



AmeriHealth Caritas Pennsylvania Community HealthChoices Participant Handbook

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www.amerihealthcaritaschc.com

Nondiscrimination Notice

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

AmeriHealth Caritas Pennsylvania Community HealthChoices does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

AmeriHealth Caritas Pennsylvania Community HealthChoices provides free aids and services to people with disabilities to communicate effectively with us, such as:

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

AmeriHealth Caritas Pennsylvania Community HealthChoices provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact **AmeriHealth Caritas Pennsylvania Community HealthChoices** at **1-855-235-5115 (TTY 1-855-235-5112)**.

If you believe that **AmeriHealth Caritas Pennsylvania Community HealthChoices** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

AmeriHealth Caritas Pennsylvania
Community HealthChoices,
Participant Complaints Department,
Attention: Participant Advocate,
200 Stevens Drive
Philadelphia, PA 19113-1570
Phone: **1-855-235-5115, TTY 1-855-235-5112,**
Fax: **215-937-5367,** or
Email: **pamemberappeals@amerihealthcaritas.com**

The Bureau of Equal Opportunity,
Room 223, Health and Welfare Building,
P. O. Box 2675,
Harrisburg, PA 17105-2675,
Phone: **(717) 787-1127, TTY/PA Relay 711,**
Fax: **(717) 772-4366,** or
Email: **RA-PWBEOAO@pa.gov**

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, AmeriHealth Caritas Pennsylvania Community HealthChoices and the Bureau of Equal Opportunity are available to help you.

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

U. S. Department of Health and Human Services,
200 Independence Avenue S.W.,
Room 509F, HHH Building,
Washington, DC 20201,
1-800-368-1019, 800-537-7697 (TDD).

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

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.

Call: 1-855-235-5115 (TTY 1-855-235-5112).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-235-5115 (TTY 1-855-235-5112).**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-235-5115(телетайп: 1-855-235-5112).**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-855-235-5115 (TTY 1-855-235-5112)**。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-235-5115 (TTY 1-855-235-5112).**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-855-235-5115 (رقم هاتف الصم والبكم: 1-855-235-5112).**

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-855-235-5115 (टिडिवाइ: 1-855-235-5112)** ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-855-235-5115 (TTY 1-855-235-5112)** 번으로 전화해 주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-855-235-5115 (TTY 1-855-235-5112)** ។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposes gratuitement. Appelez le **1-855-235-5115 (ATS 1-855-235-5112).**

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် **1-855-235-5115 (TTY 1-855-235-5112)** သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-855-235-5115 (TTY 1-855-235-5112).**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-855-235-5115 (TTY 1-855-235-5112).**

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-855-235-5115 (TTY 1-855-235-5112).**

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-855-235-5115 (TTY 1-855-235-5112).**

சுயனா: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-855-235-5115 (TTY 1-855-235-5112).**

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Section 1

Welcome

Introduction

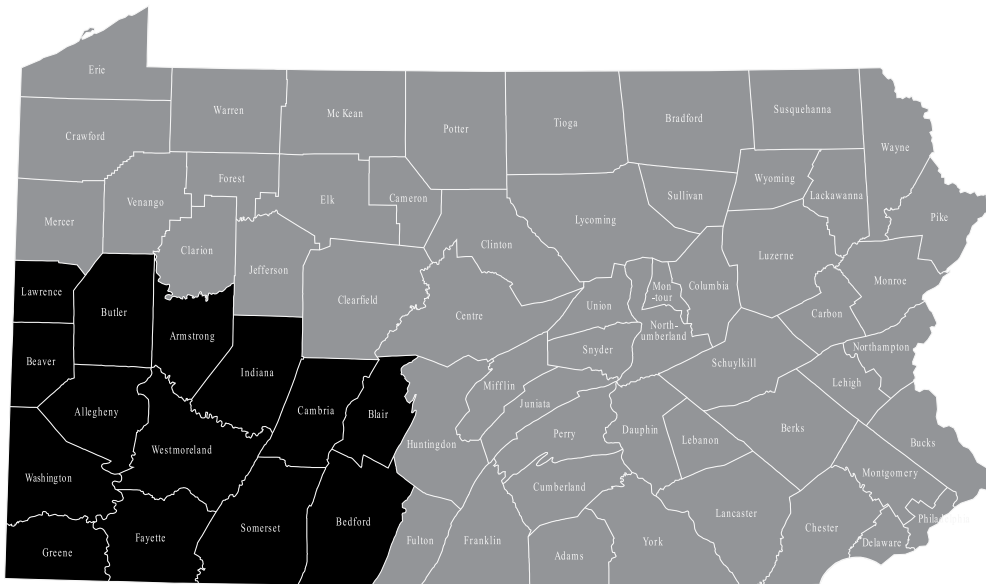
What is Community HealthChoices?

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) at DHS.

Welcome to AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC)

AmeriHealth Caritas PA CHC welcomes you as a “Participant” in Community HealthChoices and AmeriHealth Caritas PA CHC!

AmeriHealth Caritas PA CHC is a managed care organization currently serving Participants in Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, and Westmoreland counties.



AmeriHealth Caritas has been dedicated to quality health care in Pennsylvania for more than 30 years. Our mission at AmeriHealth Caritas PA CHC is to help people:

- Get care.
- Stay well.
- Build healthy communities.

We do this because we want to help you get the care you need to be healthy. We also want to make sure that you are treated with respect, and that you get health care services in a way that is private and confidential. To do that, we provide you with a large network of doctors, hospitals, and health care providers to ensure you have access to the health care services and supports you need. **It is important for you to see providers who are in the AmeriHealth Caritas PA CHC network (providers who are contracted with AmeriHealth Caritas PA CHC). When you go to providers in the AmeriHealth Caritas PA CHC network, we are better able to see that you are getting the care you need, when you need it, and in the way you need it.**

Participant Services

Staff at Participant Services can help you with:

- Where to get a list of AmeriHealth Caritas PA CHC providers.
- How to order a new ID card.
- How to choose or change your primary care provider (PCP).
- How to get a new Participant Handbook.
- How to get help if you have gotten a bill for health care services.
- Questions about your benefits or services.

And much more.

Participant Services at **AmeriHealth Caritas PA CHC** are available:

24 hours a day, 7 days a week,

and can be reached at **1-855-235-5115 (TTY 1-855-235-5112).**

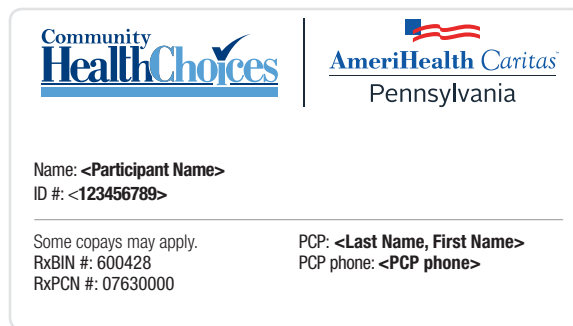
Participant Services can also be contacted in writing at:

AmeriHealth Caritas PA CHC
200 Stevens Drive
Philadelphia, PA 19113-1570

Participant Identification Cards

When you have AmeriHealth Caritas PA CHC

When you become an AmeriHealth Caritas PA CHC Participant, you will get an ID card in the mail. Your ID card will look like this:



The card includes your personal AmeriHealth Caritas PA CHC ID number, your primary care provider's (PCP's) name and number, as well as other important phone numbers and addresses for both you and your health care providers.

It is important to carry your ID card with you at all times. You will need to show your ID to get the benefits and services you need that are covered by Medical Assistance.

If you have not received your AmeriHealth Caritas PA CHC ID card, or if your ID card was lost or stolen, please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**. We will send you a new card. You can still get health care services while you wait for your new card.

When you have both AmeriHealth Caritas VIP Care and AmeriHealth Caritas PA CHC

If you have Medicare, and if you have chosen AmeriHealth Caritas VIP Care as your Medicare plan and AmeriHealth Caritas PA CHC as your Community HealthChoices plan, you will get one ID card for both plans. Your ID card will look like this:



This card includes both your personal AmeriHealth Caritas VIP Care ID number and your personal AmeriHealth Caritas PA CHC ID number. You will also find your PCP’s name and number, and important phone numbers and addresses for both you and your health care providers.

It is important to carry your ID card with you at all times. You will need to show your ID card to get the benefits and services you need that are covered by Medicare and/or by Medical Assistance.

If you have not received your ID card, or if your ID card was lost or stolen, please call Participant Services at **1-855-332-0434 (TTY 711)**. We will send you a new card. You can still get health care services while you wait for your new card.

Your ACCESS card

You will also get an ACCESS card. You will need to present this card along with your AmeriHealth Caritas 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 on page 5.



Until you get your AmeriHealth Caritas 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: **1-855-235-5115 (TTY 1-855-235-5112)**.

Emergencies

Please see Section 3, Physical Health Services, beginning on page 21, for more information about emergency services. If you have an emergency, you can get help by calling:

For medical emergencies.....**911**,
or go to the nearest emergency room

For suicidal crisis or emotional distress,
call the National Suicide Prevention Hotline.....**1-800-273-8255**
You can also call **911** or go to the nearest emergency room when in crisis.

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 7 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 20 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 AmeriHealth Caritas PA CHC.
Other important phone numbers		
AmeriHealth Caritas PA CHC Nurse Call Line	1-844-214-2472	Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters. See page 12 of this handbook for information.
APPRISE Program, Department of Aging	1-800-783-7067	Get help with questions about Medicare.

Name	Contact information: phone or website	Support provided
Other important phone numbers		
Enrollment Specialist	1-844-824-3655 1-833-254-0690 (TTY)	Pick or change a Community HealthChoices plan. See page 7 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.
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 1-717-783-1550	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 ages 18 and 59 who has a physical or mental disability.

Other Phone Numbers

County Assistance Offices (CAOs)

For an up-to-date list of the Pennsylvania County Assistance Office addresses and phone numbers, please go to:

www.dhs.pa.gov/citizens/findfacilsandlocs/countyassistanceofficecontactinformation.

Medical Assistance Transportation Program (MATP)

For a complete list of the MATP phone numbers by county:

- See the Transportation page that came with your welcome kit, or
- Go to **<http://matp.pa.gov/CountyContact.aspx>** for the most up-to-date listing of MATP phone numbers, or
- Go to our website at **www.amerihealthcaritaschc.com**, click on Participants, then Important Numbers. You will find the link there for the MATP phone numbers by county.

Behavioral Health Services

For a complete list of the Behavioral Health office phone numbers by county:

- See the Behavioral Health information that came with your welcome kit, or
- Go to **www.healthchoices.pa.gov/providers/about/behavioral/index.htm**, or
- Go to our website at **www.amerihealthcaritaschc.com**, click on Participants, then Important Numbers. You will find the link there to Behavioral Health contract information by county.

Childline.....	1-800-932-0313
Pennsylvania Tobacco Cessation program.....	1-800-QUIT-NOW (1-800-784-8669)
PA Enrollment Services.....	1-844-824-3655 (TTY 1-833-254-0690)
National Suicide Prevention Lifeline.....	1-800-273-8255

Communication Services

AmeriHealth Caritas PA CHC can provide this handbook and other information you need in languages other than English at no cost to you. AmeriHealth Caritas PA CHC 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 **1-855-235-5115 (TTY 1-855-235-5112)** to ask for any help you need.

AmeriHealth Caritas PA CHC 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 **1-855-235-5115** and Participant Services will connect you with the interpreter service that meets your needs. For TTY services, call our specialized number at **1-855-235-5112**.

If your primary care provider (PCP) or other provider cannot provide an interpreter for your appointment, AmeriHealth Caritas PA CHC will provide one for you. Call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)** if you need an interpreter for an appointment.

Living Independence for the Elderly (LIFE) Program

If you are at least 55 years old, you may be able to enroll in the LIFE program instead of Community HealthChoices. The LIFE program covers medical, prescription drug, behavioral health, transportation, and supportive services for persons who are 55 years old and older and meet certain requirements related to the county where you live, how much care you need, and the kind of financial support you need. For more information on the LIFE program or if you are moving to the LIFE program, call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

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 AmeriHealth Caritas PA CHC Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)** 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 (TTY 1-833-254-0690)**.

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 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 (TTY 1-833-254-0690)**. They will tell you when the change to your new Community HealthChoices plan will start, and you will stay in AmeriHealth Caritas PA CHC until then. It can take up to 6 weeks for a change to your Community HealthChoices plan to take effect. Use your AmeriHealth Caritas PA CHC ID card at your appointments until your new plan starts.

Changes in the Household

Call your County Assistance Office (CAO) and Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)** if there are any changes to your household.

For example:

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

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

What Happens if 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 AmeriHealth Caritas PA CHC.

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 AmeriHealth Caritas PA CHC provider directory has information about the providers in the AmeriHealth Caritas PA CHC network. The provider directory is located online at www.amerihealthcaritaschc.com.

You can also call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)** 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, phone 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.

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 the AmeriHealth Caritas PA CHC network. If you do not have Medicare, your PCP must be in the AmeriHealth Caritas PA CHC 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 the AmeriHealth Caritas PA CHC network.

The Enrollment Specialist can help you pick your first PCP with AmeriHealth Caritas PA CHC. If you do not pick a PCP through the Enrollment Specialist within 14 days of when you picked AmeriHealth Caritas PA CHC, AmeriHealth Caritas PA CHC will pick your PCP for you.

Changing Your PCP

If you want to change your PCP for any reason, call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)** to ask for a new PCP. If you need help finding a new PCP, you can go to **www.amerihealthcaritaschc.com**, which includes a provider directory, or ask Participant Services to send you a printed provider directory.

AmeriHealth Caritas PA CHC 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, AmeriHealth Caritas PA CHC will send your medical records from your old PCP to your new PCP within 5 business days from the date of request. In emergencies, AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

If you need help getting to your doctor's appointment, please see the Medical Assistance Transportation Program (MATP) section on page 45 of this handbook or call AmeriHealth Caritas PA CHC Participant Services at the phone number above.

If you do not have your AmeriHealth Caritas PA CHC ID card by the time of your appointment, take your ACCESS card with you to your appointment.

Appointment Standards

AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC learning you are pregnant;
 - In your second trimester, your provider must see you within 5 business days of AmeriHealth Caritas PA CHC learning you are pregnant;
 - In your third trimester, your provider must see you within 4 business days of AmeriHealth Caritas PA CHC learning you are pregnant; or
 - Have a high-risk pregnancy, your provider must see you within 24 hours of AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC denies your referral, you may file a Complaint or Grievance about this decision. Please see Section 8, Complaints and Grievances, on page 60 for more information.

If AmeriHealth Caritas PA CHC does not have at least two specialists in your area and you do not want to see the one specialist in your area, AmeriHealth Caritas PA CHC will work with you to see an out-of-network specialist at no cost to you. Your PCP must contact AmeriHealth Caritas PA CHC to let AmeriHealth Caritas PA CHC know you want to see an out-of-network specialist and get approval from AmeriHealth Caritas PA CHC 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 the AmeriHealth Caritas PA CHC network, please see the provider directory on our website at www.amerhealthcaritaschc.com or call Participant Services to ask for a printed provider directory.

Self-Referrals

Self-referrals are services you can arrange for yourself without first calling your PCP. You must see an AmeriHealth Caritas PA CHC network provider for these self-referred services, if AmeriHealth Caritas PA CHC is being billed for these services. If you have Medicare, you may see the Medicare provider of your choice.

Services that do not need a referral or prior authorization are:

- Prenatal visits.
- Routine obstetric (OB) care.
- Routine gynecological (GYN) care.
- Routine mammograms, with a prescription.
- Routine family planning services.¹
- Routine dental services.
- Routine eye exams.²
- Tobacco cessation counseling sessions.¹
- First visit with a chiropractor.
- First 24 visits for outpatient physical, occupational, and speech therapy.
- Emergency services.¹
- Durable medical equipment (DME) purchases costing less than \$750 that are covered by the Medical Assistance program and with a prescription (please see the Prior Authorization section for exceptions).

¹ This self-referred service may be provided by a provider not in the AmeriHealth Caritas network.

² You may need to get a referral or prior authorization from your PCP for some specialty care services. There may also be some limitations for self-referrals. If you are not sure if you need a referral from your PCP for a service, ask your PCP or call Participant Services.

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.

AmeriHealth Caritas PA CHC has a toll-free Nurse Call Line at **1-844-214-2472** 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 long-term services and supports (LTSS), or you 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 AmeriHealth Caritas PA CHC starts. You can also contact Participant Services if you need to talk to your service coordinator. See page 47 for more information on LTSS.

Participant Engagement

Suggesting Changes to Policies and Services

AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

AmeriHealth Caritas PA CHC Participant Advisory Committee

AmeriHealth Caritas PA CHC has a Participant Advisory Committee (PAC) that includes Participants, network providers, and direct care workers. The PAC provides advice to AmeriHealth Caritas PA CHC 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 **1-855-235-5115 (TTY 1-855-235-5112)**, or visit the website at **www.amerihealthcaritaschc.com**.

Section 2

Rights and Responsibilities

Participant Rights and Responsibilities

AmeriHealth Caritas PA CHC 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 an AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC, 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 AmeriHealth Caritas PA CHC approval.
6. To get information that you can easily understand and talk to your providers about your treatment options, without any interference from AmeriHealth Caritas PA CHC.
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 the AmeriHealth Caritas PA CHC 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.
15. To get information about services that AmeriHealth Caritas PA CHC 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 the Department of Human Services (DHS), AmeriHealth Caritas PA CHC, and network providers treat you.

Participant Responsibilities

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

These are the things you should do:

1. Provide, to the extent you can, information needed by your providers.
2. Follow instructions and guidelines given by your providers.
3. Be involved in decisions about your health care and treatment.
4. Work with your providers to create and carry out your treatment plans.
5. Tell your providers what you want and need.
6. Learn about AmeriHealth Caritas PA CHC coverage, including all covered and non-covered benefits and limits.
7. Use only network providers unless AmeriHealth Caritas PA CHC approves an out-of-network provider.
8. Be referred by your PCP to see a specialist, when the specialist is not one on the self-referral list.
9. Respect other patients, provider staff, and provider workers.
10. Make a good-faith effort to pay your copayments.
11. Report fraud and abuse to the DHS Fraud and Abuse Reporting Hotline.

Privacy and Confidentiality

AmeriHealth Caritas PA CHC must protect the privacy of your personal health information (PHI). AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC can pay your providers. It also includes sharing your PHI with DHS. This information is included in the AmeriHealth Caritas PA CHC Notice of Privacy Practices. A copy of the Notice of Privacy Practices was included in your welcome kit. You can also find a copy on our website at www.amerihealthcaritaschc.com, or call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

Copayments

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

Copayment amounts can be found in the Covered Services chart on page 16 of this handbook.

The following participants do not have to pay copayments:

- Pregnant women (including for 60 days after the child is born (the postpartum 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 copayment:

- Emergency services.
- Laboratory services.
- Family planning services, including supplies.
- Hospice services.
- Home health services.
- Tobacco cessation services.
- Visits to your PCP/CRNP.

What if You Are Charged a Copayment and You Disagree?

If you believe that a provider charged you the wrong amount for a copayment or for a copayment you believe you not should have to pay, you can file a Complaint with AmeriHealth Caritas PA CHC. Please see Section 8, Complaints and Grievances, for information on how to file a Complaint, or call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

Billing Information

Providers in the AmeriHealth Caritas PA CHC network may not bill you for services that AmeriHealth Caritas PA CHC covers. Even if your provider has not received payment or the full amount of his or her charge from AmeriHealth Caritas PA CHC, the provider may not bill you. This is called balance billing.

When Can a Provider Bill Me?

Providers may bill you if:

- You did not pay your copayment.
- You received services from an out-of-network provider without prior approval from AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC 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 an AmeriHealth Caritas PA CHC network provider and you think the provider should not have billed you, you can call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

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 AmeriHealth Caritas PA CHC pays. AmeriHealth Caritas PA CHC 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 **1-855-235-5115 (TTY 1-855-235-5112)** 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 AmeriHealth Caritas PA CHC 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 the AmeriHealth Caritas PA CHC network. You also do not have to get prior authorization from AmeriHealth Caritas PA CHC or referrals from your Medicare PCP to see a specialist. AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC, you must get the service from an AmeriHealth Caritas PA CHC network provider. All AmeriHealth Caritas PA CHC rules, such as prior authorization, 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 the AmeriHealth Caritas PA CHC network. You need to follow the rules of your other insurance and AmeriHealth Caritas PA CHC, such as obtaining prior authorization when needed. AmeriHealth Caritas PA CHC 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 an AmeriHealth Caritas PA CHC network provider. All AmeriHealth Caritas PA CHC rules, such as prior authorization, apply to these services.

Recipient Restriction/Lock-in Program

The Recipient Restriction/Participant Lock-In Program requires a Participant to use specific providers if the Participant has abused or overused his or her health care or prescription drug benefits. AmeriHealth Caritas PA CHC works with DHS to decide whether to limit a Participant's doctor, pharmacy, hospital, dentist, or other provider.

How does it work?

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

You can pick the providers, or AmeriHealth Caritas PA CHC will pick them for you. If you want a different provider than the one AmeriHealth Caritas PA CHC picked for you, call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**. The limit will last for 5 years even if you change Community HealthChoices plans.

If you disagree with the decision to limit your providers, you may appeal the decision by asking for a DHS Fair Hearing within 30 days of the date of the letter telling you that AmeriHealth Caritas PA CHC 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 **1-855-235-5115 (TTY 1-855-235-5112)**, or contact your local legal aid office.

If your appeal is postmarked within 10 days of the date on the AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC about the decision to limit your providers.

After 5 years, AmeriHealth Caritas PA CHC will review your services again to decide if it the limits should be removed or continued and sends the results of its review to DHS. AmeriHealth Caritas PA CHC 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 Participant's AmeriHealth Caritas PA CHC ID 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 AmeriHealth Caritas PA CHC Fraud and Abuse Hotline at **1-866-833-9718** to give AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC Fraud and Abuse Hotline at **1-866-833-9718**. 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. AmeriHealth Caritas PA CHC 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 **1-855-235-5115 (TTY 1-855-235-5112)**.

Service Coordination

If you do not need long-term services and supports (LTSS) but need other or more services than you are getting, AmeriHealth Caritas PA CHC 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 you are dual eligible) will be coordinated. AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC covers when the services are medically necessary. Some of the services have limits or copayments, or need prior authorization by AmeriHealth Caritas PA CHC. 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.

Service		
Primary Care Provider	Limit	No limits
	Copayment	No copay
	Prior Authorization / Referral	No Prior Authorization or Referral
Specialist	Limit	Some specialist services may have limits
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization for some specialty services may apply
Certified Registered Nurse Practitioner (CRNP)	Limit	No limits
	Copayment	No copay
	Prior Authorization / Referral	No Prior Authorization or Referral
Federally Qualified Health Center / Rural Health Clinic	Limit	No limits
	Copayment	No copay
	Prior Authorization / Referral	No Prior Authorization or Referral
Outpatient Non-Hospital Clinic	Limit	Some services may have limits
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization for some services may apply
Outpatient Hospital Clinic	Limit	No limits
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization for some services may apply
Podiatrist Services	Limit	No limits
	Copayment	\$1 copay per visit
	Prior Authorization / Referral	Prior Authorization for some podiatry services may apply
Chiropractor Services	Limit	No limits
	Copayment	\$1 copay per visit
	Prior Authorization / Referral	Prior Authorization for some chiropractic services may apply
Optometrist Services	Limit	Limits may apply
	Copayment	\$1
	Prior Authorization / Referral	Prior Authorization for some services may apply

AmeriHealth Caritas Pennsylvania Community HealthChoices

Service		
Hospice Care	Limit	Limits may apply
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Radiology (ex., X-rays, MRIs, CTs)	Limit	No limits
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Outpatient Hospital Short Procedure Unit (SPU)	Limit	No limits
	Copayment	\$3 copay per visit
	Prior Authorization / Referral	Prior Authorization may apply
Outpatient Ambulatory Surgical Center (ASC)	Limit	No limits
	Copayment	\$3 copay per visit
	Prior Authorization / Referral	Prior Authorization may apply
Non-Emergency Medical Transport	Limit	Limits may apply
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Family Planning Clinic Services	Limit	No limits
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization for some family planning services may apply
Renal Dialysis	Limit	No limits
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Emergency Room Services	Limit	No limits
	Copayment	No copay
	Prior Authorization / Referral	No Prior Authorization or Referral
Ambulance Services	Limit	No limits
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Inpatient Hospital	Limit	No limits
	Copayment	\$3 copay per day/\$21 max
	Prior Authorization / Referral	Prior Authorization may apply
Inpatient Rehab Hospital	Limit	No limits
	Copayment	\$3 copay per day/\$21 max
	Prior Authorization / Referral	Prior Authorization may apply
Maternity Care	Limit	No limits
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply

AmeriHealth Caritas Pennsylvania Community HealthChoices

Service		
Prescription Drugs	Limit	No limits
	Copayment	Brand: \$3 per prescription or refill Generic: \$1 Some medicines have no copay
	Prior Authorization / Referral	Prior Authorization may apply
Nutritional Supplements	Limit	No limits
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Nursing Home	Limit	Limits may apply
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Home Health Care Including Nursing, Aide, and Therapy Services	Limit	Limits may apply
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Durable Medical Equipment	Limit	No limits
	Copayment	Sliding scale copays may apply
	Prior Authorization / Referral	Prior Authorization may apply
Prosthetics and Orthotics	Limit	Limits may apply
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Eyeglass Lenses	Limit	Limits may apply
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Eyeglass Frames	Limit	Limits may apply
	Copayment	Copays may apply
	Prior Authorization / Referral	Prior Authorization may apply
Contact Lenses	Limit	Limits may apply
	Copayment	Copays may apply
	Prior Authorization / Referral	Prior Authorization may apply
Medical Supplies	Limit	No limits
	Copayment	Sliding scale copays may apply
	Prior Authorization / Referral	Prior Authorization may apply
Therapy (Physical, Occupational, Speech)	Limit	Limits may apply
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Laboratory	Limit	No limits
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply

Service		
Tobacco Cessation	Limit	Limits may apply
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Dentist Services	Limit	Limits may apply
	Copayment	No copay
	Prior Authorization / Referral	Prior Authorization may apply

Services that Are Not Covered

Listed below are the physical health services that AmeriHealth Caritas PA CHC does not cover. If you have any questions about whether or not AmeriHealth Caritas PA CHC covers a service for you, please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

- Experimental medical procedures, medicines, and equipment.
- Services that are not medically necessary.
- Services given by a provider who is not in the AmeriHealth Caritas PA CHC provider network, except for:
 - Emergency services.
 - Family planning services.
 - Tobacco cessation counseling services.
 - When there is prior approval from AmeriHealth Caritas PA CHC.
 - When you have Medicare and seek Medicare-covered services from the Medicare provider of your choice.
- Cosmetic surgery, such as face-lifts, tummy tucks, or liposuction.
- Acupuncture.
- Infertility services.
- Paternity testing.
- Any service offered and covered through another insurance program, such as workers' compensation, TRICARE, or other commercial insurance that has not been prior authorized by AmeriHealth Caritas PA CHC. However, Medicare-covered services do not require prior authorization.
- Services provided outside the United States and its territories. AmeriHealth Caritas PA CHC is not allowed to make payments outside of the United States.
- Services not considered to be a "medical service" under Title XIX of the Social Security Act.

This is not a complete list of non-covered services.

AmeriHealth Caritas PA CHC may not cover all of your health care expenses. You may be responsible to pay for services if you have been told ahead of time that AmeriHealth Caritas PA CHC does not cover the service. It is important to check with your PCP or AmeriHealth Caritas PA CHC Participant Services to find out which health care services are covered.

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 copay.

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

What Is Prior Authorization?

Some services or items need approval from AmeriHealth Caritas PA CHC before you can get the service. This is called Prior Authorization. For services that need prior authorization, AmeriHealth Caritas PA CHC decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to AmeriHealth Caritas PA CHC 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 **1-855-235-5115 (TTY 1-855-235-5112)**.

How to Ask for Prior Authorization

1. Your PCP or other health care provider must give AmeriHealth Caritas PA CHC information to show that the service or medicine is medically necessary.
2. AmeriHealth Caritas PA CHC nurses or pharmacists review the information. They use clinical guidelines approved by the Department of Human Services to see if the service or medicine is medically necessary.
3. If the request cannot be approved by an AmeriHealth Caritas PA CHC nurse or pharmacist, an AmeriHealth Caritas PA CHC doctor will review the request.
4. If the request is approved, we will let you and your health care provider know it was approved.
5. If the request is not approved, a letter will be sent to you and your health care provider telling you the reason for the decision.
6. If you disagree with the decision, you may file a complaint or grievance, and/or request a fair

hearing. See page 60 for information about complaints, grievances, and fair hearings.

7. You may also call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)** for help in filing a complaint or grievance and/or requesting a fair hearing.

If you need help to better understand the prior authorization process, talk to your PCP or specialist, or call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

If you or your provider would like a copy of the medical necessity guidelines or other rules that were used to decide your prior authorization request, you can call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**. Your provider can also call Provider Services at **1-800-521-6007**.

If you need help to better understand the prior authorization process, talk to your PCP or specialist, or call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

If you or your provider would like a copy of the medical necessity guidelines or other rules that were used to decide your prior authorization request, you can call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**. Your provider can also call Provider Services at **1-800-521-6007**.

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

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

The physical health services that require prior authorization include:

- Elective inpatient hospital admissions, including rehabilitation.
- Elective transplant evaluations and procedures.
- Elective/non-emergent air ambulance transportation.
- Elective transfers for inpatient or outpatient services between acute care facilities.
- Skilled nursing facility.
- Gastroenterology services (code 91110 and 9111 only).
- Bariatric surgery.
- Prior authorization is required for all pain management services, with the **exception** of:
 - Services that are on the Pennsylvania Medical Assistance (PA MA) fee schedule and are provided in a participating physician office setting (POS 11).
- Cosmetic procedures.
- Physical therapy (PT), occupational therapy (OT), and speech therapy (ST) exceeding 24 visits per discipline within a calendar year.
- Home health services after 6 visits per modality performed in a calendar year (may not exceed 60 visits).
- Shift care/private duty nursing.
- Long-term services and supports (LTSS) (Home- and Community-Based and Custodial Nursing Facility).^{*} See list below for more detailed information.
- Durable medical equipment (DME) rentals and purchases in excess of \$750 per item in billed charges.
- Wheelchair purchases and accessories, regardless of cost.
- Enterals.

- Diapers: any request in excess of 300 diaper or pull-ups (or combination), and requests for brand-specific diapers.
- Cardiac or pulmonary rehabilitation.
- Chiropractic services after initial visit.
- Any service performed by a non-participating provider, unless it is an emergency service.
- Experimental or investigational services.
- Neurological psychological testing.
- Genetic laboratory testing.
- All miscellaneous/unlisted codes.
- Services or equipment not on Medical Assistance fee schedule and/or in excess of DHS limitations.
- Ambulance transportation to and from a prescribed pediatric extended care center (PPECC)/medical daycare.
- Select prescription medications.
- Select dental services.
- Elective termination of pregnancy.

*All LTSS services require prior authorization by a service coordinator. Services include:

- Adult daily living.
- Assistive technology.
- Benefits counseling.
- Career assessment.
- Community integration.
- Community transition services.
- Employment skills development.
- Exceptional DME.
- Financial management services.
- Home adaptations.
- Home delivered meals.
- Home health services.
- Job coaching.
- Job finding.
- Non-medical transportation.
- Nursing facility services.
- Participant-directed community supports.
- Participant-directed goods and services.
- Personal assistance services.
- Personal emergency response system.
- Pest eradication.
- Residential habilitation.

- Respite.
- Specialized medical equipment and supplies.
- Structured day habilitation.
- TeleCare.
- Therapeutic and counseling services.
- Vehicle modification.

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 are unsure about whether a service, item, or medicine requires prior authorization, call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

Prior Authorization of a Service or Item

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

If AmeriHealth Caritas PA CHC does not have enough information to decide the request, AmeriHealth Caritas PA CHC must tell your provider within 48 hours of receiving the request that AmeriHealth Caritas PA CHC needs more information to decide the request and allow 14 days for the provider to give AmeriHealth Caritas PA CHC more information. AmeriHealth Caritas PA CHC will tell you of the AmeriHealth Caritas PA CHC decision within 2 business days after AmeriHealth Caritas PA CHC receives the additional information.

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

Prior Authorization of Outpatient Drugs

AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC for prior authorization as soon as possible.

What if You Receive a Denial Notice?

If AmeriHealth Caritas PA CHC 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, AmeriHealth Caritas PA CHC must authorize the medication until the grievance is resolved. See Section 8, Complaints and Grievances, starting on page 60 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 AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC Nurse Call Line at **1-844-214-2472**, 24 hours a day, 7 days a week. Please remember that the Nurse Call Line does not take the place of your doctor. Please always follow up with your doctor.

Emergency Medical Transportation

AmeriHealth Caritas PA CHC 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 45 of this handbook) for emergency medical transportation.

Urgent Care

AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC Nurse Call Line at **1-844-214-2472** first. Your PCP or the nurse at the Nurse Call Line will help you decide if you need to go to the emergency room, the PCP's office, or an urgent care center near you. Please remember that the Nurse Call Line does not take the place of your doctor. Always follow up with your doctor.

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.
- Stomachaches.

If you have any questions, please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

Dental Care Services

Good dental care is not only good for your teeth, mouth, and gums. It also affects other health conditions, such as diabetes and pregnancy. Going to the dentist 2 times a year helps you stay healthy. You can go to any AmeriHealth Caritas PA CHC network dentist. To find a dentist in the AmeriHealth Caritas PA CHC network, go to **www.amerhealthcaritaschc.com** and click on Find a Provider. Or you can call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)** for help.

As part of AmeriHealth Caritas PA CHC, you receive the following dental benefits:

- Exams.
- Cleanings.
- 1 dental exam and 1 cleaning, per provider/ group, every 180 days (6 months).
- Dental emergencies.
- X-rays.
- Fillings.
- Extractions (tooth removals).
- Re-cementing (re-gluing) of crowns.
- Periodontal services.*

- Root canals.*
- Crowns.*
- Dentures,* full and partial.
- Dental surgical procedures.*
- Anesthesia,* general anesthesia/IV, or non-IV conscious sedation.

* Prior authorization is required and medical necessity must be demonstrated. For more information about prior authorization, please go to page 27. Some dental services have limits. Talk with your dentist.

Vision Care Services

Participants are eligible for 2 routine eye exams every calendar year. No referral is needed for this first routine eye exam.

You may have additional eye exams (up to 2 additional exams per calendar year) if your eye doctor completes a form.

AmeriHealth Caritas PA CHC does not cover prescription eyeglasses or prescription contact lenses. However, there are some exceptions. Participants with a diagnosis of aphakia or cataracts may be eligible for eye wear (glasses or contacts). If you have one of these diagnoses and think you may be eligible for eye wear, please call Participant Services for more information.

There may be copays for some optometry (eye care) services. Please see the Participant Copayment Schedule that came with your welcome kit. You can also find it online at www.amerihealthcaritaschc.com.

If you need help finding an eye doctor, go to www.amerihealthcaritaschc.com and click on Find a Provider. You can also call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)** for help.

Pharmacy Benefits

AmeriHealth Caritas PA CHC covers pharmacy benefits that include prescription medicines and over-the-counter medicines and vitamins with a doctor's prescription. AmeriHealth Caritas PA CHC covers medicines that are:

- Medically necessary.
- Approved by the U.S. Food and Drug Administration (FDA).
- Prescribed by your health care provider.

Prescriptions

When a provider prescribes a medication for you, you can take it to any pharmacy that is in the AmeriHealth Caritas PA CHC network. You will need to have your AmeriHealth Caritas PA CHC ID card with you and you may have a copayment. AmeriHealth Caritas PA CHC will pay for any medicine listed on the AmeriHealth Caritas PA CHC 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 the AmeriHealth Caritas PA CHC network, or have any other questions, please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

If you are pregnant, make sure you call your County Assistance Office (CAO) or the Customer Service Center at **1-877-395-8930**. Let them know you are pregnant. You will not have copays during your pregnancy.

Drug Formulary

A formulary, also called a preferred drug list (PDL), is a list of medicines that AmeriHealth Caritas PA CHC 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 the AmeriHealth Caritas PA CHC formulary needs prior authorization. The formulary can change from time to time, so you should make sure that your provider has the latest information when prescribing a medicine for you.

If you have any questions or to get a copy of the drug formulary, call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**, or visit the AmeriHealth Caritas PA CHC website at www.amerihealthcaritaschc.com.

Reimbursement for Medication

There may be times when you pay for your medicine. AmeriHealth Caritas PA CHC may reimburse you, or pay you back. This reimbursement process does not apply to copayments.

Generally, reimbursement is not made for medicines that:

- Need prior authorization.
- Are not covered by either AmeriHealth Caritas PA CHC or the Pennsylvania Medical Assistance program.
- Are not medically necessary.
- Go over certain dose and supply limits set by the FDA.
- Are refilled too soon.

You cannot be reimbursed if:

- You were not eligible for pharmacy benefits when you paid for the medicine.
- You were not an AmeriHealth Caritas PA CHC Participant when you got the medicine filled.

To ask for reimbursement of medicines you paid for:

You must ask for the reimbursement in writing.* You must send a detailed receipt from the pharmacy that includes:

- The date you bought the medicine.
- Your name.
- The name of the pharmacy, the address (city, state, ZIP code), and phone number.
- The name, strength, and amount of medicine.
- The NDC number of medicine (if you are not sure about this information, ask the pharmacist to help you).
- The total amount of money you paid for each medicine.

* If you need help writing this request, please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

Write your name, address, phone number, and AmeriHealth Caritas PA CHC ID number on your receipt or another piece of paper. Send the above information to:

Pharmacy Reimbursement Department
AmeriHealth Caritas PA CHC
P. O. Box 336
Essington, PA 19029

It may take 6 to 8 weeks before you get your payment.

Note: A receipt that does not have all of the above information will not be reimbursed and will be returned to you. Receipts should be sent to AmeriHealth Caritas PA CHC as soon as possible. Receipts older than 365 days will not be accepted. Please remember to keep a copy of the receipt for your records.

The receipt that has all of the information you need for reimbursement is the one stapled to the bag your medicine came in. It is not the register receipt. Your pharmacist can also print a receipt out for you if you ask.

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 **1-855-235-5115 (TTY 1-855-235-5112)** or visit the AmeriHealth Caritas PA CHC website at **www.amerihealthcaritaschc.com**.

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 the AmeriHealth Caritas PA CHC network. For the list of network specialty pharmacies, please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)** or see the provider directory on the AmeriHealth Caritas PA CHC website at **www.amerihealthcaritaschc.com**. For any other questions or more information, please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

Over-the-Counter Medicines

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

- Sinus and allergy medicine.
- Generic vitamins
- Heartburn medicine, such as antacids and famotidine.

You can find more information about covered over-the-counter medicines by visiting the AmeriHealth Caritas PA CHC website at **www.amerihealthcaritaschc.com** or by calling Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

Help with Signing up for Medicare Part D

If you have Medicare, AmeriHealth Caritas PA CHC can help you to sign up for Medicare Part D to help pay for your prescription drugs. Some Medicare Part D plans have no copayments for prescription drugs. For more information call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

Tobacco Cessation

Do you want to quit smoking? AmeriHealth Caritas PA CHC wants to help you quit!

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

Medicines

AmeriHealth Caritas PA CHC covers the following medicines to help you quit smoking.

- Nicotine gum.
- Nicotine lozenge.
- Nicotine patch (Nicotrol, Nicoderm CQ).
- Nicotine inhaler (Nicotrol Inhaler).
- Nicotine nasal spray (Nicotrol Nasal Spray).
- Varenicline (Chantix).
- Bupropion SR (Zyban).

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

Counseling Services

Counseling support may also help you to quit smoking. AmeriHealth Caritas PA CHC covers the following counseling services:

- All AmeriHealth Caritas PA CHC Participants are eligible for 70 counseling sessions per calendar year. Each session is a 15-minute, face-to-face counseling session, for either group or individual counseling.
- You do not need a referral or pre-approval to go to a counseling session. Talk to your doctor about finding a counselor near you.
- The counselor must be a part of the Medical Assistance program. The counselor must also be approved by the Department of Health.

Behavioral Health Treatment

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

- See the information that came with your welcome kit, or
- Go to www.healthchoices.pa.gov/providers/about/behavioral/index.htm, or
- Go to page 59 for a listing of the BH-MCO in your county, or
- Call AmeriHealth Caritas PA CHC Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)** for help in contacting your BH-MCO.

Other Tobacco Cessation Resources

For more help, you can:

- Call the PA Free Quitline at **1-800-QUIT-NOW (784-8669)**.
- Go to www.health.state.pa.us for “Smoke Free” information.

- Go to <https://pa.quitlogix.org> to find tobacco cessation counselor resources and tips about quitting tobacco use.

Remember, AmeriHealth Caritas PA CHC is here to help support you in becoming healthier by becoming smoke free. Do not wait! Please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)** so we can help to get you started.

Family Planning

AmeriHealth Caritas PA CHC 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 copayment for these services. When you go to a family planning provider that is not in the AmeriHealth Caritas PA CHC network, you must show your AmeriHealth Caritas PA CHC 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 **1-855-235-5115 (TTY 1-855-235-5112)**.

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 AmeriHealth Caritas PA CHC 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 **1-855-235-5115 (TTY 1-855-235-5112)** 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 10 business days if you are in the first 3 months of pregnancy (your first trimester).
- Within 5 business days if you are in months 3 to 6 of your pregnancy (your second trimester).
- Within 4 business days if you are in the last 3 months of your pregnancy (your third trimester).
- Within 24 hours if you have a high-risk pregnancy.

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

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. AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC, you can continue to see that provider even if he or she is not in the AmeriHealth Caritas PA CHC network. That provider will need to call AmeriHealth Caritas PA CHC for approval to treat you.

Care for You and Your Baby After Your Baby Is Born

You should visit your maternity care provider between 3 and 8 weeks after your baby is delivered for a checkup, unless your doctor wants to see you sooner.

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, please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

Bright Start® program for pregnant Participants

At the Bright Start program, we can help you stay healthy when you are pregnant, which can help you have a healthy baby. We will give you information about the importance of your prenatal care, like:

- Taking your prenatal vitamins.

- Eating right.

- Staying away from drugs, alcohol, and smoking.

- Visiting your dentist so you can keep your gums healthy.

It is important to see your dentist at least once while you are pregnant. Your unborn baby's health is affected by the health of your teeth and gums. Gum disease, for example, can cause infection, which could cause the baby to be born too early. A baby born too early is more likely to have health problems and disabilities that can last a lifetime.

We will work with you, your OB, and your dentist to make sure you get the care you need.

We have information on other services, like:

- Food and clothes.

- Transportation.

- Breast feeding.

- Home care.

- Helping you understand your emotions and the changes happening with your body.

- Help with quitting smoking.

- The WIC (Women, Infants, and Children) program.

- Help with drug, alcohol, or mental health issues.

- Help with domestic abuse.

You may be eligible for home health care, special medical equipment, or transportation to office visits. Call us to find out more information. You can reach Bright Start toll-free at **1-877-364-6797**.

Durable Medical Equipment and Medical Supplies

AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC network. You may have a copayment.

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 **1-855-235-5115 (TTY 1-855-235-5112)**.

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 the AmeriHealth Caritas PA CHC provider network for you to receive services. If you need nursing home services for more than 30 days, see page 47 of the handbook for information on Long-Term Services and Supports.

Outpatient Services

AmeriHealth Caritas PA CHC 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 the AmeriHealth Caritas PA CHC network providers. Please see the information in the Prior Authorization section on page 27 for more information on which outpatient services may need prior approval.

To find out information about copays for any outpatient services, please see the copayment schedule that came with your welcome kit. You can also find this information on our website at www.amerihealthcaritaschc.com or see the Covered Services section on page 23 of this handbook for more information.

Hospital Services

AmeriHealth Caritas PA CHC 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 the AmeriHealth Caritas PA CHC network and will follow your care even if you need other doctors during your hospital stay. AmeriHealth Caritas PA CHC must approve all services. To find out if a hospital is in the AmeriHealth Caritas PA CHC network, or if you have any other questions on hospital services, please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**, or go to the provider directory on the AmeriHealth Caritas PA CHC website at www.amerihealthcaritaschc.com/participants/eng/find-provider/index.aspx.

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.

To find out information about copays for hospital services, please see the copayment schedule that came with your welcome kit. You can also find this information on our website at www.amerihealthcaritaschc.com or see the Covered Services section starting on page 23 for more information.

Preventive Services

AmeriHealth Caritas PA CHC covers preventive services, which can help keep you healthy. Preventive services include more than just seeing your PCP once a year for a checkup. 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.

Is it time for your checkup?

Anyone at any age	See your PCP once every year. See your dentist 2 times a year for dental checkups.
All women	See your gynecologist (GYN) or PCP every year for women's health concerns.
If you have learned you are pregnant	See your obstetrician or gynecologist (OB/GYN) right away and make regular appointments. Call your dentist today for a dental checkup.
If you are a woman 40 years old or older	Get your mammogram once every year, or as directed by your doctor. See your dentist 2 times a year for dental checkups.
If you are a man 50 years old or older	Talk to your doctor about screenings for prostate cancer. See your dentist 2 times a year for dental checkups.
If you are 50 years old or older	Talk to your doctor about screenings for colon and rectal cancer. See your dentist 2 times a year for dental checkups.

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 **1-855-235-5115 (TTY 1-855-235-5112)**. Participant Services can also help you make an appointment with your PCP.

New Medical Technology

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

If you need more information on new medical technologies, please call AmeriHealth Caritas PA CHC Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

Home Health Care

AmeriHealth Caritas PA CHC 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 limits to the number of home health care visits you can get, unless you or your provider asks for an exception to the limits.

You should contact AmeriHealth Caritas PA CHC Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)** if you have been approved for home health care and that care is not being provided as approved.

Disease Management

AmeriHealth Caritas PA CHC has voluntary programs to help you take better care of yourself if you have one of the health conditions listed below. AmeriHealth Caritas PA CHC 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 copayment.

If you have one of the health care conditions listed below, you could become a part of one of our special programs for:

- Asthma.
- Chronic obstructive pulmonary disease (COPD).
- Diabetes.
- Cardiovascular disease.
- Hemophilia.
- HIV/AIDS.
- Sickle cell anemia.

There are a few ways you can be a part of these programs:

- Your PCP, specialist, or health care provider may talk to you about becoming a part of the program. He or she will call us to get you connected.
- We may see from your health history that you would benefit from a program. We will send you information in the mail or call you about becoming a part of a program.
- You can just ask! Call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)** and ask about any of these programs.

Through our programs, we help you better understand your condition. A care manager helps coordinate your health care and sends you information about your condition.

If you have extra needs, your care manager will work with you and your PCP. You will set and work on personal goals to improve your health and quality of life.

As an AmeriHealth Caritas PA CHC Participant, you have the right to say you do not want to be a part of these programs. You can tell us on the phone or in writing. If you do not want to be a part of these programs, it will not change your AmeriHealth Caritas PA CHC benefits in any way. It also will not change the way you are treated by AmeriHealth Caritas PA CHC and our providers or the Department of Human Services (DHS).

If you have any questions about our special programs, or do not want to be a part of these programs, call the Care Management Program at **1-855-332-0116 (TTY 711)**.

By following your provider's plan of care and learning about your disease or condition, you can stay healthier. AmeriHealth Caritas PA CHC 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 Care Management at **1-855-332-0116 (TTY 711)**.

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 AmeriHealth Caritas PA CHC to provide services to Participants of AmeriHealth Caritas PA CHC. There may be a time when you need to use a doctor or hospital that is not in the AmeriHealth Caritas PA CHC network. If this happens, you can ask your PCP to help you. Your PCP has a special number to call at AmeriHealth Caritas PA CHC to ask that you be allowed to go to an out-of-network provider. AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC cannot give you a choice of at least 2 providers in your area, AmeriHealth Caritas PA CHC will cover the treatment by the out-of-network provider.

Getting Care While Outside of the AmeriHealth Caritas PA CHC Service Area

If you are outside of the AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC 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 **1-855-235-5115 (TTY 1-855-235-5112)** who will help you to get the most appropriate care.

AmeriHealth Caritas PA CHC will not pay for services received outside of the United States and its territories.

Out-of-Plan Services

You may be eligible to get services other than those provided by AmeriHealth Caritas PA CHC. Below are some services that are available but are not covered by AmeriHealth Caritas PA CHC. If you would like help in getting these services, please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

Non-Emergency Medical Transportation

AmeriHealth Caritas PA CHC does not cover non-emergency medical transportation for most Community HealthChoices Participants. AmeriHealth Caritas PA CHC can help you arrange transportation to covered service appointments through programs such as Shared Ride or the Medical Assistance Transportation Program (MATP) described on page 45.

AmeriHealth Caritas PA CHC **does** cover non-emergency medical transportation if:

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

If you have questions about non-emergency medical transportation, please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

Medical Assistance Transportation Program (MATP)

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 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 paratransit 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 the MATP to get more information and to register for services. Please see the Transportation information that was included in your welcome kit for more information about MATP, or visit the DHS MATP website at <http://matp.pa.gov/CountyContact.aspx>.

MATP will work with AmeriHealth Caritas PA CHC to confirm that the medical appointment you need transportation for is a covered service. AmeriHealth Caritas PA CHC works with MATP to help you arrange transportation. You can also call Participant Services for more information at **1-855-235-5115 (TTY 1-855-235-5112)**.

Women, Infants, and Children Program (WIC)

The Women, Infants, and Children Program (WIC) provides healthy foods and nutrition services to infants, children under the age of 5, and women who are pregnant, have given birth, or are breastfeeding. WIC helps you and your baby eat well by teaching you about good nutrition and giving you food vouchers to use at grocery stores. WIC helps babies and young children eat the right foods so they can grow up healthy. You can ask your maternity care provider for a WIC application at your next visit or call **1-800-WIC-WINS (1-800-942-9467)**. For more information, visit the WIC website at www.pawic.com.

Domestic Violence Crisis and Prevention

Everyone knows a victim of domestic violence. They could be your neighbors, your coworkers, 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)

TTY 1-800-787-3224

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

AmeriHealth Caritas PA CHC covers long-term services and supports (LTSS) for Participants who cannot do some activities of daily living or who have chronic illnesses. LTSS include services in the community and in a nursing home 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, AmeriHealth Caritas PA CHC 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 completing 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 AmeriHealth Caritas PA CHC 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. AmeriHealth Caritas PA CHC will give you a choice of at least 2 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:

- 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.
- Re-evaluate your needs every year or more often if needed.
- Help you and your person-centered planning team to pick providers.
- Remind you to do what’s needed to stay eligible for Community HealthChoices and LTSS.
- Look for services outside of Community HealthChoices to meet your needs, including through Medicare or other health insurers, and other community resources.

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

If you ever want a different service coordinator, please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

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 AmeriHealth Caritas PA CHC Assessment
You are NFCE but not getting LTSS when you start with AmeriHealth Caritas PA CHC	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 AmeriHealth Caritas PA CHC for a comprehensive needs assessment. After finishing the comprehensive needs assessment, if AmeriHealth Caritas PA CHC decides that you need LTSS, AmeriHealth Caritas PA CHC will refer you to DHS for a clinical eligibility determination to see if you are NFCE. AmeriHealth Caritas PA CHC 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 Person-Centered Service Plan (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 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 your PCSP based on your comprehensive needs assessment, your clinical eligibility determination, and the services that AmeriHealth Caritas PA CHC 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). AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC 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. AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC.

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).

AmeriHealth Caritas PA CHC 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.
- 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; 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 that is connected to a Participant’s phone and programmed to signal a response center with trained staff when the Participant presses a portable “help” button to get help in an emergency.
- Pest Eradication – Services to remove insects and other pests from a Participant’s home that, if not treated, would prevent the Participant from staying in the community due to a risk of health and safety.
- Physical Therapy – Services of a physical therapist and ordered by a doctor, which include evaluation and treatment of a Participant to limit or prevent disability after an injury or illness.
- Residential Habilitation – Services delivered in a provider-owned or provider- operated setting where the Participant lives, which include community integration; nighttime assistance; personal assistance services to help with activities of daily living such as bathing, dressing, eating, mobility, and toileting; and instrumental activities of daily living such as cooking, housework, and shopping, so that the Participant gets 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

AmeriHealth Caritas PA CHC covers nursing home services. A nursing home is licensed to provide nursing or long-term care services that help both the medical and non-medical needs of persons in the nursing home. Services include nursing and rehabilitation; help with tasks like dressing, bathing, using the bathroom, meals, and laundry; or other services that 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 48 of this handbook for an explanation of NFCE. Nursing home services must also be prior authorized by AmeriHealth Caritas PA CHC.

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 the AmeriHealth Caritas PA CHC network or contact an Enrollment Specialist at **1-844-824-3655 (TTY 1-833-254-0690)** 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 the AmeriHealth Caritas PA CHC network, or ask AmeriHealth Caritas PA CHC to approve your stay in an out-of-network nursing home. You can also contact an Enrollment Specialist at **1-844-824-3655 (TTY 1-833-254-0690)** 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 the AmeriHealth Caritas PA CHC network. You can also contact an Enrollment Specialist to learn about other Community HealthChoices plans and nursing homes in their network.

Patient Pay for Nursing Home Services

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

When you apply for Medical Assistance for nursing home care, the County Assistance Office (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, 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 **1-717-783-1550** or on the website at **www.aging.pa.gov/aging-services/Pages/Ombudsman.aspx**.

Estate Recovery

Federal law requires that the Department of Human Services (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 AmeriHealth Caritas PA CHC for the following services:

- Nursing home services.
- Home- and community-based services (HCBS).
- 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.

Section 6

Advance Directives

Advance Directives

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

If the laws regarding advance directives are changed, AmeriHealth Caritas PA CHC will tell you in writing what the change is within 90 days of the change. For information on the AmeriHealth Caritas PA CHC policies on advance directives, call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**, or visit the AmeriHealth Caritas PA CHC website at **www.amerihealthcaritaschc.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 AmeriHealth Caritas PA CHC 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, AmeriHealth Caritas PA CHC will help you find a provider that will carry out your wishes. Please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

If a provider does not follow your advance directive, you may file a Complaint. Please see Section 8, Complaints and Grievances, starting on page 60 for information on how to file a Complaint, or call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

Section 7

Behavioral Health

Behavioral Health Care

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.

You can call the BH-MCO in your county toll-free, 24 hours a day, 7 days a week, at the following numbers:

Allegheny **1-800-553-7499**

Armstrong, Indiana **1-877-688-5969**

Beaver **1-877-688-5970**

Bedford, Somerset **1-866-773-7891**

Blair **1-855-520-9715**

Butler **1-877-688-5971**

Cambria **1-800-424-0485**

Fayette **1-877-688-5972**

Greene **1-877-688-5973**

Lawrence **1-877-688-5975**

Washington **1-877-688-5976**

Westmoreland **1-877-688-5977**

You can also find the most up-to-date information at
www.healthchoices.pa.gov/providers/about/behavioral/index.htm.

The information can also be found in your welcome kit. If you need help, please call Participant Services at **1-855-235-5115 (TTY 1-855-235-5112)**.

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:

- 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 an AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC does something that you are unhappy about or do not agree with, you can tell AmeriHealth Caritas PA CHC or the Department of Human Services what you are unhappy about or that you disagree with what the provider or AmeriHealth Caritas PA CHC has done. This section describes what you can do and what will happen.

Complaints

What Is a Complaint?

A Complaint is when you tell AmeriHealth Caritas PA CHC you are unhappy with AmeriHealth Caritas PA CHC or your provider or do not agree with a decision by AmeriHealth Caritas PA CHC.

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 AmeriHealth Caritas PA CHC has approved.

First Level Complaint

What Should You Do if You Have a Complaint?

To file a first level Complaint:

- Call **AmeriHealth Caritas PA CHC** at **1-855-235-5115 (TTY 1-855-235-5112)** and tell AmeriHealth Caritas PA CHC your Complaint, or
- Write down your Complaint and send it to AmeriHealth Caritas PA CHC by mail or fax, or
- If you received a notice from AmeriHealth Caritas PA CHC telling you the AmeriHealth Caritas PA CHC decision and the notice included a Complaint/Grievance Request Form, fill out the form and send it to AmeriHealth Caritas PA CHC by mail or fax.

The AmeriHealth Caritas PA CHC address and fax number for Complaints are:

**AmeriHealth Caritas PA CHC
Participant Appeals
200 Stevens Drive
Philadelphia, PA 19113-1570**

Fax number: **1-855-332-0141**

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?

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

- **AmeriHealth Caritas PA CHC** has decided that you cannot get a service or item you want because it is not a covered service or item.
- **AmeriHealth Caritas PA CHC** will not pay a provider for a service or item you got.

- **AmeriHealth Caritas PA CHC** did not tell you its decision about a Complaint or Grievance you told AmeriHealth Caritas PA CHC about within 30 days from when AmeriHealth Caritas PA CHC got your Complaint or Grievance.
- **AmeriHealth Caritas PA CHC** has denied your request to disagree with the AmeriHealth Caritas PA CHC decision that you have to pay your provider.

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

New participant appointment for your first examination...	AmeriHealth Caritas PA CHC will make an appointment for you...
All new Participants	with PCP no later than 3 weeks after you become a Participant in AmeriHealth Caritas PA CHC .
Participants who are pregnant:	AmeriHealth Caritas PA CHC will make an appointment for you...
Pregnant women in their first trimester	with OB/GYN within 10 business days of AmeriHealth Caritas PA CHC learning you are pregnant.
Pregnant women in their second trimester	with OB/GYN within 5 business days of AmeriHealth Caritas PA CHC learning you are pregnant.
Pregnant women in their third trimester	with OB/GYN within 4 business days of AmeriHealth Caritas PA CHC learning you are pregnant.
Pregnant women with high-risk pregnancies	with OB/GYN within 24 hours of AmeriHealth Caritas PA CHC learning you are pregnant.
Appointment with...	An appointment must be scheduled...
PCP	
urgent medical condition	within 24 hours.
non-urgent sick visit	within 72 hours.
routine appointment health assessment/ general	within 10 business days.
physical examination	within 3 weeks.
Specialists (when referred by PCP)	
urgent medical condition	within 24 hours of referral.
routine appointment	within 30 days of referral.

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 AmeriHealth Caritas PA CHC telling you that AmeriHealth Caritas PA CHC has received your Complaint, and about the First Level Complaint review process.

You may ask AmeriHealth Caritas PA CHC to see any information AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC.

You may attend the Complaint review if you want to attend it. AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC 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. AmeriHealth Caritas PA CHC 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 70.

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 the AmeriHealth Caritas PA CHC 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:

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

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 71.

For information about external Complaint review, see page 65.
If you need more information about help during the Complaint process, see page 70.

Second Level Complaint

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

To file a Second Level Complaint:

- Call **AmeriHealth Caritas PA CHC** at **1-855-235-5115 (TTY 1-855-235-5112)** and tell AmeriHealth Caritas PA CHC your Second Level Complaint, or
- Write down your Second Level Complaint and send it to **AmeriHealth Caritas PA CHC** by mail or fax, or
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to **AmeriHealth Caritas PA CHC** by mail or fax.

The **AmeriHealth Caritas PA CHC** address and fax number for Second Level

AmeriHealth Caritas PA CHC
Participant Appeals
200 Stevens Drive
Philadelphia, PA 19113-1570
Fax number: **1-855-332-0141**

What Happens After You File a Second Level Complaint?

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

You may ask **AmeriHealth Caritas PA CHC** to see any information AmeriHealth Caritas PA CHC 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 **AmeriHealth Caritas PA CHC**.

You may attend the Complaint review if you want to attend it. **AmeriHealth Caritas PA CHC** 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 **AmeriHealth Caritas PA CHC**, will meet to decide your Second Level Complaint. The **AmeriHealth Caritas PA CHC** 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.

AmeriHealth Caritas PA CHC 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 70.

**What if You Do Not Like the AmeriHealth Caritas PA CHC
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

or

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

Phone number: **1-877-881-6388**

Phone number: **1-888-466-2787**

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 the **AmeriHealth Caritas PA CHC** 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 AmeriHealth Caritas PA CHC. 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 the **AmeriHealth Caritas PA CHC** 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 **AmeriHealth Caritas PA CHC** 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 the **AmeriHealth Caritas PA CHC** decision.

A Grievance is when you tell **AmeriHealth Caritas PA CHC** you disagree with the **AmeriHealth Caritas PA CHC** decision.

What Should You Do if You Have a Grievance?

To file a Grievance:

- Call **AmeriHealth Caritas PA CHC** at **1-855-235-5115 (TTY 1-855-235-5112)** and tell **AmeriHealth Caritas PA CHC** your Grievance, or
- Write down your Grievance and send it to **AmeriHealth Caritas PA CHC** by mail or fax,
- Fill out the Complaint/Grievance Request Form included in the denial notice you got from **AmeriHealth Caritas PA CHC** and send it to **AmeriHealth Caritas PA CHC** by mail or fax.

The **AmeriHealth Caritas PA CHC** address and fax number for Grievances are:

AmeriHealth Caritas PA CHC
Participant Appeals
200 Stevens Drive
Philadelphia, PA 19113-1570

Fax number: **1-855-332-0141**

Your provider can file a Grievance for you if you give the provider your consent in writing to do so. If your provider files a Grievance for you, you cannot file a separate Grievance on your own.

When Should 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 AmeriHealth Caritas PA CHC telling you that AmeriHealth Caritas PA CHC has received your Grievance, and about the Grievance review process.

You may ask AmeriHealth Caritas PA CHC to see any information that AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC.

You may attend the Grievance review if you want to attend it. AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC 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. AmeriHealth Caritas PA CHC 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 70.

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 the AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC.

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 71.

For information about external Grievance review, see below.

If you need more information about help during the Grievance process, see page 70.

External Grievance Review

How Do You Ask for an External Grievance Review?

To ask for an external Grievance review:

- Call **AmeriHealth Caritas PA CHC** at **1-855-235-5115 (TTY 1-855-235-5112)** and tell **AmeriHealth Caritas PA CHC** your Grievance, or
- Write down your Grievance and send it to **AmeriHealth Caritas PA CHC** by mail to:

AmeriHealth Caritas PA CHC
Participant Appeals
200 Stevens Drive
Philadelphia, PA 19113-1570

AmeriHealth Caritas PA CHC 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.

AmeriHealth Caritas PA CHC 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 the **AmeriHealth Caritas PA CHC** 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 **AmeriHealth Caritas PA CHC** for an early decision by calling **AmeriHealth Caritas PA CHC** at **1-855-235-5115 (TTY 1-855-235-5112)** or faxing a letter or the Complaint/Grievance Request Form to **1-855-332-0141**.
- Your doctor or dentist should fax a signed letter to **1-855-332-0141** within 72 hours of your request for an early decision that explains why **AmeriHealth Caritas PA CHC** is taking 30 days to tell you the decision about your Complaint or Grievance could harm your health.

If **AmeriHealth Caritas PA CHC** 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, AmeriHealth Caritas PA CHC will decide your Complaint or Grievance in the usual time frame of 30 days from when AmeriHealth Caritas PA CHC 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 **AmeriHealth Caritas PA CHC** 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.

AmeriHealth Caritas PA CHC will tell you the decision about your Complaint within 48 hours of when **AmeriHealth Caritas PA CHC** 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 **AmeriHealth Caritas PA CHC** gets your request for an early decision, whichever is sooner, unless you ask **AmeriHealth Caritas PA CHC** to take more time to decide your Complaint. You can ask **AmeriHealth Caritas PA CHC** 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.

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 **AmeriHealth Caritas PA CHC** at **1-855-235-5115 (TTY 1-855-235-5112)** and tell **AmeriHealth Caritas PA CHC** your Complaint, or
- Send an email to **AmeriHealth Caritas PA CHC** at **PAMemberappeals@amerihealthcaritas.com**, or
- Write down your Complaint and send it to **AmeriHealth Caritas PA CHC** by mail or fax:
AmeriHealth Caritas PA CHC
Participant Appeals
200 Stevens Drive
Philadelphia, PA 19113-1570
Fax number: **1-855-332-0141**

Expedited Grievance and Expedited External Grievance

A committee of 3 or more people, including a licensed doctor, will meet to decide your Grievance. The **AmeriHealth Caritas PA CHC** 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 **AmeriHealth Caritas PA CHC** 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.

AmeriHealth Caritas PA CHC will tell you the decision about your Grievance within 48 hours of when **AmeriHealth Caritas PA CHC** 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 **AmeriHealth Caritas PA CHC** gets your request for an early decision, whichever is sooner, unless you ask **AmeriHealth Caritas PA CHC** to take more time to decide your Grievance. You can ask **AmeriHealth Caritas PA CHC** 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 **AmeriHealth Caritas PA CHC** at **1-855-235-5115 (TTY 1-855-235-5112)** and tell **AmeriHealth Caritas PA CHC** your Grievance, or
- Send an email to AmeriHealth Caritas PA CHC at **pamemberappeals@amerihealthcaritas.com**,
or
- Write down your Grievance and send it to **AmeriHealth Caritas PA CHC** by mail or fax:
AmeriHealth Caritas PA CHC
Participant Appeals
200 Stevens Drive
Philadelphia, PA 19113-1570

Fax number: **1-855-332-0141**

AmeriHealth Caritas PA CHC 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 **AmeriHealth Caritas PA CHC** 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 **AmeriHealth Caritas PA CHC**, in writing, the name of that person and how **AmeriHealth Caritas PA CHC** can reach him or her.

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

You may call the **AmeriHealth Caritas PA CHC** toll-free phone number at **1-855-235-5115 (TTY 1-855-235-5112)** if you need help or have questions about Complaints and Grievances. You can also contact your local legal aid office at **1-800-846-0871** or call the Pennsylvania Health Law Project at **1-800-274-3258**.

Persons Whose Primary Language Is Not English

If you ask for language services, **AmeriHealth Caritas PA CHC** will provide the services at no cost to you.

Persons with Disabilities

AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC 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 AmeriHealth Caritas PA CHC did or did not do. These hearings are called “Fair Hearings.” You can ask for a Fair Hearing after AmeriHealth Caritas PA CHC 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 the **AmeriHealth Caritas PA CHC** 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.
- The **AmeriHealth Caritas PA CHC** failure to decide a First Level Complaint or Grievance you told **AmeriHealth Caritas PA CHC** about within 30 days from when **AmeriHealth Caritas PA CHC** got your Complaint or Grievance.
- The denial of your request to disagree with the **AmeriHealth Caritas PA CHC** 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 are 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 **AmeriHealth Caritas PA CHC** failed to decide a First Level Complaint or Grievance you told **AmeriHealth Caritas PA CHC** about within 30 days from when **AmeriHealth Caritas PA CHC** 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 phone number where you can be reached during the day;
- Whether you want to have the Fair Hearing in person or by phone;
- 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 Floor
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.

AmeriHealth Caritas PA CHC will also go to your Fair Hearing to explain why **AmeriHealth Caritas PA CHC** made the decision or explain what happened.

You may ask **AmeriHealth Caritas PA CHC** 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 **AmeriHealth Caritas PA CHC**, not including the number of days between the date on the written notice of the **AmeriHealth Caritas PA CHC** First Level Complaint decision or Grievance decision and the date you asked for a Fair Hearing.

If you requested a Fair Hearing because **AmeriHealth Caritas PA CHC** did not tell you its decision about a Complaint or Grievance you told **AmeriHealth Caritas PA CHC** about within 30 days from when **AmeriHealth Caritas PA CHC** got your Complaint or Grievance, your Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with **AmeriHealth Caritas PA CHC**, not including the number of days between the date on the notice telling you that **AmeriHealth Caritas PA CHC** 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 the **AmeriHealth Caritas PA CHC** 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 of Human Services at **1-800-757-5042** or by faxing a letter or the Fair Hearing Request Form to **1-717-346-7142**. 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 time frame for deciding a Fair Hearing.

You may call the **AmeriHealth Caritas PA CHC** toll-free phone number at **1-855-235-5115 (TTY 1-855-235-5112)** if you need help or have questions about Fair Hearings, or you can contact your local legal aid office at **1-800-846-0871** or call the Pennsylvania Health Law Project at **1-800-274-3258**.

Coverage by AmeriHealth First.

CHCPA_17125373



www.amerihealthcaritaschc.com

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