Care including Nursing, Aide, and Therapy Services	Limit	Limits may apply
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Durable Medical Equipment	Limit	No Limit

Service		
	Co-payment	Copay may apply
	Prior Authorization / Referral	Prior Authorization may apply for some services
Prosthetics and Orthotics	Limit	Limits may apply
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Eyeglass Lenses	Limit	Limits may apply
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Eyeglass Frames	Limit	Limits may apply
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Contact Lenses	Limit	Annual
	Co-payment	Limits may apply
	Prior Authorization / Referral	Prior Authorization may apply for some services
Medical Supplies	Limit	No Limit
	Co-payment	Copay may apply
	Prior Authorization / Referral	Prior Authorization may apply for some services
Therapy (Physical, Occupational, Speech)	Limit	Limits may apply
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Laboratory	Limit	No Limits
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Tobacco Cessation	Limit	Limits may apply
	Co-payment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services

Services That Are Not Covered

There are physical health services that **PA Health & Wellness** does not cover. If you have any questions about whether or not **PA Health & Wellness** covers a service for you, please call Participant Services at **1-844-626-6813 (TTY: 711)**.

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

Second Opinions

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

Call your PCP to ask for the name of another **PA Health & Wellness** network provider to get a second opinion. If there are not any other providers in **PA Health & Wellness**'s network, **PA Health & Wellness** can help you find an out-of-network provider to get a second opinion.

What is Prior Authorization?

Some services or items need approval from **PA Health & Wellness** before you can get the service. This is called Prior Authorization. For services that need prior authorization, **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 **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, injury, or disability;
- It will, or is reasonably expected to, reduce or improve the physical, mental, or developmental effects of an illness, condition, injury or disability;
- It will help you to get or keep the ability to perform daily tasks, taking into consideration both your abilities and the abilities or someone of the same age.
- If you are getting LTSS, it will give you the benefits of community living, the chance to meet your goals, and to be able to live and work where you want to.

If you need any help understanding when a service, item, or medicine is medically necessary or would like more information, please call Participant Services at **1-844-626-6813 or TTY: 711**.

How to Ask for Prior Authorization

Contact your PCP or Service Coordinator 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 Participant Services at **1-844-626-6813 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 Participant Services at **1-844-626-6813 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
ORAL SURGERY SPECIALTY IN OFFICE SETTING
ABLATIVE TECHNIQUES FOR TREATING BARRETT'S ESOPHAGUS AND FOR TX PRIMARY & METASTATIC LIVER MALIGNANCIES
ADULT DAY LIVING
ALL OUT OF NETWORK PHYSICIANS (EXCEPT FOR EMERGENCY SERVICES)
ANESTHESIA SERVICES
BARIATRIC SURGERY
BENEFITS COUNSELING
BIOPHARMACY DRUGS
BLEPHAROPLASTY
CAPSULE ENDOSCOPY
CAREER ASSESSMENT
CHORE SERVICES
CHIROPRACTIC SERVICES
CLINICAL TRIALS
COCHLEAR IMPLANT DEVICES

COMMUNITY INTEGRATION
COMMUNITY TRANSITIONS SVCS
COSMETIC PROCEDURES OR POTENTIALLY COSMETIC PROCEDURES
DENTAL ANESTHESIA
DIALYSIS
DME - NO AUTH WITH BREAST CANCER DIAGNOSIS
DME, ORTHOTICS & PROSTHETICS
EMERGENCY RESPONSE SYSTEM AND INSTALLATION
EMERGENT AMBULANCE AND NON-EMERGENT TRANSPORTATION
EMPLOYMENT SKILLS DEVELOPMENT
EPOGEN INJECTIONS FOR ESRD (DIALYSIS DOESN'T REQUIRE AUTH FOR PAR PROVIDERS)
EXPERIMENTAL OR INVESTIGATIONAL SERVICES
FAMILY PLANNING
FINANCIAL MANAGEMENT SERVICES
FIXED AIR WING AMBULANCE SERVICES
GENDER REASSIGNMENT PROCEDURES
GENETIC TESTING
HEARING AIDS
HOME DELIVERED MEALS
HOME HEALTH NURSING
HOME INFUSION THERAPY
HOME MODIFICATION
HOSPICE SERVICES
HYPERBARIC OXYGEN TREATMENT
HYPERHIDROSIS TREATMENT
IN PATIENT PROFESSIONAL SERVICES
INFERTILITY
INTERVENTIONAL PAIN MGMT
JOINT REPLACEMENT SURGERY
LABORATORY, CHEMISTRY, AND PATHOLOGY SVCS

LABORATORY, CHEMISTRY, AND PATHOLOGY SVCS- AUTH REQUIRED FOR NON PAR INDEPENDENT LABS
LUNG VOLUME REDUCTION SURGERY
MAMMOPLASTY
MANUAL & ELECTRIC BREAST PUMP - NO AUTH REQUIRED FORPAR PROVIDERS
MANUAL & ELECTRIC BREAST PUMP (OUT OF NETWORK PROVIDERS)
MAZE PROCEDURE - TREATMENT OF ATRIAL FIBRILLATION
MISC DME AND O&P
MR-GUIDED FOCUSED ULTRASOUND (MRgFUS) TO TREAT UTERINE FIBROID
MUSCLE FLAP PROCEDURE
NON-MEDICAL TRANSPORTATION
NURSING FACILITY BED HOLD
NURSING FACILITY CUSTODIAL CARE
NURSING FACILITY THERAPEUTIC LEAVE
NURSING FACILITY/ACUTE REHABILITATION SERVICES
OBSERVATION
OTOPLASTY
OUT OF NETWORK FACILITIES (EXCEPT FOR EMERGENCY SERVICES)
PANNICULECTOMY AND LIPECTOMY
PARTICIPANT DIRECTED SERVICES
PAS SERVICES
PEST CONTROL
QUANITATIVE URINE DRUG TESTING ALL LOCATIONS EXCEPT URGENT CARE, ER, AND INPATIENT
RADIOLOGY SVCS
RESIDENTIAL HABILITATION
RESPITE SERVICES

RHINO/SEPTOPLASTY PROCEDURES
SERVICE COORDINATION
SLEEP STUDIES
SLEEP STUDIES DONE AT A HOME LOCATION
SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES
SPECIALIZED RADIATION THERAPY
SPINAL SURGERY
STRUCTURED DAY HABILITATION
SUPPORTED EMPLOYMENT
TELCARE AND ASSISTIVE TECHNOLOGY
TELEHEALTH
THERAPEUTIC AND COUNSELING SVCS
TONSILLECTOMY/ADENOIDECTOMY
TRANSCATHETER UTERINE ARTERY EMBOLIZATION
TRANSITION SERVICE COORDINATION
TRANSPLANTS
URGENT CARE & EMERGENCY ROOM SERVICES
UVULOPALATOPHARYNGOSPLSTY/UPP
VACCINES AND ADMINISTRATION
VARICOSE VEIN PROCEDURES
VEHICLE MODIFICATIONS
VENTRICULECTOMY, CARDIOMYOPLASTY

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

If you are or your provider is unsure about whether a service, item, or medicine requires prior authorization, call Participant Services at **1-844-626-6813 or TTY: 711**.

Prior Authorization of a Service or Item

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

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

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

Prior Authorization of Covered Drugs

PA Health & Wellness will review a prior authorization request for drugs within 24 hours from when **PA Health & Wellness** gets the request. You and your provider will get a written notice telling you if the request is approved or denied and, if it was denied, the reason it was denied.

If you go to a pharmacy to fill a prescription and the prescription cannot be filled because it needs prior authorization, the pharmacist will give you a temporary supply unless the pharmacist thinks the medicine will harm you. If you have not already been taking the medicine, you will get a 72-hour supply. If you have already been taking the medicine, you will get a 15-day supply. Your provider will still need to ask **PA Health & Wellness** for prior authorization as soon as possible

What if I Receive a Denial Notice?

If **PA Health & Wellness** denies a request for a service, item, or drug or does not approve it as requested, you can file a Grievance or a Complaint. If you file a Complaint or a Grievance for denial of an ongoing service, item or drug, **PA Health & Wellness** must authorize the service, item or drug until the Complaint or Grievance is resolved as long as you file the Complaint or Grievance within 15 business days of the denial notice. See Section 8, Complaints, Grievances, and Fair Hearings, starting on page **105** of this Handbook for detailed information on Complaints and Grievances.

Service Descriptions

Emergency Services

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

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

Emergency medical conditions

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

Non-emergency medical conditions that may need urgent care include:

- 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 **PA Health & Wellness** Nurse Hotline at **1-844-626-6813** or **TTY: 711** 24 hours a day, 7 days a week.

Emergency Medical Transportation

PA Health & Wellness covers emergency medical transportation by an ambulance for emergency medical conditions. If you need an ambulance, call 911 or your local ambulance provider. Do not call MATP (described on page **77** of this Handbook) for emergency medical transportation.

Urgent Care

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 **PA Health & Wellness** Nurse Hotline at **1-844-626-6813 or TTY 711** first. Your PCP or the hotline nurse will help you decide if you need to go to the emergency room, the PCP's office, or an urgent care center near you. In most cases if you need urgent care, your PCP will give you an appointment within 24 hours. If you are not able to reach your PCP or your PCP cannot see you within 24 hours and your medical condition is not an emergency, you may also visit an urgent care center or walk-in clinic within **PA Health & Wellness**'s network. Prior authorization is not required for services at an Urgent Care center.

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

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

For information on non-emergency medical transportations, please see the Medical Assistance Transportation Program (MATP) section on page **76** of this Handbook.

If you have any questions, please call Participant Services at **1-844-626-6813 (TTY: 711)**.

Dental Care Services

PA Health & Wellness covers two periodic oral exams and cleanings per year, as well as all medically necessary dental services, including x-rays, fillings, crowns, root canals, periodontal services, dentures, and extractions through dentists in the PA Health & Wellness network. Some dental services have limits and may require prior authorization or a dental benefit limit exception (BLE). Patients with Medicare may have additional primary dental coverage.

To find a dentist, please call Participant Services at **1-844-626-6813 (TTY: 711)** or visit [**https://findaprovider.pahealthwellness.com**](https://findaprovider.pahealthwellness.com)

- Beyond Medicaid-covered services, participants can request an oral hygiene kit by calling Participant Services.
- PA Health & Wellness Participants may be eligible for additional benefits for dentures beyond the standard denture benefit.

Dental Benefit Limit Exception

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

PA Health & Wellness will approve a BLE if:

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

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

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

To ask for a BLE before you receive the service, you or your dentist can call Centene Dental Services at 1-844-626-6813 or TTY 711 or send the BLE request form to:

PA Health & Wellness
1700 Bent Creek Blvd.
Ste. 200
Mechanicsburg, PA 17050

BLE requests must include the following information:

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

Time Frames for Deciding a Benefit Limit Exception

If your provider asks for an exception before you get the service, **PA Health & Wellness** will let you know whether or not the BLE is approved within 21 days.

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

If you disagree with or are unhappy with **PA Health & Wellness**'s decision, you may file a Complaint or Grievance with **PA Health & Wellness**. For more information on the Complaint and Grievance process, please see Section 8 of this Handbook, Complaints, Grievances, and Fair Hearings on page **105**.

Vision Care Services

PA Health & Wellness covers some vision services for Participants through providers within the PA Health & Wellness network.

PA Health & Wellness covers the following services for Participants 21 years or older:

- One complete eye exam every 6 months (service date to service date)
- Medically necessary eye care services performed by an optometrist
- Medically necessary eyewear with a diagnosis of aphakia are eligible for two pairs of standard eyeglass lenses or contact lenses per year and are covered for four eyeglass lenses per year.
- Eye prostheses are limited to one per recipient per 2 years

Additional services, including those medically necessary (with prior authorization) are also available. Visit the **PA Health & Wellness** website to find a vision care provider in

your region/county or contact Participant Services at **1-844-626-6813 or TTY 711** for assistance.

Pharmacy Benefits

PA Health & Wellness covers pharmacy benefits that include prescription medicines and over-the-counter medicines and vitamins with a doctor's prescription.

Prescriptions

When a provider prescribes a medication for you, fill your prescription at any pharmacy that is in **PA Health & Wellness**'s network. You will need to have your **PA Health & Wellness** ID card with you and you may have a co-payment. **PA Health & Wellness** will pay* for any medicine listed on **PA Health & Wellness**'s drug formulary or that is preferred on the Department of Human Services (DHS) Preferred Drug List 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, in some cases, you may be able to get up to a 90-day supply at a time. If you have questions about whether a prescription medicine is covered, need help finding a pharmacy in **PA Health & Wellness**'s network, or have any other questions, please call Participant Services at **1-844-626-6813 (TTY: 711)**.

*Some medicine included on the **PA Health & Wellness** drug formulary or that is preferred on the Department of Human Services (DHS) Preferred Drug List may require prior authorization.

If you receive Medicare benefits, your Medicare plan is your primary payer for medications. Please refer to your Medicare plan if you have questions about whether a prescription medicine is covered or have any other questions. If your medication is not covered by Medicare, it may be covered by **PA Health & Wellness**.

Statewide Preferred Drug List (PDL) and PA Health & Wellness Supplemental Formulary

PA Health & Wellness covers medicines listed on the Statewide Preferred Drug List (PDL) and the **PA Health & Wellness** supplemental formulary. This is what your PCP or other doctor should use when deciding what medicines you should take. Both the

Statewide PDL and PA Health & Wellness supplemental formulary cover both brand name and generic drugs. Generic drugs contain the same active ingredients as brand name drugs. Some medicine included on the **PA Health & Wellness** supplemental formulary or that is preferred on the Statewide PDL may require prior authorization. Any medicine prescribed by your doctor that is not either on the Statewide PDL or **PA Health & Wellness**'s supplemental formulary needs prior authorization. The Statewide PDL and **PA Health & Wellness**'s supplemental formulary can change from time to time, so you should make sure that your provider has the latest information when prescribing a medicine for you.

If you have any questions or to get a copy of the Statewide PDL and **PA Health & Wellness**'s supplemental formulary, call Participant Services at **1-844-626-6813 (TTY: 711)** or visit **PA Health & Wellness**'s website at <https://www.pahealthwellness.com/members/lsss/benefits-services/pharmacy.html>

Reimbursement for Medication

For participants 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: <https://www.pahealthwellness.com/members/lsss/benefits-services/pharmacy.html>

For claim reimbursement, complete and mail this form to:

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

Forms can be also faxed to (844) 678-5767. Incomplete forms will delay processing. Pharmacy Customer Service can be reached at (800) 413-7221. It is our intent to process all reimbursement claims within 30 days. Keep a copy of all documents submitted for your records. Reimbursement is not guaranteed; the claims are subject to limitations, exclusions and provisions of PA Health & Wellness.

Specialty Medicines

The Statewide PDL and **PA Health & Wellness**'s supplemental formulary includes medicines that are called specialty medicines. These are medicines used to treat complex diseases. These medicines usually require specialized handling and close monitoring by a doctor. A prescription for these medicines needs to be prior authorized.

You may have a co-payment for your medicine. To see the Statewide Preferred Drug List, the **PA Health & Wellness**'s supplemental formulary, a complete list of specialty medicines, and whether your medicine is considered a specialty medicine, call Participant Services at **1-844-626-6813 (TTY: 711)** or visit **PA Health & Wellness**'s website at <https://www.PAHealthWellness.com/Members/LTSS/Benefits-Services/Pharmacy.html>.

You can pick any pharmacy that is in **PA Health & Wellness**'s network. For the list of network pharmacies, please call Participant Services at **1-844-626-6813 (TTY: 711)** or see the provider directory on **PA Health & Wellness**'s website at <https://findaprovider.pahealthwellness.com/location>. For any other questions or more information please call Participant Services at **1-844-626-6813 (TTY: 711)**.

Over-the-Counter Medicines

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

- Sinus and allergy medicine
- Acetaminophen or aspirin
- Generic vitamins
- Cough medicine
- Heartburn medicine such as antacids Anti-diarrheal medications
- Anti-flatulent medications
- Bronchodilators
- Contraceptives
- Insulin and insulin syringes
- Laxatives and stool softeners
- Nasal preparation
- Ophthalmic preparations
- Diagnostic agents

You can find more information about covered over-the-counter medicines by visiting **PA Health & Wellness**'s website at **PAHealthWellness.com** or by calling Participant Services at **1-844-626-6813 or TTY 711**.

Help with Signing up for Medicare Part D

If you have Medicare, **PA Health & Wellness** can help you to sign up for Medicare Part D to help pay for your prescription drugs. Some Medicare Part D plans have no co-payments for prescription drugs. For more information call Participant Services at **1-844-626-6813 (TTY: 711)** or the **Pennsylvania Medicare Education and**

**Decision Insight (PA MEDI) Program at 1-800-783-7067.
Tobacco Cessation**

Do you want to quit using tobacco or nicotine? PA Health & Wellness wants to help you quit!

If you are ready to be smoke free, no matter how many times you have tried to quit smoking, we are here to help you.

Medicines

PA Health & Wellness covers the following medicines to help you quit smoking.

<u>Medication</u>	<u>Prior Authorization?</u>
Bupropion SR Tablet	No
Nicotine Gum	No
Nicotine Lozenge	No
Nicotine Mini Lozenge	No
Nicotine Patch	No
Varenicline Tablet	No

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

Counseling Services

Counseling support may also help you to quit smoking. **PA Health & Wellness** covers the following counseling services: **Therapeutic and Counseling Services**.

Behavioral Health Treatment

Some people may be stressed, anxious, or depressed when they are trying to become smoke-free. **PA Health & Wellness** Participants are eligible for services to address these side effects, but these services are covered by your BH-MCO. You can find the BH-MCO in your county and its contact information on page **99** in this Handbook. You can also call **PA Health & Wellness** Participant Services at **1-844-626-6813 (TTY: 711)** for help in contacting your BH-MCO.

Other Tobacco Cessation Resources

The **PA Free Quitline** is a free, confidential service available by phone to help individuals in Pennsylvania quit using tobacco products. It offers one-on-one coaching, access to nicotine replacement therapy if eligible, and web/text support.

Phone: **1-800-QUIT-NOW (1-800-784-8669)**
Online enrollment & resources: pa.quitlogix.org

American Cancer Society (ACS) in Pennsylvania offers free smoking cessation support is listed among ACS's Pennsylvania patient programs. ACS can connect you with trained specialists for quitting tobacco or vaping and offer navigation of resources and programs. Through ACS you can access their 24/7 Cancer Helpline for questions about tobacco use and quitting.

Phone: **1-800-227-2345** (available any time)
Online: <https://www.cancer.org/about-us/local/pennsylvania.html>

American Heart Association provides guidance, tools and fact sheets to help people quit smoking, vaping or using other tobacco- and nicotine-products, as part of their "Tobacco Endgame" campaign. They offer step-by-step quitting guidance and provide fact sheets and downloadable resources on how to quit and why quitting improves your health.

Phone: 1-800-242-8721
Online: <https://www.heart.org/en/healthy-living/healthy-lifestyle/quit-smoking-tobacco>

American Lung Association offers the **Freedom From Smoking®** program (in-person and online) — a structured program to help quit all forms of tobacco, including e-cigarettes/vaping. Information can be found on-line at <https://www.lung.org/quit-smoking/join-freedom-from-smoking>. They also provide a free Lung Help Line for questions/support about quitting, smoking/vaping, lung health: 1-800-LUNGUSA (1-800-586-4872) with TTY options.

Remember **PA Health & Wellness** is here to help support you in becoming healthier by becoming smoke-free. Do not wait! Please call Participant Services at **1-844-626-6813 (TTY: 711)** so we can help to get you started.

Family Planning

PA Health & Wellness covers family planning services. You do not need a referral from your PCP for family planning services. These services include pregnancy testing, testing and treatment of sexually transmitted diseases, birth control supplies, and family planning education and counseling. You can see any doctor that is a Medical Assistance provider, including any out-of-network provider that offers family planning

services. There is no co-payment for these services. When you go to a family planning provider that is not in the **PA Health & Wellness** network, you must show your **PA Health & Wellness** ID card and Medicare card (if applicable).

For more information on covered family planning services or to get help finding a family planning provider, call Participant Services at **1-844-626-6813 (TTY: 711)**.

Maternity Care

Care During Pregnancy

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

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

- Call or visit your PCP, who can help you find a maternity care provider in **PA Health & Wellness**'s network.
- Visit a network OB or OB/GYN, certified nurse-midwife, or CRNP 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 Participant Services at **1-844-626-6813 (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

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

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

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

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 **PA Health & Wellness**, you can continue to see that provider even if he or she is not in **PA Health & Wellness**'s network. The provider will need to call **PA Health & Wellness** for approval to treat you.

PA Health & Wellness will cover perinatal doula services. PA Health & Wellness will contract Perinatal Doulas who have been certified by the Pennsylvania Certification Board as Certified Perinatal Doulas and enrolled as Medicaid Providers to provide Participants access to quality Participant care through participating professionals, in a timely manner, and without the need to travel excessive distances.

Care for You and Your Baby After Your Baby is Born

You should visit your maternity care provider within 3 weeks after your baby is delivered for a check-up unless your maternity care provider wants to see you sooner.

Your baby should have an appointment with the baby's PCP when he or she is 3 to 5 days old, unless the doctor wants to see your baby sooner. It is best to pick a doctor for your baby while you are still pregnant. If you need help picking a doctor for your baby, please call Participant Services at **1-844-626-6813 (TTY: 711)**.

PA Health & Wellness Maternity Program

PA Health & Wellness has a special program for pregnant Participants called the Start Smart for Your Baby® Program. The Start Smart for Your Baby® Program (Start Smart) is designed to support mothers every step of the way—from pregnancy through the first year of their baby's life. The program combines care management, care coordination, and education to help moms have healthier pregnancies, reduce the risk of preterm birth, and ensure both mother and baby thrive after delivery.

Start Smart provides personalized guidance to all expectant mothers, offering pregnancy and parenting education that helps them feel confident and prepared. For mothers with higher health risks or pregnancy complications, a nurse care manager with

obstetrical experience offers specialized, one-on-one support through pregnancy, delivery, and the postpartum period.

When a newborn requires extra medical attention, such as time in the NICU, an experienced nurse care manager continues to support the mother by coordinating care for the baby throughout the first year—ensuring a smooth transition home and peace of mind for the family.

The Maternity Team also includes physicians who advise on best practices and help remove barriers to care. Working closely with the care management team, they help identify mothers who may need additional support and ensure that every mom receives the care and attention she deserves during this important time.

Contact the PA Health & Wellness care management department for enrollment in the obstetrical program.

Durable Medical Equipment and Medical Supplies

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

Examples of DME include, but are not limited to:

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

Examples of home accessibility DME include, but are not limited to:

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

This includes the medically necessary installation and repair of covered home accessibility DME, it does not include home adaptations. You may be eligible for home adaptations if you receive LTSS.

Examples of medical supplies include, but are not limited to:

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

If you have any questions about DME or medical supplies, or for a list of network suppliers, please call Participant Services at **1-844-626-6813 (TTY: 711)**.

Nursing Home Services

A nursing home is a licensed facility that provides nursing or long-term care services. These facilities have services that help both the medical and non-medical needs of residents. Nursing home services include nursing and rehabilitation, assistance with tasks like dressing, bathing, using the bathroom, meals, and laundry or other services that are needed on a regular basis as part of a planned health care or health management program. Nursing homes must be part of **PA Health & Wellness's** provider network for you to receive services. If you need nursing home services for more than 30 days, see page **82** of the handbook for information on Long-Term Services and Supports.

Outpatient Services

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

Your outpatient service may require Prior Authorization. Call your Provider or Service Coordinator if the service is potentially cosmetic or experimental.

Call **1-844-626-6813 or TTY 711** and one of our representatives will be available to assist in finding an in-network provider close to you.

Hospital Services

PA Health & Wellness covers inpatient and outpatient hospital services. If you need inpatient hospital services and it is not an emergency, your PCP or specialist will arrange for you to be admitted to a hospital in **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 **PA Health & Wellness**. To find out if a hospital is in the **PA Health & Wellness** network, please call Participant Services at **1-844-626-6813 (TTY: 711)** or check the provider directory on **PA Health & Wellness**'s website at <https://findaprovider.pahealthwellness.com>

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

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

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

If you have any other questions about hospital services, please call Participant Services at **1-844-626-6813 (TTY: 711)**.

Preventive Services

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

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

The following preventive services may earn you My Health Pays® Rewards:

- Breast Cancer Screening
- Colorectal Cancer Screening

- Cervical Cancer Screening

See page **73** for more information about My Health Pays Rewards.

Physical Exam

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

If you are unsure about whether or not you are up to date with your health care needs, please call your PCP or Participant Services at **1-844-626-6813 (TTY: 711)**. Participant Services can also help you make an appointment with your PCP.

New Medical Technology

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

If you need more information on new medical technologies, please call **PA Health & Wellness** Participant Services at **1-844-626-6813 (TTY: 711)**.

Home Health Care

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

There are no limits on the number of home health care visits that you can get.

You should contact Participant Services at **1-844-626-6813 (TTY: 711)** if you have been approved for home health care and that care is not being provided as approved.

Chronic Condition/Disease Management

PA Health & Wellness offers Chronic Care Management Programs (CCMP) to help individuals living with chronic conditions feel supported, informed, and in control of their health.

The focus is on helping participants prevent complications, stay well, and improve their overall quality of life using proven, evidence-based strategies and ongoing encouragement.

Programs are available for conditions such as asthma, diabetes, and congestive heart failure, among others. Each program promotes collaboration, education, and self-management so participants can take an active role in their care and experience better health outcomes.

Every individual's situation is different. That's why PA Health & Wellness evaluates each participant's level of need and tailors support accordingly—offering more intensive help for those with multiple or complex conditions. Participation in the program is voluntary, and eligible members can choose to join or opt out at any time.

You do not need a referral from your PCP for these programs, and there is no co-payment.

If you have any questions or need help, please call Participant Services at **1-844-626-6813 (TTY: 711)**.

Expanded Services

Adult Dental

- Beyond Medicaid coverage, Participants can request an oral hygiene kit.
- Participants may be eligible for additional benefits for dentures beyond the standard denture benefit.

Adult Vision

- Beyond Medicaid-covered services, \$100 yearly for glasses/contacts for Nursing Facility Clinically Eligible Participants.

Wellness Programs

- After a hospital stay: 14 days of home delivered meals
- After a hospital stay: 14 days of respite care
- Smart Start for Baby and Health library
- PHW Community Connect Online resource site
- 90-day prescription refill for those not on Medicare
- Vital Care™ chronic condition management program

- Pulsewrx™ Lifeline smartphone program application help to obtain free smartphone
- HCBS caregiver support program

Other Benefits

- Basic internet plan for HCBS participants where available
- My Health Pays™ card for health items at retailers
- Assistance for participants waiting for LTSS eligibility determination to help access local resources
- Transition benefit helps qualified participants move from nursing facility back home with up to \$6500 for assistance (\$2500 more than \$4000 state limit)
- Maximizing Independence at Home (MIND at Home™) is a home-based care coordination program for people with Alzheimer disease or related dementias who live in the community and for their family caregivers (Available for LTSS Participants in select locations).

Please call Participant Services at 1-844-626-6813 or TTY 711 for more information on Expanded Services.

My Health Pays® Rewards

Get rewarded for focusing on your health! Earn My Health Pays rewards when you complete healthy activities to protect your health.

Use your My Health Pays rewards to help pay for:

- Utilities
- Transportation
- Telecommunications
- Childcare Services
- Education
- Rent
- Or you can use them to shop at Walmart for everyday items**

**This card may not be used to buy alcohol, tobacco, or firearms products.

Earn rewards by completing the following healthy behaviors:

- \$25 For annual breast cancer screening (one per calendar year, age 50-74)
- \$25 For annual colorectal cancer screening (one per calendar year, age (45-75)
- \$25 For annual cervical screening (one per calendar year, age 21-64)
- \$30 For diabetic eye exam (one per calendar year, age 18-75)
- \$30 For diabetic HbA1c test (one per calendar year, age 18-75)
- \$30 Diabetic Kidney Evaluation. (one per calendar year, age 18-85)

Your My Health Pays reward dollars are added to your rewards card after we process the claim for each activity you complete. If you are earning your first reward, your My Health Pays™ Visa® Prepaid Card will be mailed to you.

This My Health Pays Rewards Visa Prepaid card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC. Card cannot be used everywhere Visa debit cards are accepted.

To learn more about My Health Pays rewards, please visit

<https://www.pahealthwellness.com/members/ltss/benefits-services/healthy-rewardsprogram.html>

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 **PA Health & Wellness** to provide services to **PA Health & Wellness**'s Participants. There may be a time when you need to use a doctor or hospital that is not in the **PA Health & Wellness** network. If this happens, you can ask your PCP to help you. Your PCP can request permission from **PA Health & Wellness** for you to go to an out-of-network provider. **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 **PA Health & Wellness** cannot give you a choice of at least 2 providers in your area, **PA Health & Wellness** will cover medically necessary services provided by an out-of-network provider.

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

If you are outside of **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 **PA Health & Wellness** to get care. If you need to be admitted to the hospital, you should let your PCP know.

If you need care for a non-emergency condition while outside of the service area, call your PCP or Participant Services at **1-844-626-6813 (TTY: 711)** who will help you to get the most appropriate care.

PA Health & Wellness will not pay for services received outside of the United States and its territories.

Out-of-Plan Services

You may be eligible to get services other than those covered by **PA Health & Wellness**. Below are some services that are available but are not covered by **PA Health & Wellness**. If you would like help in getting these services, please call Participant Services at **1-844-626-6813 (TTY: 711)**.

Non-Emergency Medical Transportation

PA Health & Wellness does not cover non-emergency medical transportation (NEMT) for most Community HealthChoices Participants. **PA Health & Wellness** can help you arrange transportation to covered service appointments through programs providing NEMT services, such as the MATP described in the following section. To find out what types of transportation services you may use, visit PennDOT's Find My Ride Apply website at www.apply.findmyride.penndot.pa.gov.

If you have a Medicare Advantage Plan, the Medicare Advantage plan may offer a transportation benefit that you are also able to use for medical and non-medical transportation services. Medicare Advantage plan benefits should be used before **PA Health & Wellness** benefits.

PA Health & Wellness does cover non-emergency medical transportation if:

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

If you have questions about non-emergency medical transportation, please call Participant Services at **1-844-626-6813 (TTY: 711)**.

Medical Assistance Transportation Program (MATP)

MATP provides non-emergency medical transportation to and/or from Medicaid covered services and medical appointments, such as medical facilities, doctor's or dentist's offices, hospitals or clinics, pharmacies or suppliers of medical equipment, urgent care visits, and hospital discharges. MATP may also cover specialized transportation for non-emergency medical appointments via stretcher or ambulance.

This service is provided at no cost to you. The MATP in the county where you live will determine your need for services and provide the right type of transportation for you. Transportation services are typically provided in the following ways:

- Where public transportation such as buses, subways or trains are available, MATP provides tokens or passes or repays you for the public transportation fare.
- Reimbursement for mileage at a rate determined by the Department, parking fees, and tolls with valid receipts, when you use your own car or someone else's car to get to your medical provider.
- Paratransit services which include vans, vans with lifts, or taxis that will pick you up and drop you off at the curb or driveway of your home or destination. Usually, the vehicle will have more than one rider with different pick-up and drop-off times and locations.

If you need transportation to and/or from a medical facility, doctor's or dentist's office, hospital or clinic, pharmacy or supplier of medical equipment, urgent care visit, and/or hospital discharge, contact your local MATP to get more information, to apply for services or to request a ride. A complete list of county MATP contact information can be found here: <http://matp.pa.gov/CountyContact.aspx>. Please see page **12** of this handbook for a complete list of county MATP contact information.

You may also apply for MATP and other transportation services by going on PennDOT's Find My Ride Apply website at www.apply.findmyride.penndot.pa.gov . If you are a Participant in Philadelphia, please contact the local MATP directly to request a trip.

MATP may confirm with **PA Health & Wellness** or your doctor's office that the medical appointment you need transportation for is a covered service. **PA Health & Wellness** works with MATP to help you arrange transportation. You can also call Participant Services for more information at **1-844-626-6813 (TTY: 711)**.

If the local county MATP is unable to provide non-emergency medical trips via a stretcher or ambulance, and has made efforts to seek possible local resources, the local county MATP will complete a Transportation Referral Form and will send it to PA Health and Wellness.

PA Health & Wellness will review and determine the Transportation Referral. If PA Health & Wellness approves the referral from MATP, PA Health & Wellness will notify you to schedule your trip and will also notify your local county MATP that the referral was accepted.

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 behavior where one person tries to gain power or control over another person in a family or intimate relationship.

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

- Emotional abuse
- Physical violence
- Stalking
- Sexual violence
- Financial abuse
- Verbal abuse
- Elder Abuse
- Intimate partner violence later in life
- Intimate partner abuse
- Domestic Violence in the LGBTQIA+ Community

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

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

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

Where to get help:

National Domestic Violence Hotline

1-800-799-7233 (SAFE)
1-800-787-3224 (TTY)

Pennsylvania Coalition Against Domestic Violence

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

1-800-932-4632 (in Pennsylvania)

Sexual Violence and Rape Crisis

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

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

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

Where to get help:

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

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

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

Pennsylvania Coalition to Advance Respect (www.pcar.org/)

Call 1-800-656-4613 for the National Sexual Assault Hotline or visit the link below for more resources from the Rape, Abuse, and Incest National Network (RAINN)
RAINN | The nation's largest anti-sexual violence organization (rainn.org)

Section 5 –

Long-Term Services and Supports

Long-Term Services and Supports

PA Health & Wellness covers long-term services and supports (LTSS) for participants who cannot do some activities of daily living or who have chronic illnesses. LTSS include services in the community and in a nursing home. LTSS help you live where you want to, for example, at home or in another residential setting in the community, or a nursing home. LTSS also support you where you want to work.

In order to be able to get LTSS, you will have to have a “clinical eligibility determination” that shows that you need the type of services provided in a nursing home, even if you are getting or could get the services at home or in another community setting. This is called being “Nursing Facility Clinically Eligible,” also called “NFCE.” This means that not everyone may get LTSS. The clinical eligibility determination is conducted by the Area Agency on Aging.

If you are getting or will be getting LTSS, your **PA Health & Wellness** Service Coordinator will meet with you to go over what all of your needs are, including where you live or want to live, what your physical health and behavioral health needs are, and whether you need a caregiver or other support in the community. This is called a “comprehensive needs assessment.”

As part of the comprehensive needs assessment, you will choose a service coordinator, who will work with you to create a person-centered service plan (PCSP), which will include all of the services you need, whether or not **PA Health & Wellness** covers the services.

Service Coordination, the comprehensive needs assessment, and the person-centered planning process are explained in more detail below.

Service Coordination

If you qualify for LTSS, a service coordinator will help you get all the LTSS you need. **PA Health & Wellness** will give you a choice of available service coordinators employed by or under contract with PA Health & Wellness to pick from. PA Health & Wellness will provide you with information about service coordinators within our coverage area, including a brief description of any special skills and work experience. If requested, you will be allowed to speak to the service coordinators as part of the selection process. Your service coordinator will work with you to create a PCSP and will make sure that your PCSP stays up to date and that you get all the services and supports listed in your PCSP.

You should contact your service coordinator in the following situations:

- If you do not understand your PCSP. You should know and be able to understand the services and supports you will get and the providers who will support you.
- If you would like to change your PCSP.
- If you are having problems with any of your services, supports, or providers.

Your service coordinator will help you get LTSS and other covered and non-covered medical, social, housing, and educational services and supports listed in your PCSP. Your service coordinator will:

- Keep track of your services and supports.
- Tell you about:
 - Needed assessments
 - The PCSP process
 - Available LTSS
 - Service alternatives, including participant direction
 - Your rights, including your right to file a Complaint, Grievance, and request for a Fair Hearing
 - Your responsibilities in Community HealthChoices
 - Roles of persons who work with Community HealthChoices
- Help with Complaints, Grievances, and requests for Fair Hearings if you need and ask for help.
- Keep a record of your preferences, strengths, and goals for the PCSP.
- Reevaluate your needs every year or more often if needed.
- Help you and your person-centered planning team to pick providers.
- Remind you to do what's needed to stay eligible for Community HealthChoices and LTSS.
- Look for services outside of Community HealthChoices to meet your needs, including through Medicare or other health insurers, and other community resources.

If you are moving to a new home, your service coordinator will make sure that you get or keep the services and support you need for your move to a new home. This includes help to get and keep housing, activities to help you be independent, and help in using community resources so that you can stay in the community.

If you ever want a different service coordinator, please call Participant Services at 1-844-626-6813 or TTY 711.

Comprehensive Needs Assessment

A comprehensive needs assessment is the first step to setting up the services you need. It is important that you work with **PA Health & Wellness** to conduct an assessment as soon as possible. Your comprehensive needs assessment includes review of your physical health, behavioral health, LTSS, caregiver, and other needs. The assessment will also include talking about your preferences, goals, housing, and informal supports. The chart below shows when the assessment will be done, which depends on your situation.

Situation	Timeframe For PA Health & Wellness Assessment
You are NFCE but not getting LTSS when you start with PA Health & Wellness	Within 5 business days from start date
You already have a PCSP and are getting LTSS	Within 5 business days of a clinical eligibility redetermination
You or a designee or family member asks for an assessment	Within 15 days of request
Your last comprehensive needs assessment was 12 or more months ago	All participants receiving LTSS must have a comprehensive needs assessment annually
You have a trigger event (described below)	Within 14 days of the trigger event, or sooner based on the Participant's health status and needs

If you are getting LTSS and have one of the following trigger events, please call your service coordinator to make an appointment to complete a reassessment as soon as possible.

- A hospital admission, a move between health care settings (for example, from a hospital to a nursing home), or a hospital discharge.
- A change in your ability to care for yourself.
- A change in your caregiver or other informal supports that could change your need for services.
- A change in your home that could change your need for services.
- A permanent change in your health that could change your need for services.
- A request by you or someone for you, or a caregiver, provider, or DHS.

Trigger events are also called critical incidents. They are serious things that happen and could harm a person's health or safety. Some examples include:

- Death
- Going to the emergency room

- Being sent to the hospital unexpectedly
- Abuse (someone hurting you on purpose)
- Neglect (not getting the care you need)
- Exploitation (someone taking advantage of you)
- A provider or staff doing something wrong
- A break or stop in services you need
- A serious injury

If any of these things happen to you, you or someone you trust should tell your Service Coordinator as soon as possible. They can check to make sure you're okay, help fix any problems, get you the right support or services, and protect your rights.

Why Reporting Matters

- Reporting a trigger event or critical incident helps make sure you get the care and support you need. It also helps keep you safe and protects your rights.
- If you're not sure whether something counts as a trigger event or critical incident, it's okay to ask your Service Coordinator. It's better to check than to miss something important.

If you are not getting LTSS but think you may be eligible, you may ask **PA Health & Wellness** for a comprehensive needs assessment. After finishing the comprehensive needs assessment, if the results of your assessment indicate that you need LTSS, **PA Health & Wellness** will refer you to DHS for a clinical eligibility determination to see if you are NFCE. **PA Health & Wellness** does not determine your clinical eligibility for LTSS but will help you to understand the process.

Person-Centered Planning

After your comprehensive needs assessment, your service coordinator will work with you to create a PCSP. With support from your service coordinator, you will lead the creation of your PCSP.

Below is important information for you to know about your PCSP:

- You will create your PCSP with help from your service coordinator and anyone whom you would like, such as family members or other informal supports.
- You will complete your PCSP with your service coordinator within 30 days from the date of the comprehensive needs assessment or reassessment.
- You and your service coordinator will create your PCSP based on your comprehensive needs assessment, your clinical eligibility determination, and the services that **PA Health & Wellness** covers to meet your unmet needs.

- Your PCSP will include information about referrals needed for you to get services and supports.
- Your service coordinator will consider both in-network and out-of-network covered services to best meet your needs where you want to have your needs met.

Your PCSP will address your physical, behavioral, and LTSS needs, your strengths, preferences, and goals, and what you hope the services will do for you. It will include the following information:

- Your health conditions, current medicines, and the amount of all authorized services, including the length of time authorized.
- The provider(s) you picked to provide the services and supports you need and want.
- Where you live or want to live and get LTSS (which could be your home, a different residential setting in the community, or a nursing home). **PA Health & Wellness** supports you to live as independently as possible and participate in your community as much as you would like to and are able to.
- Risk factors that may impact your health, and ways to lower such risks, including having back-up plans for care if needed.
- Your need for and plan to get community resources, non-covered services, and other supports, including any reasonable accommodations.
- The supports you need to do what you like to do in your spare time, including hobbies, and community activities.
- How **PA Health & Wellness** will work with other health insurers or supports you have, such as Medicare, veterans' insurance, and your BH-MCO.

When you have finished creating your PCSP, you and your service coordinator will sign it, and your service coordinator will give you a copy for your records. **PA Health & Wellness** will tell the LTSS providers in your PCSP that they are approved to provide the services and supports in your PCSP and the amount and type of service they should provide. Your providers cannot provide the LTSS services in your PCSP until they have the approval from **PA Health & Wellness**.

Your service coordinator must talk with you about your LTSS at least once every 3 months by phone or in-person to make sure you are getting your LTSS and that your LTSS are meeting your needs. At least 2 of these visits must be in-person every year.

Person-Centered Planning Team

To assist with the person-centered planning process, your service coordinator will help you to identify important people to join your Person-Centered Planning Team (PCPT). PCPT members may include your friends, family, medical providers, HCBS providers or anybody else you would like to be involved in planning your services. Your service coordinator will work with you and PCPT members to make sure your needs are met.

Service Descriptions

Home and Community-Based Services

Home and community-based services (HCBS) are services and supports provided in your home and community. HCBS help older adults and persons with disabilities live independently and stay in their homes. Services include help with activities of daily living, or ADLs (for example, eating and bathing) and instrumental activities of daily living, or IADLs (for example, preparing meals and grocery shopping).

PA Health & Wellness covers the following HCBS:

- Adult Daily Living Services – Day services in a community-based center to help with personal care, social, nutritional, and therapeutic needs, 4 or more hours a day on a regular schedule for one or more days every week.
- Assistive Technology – An item, piece of equipment, or product system to increase or maintain ability to communicate or do things for yourself as much as possible.
- Behavior Therapy – Services to assess a participant, develop a home treatment/support plan, train family members/staff and provide technical assistance to carry out the plan, and monitor the participant in the implementation of the plan.
- Benefits Counseling –Counseling about whether having a job will increase your ability to support yourself and/or have a net financial benefit.
- Career Assessment – Review of your interests and strengths to identify potential career options.
- Chore Services – More physically demanding, labor intensive household chores which are necessary to maintain the functional use of the home or provide a clean, sanitary and safe environment when an unclean or cluttered living space impacts service delivery or increases the chance of injury from environmental hazards, such as falls or burns.

- Cognitive Rehabilitation Therapy Services – Services for participants with brain injury that include consultation with a therapist, ongoing counseling, and coaching or cueing that focus on helping the participant to function in real-world situations.
- Community Integration – Short-term services to improve self-help, communication, socialization, and other skills needed to live in the community, provided during life-changing events such as a moving from a nursing home, moving to a new community or from a parent's home, or other change that requires new skills.
- Community Transition Services – One-time expenses, such as security deposits, moving expenses, and household products, for participants who move from an institution to their own home, apartment or other living arrangement.
- Counseling Services –Counseling for a participant to help resolve conflicts and family issues, such as helping the participant to develop and keep positive support networks, improve personal relationships, or improve communication with family members or others.
- Employment Skills Development – Learning and work experiences, including volunteer work, where the participant can develop strengths and skills to be able to get a job that pays good wages.
- Home Adaptations – Physical changes to a participant's home to make the home safe and enable the participant to be more independent in the home.
- Home Delivered Meals – Prepared meals delivered to participants who cannot prepare or get nutritious meals for themselves.
- Home Health Aide –Services ordered by a doctor that include personal care such as help with bathing, monitoring a participant's medical condition, and help with walking, medical equipment, and exercises.
- Job Coaching – Support to help learn a new job and keep a job that pays. Could include helping the participant to develop natural supports in the workplace and working with employers or employees, coworkers, and customers to make it possible for the participant to have a paid job.
- Job Finding – Help in finding potential jobs and helping the participant get a job that fits what he or she wants to and can do and the employer's needs.
- Non-Medical Transportation – Tickets, tokens, and mileage reimbursement to help a participant get to community and other activities

- Nursing – Services of a registered nurse or licensed practical nurse that are ordered by a doctor, which include diagnosing and treating health problems through health teaching, health counseling, and skilled care prescribed by the doctor or a dentist.
- Nutritional Consultation – Services to help the participant and a paid and unpaid caregiver in planning meals that meet the participant’s nutritional needs and avoid any problem foods.
- Occupational Therapy – Services of an occupational therapist ordered by a doctor, which include evaluating a participant’s skills and helping to change daily activities so that the participant can perform activities of daily living.
- Participant-Directed Community Supports –Services and support for participants who want to direct their services, hire their own workers, and keep a budget for their services under Services My Way, which include helping the participant with basic living skills such as eating, drinking, toileting; and household chores such as shopping, laundry, and cleaning; and help with participating in community activities.
- Participant-Directed Goods and Services – Services, equipment, or supplies for participants who want to direct their services and keep a budget for their services under Services My Way, so that they can be safe and independent in their homes and be part of their community.
- Personal Assistant Services – Hands-on help for activities of daily living such as eating, bathing, dressing, and toileting.
- Personal Emergency Response System (PERS) – An electronic device which is connected to a participant’s phone and programmed to signal a response center with trained staff when the participant presses a portable “help” button to get help in an emergency.
- Pest Eradication – Services to remove insects and other pests from a participant’s home that, if not treated, would prevent the participant from staying in the community due to a risk of health and safety.
- Physical Therapy – Services of a physical therapist and ordered by a doctor, which include evaluation and treatment of a participant to limit or prevent disability after an injury or illness.
- Residential Habilitation – Services delivered in a provider-owned or provider-operated setting where the participant lives, which include community integration, nighttime assistance, personal assistance services to help with activities of daily

living such as bathing, dressing, eating, mobility, and toileting, and instrumental activities of daily living such as cooking, housework, and shopping, so that the participant get the skills needed to be as independent as possible and fully participate in community life.

- Respite – Short-term service to support a participant when the unpaid caregiver is away or needs relief.
- Specialized Medical Equipment and Supplies –Items that allow a participant to increase or maintain the ability to perform activities of daily living.
- Speech Therapy – Services of a licensed American Speech-Language-Hearing associate or certified speech-language pathologist and ordered by a doctor, which include evaluation, counseling, and rehabilitation of a participant with speech disabilities.
- Structured Day Habilitation – Day services in a small group setting directed to preparing a participant to live in the community, which include supervision, training, and support in social skills training.
- Telecare – 3 services that use technology to help a participant be as independent as possible:
 - Health Status Measuring and Monitoring TeleCare Services – uses wireless technology or a phone line to collect health-related data such as pulse and blood pressure to help a provider know what the participant's condition is and providing education and consultation.
 - Activity and Sensor Monitoring TeleCare Service – uses sensor-based technology 24 hours a day, 7 days a week by remotely monitoring and passively tracking participants' daily routines.
 - Medication Dispensing and Monitoring TeleCare Service – helps a participant by dispensing medicine and monitoring whether the participant is taking the medicine as prescribed.
- Teleservices - The delivery of direct services using remote technology. The following direct services may be rendered via teleservices: Cognitive Rehabilitation Therapy Services, Counseling Services and Nutritional Consultation.
- Vehicle Modifications – Physical changes to a car or van that is used by a participant with special needs, even if the car or van is owned by a family member with whom the participant lives or another person who provides the main support to the participant, so that the participant can use the car or van.

Participant-Directed Community Supports

The Participant-Directed Community Supports benefit allows participants to choose and manage their own direct care worker (DCW). If you choose to hire your own DCW, you (or an individual that you choose to be your representative) are referred to as the Common Law Employer (CLE). The CLE is responsible to hire, train and supervise the DCW. The CLE must also work with the Financial Management Services (FMS) provider to make sure that:

- All paperwork is completed before the DCW begins to work
- The DCW only works the number of hours that are authorized in the participant's Person-Centered Service Plan (PCSP)
- The DCW follows electronic visit verification (EVV) rules when submitting the time they work
- The DCW and the CLE use the FMS provider's system to review and approve all time the DCW worked

It is important that these responsibilities are completed by CLEs so that the DCW is paid for their time worked. Other employer-related responsibilities such as issuing paychecks and maintaining tax records are managed by the FMS provider.

Additionally, Participants in the participant self-directed model of care assessed as requiring greater than sixteen (16) hours of PAS per day shall receive the following:

- A minimum of four (4) in person visits by the Service Coordinator per year.
- Quarterly video visit by a clinician or a Service Coordinator Supervisor that is also a clinician must be offered directly to the Participant, or if the Participant cannot speak, to their designee.

Nursing Home Services

PA Health & Wellness covers nursing home services. A nursing home is licensed to provide nursing or long-term care services that help both the medical and non-medical needs of persons in the nursing home. Services include nursing and rehabilitation, help with tasks like dressing, bathing, using the bathroom, meals, and laundry or other services which are needed on a regular basis as part of a planned health care program.

If you are not living in a nursing home now, before you can get LTSS in a nursing home, DHS, in consultation with your doctor will assess whether you are Nursing facility clinically eligible (NFCE). See page **82** of this Handbook for an explanation of NFCE. Nursing home services must also be prior authorized by **PA Health & Wellness**.

If you are living in a nursing home and you enrolled in Community HealthChoices when it first started, you will be able to stay in that nursing home as long as you need nursing home services. You can also move to another nursing home in **PA Health & Wellness**'s network or contact an Enrollment Specialist at 844-824-3655 to learn about other Community HealthChoices plans and nursing homes in their network.

If you are living in a nursing home and you enrolled in Community HealthChoices after it first started, you must go to a nursing home in **PA Health & Wellness**'s network, or ask **PA Health & Wellness** to approve your stay in an out-of-network nursing home. You can also contact an Enrollment Specialist at 844-824-3655 to learn about other Community HealthChoices plans and nursing homes in their network.

If you were not living in a nursing home when you first enrolled in Community HealthChoices, but now you need nursing home services, you must go to a nursing home in **PA Health & Wellness**'s network. You can also contact an Enrollment Specialist to learn about other Community HealthChoices plans and nursing homes in their network.

Patient Pay for Nursing Home Services

If you live in a nursing home or have to go to a nursing home for a short time after an illness or injury, you may have to pay part of your cost of care every month. This is called your "patient pay" amount.

When you apply for Medical Assistance for nursing home care, the CAO decides what the amount of your cost of care will be based on your income and expenses. If you have questions, please call your CAO at the phone number on page **15** of this Handbook, or your service coordinator will work with you to help you understand your cost of care.

Assisted Living Services

PA Health & Wellness Participants who currently reside in a nursing facility and would like to transition to a more community-like setting or those living in the community who would like a different community setting may be eligible to transition to an assisted living residence. With assisted living, Participants have their own living space and receive services like personal care, housekeeping assistance, social programming, nonmedical transportation, and medication management. These services are covered by the Community HealthChoices program. The cost of room and board in an assisted living residence is paid by the Participant.

PA Health & Wellness Service Coordinators will work with Participants who wish to move to an assisted living residence to make sure the level of independence and program flexibilities meet their needs, and that they are able to make an informed choice.

For more information about assisted living services, please contact your Service Coordinator or Participant Services at 1-844-626-6813 (TTY: 711).

State Ombudsman Program

The Pennsylvania Department of Aging runs the Ombudsman program. Ombudsmen handle complaints and other issues by and for persons who are in long-term facilities, such as nursing homes, assisted living facilities, and personal care homes. Ombudsmen also provide information about residents' rights under federal and state law.

You may contact the Ombudsman program by calling the Pennsylvania Department of Aging at 717-783-8975 or on the website at www.aging.pa.gov/aging-services/Pages/Ombudsman.aspx

LTSS Expanded Services

Adult Dental

- Beyond Medicaid coverage, Participants can request an oral hygiene kit.
- Participants may be eligible for additional benefits for dentures beyond the standard denture benefit.

Adult Vision

- Beyond Medicaid-covered services, \$100 yearly for glasses/contacts for Nursing Facility Clinically Eligible Participants.

Wellness Programs

- After a hospital stay: 14 days of home delivered meals
- After a hospital stay: 14 days of respite care
- Smart Start for Baby and Health library
- PHW Community Connect Online resource site
- 90-day prescription refill for those not on Medicare
- Vital Care™ chronic condition management program
- PulseWrx™ Lifeline smartphone program application help to obtain free smartphone
- HCBS caregiver support program

Other Benefits

- Basic internet plan for HCBS participants where available
- My Health Pays™ card for health items at retailers
- Assistance for participants waiting for LTSS eligibility determination to help access local resources

- Transition benefit helps qualified participants move from nursing facility back home with up to \$6500 for assistance (\$2500 more than \$4000 state limit)
- Maximizing Independence at Home (MIND at Home™) is a home-based care coordination program for people with Alzheimer disease or related dementias who live in the community and for their family caregivers (Available for LTSS Participants in select locations).

Please call Participant Services at 1-844-626-6813 or TTY 711 for more information on LTSS Expanded Services.

Estate Recovery

Federal law requires that DHS be repaid part of the amount of Medical Assistance funds spent on some services provided to persons who are 55 years old or older. This is called “estate recovery.” DHS collects from the person’s estate after the person passes away, not while the person is getting services.

For Community HealthChoices participants, estate recovery applies to the amounts DHS paid to **PA Health & Wellness** for the following services:

- Nursing home services
- Home and Community-Based Services
- Hospital care and prescription drugs provided while the person was in a nursing home or getting HCBS

Your County Assistance Office can answer any questions you have about estate recovery. Please see page **15** of this Handbook for the phone number of the CAO.

Section 6 –

Advance Directives

Advance Directives

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

If the laws regarding advance directives are changed, **PA Health & Wellness** will tell you in writing what the change is within 90 days of the change. For information on **PA Health & Wellness**'s policies on advance directives, including how to obtain written information and/or policies, call Participant Services at **1-844-626-6813 (TTY: 711)** or visit **PA Health & Wellness**'s website at **PAHealthWellness.com**.

Living Wills

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

Health Care Power of Attorney

A Health Care Power of Attorney is also called a Durable Power of Attorney. A Health Care or Durable Power of Attorney is a document in which you give someone else the power to make medical treatment decisions for you if you are physically or mentally unable to make them yourself. It also states what must happen for the Power of Attorney to take effect. To create a Health Care Power of Attorney, you may but do not have to get legal help. You may contact Participant Services at **1-844-626-6813 or TTY 711** for more information or direction to resources near you.

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

Providers do not have to follow your advance directive if they disagree with it as a matter of conscience. If your PCP or other provider does not want to follow your advance directive, **PA Health & Wellness** will help you find a provider that will carry out your wishes. Please call Participant Services at **1-844-626-6813 (TTY: 711)** if you need help finding a new provider.

If a provider does not follow your advance directive, you may file a Complaint. Please see page **105** in Section 8 of this Handbook, Complaints, Grievances, and Fair Hearings for information on how to file a Complaint; or call Participant Services at **1-844-626-6813 (TTY: 711)**.

Section 7 –

Behavioral Health Services

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Behavioral Health Care

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

County of Residence	BH-MCO	Participant Services Number
Adams	CCHBO	1-866-738-9849
Allegheny	CCBHO	1-800-553 7499
Armstrong	Carelon Health of PA, Inc.	1-877-688-5969
Beaver	Carelon Health of PA, Inc.	1-877-688-5970
Bedford	Magellan	1-800-424-5860
Berks	CCBHO	1-866-292-7886
Blair	CCBHO	1-855-520-9715
Bradford	CCBHO	1-866-878-6046
Bucks	Magellan	1-877-769-9784
Butler	Carelon Health of PA, Inc.	1-877-688-5971
Cambria	Magellan	1-800-424-0485
Cameron	CCBHO	1-866-878-6046
Carbon	CCBHO	1-866-473-5862
Centre	CCBHO	1-866-878-6046
Chester	CCBHO	1-866-622-4228
Clarion	CCBHO	1-866-878-6046
Clearfield	CCBHO	1-866-878-6046

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Clinton	CCBHO	1-855-520-9787
Columbia	CCBHO	1-866-878-6046
Crawford	Carelon Health of PA, Inc.	1-866-404-4561
Cumberland	PerformCARE	1-888-722-8646
Dauphin	PerformCARE	1-888-722-8646
Delaware	CCBHO	1-833-577-2682
Elk	CCBHO	1-866-878-6046
Erie	CCBHO	1-855-224-1777
Fayette	Carelon Health of PA, Inc.	1-877-688-5972
Forest	CCBHO	1-866-878-6046
Franklin	Performcare	1-866-773-7917
Fulton	Performcare	1-866-773-7917
Greene	CCBHO	1-866-878-6046
Huntingdon	CCBHO	1-866-878-6046
Indiana	Carelon Health of PA, Inc.	1-877-688-5969
Jefferson	CCBHO	1-866-878-6046
Juniata	CCBHO	1-866-878-6046
Lackawanna	CCBHO	1-866-668-4696
Lancaster	PerformCARE	1-888-722-8646
Lawrence	Carelon Health of PA, Inc.	1-877-688-5975
Lebanon	PerformCARE	1-888-722-8646
Lehigh	Magellan	1-866-238-2311
Luzerne	CCBHO	1-866-668-4696
Lycoming	CCBHO	1-855-520-9787

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McKean	CCBHO	1-866-878-6046
Mercer	Carelon Health of PA, Inc.	1-866-404-4561
Mifflin	CCBHO	1-866-878-6046
Monroe	CCBHO	1-866-473-5862
Montgomery	Magellan	1-877-769-9782
Montour	CCBHO	1-866-878-6046
Northampton	Magellan	1-866-238-2312
Northumberland	CCBHO	1-866-878-6046
Perry	PerformCARE	1-888-722-8646
Philadelphia	Community Behavioral Health	1-888-545-2600
Pike	CCBHO	1-866-473-5862
Potter	CCBHO	1-866-878-6046
Schuylkill	CCBHO	1-866-878-6046
Snyder	CCBHO	1-866-878-6046
Somerset	Magellan	1-800-424-5860
Sullivan	CCBHO	1-866-878-6046
Susquehanna	CCBHO	1-866-668-4696
Tioga	CCBHO	1-866-878-6046
Union	CCBHO	1-866-878-6046
Venango	Carelon Health of PA, Inc.	1-866-404-4561
Warren	CCBHO	1-866-878-6046

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Washington	Carelon Health of PA, Inc.	1-877-688-5976
Wayne	CCBHO	1-866-878-6046
Westmoreland	Carelon Health of PA, Inc.	1-877-688-5977
Wyoming	CCBHO	1-866-668-4696
York	CCBHO	1-866-542-0299

You can also call Participant Services at **1-844-626-6813 (TTY: 711)** to get contact information for your BH-MCO.

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

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

The following services are covered:

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

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

If you receive Medicare, your Medicare plan is your primary payer for most inpatient and outpatient behavioral health services. Please refer to your Medicare plan for information on covered services, limits, copayments, and prior authorizations/referrals required for Medicare coverage.

Section 8 –

Complaints, Grievances, and Fair Hearings

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Complaints, Grievances, and Fair Hearings

If a provider or **PA Health & Wellness** does something that you are unhappy about or do not agree with, you can tell **PA Health & Wellness** or the Department of Human Services what you are unhappy about or that you disagree with what the provider or **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 **PA Health & Wellness** you are unhappy with **PA Health & Wellness** or your provider or do not agree with a decision 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 gotten services that **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 **PA Health & Wellness** at **1-844-626- 6813 or TTY 711** and tell **PA Health & Wellness** your Complaint, or
- Write down your Complaint and send it to **PA Health & Wellness** by mail, fax, or electronically via secure email or secure web portal, if available, or
- If you received a notice from **PA Health & Wellness** telling you **PA Health & Wellness**'s decision and the notice included a Complaint/Grievance Request Form, fill out the form and send it to **PA Health & Wellness** by mail or fax.

PA Health & Wellness's address and fax number for Complaints:

1700 Bent Creek Blvd., Ste. 200
Mechanicsburg, PA 17050
Fax: 1-844-873-7451

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

When Should I File a First Level Complaint?

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

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

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

**New Participant
appointment for your first
examination...**

Participants with HIV/AIDS

Participants who receive
Supplemental Security Income
(SSI)

all other Participants

**Participants who are
pregnant:**

pregnant participants in their
first trimester

**We will make an appointment
for you...**

with PCP or specialist no later than 7 days after you become a Participant in **PA Health & Wellness** unless you are already being treated by a PCP or specialist.

with PCP or specialist no later than 45 days after you become a Participant in **PA Health & Wellness**, unless you are already being treated by a PCP or specialist.

with PCP no later than 3 weeks after you become a Participant in **PA Health & Wellness**.

We will make an appointment for you
...

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pregnant participants in their second trimester

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

pregnant participants in their third trimester

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

pregnant participants with high-risk pregnancies

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

Appointment with...

PCP

urgent medical condition
routine appointment
health assessment/general physical examination

with OB/GYN provider within 24 hours of **PA Health & Wellness** learning you are pregnant.

An appointment must be scheduled

within 24 hours.
within 10 business days.

within 3 weeks.

Specialists (when referred by PCP)

urgent medical condition

routine appointment with one of the following specialists:

within 24 hours of referral.

- Otolaryngology
- Dermatology
- Dentist
- Orthopedic Surgery

within 15 business days of referral

routine appointment with all other specialists

within 10 business days of referral

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

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

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

A committee of 1 or more **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 doctor or licensed dentist in the same or similar specialty of the service will be on the committee. **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 **105**.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you file a Complaint verbally, or that is faxed, postmarked, submitted electronically via secure email or secure web portal (if available), or hand-delivered within 15 days of the date on the notice telling you that the services or items you have been receiving are not covered services or items for you, the services or items will continue until a decision is made.

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What if I Do Not Like PA Health & Wellness's Decision?

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

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

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

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

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

Pennsylvania Insurance Department
Bureau of Health Coverage Access, Administration and Appeals
Room 1311, Strawberry Square
Harrisburg, PA 17120
Fax: 717-787-8585

or

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

If you need help filing your request for external review, call the Pennsylvania Insurance Department at 1-877-881-6388

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

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For information about Fair Hearings, see page **119**.

For information about external Complaint review, see page **111**.

If you need more information about help during the Complaint process, see page **105**.

Second Level Complaint

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

To file a Second Level Complaint:

- Call **PA Health & Wellness** at **1-844-626-6813** or TTY 711 and tell **PA Health & Wellness** your Second Level Complaint, or
- Write down your Second Level Complaint and send it to **PA Health & Wellness** by mail, fax, or electronically via secure email or secure web portal, if available, or
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to **PA Health & Wellness** by mail or fax.

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

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

Fax: 1-844-873-7451

What Happens After I File a Second Level Complaint?

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

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

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

A committee of 3 or more people, including at least 1 person who does not work for **PA Health & Wellness**, will meet to decide your Second Level Complaint. The **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

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the Complaint is about a clinical issue, a licensed doctor or licensed dentist in the same or similar specialty of the service will be on the committee. **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 **105**.

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

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

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

External Complaint Review

How Do I Ask for an External Complaint Review?

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

Pennsylvania Insurance Department
Bureau of Health Coverage Access, Administration, and Appeals
1311 Strawberry Square
Harrisburg, PA 17120
Fax: 717-787-8585

You can also go to the "File a Complaint Page" at <https://www.insurance.pa.gov/Consumers/Pages/default.aspx> If you need help filing your request for external review, call the Pennsylvania Insurance Department at 1-877-881-6388.

If you ask, the Pennsylvania Insurance Department will help you put your Complaint in writing.

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What Happens After I Ask for an External Complaint Review?

The Pennsylvania Insurance Department will get your file from **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 getting services:

If you have been getting the services or items that are being reduced, changed or denied and you want to continue getting services, you must submit a request for an external Complaint review or a Fair Hearing that is postmarked, faxed, or submitted electronically via the Pennsylvania Consumer Services Online Portal (CSO), within 15 days of the date on the notice telling you **PA Health & Wellness**'s First Level Complaint decision that you cannot get services or items you have been receiving because they are not covered services or items for you for the services or items to continue until a decision is made. If you will be asking for both an external Complaint review and a Fair Hearing, you must request both the external Complaint review and the Fair Hearing within 15 days of the date on the notice telling you **PA Health & Wellness**'s First Level Complaint decision. If you wait to request a Fair Hearing until after receiving a decision on your external Complaint, services will not continue.

GRIEVANCES

What is a Grievance?

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

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

What Should I Do if I Have a Grievance?

To file a Grievance:

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- Call **PA Health & Wellness** at **1-844-626-6813** or **TTY 711** and tell **PA Health & Wellness** your Grievance, or
- Write down your Grievance and send it to **PA Health & Wellness** by mail, fax, or electronically via secure email or secure web portal, if available, or
- Fill out the Complaint/Grievance Request Form included in the denial notice you received from **PA Health & Wellness** and send it to **PA Health & Wellness** by mail or fax.

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

1700 Bent Creek Blvd., Ste. 200
Mechanicsburg, PA 17050
Fax: 1-844-873-7451

Or email: PHWComplaintsandGrievances@PAHealthWellness.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 **60 days from the date you get the notice** telling you about the denial, decrease, or approval of a different service or item for you.

What Happens After I File a Grievance?

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

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

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

A committee of 3 or more people, including a licensed doctor or licensed dentist in the same or similar specialty of the service, will meet to decide your Grievance. The **PA Health & Wellness** staff on the committee will not have been involved in and will not

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have worked for someone who was involved in the issue you filed your Grievance about. **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 **112**.

What to do to continue getting services:

If you have been getting services or items that are being reduced, changed, or denied and you file a Grievance verbally, or that is faxed, postmarked, submitted electronically via secure email or secure web portal if available, or hand-delivered within 15 days of the date on the notice telling you that the services or items you have been receiving are being reduced, changed, or denied, the services or items will continue until a decision is made.

What if I Do Not Like PA Health & Wellness's Decision?

You may ask for an external Grievance review or a Fair Hearing or you may ask for both an external Grievance review and a Fair Hearing. An external Grievance review is a review by a doctor who does not work for **PA Health & Wellness**.

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

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

For information about Fair Hearings, see page **119**.

For information about external Grievance reviews, see below

If you need more information about help during the Grievance process, see page **115**.

External Grievance Review

How Do I Ask for External Grievance Review?

To ask for an external Grievance review:

- Call **PA Health & Wellness** at **1-844-626-6813** or TTY 711 and tell **PA Health & Wellness** your Grievance, or
- Write down your Grievance and send it to **PA Health & Wellness** by mail to: 1700 Bent Creek Blvd., Ste. 200, Mechanicsburg, PA 17050

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PA Health & Wellness will send your request for external Grievance review to the Pennsylvania Insurance Department.

What Happens After I Ask for an External Grievance Review?

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 15 days of filing the request for an external Grievance review.

PA Health & Wellness 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.

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

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed, or denied and you want to continue getting services, you must ask for an external Grievance review verbally or in a written request that is postmarked, faxed, submitted electronically via the Pennsylvania Consumer Services Online Portal (CSO), or hand-delivered, within 15 days of the date on the notice telling you **PA Health & Wellness**'s Grievance decision for the services or items to continue until a decision is made. If you will be asking for both an external Grievance review and a Fair Hearing, you must request both the external Grievance review and the Fair Hearing within 15 days of the date on the notice telling you **PA Health & Wellness**'s Grievance decision. If you wait to request a Fair Hearing until after receiving a decision on your external Grievance, services will not continue.

Expedited Complaints and Grievances

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

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

- You must ask **PA Health & Wellness** for an early decision by calling **PA Health & Wellness** at **1-844-626-6813** or **TTY 711**, faxing a letter or the

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Complaint/Grievance Request Form to **717-346-7142**, or sending an email to **PHWComplaintsandGrievances@PAHealthWellness.com**.

- Your doctor or dentist should fax a signed letter to **717-346-7142** within 72 hours of your request for an early decision that explains why **PA Health & Wellness** taking **30 days** to tell you the decision about your Complaint or Grievance could harm your health.

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

Expedited Complaint and Expedited External Complaint

Your expedited Complaint will be reviewed by a committee of 3 or more people that includes a licensed doctor or licensed dentist in the same or similar specialty of the service. Members of the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about.

You may attend the expedited Complaint review if you want to attend it. You can attend the Complaint review in person, but may have to appear by phone or by videoconference because **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.

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

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

Pennsylvania Insurance Department
Bureau of Health Coverage Access, Administration and Appeals
Room 1311, Strawberry Square
Harrisburg, PA 17120

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Fax: 717-787-8585

or

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

If you need help filing your request for external review, call the Pennsylvania Insurance Department at 1-877-881-6388

Expedited Grievance and Expedited External Grievance

A committee of 3 or more people, including a licensed doctor or licensed dentist in the same or similar specialty of the service, will meet to decide your Grievance. The **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, but may have to appear by phone or by videoconference because **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.

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

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

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

- Call **PA Health & Wellness** at **1-844-626-6813** or TTY 711 and tell **PA Health & Wellness** your Grievance, or

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- Send an email to **PA Health & Wellness** at **PHWComplaintsandGrievances@PAHealthWellness.com**, or
- Write down your Grievance and send it to **PA Health & Wellness** by mail or fax: **1700 Bent Creek Blvd., Ste. 200, Mechanicsburg, PA 17050 or fax: 1-844-873-7451.**

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

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

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

If you need help filing your Complaint or Grievance, a staff member of **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 have been involved in any decision about your Complaint or Grievance.

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

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

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

You may call **PA Health & Wellness**'s toll-free telephone number at **1-844-626-6813 or 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. You can also find self-help forms and other information at www.phlp.org.

Persons Whose Primary Language Is Not English

If you ask for language services, **PA Health & Wellness** will provide the services at no cost to you.

Persons with Disabilities

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 **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; and
- Providing someone to help copy and present information.

DEPARTMENT OF HUMAN SERVICES FAIR HEARINGS

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

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

Your request for a Fair Hearing must be postmarked or faxed within **120 days from the date on the notice** telling you **PA Health & Wellness**’s decision on your First Level Complaint or Grievance about the following:

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

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

How Do I Ask for a Fair Hearing?

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

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

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

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

Department of Human Services
OLTL/Forum Place 6th FL
CHC Complaint, Grievance and Fair Hearings
P.O. Box 8025
Harrisburg, PA 17105-8025
Fax: 717-346-7142

What Happens After I Ask for a Fair Hearing?

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

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

PA Health & Wellness will also go to your Fair Hearing to explain why **PA Health & Wellness** made the decision or explain what happened.

You may ask **PA Health & Wellness** to give you any records, reports and other information about the issue you requested your Fair Hearing about at no cost to you.

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When Will the Fair Hearing Be Decided?

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

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

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

If your Fair Hearing is not decided within 90 days from the date the Department of Human Services receives your request, you may be able to get your services until your Fair Hearing is decided. You can call the Department of Human Services at 1-800-757-5042 to ask for your services.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you ask for a Fair Hearing and your request is postmarked, faxed, or hand-delivered within 15 days of the date on the notice telling you **PA Health & Wellness**'s First Level Complaint or Grievance decision, the services or items will continue until a decision is made.

Expedited Fair Hearing

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

If your doctor or dentist believes that waiting the usual time frame for deciding a Fair Hearing could harm your health, you may ask that the Fair Hearing take place more quickly. This is called an expedited Fair Hearing. You can ask for an early decision by calling the Department at 1-800-757-5042 or by faxing a letter or the Fair Hearing Request Form to 717-346-7142. Your doctor or dentist must fax a signed letter to 717-346-7142 explaining why taking the usual amount of time to decide your Fair Hearing could harm your health. If your doctor or dentist does not send a letter, the Fair Hearing

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will not be expedited. The Fair Hearing will be scheduled and decided using the usual time frame.

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

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

You may call **PA Health & Wellness**'s toll-free telephone number at **1-844-626-6813** **TTY: 711** if you need help or have questions about Fair Hearings, 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.

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, or sex (including pregnancy, sexual orientation, and gender identity). PA Health & Wellness does not discriminate on the basis of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, Medical Assistance (MA) status, income status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental handicap.

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 1-844-626-6813 (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: 866-388-1769
PHWComplaintsandGrievances@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-PWBEAO@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 or phone 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)

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/non-discrimination-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 1-844-626-6813 (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 1-844-626-6813 (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 1-844-626-6813 (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। 1-844-626-6813 (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 1-844-626-6813 (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 مجاناً. اتصل على الرقم 1-844-626-6813 (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 fòma aksesib yo disponib gratis tou. Rele nan 1-844-626-6813 (TTY: 711) founisè w la.

Vietnamese

LUU Y: 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 1-844-626-6813 (Người khuyết tật: (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Ukrainian

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-844-626-6813 (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 1-844-626-6813 (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 1-844-626-6813 (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। 1-844-626-6813 (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 1-844-626-6813 (TTY: 711) ou parlez à votre fournisseur.

Cambodian

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរសេវាគម្ពុជំនួយភាសា
តាតគិតគិច្ចិមានស្រុមាបអ្នក ជំនួយ នឹងសេវាគម្ពុជំនួយជាតារជំនួយជំសមាមុរោគ
នូងការជំនួយព័ត៌មានតាមទម្រង់ដែលមានចូលរួមពីប្រាស់បាន កំណាយរកបាន
ខ្សោយតាតគិតគិច្ចិម្បាបជំនួយ ហានុរសញ្ញានៅ 1-844-626-6813 (TTY: 711)
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Korean

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Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓક્સિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-844-626-6813 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.



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