

PA Health & Wellness Participant Handbook



1-844-626-6813

TDD/TTY (Hearing Impaired): 1-844-349-8916

PAHealthWellness.com

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Section – 1

Welcome

Introduction

What is Community HealthChoices?

Community HealthChoices is Pennsylvania's Medical Assistance 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 (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.

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 currently operates in the Southwest Zone of Pennsylvania in the following counties:

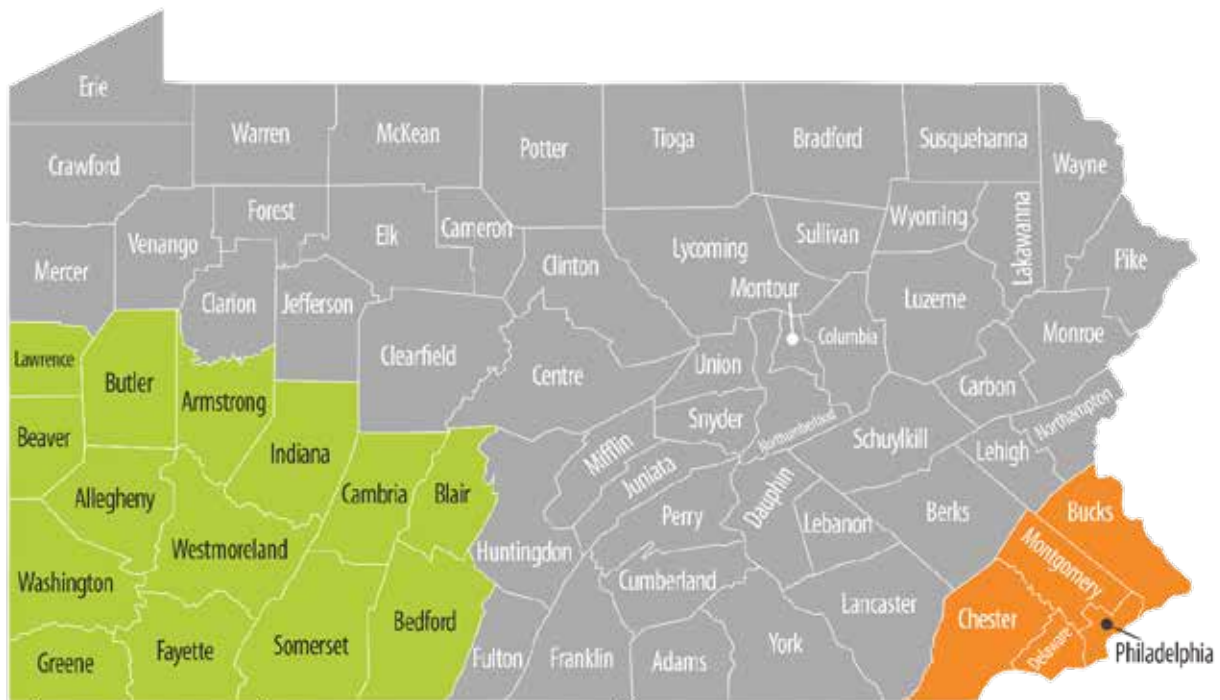
- Allegheny
- Armstrong
- Beaver
- Bedford
- Blair
- Butler
- Cambria
- Fayette
- Greene
- Indiana
- Lawrence
- Somerset
- Westmorland
- Washington

And in the Southeast Zone of Pennsylvania in the following counties:

- Bucks
- Chester
- Delaware
- Montgomery
- Philadelphia

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PA Health & Wellness Provider Network



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.

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Visit <https://allwell.pahealthwellness.com/reference-documents.html> to view the D-SNP Member Handbook (Evidence of Coverage) and other member resources.

It is important to choose providers within the PA Health & Wellness's provider network so that you receive quality care and services quickly and do not incur any unforeseen costs. If you do seek services outside of the PA Health & Wellness provider network, please make sure you seek approval prior to receiving the services.

Choosing a Provider

When you become a PA Health & Wellness Participant, you must choose a Primary Care Provider (PCP) or we will assign you one. Your PCP will be your main doctor who will direct and advocate for your care.

You have the freedom to choose any PCP in our network. Your PCP can be the following type of provider:

- Family General Practitioner
- Internist
- Obstetrician/Gynecologist
- Specialist who performs PCP functions
- Nurse Practitioner

The selection of certain PCP sites may result in medical residents, nurse practitioners and physicians assistants providing care to Participants.

If you want to know more about the PCP you would like to select, please call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916). You may also see a list of "in-network" PCPs on our website at <https://providersearch.PAHealthWellness.com>. If you do not select a PCP, PA Health & Wellness will assign one to you. Your assignment is based on:

- If you were previously enrolled with a health plan and lost eligibility, you will be reenrolled with that plan;
- If you have family Participants enrolled with a health plan, you will be enrolled in that plan;
- If the Participant is a newborn, the Participant will be assigned to his or her mother's health plan; or
- If none of the above applies, you will be assigned to a health plan that has a PCP that is right for you based on your needs

Participant Services

Staff at Participant Services can help you with:

- Finding a doctor 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

Community HealthChoices Participant Handbook

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 or 1-844-322-4253 (TTY)

Participant Services can also be contacted in writing at:

300 Corporate Center Drive, Camp Hill, PA 17011

And

www.PAHealthWellness.com or email Information@PAHealthWellness.com.

Participant Website

PA Health & Wellness's website helps you get the answers you need. The website has resources and features that make it easy to get quality care.

Visit us online at **PAHealthWellness.com** to learn about benefits and services. You can also find these resources:

- Participant Handbook
- Provider Directory you can search
- Caregiver Resources
- Facts about PA Health & Wellness's programs
- Participant Rights & Responsibilities

Special Features:

- Change your PCP
- Print a temporary ID card
- Send us a message
 - A member service representative will respond to your needs as soon as possible
- Locate a new provider or change your provider
- Submit a complaint or grievance

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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 (TTY: 1-844-349-8916). We will send you a new ID card within 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:

Front

	
Name: <First Last> DOB: <00/00/0000> MEDICAID ID#: <XXXXXXXXXXXX> PCP: <First Last> PCP Phone: <XXX-XXX-XXXX> PCP Address: <Street <Name> <City, State ZIP>	RXBIN: 004336 RXPCN: MCAIDADV RXGRP: RX5455 Effective Date: <mm/dd/yyyy>

Back

IMPORTANT CONTACT INFORMATION Participant: Participant Services: 1-844-626-6813 TDD/TTY: 1-844-349-8916 Nurse Advice Line: 1-844-626-6813 Vision: 1-844-626-6813 Dental: 1-844-626-6813 File a Complaint: 1-844-626-6813 File a Complaint Fax: 1-844-873-7451 Medical claims: EDI Payer for Medical Claims 68069 PA Health & Wellness Attn: Claims P.O. Box 5070 Farmington, MO 63640-5050 Providers: Provider Services: 1-844-626-6813 IVR Eligibility Inquiry - Prior Auth: 1-844-626-6813 Vision: 1-844-789-4071 Dental: 1-844-524-8255 Envolve Pharmacy Solutions Pharmacy Help Desk: 1-858-321-3120	PA Health & Wellness Address: 300 Corporate Center Drive Camp Hill, PA 17011 <hr/> EDI/EFT/ERA please visit Provider Resources at PAHealthWellness.com <hr/> If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the PA Health & Wellness network will be covered without prior approval. PAHealthWellness.com
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You will also get an ACCESS card. You will need to present this card along with your PA Health & Wellness ID card at all appointments. If you lose your ACCESS card, call your County Assistance Office (CAO). The phone number for the CAO is listed below under the Important Contact Information section.

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Until you get your PA Health & Wellness ID card, use your ACCESS card for your health care and LTSS 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 or 1-844-322-4253 (TTY).

Emergencies

Please see Section 3, Covered Physical Health Services, beginning on page 45, for more information about emergency services. If you have an emergency, you can get help by calling:

9-1-1 for Emergencies

An Emergency Medical Condition is an injury or illness that due to the severity, a reasonable person, with no medical training, would feel that there is an immediate risk to a person's life or long-term health. Please see Section 3. Covered Physical Health Services for more information about emergency services. Should an emergency occur, you can get help by calling: 9-1-1.

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 (TTY 1-844-349-8916) 24 hours a day, 7 days a week.

1-(800) 273-8255 for Suicide Prevention

If you are having thoughts about suicide or someone you know is having thoughts about suicide you can always talk to someone by calling the Suicide Prevention Hotline at 1-(800) 273-8255.

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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 29 of this handbook for more information.
Fraud and Abuse Reporting Hotline, Department of Human Services	1-844-DHS-TIPS (1-844-347-8477)	Report participant or provider fraud or abuse in the Medical Assistance Program. See page 44 of this handbook for more information.
Office of Long-Term Living Participant Hotline	1-800-757-5042	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 or 1-844-322-4253 (TTY)	Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters. See page 54 of this handbook for information.
APPRISE Program, Department of Aging	1-800-783-7067	Get help with questions about Medicare.
Enrollment Specialist	1-844-824-3655 1-833-254-0690 (TTY)	Pick or change a Community HealthChoices plan. See page 29 of this handbook for more information.
Insurance Department, Bureau of Consumer Services	1-877-881-6388	Ask for a complaint form, file a complaint or talk to a consumer services representative.

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State Ombudsman	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 717-783-1550	Ask for help or get information about legal rights for someone in a nursing home, assisted living facility, and personal care home.
Protective Services	1-800-490-8505	Report suspected abuse, neglect, exploitation, or abandonment of an adult over age 60 and 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 pg 13.
Crisis Intervention Services	1-800-932-4632
Legal Aid	1-800-274-3258
Medical Assistance Transportation Program	See list on pg. 11.
Mental Health/Intellectual Disability Services	1-888-565-9435
National Suicide Prevention Lifeline	1-800-273-8255

County and Local Services

You must register with the MATP office in your county in order to get transportation. It can take up to 14 days to register, so plan ahead. Call the MATP office in your county to register. Telephone numbers are listed below. You can get more information online by visiting www.matp.pa.gov. You may also call Participant Services to get more information on MATP or other transportation means or medically necessary ambulance transportation.

MATP Providers by County

<i>County</i>	<i>Local Telephone Number</i>	<i>Toll Free Number</i>
<i>Adams</i>	800-632-9063	800-632-9063
<i>Allegheny</i>	412-350-4476	888-547-6287
<i>Armstrong</i>	724-548-3408	800-468-7771
<i>Beaver</i>	724-375-2895	800-262-0343
<i>Bedford</i>	814-643-9484	
<i>Berks</i>	610-921-2361	800-383-2278
<i>Blair</i>	814-695-3500	800-458-5552
<i>Bradford</i>	570-888-7330	800-242-3484
<i>Bucks</i>	215-794-5554	888-795-0740
<i>Butler</i>	724-431-3692	866-638-0598

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<i>Cambria</i>	814-535-4630	888-647-4814
<i>Cameron</i>	866-282-4968	866-282-4968
<i>Carbon</i>	570-669-6380	800-990-4287
<i>Centre</i>	814-355-6807	
<i>Chester</i>	484-696-3854	877-873-8415
<i>Clarion</i>	814-226-7012	800-672-7116
<i>Clearfield</i>	814-765-1551	800-822-2610
<i>Clinton</i>	570-323-7575	800-206-3006
<i>Columbia</i>	800-632-9063	800-632-9063
<i>Crawford</i>	814-333-7090	800-210-6226
<i>Cumberland</i>	800-632-9063	800-632-9063
<i>Dauphin</i>	717-232-9880	800-309-8905
<i>Delaware</i>	610-490-3960	866-450-3766
<i>Elk</i>	866-282-4968	866-282-4968
<i>Erie</i>	814-456-2299	800-323-5579
<i>Fayette</i>	724-628-7433	800-321-7433
<i>Forest</i>	814-927-8266	800-222-1706
<i>Franklin</i>	800-632-9063	800-632-9063
<i>Fulton</i>	717-485-4899	800-999-0478
<i>Greene</i>	724-627-6778	877-360-7433
<i>Huntingdon</i>	814-641-6408	800-817-3383
<i>Indiana</i>	724-463-3235	888-526-6060
<i>Jefferson</i>	814-938-3302	800-648-3381
<i>Juniata</i>	717-242-2277	800-348-2277
<i>Lackawanna</i>	570-963-6482	
<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

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<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

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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 OFFICE HOURS: 8 AM to 5 PM	Toll Free: 1-800-638-6816 Phone: 717-334-6241 FAX: 717-334-4104
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

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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

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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

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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 Lehigh, PA 18235	Toll Free: 1-800-314-0963 Phone: 610-577-9020 LIHEAP (cash) 610-577-9073 LI-HEAP (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

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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

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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

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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

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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

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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 Brafton, 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

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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 As- sistance 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 Headquar- ters 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

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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	Cheltenham District 301 East Cheltenham Avenue, 1st Fl. 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

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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

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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

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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 Donora, PA 15033-0592	Toll Free: 1-800-392-6932 Phone: 724-379-1500 LIHEAP 724-379-1549 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

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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

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 information you need in other formats such as compact disc, braille, large print, DVD, electronic communication, and other formats if you need them, at no cost to you. Please contact Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) to ask for any help you need. Depending on the information you need, it may take up to five days for PA Health & Wellness to send you the information.

PA Health & Wellness will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call Participant Services at 1-844-626-6813 and Participant Services will connect you with the interpreter service that meets your needs. For TTY services, call our specialized number at 1-844-349-8916 or call Participant Services who will connect you to the next available TTY line.

If your primary care provider (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 1-844-349-8916) if you need an interpreter for an appointment.

Community HealthChoices Participant Handbook

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 county where you live, how much care you need, and the kind of financial support you need. For more information on the LIFE program or if you are moving to the LIFE program, call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916).

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 1-844-349-8916) or your County Assistance Office.

Enrollment Services

The Medical Assistance Program works with Enrollment Specialists to help you enroll in Community HealthChoices by giving you information about all of the Community HealthChoices plans so that you can decide which one is best for you. The Enrollment Specialists also 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.

The 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
- Ask whether you have special 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 or 1-833-254-0690 (TTY).

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Changing Your Community HealthChoices Plan

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, one was picked for you.

You may change your Community HealthChoices plan at any time, for any reason. To change your Community HealthChoices plan, call the Enrollment Specialists at 1-844-824-3655 or 1-833-254-0690 (TTY). 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.

HMO SNP Plans

If you qualify for Medicaid coverage through the state of Pennsylvania and you are eligible for Medicare, you can enroll in our Dual Eligible Special Needs Plan (HMO SNP). With an HMO SNP plan you may be able to combine your Medicare and Medicaid coverage under a single plan to make it easier for you to manage.

Once you enroll in Allwell, you will find that our plans provide all of your Medicare and Medicaid coverage and more!

Ready to enroll in Allwell? Visit our How to Enroll page for more information at <https://allwell.pahealthwellness.com/learn-about-our-plans.html>.

Changes in the Household

Call your CAO and Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) 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.

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What Happens if You Move?

Depending on where you move to, you may not be able to stay in Community HealthChoices. This is because Community HealthChoices is starting at different times in different areas of the state. If your new home is in the same county, you will be able to stay in PA Health & Wellness.

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.

They may include:

- Your Medical Assistance ends for any reason. If you are eligible for Medical Assistance again within 6 months, you will be re-enrolled in the same 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

The PA Health & Wellness's provider directory has information about the providers in PA Health & Wellness's network. The provider directory is located online here: <http://providersearch.pahealthwellness.com>. You may call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) to ask that a copy of the provider directory be sent to you. 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 credentials and services offered by providers
- Whether or not the provider speaks languages other than English and, if so, which languages
- Whether or not the provider locations are wheelchair accessible

A participant can find information on where their doctor attended medical school, completed a residency program or if he/she is Board Certified by calling Participant Services.

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Picking Your Primary Care Provider (PCP)

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

A PCP may be a family doctor, a general practice doctor, 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 providers 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's network.

The 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, PA Health & Wellness 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 1-844-349-8916) 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 will send your medical records from your old PCP to your new PCP within 5 business days from the date of request. 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.

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 Participant Services at 1-844-626-6813 (TTY 1-844-349-8916).

If you need help getting to your doctor's appointment, please see the Medical Assistance Transportation Program (MATP) section on page 11, of this Handbook or call PA Health & Wellness 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 card with you to your appointment.

Appointment Standards

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

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

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- In your third trimester, your provider must see you within 4 business days of PA Health & Wellness learning you are pregnant; or
- 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, 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 denies your referral, you may file a Complaint or Grievance about this decision. Please see Section 8, Complaints, Grievances and Fair Hearings section on page 92 for more information.

If PA Health & Wellness does not have at least two 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.

Sometimes you may have a special medical condition where you need to see the specialist often. When your PCP has approved 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 <http://providersearch.PAHealthWellness.com> or call Participant Services to ask for a printed provider directory.

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 1-844-349-8916) that you can also call 24 hours a day, 7 days a week. A nurse will talk with you about your urgent health matters.

Service Coordination

If you get LTSS, or 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 76 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 (TTY 1-844-349-8916).

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 Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) or visit the website at 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 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 and LTSS providers that you want to treat you.
5. To get emergency services when you need them from any provider without PA Health & Wellness approval.
6. To get information that you can easily understand and talk to your providers about your treatment options, without any interference from PA Health & Wellness.
7. To make all decisions about your health care and LTSS, including the right to refuse treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or make decisions for you.
8. To talk with providers in confidence and to have your health care and LTSS information and records kept confidential.
9. To see and get a copy of your medical and LTSS records and to ask for changes or corrections to your records.
10. To ask for a second opinion.
11. To file a Grievance if you disagree with PA Health & Wellness's decision that a service is not medically necessary for you.
12. To file a Complaint if you are unhappy about the care or treatment you have received.
13. To ask for a DHS Fair Hearing.
14. 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.

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15. 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.
16. To exercise your rights without it negatively affecting the way DHS, PA Health & Wellness, and network providers treat you.

Participant Responsibilities

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

Participant responsibilities include:

1. Taking responsibility for maximizing healthy habits, such as exercising, not smoking, and eating a healthy diet.
2. Following plans and instructions for care that you have agreed to with your providers and practitioners.
3. Becoming involved in specific healthcare decisions by understanding your health problems and participating in developing mutually agreed-upon treatment goals, to the degree possible.
4. Working collaboratively with healthcare and LTSS providers in developing and carrying out agreed-upon treatment plans.
5. Disclosing relevant information supplying information, to the extent possible, that the organization and its practitioners and providers need in order to provide care, and clearly communicate wants and needs.
6. Using the PA Health & Wellness' internal complaint and appeal processes to address concerns that may arise.
7. Avoid knowingly spreading disease.
8. Recognizing the reality of risks and limits of the science of medical care and the human fallibility of the healthcare professional.
9. Being aware of a healthcare and LTSS Provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
10. Becoming knowledgeable about your health plan and LTSS coverage and health plan and LTSS options (when available), including all covered benefits, limitations, and exclusions, rules regarding use of network providers, coverage and referral rules, appropriate processes to secure additional information, and the process to appeal coverage decisions.

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11. Showing respect for other patients, health workers, and LTSS workers.
12. Making a good-faith effort to meet financial obligations.
13. Abiding by administrative and operational procedures of health plans,healthcare and LTSS Providers, and Government health benefit programs.
14. Reporting wrongdoing and fraud to appropriate resources

Privacy and Confidentiality

PA Health & Wellness must protect the privacy of your personal 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 or 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 the Compliance and ethics Hotline at 1-800-345-1642 or visit 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 on pages 47-50 of this Handbook.

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

- Pregnant women (including for 60 days after the child is born (the post-partum period)
- Participants who live in a long-term care facility 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 services
- Tobacco cessation services

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What If You Are Charged a Co-payment and You Disagree?

If you believe that a provider charged you the wrong amount for a co-payment or for a co-payment you believe you not should have 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 1-844-349-8916).

Billing Information

Providers in PA Health & Wellness's network may not bill you for services that PA Health & Wellness covers. Even if your provider has not received payment or the full amount of his or her charge from PA Health & Wellness, the provider may not bill you. This is called balance billing. If you get a bill, do not wait! Call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916).

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.

What Do You Do If You Get a Bill?

If you get a bill from a PA Health & Wellness network provider and you think the provider should not have billed you, you can call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916).

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

Third-Party Liability

You may have Medicare or other health insurance. Medicare and 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 County Assistance Office and Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) if you have Medicare or other health insurance. When you go to a provider or to a pharmacy you must show the provider or pharmacy your Medicare card or insurance card and your PA Health & Wellness ID card. This helps make sure your health care bills are paid.

Coordination of Benefits

If you have Medicare and the service or other care you need is covered by Medicare, you can get care from any Medicare provider you pick. The provider does not have to be in PA Health & Wellness’s network. 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 the provider is enrolled in the Medical Assistance Program.

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, 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.

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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 his or her health care or prescription drug benefits. PA Health & Wellness works with DHS to decide whether to limit a participant's 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 (TTY 1-844-349-8916). The limit will last for five 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

If you need help to ask for a Fair Hearing, please call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) 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 five years, PA Health & Wellness will review your services again to decide if the limits should be removed or continued and sends 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 You Report Participant Fraud or Abuse?

If you think that someone is using your or another member'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 1-866-865-8664 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).

How Do You Report Provider Fraud or Abuse?

Provider fraud is when a provider bills for services, equipment, or medicines you did not get or bills for a different service than the service you received. Billing for the same service more than once or changing the date of the service are also examples of provider fraud. To report provider fraud you can call the 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).

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.

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.

If you need help with any part of your health care or services or with connecting with another state or local program, please call your care manager or Participant Services at 1-844-626-6813 (TTY 1-844-349-8916).

Service Coordination

If you do not need Long-Term Services and Supports (LTSS) but need other or more services than you are getting, PA Health & Wellness will give you a service coordinator who will work with you to create a care plan. The care plan will address how your physical and behavioral health needs will be care managed, including how Medicare coverage (if the participant is dual eligible) will be coordinated. PA Health & Wellness must include in care plans for participants who do not require LTSS, at a minimum, the following:

- Chronic health conditions and current non-chronic problems, and how disease or other health conditions may be impacting your health
- Your current medicines
- All services that are approved, including the amount of the services approved
- A schedule of your preventive services
- Your disease management action steps
- Physical and behavioral health services you need
- Each person who you give permission to ask for and get information about your services and health care
- How PA Health & Wellness will work with other health insurance or supports you have, such as Medicare, veterans insurance, and a BH-MCO.

Covered Services

The chart below lists the services that PA Health & Wellness covers when the services are medically necessary. Some of the services have limits or co-payments, or need a referral from your PCP or prior authorization by PA Health & Wellness. If you need services beyond the limits listed below, your provider can sometimes ask for an exception, as explained below in this section. Limits do not apply if you are pregnant.

The following list of covered services applies only to in-network providers.

No prior authorization will be needed if you were receiving covered services under your care plan in 2018 transitioning into the Community HealthChoices program in 2019. Your services will continue uninterrupted during the continuity of care period (through June 30th, 2019). Any service beyond your existing care plan may require prior authorization.

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

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Service		
Chiropractor Services	Limit	No Limit
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Optometrist Services	Limit	Limits may apply
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Hospice Care	Limit	Limits may apply
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Radiology (ex. X-rays, MRIs, CTs)	Limit	No Limit
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Outpatient Hospital Short Procedure Unit (SPU)	Limit	No Limit
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Outpatient Ambulatory Surgical Center (ASC)	Limit	No Limit
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Non-Emergency Medical Transport	Limit	Limits may apply
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Family Planning Clinic Services	Limit	No Limit
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some Family Planning services
Renal Dialysis	Limit	No Limit
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Emergency Room Services	Limit	No Limit
	Copayment	\$0
	Prior Authorization / Referral	No Prior Authorization or Referral required

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Service		
Ambulance Services	Limit	No Limit
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services; i.e. Air Ambulance
Inpatient Hospital	Limit	No Limit
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Inpatient Rehab Hospital	Limit	No Limit
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Maternity Care	Limit	No Limit
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Prescription Drugs	Limit	No Limit
	Copayment	No copay for generic prescription drugs \$3 Copay for brand name prescription drugs
	Prior Authorization / Referral	Prior Authorization may apply for some services
Nutritional Supplements	Limit	No Limit
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Nursing Home	Limit	Limits may apply
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Home Health Care Including Nursing, Aide, and Therapy Services	Limit	Limits may apply
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services
Durable Medical Equipment	Limit	No Limit
	Copayment	\$0
	Prior Authorization / Referral	Prior Authorization may apply for some services

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

Services That Are Not Covered

Listed below are the 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 1-844-349-8916).

- Experimental medical procedures, medicines, and equipment.

Second Opinions

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

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

What is Prior Authorization?

Some services or items need approval from 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, or disability;
- It will, or is reasonably expected to, reduce or improve the physical, mental, or developmental effects of an illness, condition, injury or disability;
- It will help you to get or keep the ability to perform daily tasks, taking into consideration both your abilities and the abilities of someone of the same age; or
- 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 (TTY 1-844-349-8916).

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 (TTY 1-844-349-8916).

If you or your provider would like a copy of the guidelines or other rules that were used to decide your prior authorization request, please call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916).

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What Services, Items, or Medicines Need to Be Prior Authorized?

The following chart identifies services, items, and medicines that require prior authorization.

Services that require Prior Authorization
ORAL SURGERY SPECIALTY IN OFFICE SETTING
ABLATIVE TECHNIQUES FOR TREATING BARRETTS 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
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 DELIVERD 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

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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 FOR PAR 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
RESPIRE 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
TELECARE AND ASSISTIVE TECHNOLOGY
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

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

If you or your provider is unsure about whether a service, item, or medicine requires prior authorization, call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916).

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 as quickly as your health condition requires, or within 2 business days of the date PA Health & Wellness received the request if enough information has been received to decide if the service or item is medically necessary.

If PA Health & Wellness does not have enough information to decide the request, PA Health & Wellness must tell your provider within 48 hours of receiving the request that PA Health & Wellness needs more information to decide the request and allow 14 days for the provider to give PA Health & Wellness more information. PA Health & Wellness will tell you of PA Health & Wellness 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.

Criteria used are established and periodically evaluated and updated with appropriate involvement from physicians. Utilization review decisions are made in accordance with currently accepted medical or healthcare practices, taking into account special circumstances of each case that may require additional review. Please note that PA Health & Wellness takes steps to ensure that decisions regarding the provision of healthcare services are based solely on appropriateness of care and services, and the existence of coverage. To that end, PA Health & Wellness has policies in place to ensure:

- Decision-making is based only on appropriateness of care and service, and the existence of coverage
- The organization does not reward practitioners or other individuals for issuing denials of coverage or service care
- Financial incentives for decision-makers do not encourage decisions that result in underutilization

PA Health & Wellness wants to make sure you have access to the most up-to-date medical care. We have a team that watches for advances in medicine. This may include new medicines, tests, surgeries or other treatment options. The team checks to make sure the new treatments are safe. We will tell you and your doctor about new services covered under your benefits.

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Prior Authorization of Outpatient Drugs

PA Health & Wellness will review a prior authorization request for outpatient drugs, which are drugs that you do not get in the hospital, within 24 hours from when 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 has to be prior authorized, 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.

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

Your provider will still need to ask PA Health & Wellness for prior authorization as soon as possible.

What If You 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 Grievance for denial of an ongoing medication, PA Health & Wellness must authorize the medication until the grievance is resolved. See Section 8, Complaints, Grievances, and Fair Hearings, starting on page 91 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

- 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 (TTY 1-844-349-8916) 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 of an ambulance, call 911 or your local ambulance provider. Do not call the Medical Assistance Transportation Program (described on page 11 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 (TTY 1-844-349-8916) first. Your PCP or the hotline nurse will help you decide if you need to go to the ER, 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.

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

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

If you have any questions, please call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916).

Dental Care Services

PA Health & Wellness covers some dental benefits through dentists in the PA Health & Wellness network. Some dental services have limits.

PA Health & Wellness covers the following services for Participants age 21 and older:

- Two periodic oral exams and cleanings per year.
- Includes surgical procedures and emergency services related to treatment for symptoms and pain.

Additional services, including those medically necessary (with prior authorization) are also available. Visit the <http://providersearch.PAHealthWellness.com> to find a primary dentist in your region/county or contact Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) for assistance.

Dental Benefit Limit Exception

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

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.

To ask for a BLE before you receive the service, you or your dentist can call PA Health & Wellness Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) or send the request to:

PA Health & Wellness
300 Corporate Center Drive
Suite 600
Camp Hill, PA 17011

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

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Time Frames for Deciding a Benefit Limit Exception

If you or 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 the same time frame as the time frame for prior authorization requests, described on page 58.

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 91.

Vision Care Services

PA Health & Wellness covers some vision services through providers in PA Health & Wellness's 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 (TTY 1-844-349-8916) 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, you can take it to any pharmacy that is in PA Health & Wellness's network. You will need to have your PA Health & Wellness prescription 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 and may pay for other medicines if they are prior authorized. Either your prescription or the label on your medication will tell you if your doctor ordered refills of the prescription and how many refills you may get. If your doctor ordered refills, you may only get one refill at a time. If you have questions about whether a prescription medicine is covered, need help finding a pharmacy in PA Health & Wellness's network, or have any other questions, please call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916).

Drug Formulary

A formulary, also called a preferred drug list (PDL), is a list of medicines that PA Health & Wellness covers. This is what your PCP or other doctor should use when deciding what medicines you should take. The formulary has both brand name and generic drugs. Generic drugs contain the same active ingredients as brand name drugs. Any medicine prescribed by your doctor that is not on PA Health & Wellness's formulary needs prior authorization. The formulary can change from time to time, so you should make sure that your provider has the latest information when prescribing a medicine for you.

Your doctor can decide if it is necessary for you to have a non-preferred drug. If so, they must give PA Health & Wellness a request for a prior authorization. If PA Health & Wellness does not approve the request, we will notify you. We will give you the information about the complaint and grievance and State Fair Hearing process.

PA Health & Wellness may require that you try at least 2 preferred drugs before you get a non-preferred drug. You need to ask your doctor to write a prescription for a preferred drug first.

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PA Health & Wellness Health Plan's doctors have been notified in writing of:

- The drugs included in the Preferred Drug List (PDL).
- How to request a prior authorization.
- Special procedures set up for urgent requests.

If you have any questions or to get a copy of the drug formulary, call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) or visit PA Health & Wellness's website at <https://www.pahealthwellness.com/providers/pharmacy.html>.

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 his or her health care or prescription drug benefits. PA Health & Wellness works with DHS to decide whether to limit a participant's 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.

Specialty Medicines

The drug formulary includes medicines that are called specialty medicines. A prescription for these medicines has to be prior authorized. To see the drug formulary and a complete list of specialty medicines, call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) or visit PA Health & Wellness's website at <https://www.pahealthwellness.com/providers/pharmacy.html>.

You will need to get these medicines from a specialty pharmacy. A specialty pharmacy can mail your medicines directly to you at no cost to you and will contact you before sending them. The pharmacy can also answer any questions you have about the process. You can pick any specialty pharmacy that is in PA Health & Wellness's network. For the list of network specialty pharmacies, please call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) or see the provider directory on PA Health & Wellness's website at <http://providersearch.PAHealthWellness.com>. For any other questions or more information please call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916).

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Over-the-Counter Medicines

PA Health & Wellness covers some over-the-counter medicines. You must have a prescription from your provider for these medicines in order for PA Health & Wellness to pay for them. You will need to have your PA Health & Wellness prescription ID card with you and you may have a co-payment. The following are the covered over-the-counter medicines:

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

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 (TTY 1-844-349-8916).

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 1-844-349-8916).

Tobacco Cessation

Do you want to quit smoking? 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. Call Participant Services 1-844-626-6813 (TTY 1-844-349-8916) or your Service Coordinator to connect with resources to help you quit smoking.

Medicines

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

Product Name
ZYBAN
NICOTROL NS
NICOTROL INHALER
NICOTINE TRANSDERMAL SYSTEM
NICODERM CQ
NICORETTE
NICORETTE MINI
CHANTIX
CHANTIX STARTING MONTH PAK

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

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Counseling Services

Counseling support may also help you to quit smoking. PA Health & Wellness covers the following counseling service: 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 71 in this Handbook. You can also call PA Health & Wellness Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) for help in contacting your BH-MCO.

Other Tobacco Cessation Resources

There are many resources can access to help you quit smoking. The following organizations offer cessation services:

Organization	Website	Phone Numbers
PA Free Quitline	http://www.health.pa.gov/My%20Health/Healthy%20Living/Smoke%20Free%20Tobacco/Pages/PA-Free-Quitline.aspx#.Wa6XarKGNhG	1-800-QUIT-NOW (784-8669) 1-855-DEJE-LO-YA (335-3569) HTTPS:// PA.QUITLOGIX. ORG (ONLINE) 1-800-261-6259 (FAX)
PA Cancer Society	https://www.acscan.org/states/pennsylvania	
American Heart and Lung Association	http://www.lung.org/stop-smoking/?referrer=https://www.google.com/	1-800-LUNGUSA

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 1-844-349-8916) 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 and Access ID cards.

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 1-844-349-8916).

Maternity Care

Care During Pregnancy

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

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

- Call or visit your PCP, who can help you find a maternity care provider in the PA Health & Wellness's network.
- Visit a network OB or OB/GYN or nurse-midwife on your own. You do not need a referral for maternity care.
- Visit a network health center that offers OB or OB/GYN services.
- Call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) to find a maternity care provider.

You should see a doctor as soon as you find out you are pregnant. Your maternity care provider must schedule an appointment to see you within ten (10) business days from when they learn you are pregnant.

It is important that you stay with the same maternity care provider throughout your pregnancy and postpartum care (60 days after your baby is born). They will follow your health and the health of your growing baby closely. It is also a good idea to stay with the same 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. That provider will need to call PA Health & Wellness for approval to treat you.

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Care for You and Your Baby After Your Baby Is Born

You should visit your maternity care provider between 4 to 6 weeks after your baby is delivered for a check-up.

Your baby should have an appointment with the baby's PCP when he or she is 2 to 4 weeks 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 1-844-349-8916).

PA Health & Wellness Maternity Program

PA Health & Wellness has a special program for pregnant women called Start Smart for your Baby.

Start Smart for Your Baby (Start Smart) is a program just for pregnant women and mothers with a newborn. It helps make sure you and your baby are healthy during your pregnancy and after you deliver. Information is provided by mail, telephone and through our Start Smart website (www.startsmartforyourbaby.com). Our Start Smart staff can answer questions, provide information regarding different programs (such as WIC), and give you support if you are having a problem. We can even arrange for a home visit if needed.

If you are pregnant and smoke, we can help you stop smoking. We have a special smoking cessation program for pregnant women available at no cost. The program has trained health care workers who are ready to work with you one-on-one. They will provide the education, counseling and support you need to help you quit smoking. Through regular phone calls, you and your health coach develop a plan to make changes to help you stop smoking.

We have many ways to help you have a healthy pregnancy. But before we can help, we need to know if you are pregnant. Please call Participant Services at 1-844-626-6813 (TTY: 1-844-349-8916) as soon as you learn you are pregnant and we will set up the special care you and your baby need.

Durable Medical Equipment and Medical Supplies

PA Health & Wellness covers Durable Medical Equipment (DME) and medical supplies. DME is a medical item or device that can be used in your home many times 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 PCP or other provider must order them. DME suppliers must be in the PA Health & Wellness network. You may have a co-payment.

Examples of DME include:

- Oxygen tanks
- Artificial body parts
- Foot and shoe supports
- Wheelchairs
- Crutches
- Walkers
- Splints
- Special medical beds

Examples of medical supplies include:

- Diabetic supplies
- Gauze pads
- Dressing tape
- Underpads

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 1-844-349-8916).

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. You must be nursing facility clinically eligible to receive nursing home services for up to 30 days through Community HealthChoices. 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 76 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 at 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 (TTY 1-844-349-8916) 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 hospital services. If you need to be admitted to a hospital and it is not an emergency, your PCP or specialist will arrange for you to go to a hospital in PA Health & Wellness's network and will follow your care even if you need other doctors during your hospital stay. PA Health & Wellness must approve all services. To find out if a hospital is in the PA Health & Wellness network or if you have any other questions on hospital services, please call Participant Services 1-844-626-6813 (TTY 1-844-349-8916) or go to the provider directory on PA Health & Wellness's website at <http://providersearch.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.

It is very important to make an appointment 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.

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 if you are healthy or have any health problems. Visit your PCP for preventive services. He or she will guide your health care according to the latest recommendations for care.

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

The following preventive services may earn you CentAccount® Rewards dollars:

- Breast Cancer Screening
- Colorectal Cancer Screening
- Cervical Cancer Screening

See page 70 for more information about CentAccount Healthy Rewards.

Physical Exam

You should have a physical exam by your PCP at least once a year. This allows your PCP to know about any problems that you may or 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 1-844-349-8916). Participant Services can also help you make an appointment with your PCP.

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 PCP or specialist must order home health care.

There are no limits on the number of home health care visits that you can get. You should contact PA Health & Wellness Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) if you have been approved for home health care and that care is not being provided as approved.

Disease Management

PA Health & Wellness has voluntary programs to help you take better care of yourself if you have one of the health conditions listed below. PA Health & Wellness has care managers who will work with you and your providers to make sure you get the services you need. You do not need a referral from your PCP for these programs, and there is no co-payment. If you have one of the health conditions listed below, you can become a part of the disease management program:

- ADHD
- Anxiety
- Asthma
- Congestive Heart Failure
- Diabetes
- Hemophilia
- Hepatitis C
- High-Risk Pregnancy
- HIV/AIDS
- Hypertension
- Obesity/Weight Management
- Pain Management
- Perinatal Substance Abuse Disorder
- Sickle Cell Disease

By following your provider's plan of care and learning about your disease or condition, you can stay healthier. PA Health & Wellness care managers are here to help you understand how to take better care of yourself by following your doctor's orders, teaching you about your medicines, helping you to improve your health, and giving you information to use in your community. If you have any questions or need help, please call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916).

Expanded Services

PA Health & Wellness offers the following expanded services and value added benefits to our members:

Safelink Cell Phones

You may be eligible for free cell phone services through SafeLink®. This program provides up to 250 free minutes of service per month. This includes unlimited texting and free calls to and from PA Health & Wellness. Call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) to find out if you're eligible for this benefit.

CentAccount

PA Health & Wellness offers you a way to earn reward dollars when you complete certain healthy behaviors. When you complete one of the following behaviors, you will receive a CentAccount rewards card in the mail. You can spend reward dollars at one of the following participating stores:

- CVS Pharmacy
- Rite Aid
- Dollar General
- Family Dollar
- Walmart

You can buy hundreds of items with your card. Here are some items you can buy:

- Baby Care
- Healthy Groceries
- Over-the-counter medicines
- Personal Care

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 51-75)
- \$25 For annual cervical screening (one per calendar year, age 21-64)

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 participants. There may be a time when you need to use a

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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 has a special number to call PA Health & Wellness to ask that you be allowed 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 two providers in your area, PA Health & Wellness will cover the treatment by the out-of-network provider. You may have to pay for out-of-network services if you do not get prior authorization or for services that are not a covered benefit. If you have questions, call Participant Services at 1-844-626-6813 (TTY: 1-844-349-8916).

Getting Care While Outside of PA Health & Wellness 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 1-844-349-8916) who will help you to get the most appropriate care.

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

Out-of-Plan Services

You may be eligible to get services other than those provided 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 1-844-349-8916).

Non-Emergency Medical Transportation

PA Health & Wellness does not cover non-emergency medical transportation for most Community HealthChoices participants. PA Health & Wellness can help you arrange transportation to covered service appointments through programs such as Shared Ride or the Medical Assistance Transportation Program (MATP) described below.

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

- 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
- If you need specialized non-emergency medical transportation, such as if you need to use a stretcher to get to your appointment

If you have questions about non-emergency medical transportation, please call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916).

Medical Assistance Transportation Program

The Medical Assistance Transportation Program (MATP) provides non-emergency transportation to medical appointments and pharmacies, at no cost to you if you need help to get to your appointment

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or to the pharmacy. The MATP in the county where you live will determine your need for the program, and provide the right type of transportation for you. Transportation services are typically provided in the following ways:

- Where public transportation is available, the MATP provides tokens or passes or reimburses you for the fare for public transportation.
- If you can use your own or someone else's car, the MATP may pay you an amount per mile plus parking and tolls with valid receipts.
- Where public transportation is not available or is not right for you, the MATP provides rides in para-transit vehicles, which include vans, lift-equipped vans, or taxis. Usually the vehicle will have more than one rider with different pick-up and drop-off locations.

If you need transportation to a medical appointment or to the pharmacy, contact your the MATP to get more information and to register for services. Please refer to page 11 for a full list of MATP contacts by county or visit the DHS MATP website at <http://matp.pa.gov/CountyContact.aspx>.

MATP will work with PA Health & Wellness to confirm 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 1-844-349-8916).

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

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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

Everyone knows a victim of domestic violence. They could be your neighbors, your co-workers, or members of your family. Most victims of domestic violence are women, but men can be victims, too. Domestic violence happens in a family or an intimate relationship as a way for one person to control another.

Domestic violence includes physical abuse such as hitting, kicking, choking, shoving, or using objects like knives and guns to injure the victim. It also includes harming someone emotionally by threats, name-calling, and put-downs. Victims may be raped or forced into unwanted sex acts. A spouse or partner may steal money and other items, destroy personal belongings, hurt pets, threaten children, or not allow someone to leave the home, work, or see their friends and family.

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

Where to get help:

National Domestic Violence Hotline
1-800-799-7233 (SAFE)
1-800-787-3224 (TTY)

Pennsylvania Coalition Against Domestic Violence

The services provided to domestic violence victims include: crisis intervention; counseling; going along to police, medical, and court appointments; and temporary emergency shelter for victims and their dependent children. Prevention and educational programs are also provided to lower the risk of domestic violence in the community. 1-800-932-4632 (in Pennsylvania) 1-800-537-2238 (national).

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

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and in a nursing home or other institution. LTSS help you live where you want to, for example, at home or in another residential setting in the community, a nursing home, or other institution. 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.

If you are getting or will be getting LTSS, PA Health & Wellness 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 caregiver or other support in the community. This is called a “comprehensive needs assessment.”

After it completes the comprehensive needs assessment, you will get a service coordinator, who will work with you to create a person-centered service plan, 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 at least two service coordinators to pick from. Your service coordinator will work with you to create a person-centered service plan (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 both LTSS and other covered and non-covered medical, social, housing, educational, and other services and supports listed in your PCSP. Your service coordinator will:

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- Give you information about and help you get, needed services and supports.
- 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.
- Looking 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 (TTY 1-844-349-8916).

Comprehensive Needs Assessment

Your comprehensive needs assessment includes 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
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You are NFCE but not getting LTSS when you start with PA Health & Wellness	5 business days from start date
You already have a PCSP and are getting LTSS	180 days from the start date of Community HealthChoices in your county OR within 5 business days of a clinical eligibility redetermination
You or someone for you asks for an assessment	15 days from request
Your last comprehensive needs assessment was 12 or more months ago	All participants receiving LTSS must have a comprehensive needs assessment at least every 12 months
You have a trigger event (described below)	14 days from the trigger event

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.

If you are not getting LTSS but think you may be eligible, you may ask PA Health & Wellness for a comprehensive needs assessment. After it finishes the comprehensive needs assessment, if PA Health & Wellness decides 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. If you are unable to create your PCSP, your service coordinator will create your service plan with your input.

This 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

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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 comprehensive needs assessment or reassessment.
- You and your service coordinator will create and implement 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, a nursing home, or other institution). 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.

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.
- **Cognitive Rehabilitation Therapy** – 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, such as ramps, handrails, and grab bars, 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.

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- 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,

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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 in 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.
- 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.

Nursing Home Services

PA Health & Wellness covers nursing home services. A nursing home is licensed to provide nursing

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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 services in a nursing home, your doctor will decide if you are Nursing facility clinically eligible (NFCE). See page 76 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,

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you may have to pay part of your cost of care every month. This is called you “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 9 of this Handbook, or your service coordinator will work with you to help you understand your cost of care.

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 717-783-1550 or on the website at www.aging.pa.gov/aging-services/Pages/Ombudsman.aspx.

LTSS Expanded Services

PA Health & Wellness offers the following value added benefits and expanded services to our LTSS

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Participants. Contact your Service Coordinator to learn how you can obtain these services.

Support to Transition out of a Nursing Facility

Approved participants who are residing in Nursing Homes can receive \$5,000 (lifetime maximum) to transition to a home or community based setting. Contact your Service Coordinator to learn if you are eligible.

90-Day Prescription Refill

For your convenience, we offer 90-day refills for your prescriptions.

Post-Acute Home Deliverable Meals

Upon discharge for acute care, receive up to 14 days of home delivered meals. Participants without waiver are eligible.

Post-Acute Respite

Receive up to 14 days of respite care. Participants without waiver are eligible.

Caregiver Access and Supports

PA Health & Wellness's Supportive Solutions caregiver program offers encouragement and assistance. Caregivers will receive a Caregiver Journal, with tips and tools to assist caregivers, referrals to local resources, and caregiver portal access.

Transportation Services

PA Health & Wellness wants to increase your access to the community. Receive one round trip of transportation every three months. Contact your Service Coordinator to learn how to obtain these 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 9 of this Handbook for the phone number of the CAO.

Section 6 – Advance Directives

Advance Directives

There are two types of Advance Directives: Living Wills and Health Care Powers of Attorney. These

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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, call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) or visit the 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 that 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 your Service Coordinator or Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) 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 1-844-626-6813 (TTY 1-844-349-8916).

If a provider does not follow your advance directive, you may file a Complaint. Please see page 87 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 1-844-349-8916).

Section 7 – Behavioral Health

Behavioral Health Care

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Behavioral health services are available to through your Behavioral Health Managed Care Organization (BH-MCO). These services include mental health and drug and alcohol treatment. Contact information for the BH-MCO is listed below. You can also call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) to get contact information for your BH-MCO.

County	BH-MCO	Telephone Number
Allegheny	CCBHO	1-844-488-5336
Armstrong	Beacon Health Options	1-877-688-5969
Beaver	Beacon Health Options	1-877-688-5970
Bedford	PerformCARE	1-866-773-7891
Bucks	Magellan	1-877-769-9784
Blair	CCBHO	1-844-488-5336
Butler	Beacon Health Options	1-877-688-5971
Cambria	Magellan	1-800-424-0485
Chester	CCBHO	1-844-488-5336
Delaware	Magellan	1-888-207-2911
Fayette	Beacon Health Options	1-877-688-5972
Greene	Beacon Health Options	1-877-688-5973
Indiana	Beacon Health Options	1-877-688-5974
Lawrence	Beacon Health Options	1-877-688-5975
Montgomery	Magellan	1-877-769-9782
Philadelphia	Community Behavioral Health	1-888-545-2600
Somerset	PerformCARE	1-866-773-7891
Washington	Beacon Health Options	1-877-688-5976
Westmoreland	Beacon Health Options	1-877-688-5977

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

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

Covered behavioral health services include:

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- Inpatient psychiatric hospital services
- Inpatient drug and alcohol detoxification
- Outpatient Mental Health Services
- Outpatient drug and alcohol services, including Methadone Maintenance Clinic
- Methadone when used to treat narcotic/opioid dependency and dispensed by an in-plan drug and alcohol services provider
- Partial hospitalization
- Crisis intervention with in-home capability
- Community-based services
- Targeted mental health case management

Your BH-MCO can help you get transportation to your appointments.

If you have a PA Health & Wellness service coordinator, your service coordinator will, with your consent, work with the BH-MCO to help make sure you get the services you need.

Section 8 – Complaints and Grievances

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

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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 Participant Complaint is a dispute or objection regarding a Provider or the coverage, operations, or management policies of PHW, which has not been resolved by PHW and has been filed with PHW or with DOH (Department of Health) or PID (PA Insurance Department).

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.

First Level Complaint

What Should You Do If You Have a Complaint?

To file a first level Complaint:

- Call PA Health & Wellness at 1-844-626-6813 (TTY 1-844-349-8916) and tell PA Health & Wellness your Complaint, or
- Write down your Complaint and send it to PA Health & Wellness by mail or fax, 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:

300 Corporate Center Drive
Suite 600
Camp Hill, PA 17011

Fax: 1-844-873-7451

- Or email: PHWComplaintsandGrievances@PAHealthWellness.com

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

When Should You File a First Level Complaint?

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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 got.
- 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 on page 94.

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<p>New participant appointment for your first examination...</p> <p>all new participants</p> <p>Participants who are pregnant:</p> <p>pregnant women in their first trimester</p> <p>pregnant women in their second trimester</p> <p>pregnant women in their third trimester</p> <p>pregnant women with high-risk pregnancies</p> <p>Appointment with...</p> <p>PCP</p> <p>urgent medical condition</p> <p>non-urgent sick visit</p> <p>routine appointment</p> <p>health assessment/general</p> <p>physical examination</p> <p>Specialists (when referred by PCP)</p> <p>urgent medical condition</p> <p>routine appointment</p>	<p>PA Health & Wellness will make an appointment for you...</p> <p>with PCP no later than 3 weeks after you become a participant in PA Health & Wellness.</p> <p>PA Health & Wellness will make an appointment for you...</p> <p>with OB/GYN within 10 business days of PA Health & Wellness learning you are pregnant.</p> <p>with OB/GYN within 5 business days of PA Health & Wellness learning you are pregnant.</p> <p>with OB/GYN within 4 business days of PA Health & Wellness learning you are pregnant.</p> <p>with OB/GYN within 24 hours of PA Health & Wellness learning you are pregnant.</p> <p>An appointment must be scheduled ...</p> <p>within 24 hours.</p> <p>within 72 hours.</p> <p>within 10 business days.</p> <p>within 3 weeks.</p> <p>within 24 hours of referral.</p> <p>within 30 days of referral</p>
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You may file all other Complaints at any time.

What Happens After You 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.

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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 7 days before the day of the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of one or more 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 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 104.

What to do to continue getting services:

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

What If You 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 got.
- 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 not getting 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.

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

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

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

For information about Fair Hearings, see page 101

For information about external Complaint review, see page 92

If you need more information about help during the Complaint process, see page 104

Second Level Complaint

What Should You Do If You Want to File a Second Level Complaint?

To file a Second Level Complaint:

- Call PA Health & Wellness at 1-844-626-6813 (TTY 1-844-349-8916) 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 or fax, 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
300 Corporate Center Drive
Suite 600
Camp Hill, PA 17011

Fax: 1-844-873-7451

- Or email: PHWComplaintsandGrievances@PAHealthWellness.com

What Happens After You 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 one 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 the Complaint is about a clinical issue, a licensed doctor will be on the committee. PA Health & Wellness will mail you a notice **within 45 days from the date you filed your Second Level Complaint 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 104.

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

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

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

External Complaint Review

How Do You Ask For an External Complaint Review?

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

Pennsylvania Department of Health
Bureau of Managed Care
Health and Welfare Building, Room 912
625 Forster Street
Harrisburg, PA 17120-0701
Telephone Number 1-888-466-2787

or

Pennsylvania Insurance Department
Bureau of Consumer Services
Room 1209, Strawberry Square
Harrisburg, Pennsylvania 17120
Telephone Number 1-877-881-6388

If you ask, the Department of Health will help you put your Complaint in writing.

The Department of Health handles Complaints that involve the way a provider gives care or services. The Insurance Department reviews Complaints that involve PA Health & Wellness's policies and procedures. If you send your request for external review to the wrong Department, it will be sent to the correct Department.

What Happens After You Ask For an External Complaint Review?

The Department of Health or the 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 your request for an external Complaint review is postmarked or hand-delivered within 10 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, the services or items will continue until a decision is made.

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 You Do If You Have a Grievance?

To file a Grievance:

- Call PA Health & Wellness at 1-844-626-6813 (TTY 1-844-349-8916) and tell PA Health & Wellness your Grievance, or
- Write down your Grievance and send it to PA Health & Wellness by mail or fax,
- Fill out the Complaint/Grievance Request Form included in the denial notice you got 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:

300 Corporate Center Drive

Suite 600

Camp Hill, PA 17011

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.

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When Should You 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 You 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 15 days before the day of the Grievance review. You may appear at the Grievance review in person, by phone, or by videoconference. If you decide that you do not want to attend the Grievance review, it will not affect the decision.

A committee of 3 or more people, including a licensed doctor, 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. PA Health & Wellness will mail you a notice within 30 days from the date you filed your Grievance 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 104.

What to do to continue getting services:

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

What If You 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 got the Grievance decision notice**.

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

For information about Fair Hearings, see page 106
For information about external Grievance review, see below
If you need more information about help during the Grievance process, see page 99

External Grievance Review

How Do You Ask For an External Grievance Review?

To ask for an external Grievance review:

- Call PA Health & Wellness at 1-844-626-6813 (TTY 1-844-349-8916) and tell PA Health & Wellness your Grievance, or
- Write down your Grievance and send it to PA Health & Wellness by mail to: 300 Corporate Center Drive, Suite 600, Camp Hill, PA 17011.

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

What Happens After You Ask For an External Grievance Review?

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

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.

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

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed, or denied and you ask for an external Grievance review verbally or in a letter that is postmarked or hand-delivered within 10 days of the date on the notice telling you PA Health & Wellness's Grievance decision, the services or items will continue until a decision is made.

Expedited Complaints and Grievances

What Can You Do If Your 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 (TTY 1-844-349-8916) or faxing a letter or the Complaint/Grievance Request Form to 1-844-873-7451.
- Your doctor or dentist should fax a signed letter to 1-844-873-7451 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 and 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 30 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 that includes a licensed doctor. Members of the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about.

You may attend the expedited Complaint review if you want to attend it. You can attend the Complaint review in person, but may have to appear by phone or by videoconference because 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 expedited external Complaint review, if you do not like the decision.

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

- call PA Health & Wellness at 1-844-626-6813 (TTY 1-844-349-8916) and tell PA Health & Wellness your Complaint, or
- send an email to PA Health & Wellness at PHWComplaintsandGrievances@PAHealthWellness.com,
- or write down your Complaint and send it to PA Health & Wellness by mail or fax:

300 Corporate Center Drive
Suite 600
Camp Hill, PA 17011

Fax: 1-844-873-7451

Expedited Grievance and Expedited External Grievance

A committee of 3 or more people, including a licensed doctor, 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.

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

- call PA Health & Wellness at 1-844-626-6813 (TTY 1-844-349-8916) and tell PA Health & Wellness your Grievance, or
- 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:

Community HealthChoices Participant Handbook

300 Corporate Center Drive
Suite 600
Camp Hill, PA 17011

Fax: 1-844-873-7451

PA Health & Wellness will send your request to the Department of Health 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 You 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 PA Health & Wellness 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.

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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. If you do not feel comfortable speaking English, we provide free interpreter services. Call Participant Services at 1-844-626-6813 (TTY 1-844-349-8916) to learn more.

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 You Request a Fair Hearing About? **and** **By When Do You Have To Ask For a Fair Hearing?**

Your request for a Fair Hearing must be **postmarked within 120 days from the date on the notice** telling you 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 got 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.

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 You 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 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

What Happens After You 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.

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 the 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 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 or hand-delivered within 10 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 You Do If Your Health is at Immediate Risk?

If your doctor or dentist believes that waiting the usual timeframe 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 1-717-346-7142 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, your doctor or dentist must testify at the Fair Hearing to explain why taking the usual amount of time to decide your Fair Hearing could harm your health.

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

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

You may call PA Health & Wellness's toll-free telephone number at PA Health & Wellness 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.

Section 9 – Quality Improvement

Community HealthChoices Participant Handbook

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

The goal of the QI program is to improve member 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 the Health Plan's Providers meets industry-accepted standards of care
- Participant services meets industry-accepted standards of performance
- Provide members with Preventive Care reminders annually
- Participant experience will meet the Plan's 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's targets

For questions about the QI Program and our progress on meeting goals, call Participant Services at 1-844-626-6813 (TTY/TDD 1-844-349-8916).

The QI Program also reviews services provided to our members. 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/TDD 1-844-349- 8916).

Information and/or a full copy of PA Health & Wellness's QI Program Description is available by request by calling Participant Services at 1-844-626-6813 (TTY/TDD 1-844- 349-8916). More detailed information is also available on our website at www.PAHealthWellness.com.



300 Corporate Center Drive
Suite 600
Camp Hill, PA 17011

PAHealthWellness.com

1-844-626-6813

TDD/TTY (Hearing Impaired): 1-844-349-8916