



Keystone First Community HealthChoices Participant Handbook

This information is accurate as of the revision date. Please call Participant Services with any questions.



Keystone First
Community HealthChoices

www.keystonefirstchc.com



Keystone First 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.

Keystone First 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.

Keystone First 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)

Keystone First 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 **Keystone First Community HealthChoices** at **1-855-332-0729 (TTY 1-855-235-4976)**.

If you believe that **Keystone First 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:

Keystone First
Community HealthChoices,
Participant Complaints Department,
Attention: Participant Advocate,
200 Stevens Drive
Philadelphia, PA 19113-1570
Phone: **1-855-332-0729, TTY 1-855-235-4976**,
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, Keystone First 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>.

Nondiscrimination Notice

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

Call: 1-855-332-0729 (TTY 1-855-235-4976).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-332-0729 (TTY 1-855-235-4976).**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-332-0729(телетайп: 1-855-235-4976).**

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 **1-855-332-0729 (TTY 1-855-235-4976)**。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-332-0729 (TTY 1-855-235-4976).**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-855-332-0729 (رقم هاتف الصم والبكم: 1-855-235-4976).**

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-855-332-0729 (टिटिवाइ: 1-855-235-4976) ।**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-855-332-0729 (TTY 1-855-235-4976)** 번으로 전화해 주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ ក៏អាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-855-332-0729 (TTY 1-855-235-4976) ។**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-855-332-0729 (ATS 1-855-235-4976).**

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် **1-855-332-0729 (TTY 1-855-235-4976)** သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-855-332-0729 (TTY 1-855-235-4976).**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-855-332-0729 (TTY 1-855-235-4976).**

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-855-332-0729 (TTY 1-855-235-4976).**

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-855-332-0729 (TTY 1-855-235-4976).**

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-855-332-0729 (TTY 1-855-235-4976).**

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.

www.keystonefirstchc.com

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Section – 1

Welcome

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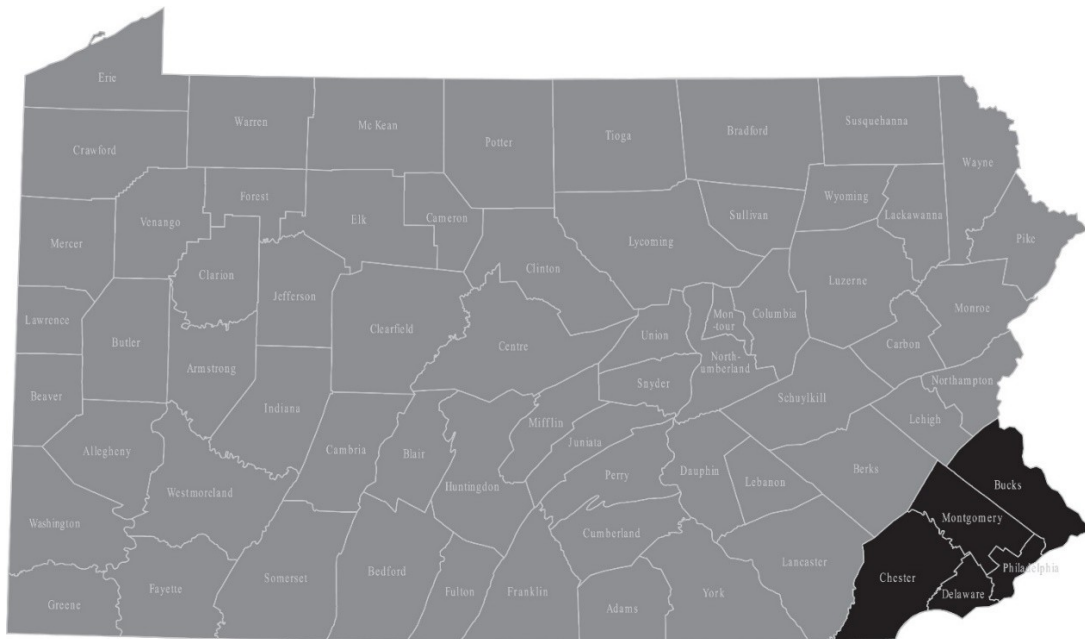
Introduction

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 (CHC-MCOs). Behavioral health services are provided through behavioral health managed care organizations (BH-MCOs) that are overseen by the Office of Mental Health and Substance Abuse Services (OMHSAS) in DHS. For more information on behavioral health services, see page 76.

Welcome to Keystone First Community HealthChoices (CHC)

Keystone First CHC welcomes you as a Participant in Community HealthChoices and **Keystone First CHC!** **Keystone First CHC** is a managed care organization currently serving Participants in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties.



Keystone First CHC has a network of contracted providers, facilities, and suppliers to provide covered services to Participants. **Keystone First CHC** has been dedicated to

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quality health care in Pennsylvania for more than 30 years. Our mission at **Keystone First 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 Keystone First CHC network (providers who are contracted with Keystone First CHC). When you go to providers in the Keystone First 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 Keystone First 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.

Keystone First CHC's Participant Services are available:

24 hours a day, 7 days a week,

And can be reached at **1-855-332-0729 (TTY 1-855-235-4976)**

Participant Services can also be contacted in writing at:


**Keystone First CHC
200 Stevens Drive
Philadelphia, PA 19113-1570**

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Participant Identification Cards

When you have Keystone First CHC

When you become a Keystone First CHC Participant, you will get an ID card in the mail. Keystone First CHC ID cards issued **before June 11, 2021**, look like this:

 BlueCross.	Keystone First <i>Community HealthChoices</i>
Participant Name: <Participant Name>	Sex: <Male/Female>
Participant ID: YXM<123456789>	DOB: <MM/DD/YYYY>
Primary Care Practitioner (PCP): <Last name, First name>	State ID: <123456789>
PCP Phone Number: <PCP phone>	Rx BIN: XXXXXX Rx PCN: XXXXXXXX Some copays may apply.

Keystone First CHC ID cards issued **June 11, 2021, and after** look like this:

 BlueCross.	Keystone First <i>Community HealthChoices</i>
Participant Name: <Participant Name>	Sex: <Male/Female>
Participant ID: YXM<123456789>	DOB: <MM/DD/YYYY>
	State ID: <123456789>
	Rx BIN: XXXXXX Rx PCN: XXXXXXXX Some copays may apply.

Your Keystone First CHC ID card includes your personal Keystone First CHC ID 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 card to get the benefits and services you need that are covered by Medical Assistance.



If you have not received your Keystone First CHC ID card, or if your ID card was lost or stolen, please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**. We will send you a new card. You can still get health care services while you wait for your new card.

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When you have both Keystone First VIP Choice and Keystone First CHC

If you have Medicare, and if you have chosen Keystone First VIP Choice as your Medicare plan and Keystone First CHC as your Community HealthChoices plan, you will get one ID card for both plans.

ID cards issued **before June 11, 2021**, will look like this:

	Keystone First <i>Community HealthChoices</i>	Keystone First VIP Choice.
Participant Name: <Last name, First name>	Primary Care Practitioner (PCP): <Last name, First name>	
Participant ID: YXM <123456789>	PCP phone: <PCP phone>	
KFVIPC health plan #: (80040) 7053314697		
Keystone First VIP Choice (HMO-SNP) H4227-001	Keystone First Community HealthChoices Some copays may apply.	
Medicare Services: \$0 for doctor visits and hospital stays	RxBIN: XXXXXX RxCN: XXXXXXXX	
RxBIN: XXXXXX RxCN: XXXXXXXX		
		

ID cards issued **June 11, 2021, and after** look like this:

	Keystone First <i>Community HealthChoices</i>	Keystone First VIP Choice.
Participant Name: <Last name, First name>		
Participant ID: YXM <123456789>		
KFVIPC health plan #: (80040) 7053314697		
Keystone First VIP Choice (HMO-SNP) H4227-001	Keystone First Community HealthChoices Some copays may apply.	
Medicare Services: \$0 for doctor visits and hospital stays	RxBIN: 600428 RxCN: 07630000	
RxBIN: 012353 RxCN: 06110000		
		

Your ID card includes both your personal Keystone First VIP Choice ID number and your personal Keystone First CHC ID number. You will also find 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 **1-800-450-1166 (TTY 711)**. We will send you a new card. You can still get health care services while you wait for your new card.

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

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



 ACCESS	
NAME:	Individual Name
ID #:	987654321
CARD ISSUE #:	0123456789

PENNSYLVANIA ACCESS CARD
Commonwealth of Pennsylvania, Department of Human Services

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

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

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

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

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

Until you get your **Keystone First CHC** ID card, use your ACCESS or EBT card for your health care services that you get through Community HealthChoices.

Important Contact Information

The following is a list of important phone numbers you may need. If you are not sure who to call, please contact Participant Services for help: **1-855-332-0729 (TTY 1-855-235-4976)**.

Emergencies

Please see Section 3, Covered Physical Health Services, beginning on page **29**, for more information about emergency services. If you have an emergency, you can get help by going to the nearest emergency department, calling 911, or calling your local ambulance service.

Important Contact Information – At a Glance

Name	Contact Information: Phone or Website	Support Provided
Pennsylvania Department of Human Services Phone Numbers		
County Assistance Office/COMPASS	1-877-395-8930 or 1-800-451-5886 (TTY/TTD) or www.compass.state.pa.us or myCOMPASS PA mobile app for smart phones	Change your personal information for Medical Assistance eligibility. See page 14 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 28 of this handbook for more information.
Office of Long-Term Living Participant Helpline	1-800-757-5042	Talk with a staff member from the state Office of Long-Term Living if your concerns cannot be resolved with Keystone First CHC

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Other Important Phone Numbers		
Keystone First CHC Nurse Call Line	1-855-332-0117	Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters. See page 19 of this handbook for information.
Pennsylvania Medicare Education and Decision Insight (PA MEDI), Department of Aging	1-800-783-7067	Get help with questions about Medicare.
Enrollment Specialist	1-844-824-3655 711 (TTY)	Pick or change a Community HealthChoices plan. See page 13 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 717-783-8975	Ask for help or get information about legal rights for someone in a nursing home, assisted living facility, or personal care home.
Protective Services	1-800-490-8505	Report suspected abuse, neglect, exploitation, or abandonment of an adult over age 60 or an adult between age 18 and 59 who has a physical or mental disability.

Other Phone Numbers

County Assistance Offices (CAOs)

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

<https://www.dhs.pa.gov/Services/Assistance/Pages/CAO-Contact.aspx>

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Medical Assistance Transportation Program (MATP)

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

- See the information 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.keystonefirstchc.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 <https://www.dhs.pa.gov/HealthChoices/HC-Services/Pages/BehavioralHealth-MCOs.aspx>, or
- Go to our website at www.keystonefirstchc.com, click on Participants, then Important Numbers. You will find the link there to Behavioral Health contact 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 711)
National Suicide Prevention Lifeline	1-800-273-8255

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

Keystone First VIP Choice is our Medicare plan for those who are eligible for a Medicare dual eligible special needs plan (**D-SNP**). **Keystone First VIP Choice** is available for Participants who have Medicare in addition to their Community HealthChoices plan. For Participants who become newly eligible for Medicare, you will automatically be enrolled with **Keystone First VIP Choice** unless you choose to opt out of the automatic enrollment and choose a different Medicare plan. If you are not currently a member of **Keystone First VIP Choice** and would like to learn more, please go to www.keystonefirstvipchoice.com for more information.

Communication Services

Keystone First CHC can provide this Handbook and other information you need in languages other than English at no cost to you. **Keystone First CHC** can also provide your Handbook and other information you need that are important to obtaining or understanding your benefits and services 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 **1-855-332-0729 (TTY 1-855-235-**

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4976) to ask for any help you need. The time frame to receive documents varies based on the type of document and format requested.

Keystone First 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 **1-855-332-0729 (TTY 1-855-235-4976)** and Participant Services will connect you with the interpreter service that meets your needs. For TTY services, call our specialized number at **1-855-235-4976**. If you communicate using American Sign Language and use a videophone, you can call the general **Keystone First CHC** phone number at **1-855-332-0729 (TTY 1-855-235-4976)**.

If your PCP or other provider cannot provide an interpreter for your appointment, **Keystone First CHC** will provide one for you. Call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** if you need an interpreter for an appointment.

Living Independence for the Elderly (LIFE) Program

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

Enrollment

In order to get services in Community HealthChoices, you need to stay eligible for Medical Assistance. You will get paperwork or a phone call about renewing your eligibility. It is important that you follow instructions so that your Medical Assistance does not end. If you have questions about any paperwork you get or if you are unsure whether your eligibility for Medical Assistance is up to date, call **Keystone First CHC** Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** or your CAO.

Enrollment Services

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

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Enrollment specialists can help you:

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

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

Changing Your Community HealthChoices Plan

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

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

Changes in the Household

Call your CAO and Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** if there are any changes to your household.

For example:

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

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

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What Happens if I Move?

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

Loss of Benefits

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

For example:

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

Information About Providers

Keystone First CHC's provider directory has information about the providers in **Keystone First CHC's** network. The provider directory is located online here: **www.keystonefirstchc.com**. You may call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** to ask that a copy of the provider directory be sent to you or to request information about where a doctor went to medical school or their residency program. You may also call Participant Services to get help finding a provider. The provider directory includes the following information about network providers:

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

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

Picking Your Primary Care Provider (PCP)

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

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

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

Some of these medical professionals may be:

- Physician Assistants
- Medical Residents
- Certified Nurse-Midwives

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

If you have special needs, you can ask for a specialist to be your PCP. The specialist needs to agree to be your PCP and must be in **Keystone First CHC's** network.

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

Changing Your PCP

If you want to change your PCP for any reason, call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** to ask for a new PCP. If you need help finding a new PCP, you can go to **www.keystonefirstchc.com**, which includes a provider directory, or ask Participant Services to send you a printed provider directory.

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The Participant Services representative will tell you when you can start seeing your new PCP.

When you change your PCP, **Keystone First CHC** can help coordinate sending your medical records from your old PCP to your new PCP. In emergencies, **Keystone First 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.

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

Office Visits

Making an Appointment with Your PCP

To make an appointment with your PCP, call your PCP's office. If you need help making an appointment, please call **Keystone First CHC's** Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

If you need help getting to your doctor's appointment, please see the Medical Assistance Transportation Program (MATP) section on page **58**, of this Handbook or call **Keystone First CHC's** Participant Services at the phone number above.

If you do not have your **Keystone First CHC** ID card by the time of your appointment, please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**. We will give you your Participant ID number. Write your Participant ID number on your Welcome letter that came with your New Participant Welcome Kit. Take it with you to get the services you need. Your health care provider should also call **Keystone First CHC** to check your eligibility. If you have Medicare, also tell your PCP who your Medicare coverage is provided by.

Appointment Standards

Keystone First CHC's providers must meet the following appointment standards:

- Your PCP should see you within 10 business days of when you call for a routine appointment.
- You should not have to wait in the waiting room longer than 30 minutes, unless the doctor has an emergency.

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- 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 **Keystone First CHC** learning you are pregnant.
 - In your second trimester, your provider must see you within 5 business days of **Keystone First CHC** learning you are pregnant.
 - In your third trimester, your provider must see you within 4 business days of **Keystone First CHC** learning you are pregnant.
 - Have a high-risk pregnancy, your provider must see you within 24 hours of **Keystone First CHC** learning you are pregnant.

Referrals

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

If **Keystone First CHC** does not have at least 2 specialists in your area and you do not want to see the one specialist in your area, **Keystone First CHC** will work with you to see an out-of-network specialist at no cost to you. Your PCP must contact **Keystone First CHC** to let **Keystone First CHC** know you want to see an out-of-network specialist and get approval from **Keystone First 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 refers you for several visits to a specialist, this is called a standing referral.

For a list of specialists in **Keystone First CHC**'s network, please see the provider directory on our website at www.keystonefirstchc.com or call Participant Services to ask for help or a printed provider directory.

Self-Referrals

Self-referrals are services you arrange for yourself and do not require that your PCP arrange for you to receive the service. You must use a **Keystone First CHC** network

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provider unless **Keystone First CHC** approves an out-of-network provider or if noted below.

The following services do not require referral from your PCP:

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

You do not need a referral from your PCP for behavioral health services. You can call your behavioral health managed care organization for more information. Please see section 7 of the handbook, on page **76** for more information.

After-Hours Care

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

Keystone First CHC has a toll-free nurse call line at **1-855-332-0117** that you can also call 24 hours a day, 7 days a week. A nurse will talk with you about your urgent health matters. This line is not for emergency needs. If you are experiencing an emergency, you should visit the nearest emergency department, call 911, or call your local ambulance service.

Service Coordination

If you get LTSS, and need more or different services, a service coordinator will help you with your services and make sure you have the services you need. Your service coordinator will contact you after your coverage with **Keystone First CHC** starts. You can also contact Participant Services if you need to talk to your service coordinator. See page **61** for more information on LTSS.

Participant Engagement

Suggesting Changes to Policies and Services

Keystone First 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

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program better or how to deliver services differently, please contact **1-855-332-0729 (TTY 1-855-235-4976)**.

Keystone First CHC Participant Advisory Committee

Keystone First CHC has a Participant Advisory Committee (PAC) that includes participants, network providers, and direct care workers. The PAC provides advice to **Keystone First 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 **1-855-332-0729 (TTY 1-855-235-4976)** or visit the website at **www.keystonefirstchc.com**.

Keystone First CHC Quality Improvement Program

Keystone First CHC has a mission to help people get care, stay well, and build healthy communities.

- Our Quality team supports this mission by monitoring the health care and services you get.
- Our goal is to improve the health and wellness of our Participants. Our Quality team:
 - Studies our in-house medical and service routines to see how we can do better.
 - Creates programs to serve our Participants who have special health care needs.
 - Surveys Participants and providers and uses the answers to improve our services.
 - Reviews the quality of care and services given by Keystone First CHC medical, dental, vision, and pharmacy providers.

We look for areas that need improvement.

Call Participant Services at 1-855-332-0729 (TTY 1-855-235-4976) if you:

- Would like to learn more about our Quality program and its goals, activities, and outcomes.
- Think you did not get quality care. Our team will look into the issue.
- Are going home from the hospital and need resources. Our team can help.

Section – 2

Rights and Responsibilities

Participant Rights and Responsibilities

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

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received.

13. To ask for a DHS Fair Hearing.
14. To be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you.
15. To get information about services that **Keystone First 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 DHS, **Keystone First CHC**, and network providers treat you.
17. To create an advance directive. See Section 6 on page **73** for more information.
18. To make recommendations about the rights and responsibilities of **Keystone First CHC's** Participants.

Participant Responsibilities

Participants need to work with their health care and LTSS providers. **Keystone First 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 **Keystone First CHC** coverage, including all covered and non-covered benefits and limits.
7. Use only network providers unless **Keystone First CHC** approves an out-of-network provider or you have Medicare.
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 co-payments.
11. Report fraud and abuse to the DHS Fraud and Abuse Reporting Hotline.

Privacy and Confidentiality

Keystone First CHC must protect the privacy of your protected health information (PHI). **Keystone First 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 so that **Keystone First CHC** can pay your providers. It also includes sharing your PHI with DHS. This information is included in **Keystone First CHC's** Notice of Privacy Practices. To get a copy of **Keystone First CHC's** Notice of Privacy Practices, please call **1-855-332-0729 (TTY 1-855-235-4976)** or visit **www.keystonefirstchc.com**.

Co-payments

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

Co-payment amounts can be found in the Covered Services chart starting on page **30** of this Handbook.

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

- Pregnant women (including the post-partum period)
- Participants who live in a long-term care facility, including Intermediate Care Facilities for the Intellectually Disabled and Other Related Conditions or other medical institution
- Participants who live in a personal care home or domiciliary care home
- Participants eligible for benefits under the Breast and Cervical Cancer Prevention and Treatment Program
- Participants who are receiving hospice care

The following services do not require a co-payment:

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

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

If you believe that a provider charged you the wrong amount for a co-payment or a co-payment you believe you should not have had to pay, you can file a Complaint with **Keystone First CHC**. Please see Section 8, Complaints, Grievances, and Fair Hearings for information on how to file a Complaint, or call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

Billing Information

Providers in **Keystone First CHC**'s network may not bill you for medically necessary services that **Keystone First CHC** covers. Even if your provider has not received payment or the full amount of his or her charge from **Keystone First 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 co-payment.
- You received services from an out-of-network provider without approval from **Keystone First 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 **Keystone First 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.
- You did not obtain a referral from your PCP or other provider when a referral was needed, and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- Your request for a program exception or benefit limit exception was denied and the provider notified you in advance of the service that you may be responsible for payment.
- You obtained services while committing identity theft or when using someone else's health insurance card.

What Do I Do if I Get a Bill?

If you get a bill from a **Keystone First CHC** network provider and you think the provider should not have billed you, you can call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

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

Third-Party Liability

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

You must tell both your CAO and Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** if you have Medicare or other health insurance. When you go to a provider or to a pharmacy you must tell the provider or pharmacy about all forms of medical insurance you have and show the provider or pharmacy your Medicare card or other insurance card, ACCESS or EBT card, and your **Keystone First CHC** ID card. This helps make sure your health care bills are paid timely and correctly.

Coordination of Benefits

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

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

If you do not have Medicare but you have other health insurance and you need a service or other care that is covered by your other insurance, you must get the service from a provider that is in both the network of your other insurance and **Keystone First CHC**’s network. You need to follow the rules of your other insurance and **Keystone First CHC**, such as prior authorization and specialist referrals. **Keystone First 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.

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If you need a service that is not covered by your other insurance, you must get the services from a **Keystone First CHC** network provider. All **Keystone First 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. **Keystone First CHC** works with DHS to decide whether to limit a Participant to a doctor, pharmacy, hospital, dentist, or other provider.

How Does it Work?

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

You can pick the providers, or **Keystone First CHC** will pick them for you. If you want a different provider than the one **Keystone First CHC** picked for you, call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**. 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 **Keystone First 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 asking for a Fair Hearing, please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** or contact your local legal aid office.

If your appeal is postmarked within 15 days of the date on **Keystone First CHC's** notice, the limits will not apply until your appeal is decided. If your appeal is postmarked more than 15 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

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know, in writing, of the date, time, and place of your hearing. You may not file a Grievance or Complaint through **Keystone First CHC** about the decision to limit your providers.

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

Reporting Fraud or Abuse

How Do I Report Participant Fraud or Abuse?

If you think that someone is using your or another Participant's **Keystone First CHC** 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 **Keystone First CHC** Fraud and Abuse Hotline at **1-866-833-9718 (TTY 711)** to give **Keystone First 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 I Report Provider Fraud or Abuse?

Provider fraud is when a provider bills for services, equipment, or medicines you did not get or bills for a different service than the service you received. Billing for the same service more than once or changing the date of the service are also examples of provider fraud. To report provider fraud you can call **Keystone First CHC's** Fraud and Abuse Hotline at **1-866-833-9718 (TTY 711)**. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

Section 3 – Physical Health Services

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Care Management

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

Your care manager will also help you when you are leaving the hospital or other short-term medical setting to make sure you get the services you need when you get home. These services may include home care visits or therapies. **Keystone First 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 **1-855-332-0729 (TTY 1-855-235-4976)**.

Covered Services

The chart below lists the services that are covered by **Keystone First CHC** when the services are medically necessary. Some of the services have limits or co-payments, or require prior authorization by **Keystone First CHC**. If you need services beyond the limits listed below, your provider can ask for an exception, as explained later in this section. Limits do not apply if you are pregnant.

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

Service		
Primary Care Provider	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	No Prior Authorization or Referral
Specialist	Limit	Some specialist services may have limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization for some specialty services may apply
Certified Registered Nurse Practitioner	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	No Prior Authorization or Referral
	Limit	No limits

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Service		
Federally Qualified Health Center / Rural Health Center	Co-payment	No copay
	Prior Authorization / Referral	No Prior Authorization or Referral
Outpatient Non-Hospital Clinic	Limit	Some services may have limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization for some services may apply
Outpatient Hospital Clinic	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization for some services may apply
Podiatrist Services	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization for some podiatry services may apply
Chiropractor Services	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization for some chiropractic services may apply
Optometrist Services	Limit	Limits may apply
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization for some services may apply
Hospice Care	Limit	Limits may apply
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Dental Care Services	Limit	Limits may apply
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Radiology (ex. X-rays, MRIs, CTs)	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Outpatient Hospital Short Procedure Unit	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Outpatient Ambulatory Surgical Center	Limit	No limits
	Co-payment	No copay

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Service		
	Prior Authorization / Referral	Prior Authorization may apply
Non-Emergency Medical Transport	Limit	Limits may apply
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Family Planning Services	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization for some family planning services may apply
Renal Dialysis	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Emergency Services	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	No Prior Authorization or Referral
Urgent Care Services	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	No Prior Authorization or Referral
Ambulance Services	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Inpatient Hospital	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Inpatient Rehab Hospital	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Maternity Care	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Prescription Drugs	Limit	No limits
	Co-payment	Brand: \$3 per prescription or refill Generic: \$1 per

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Service		
		prescription or refill Some medicines have no copay
	Prior Authorization / Referral	Prior Authorization may apply
Enteral/Parenteral Nutritional Supplements	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Nursing Facility Services	Limit	Limits may apply
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Home Health Care including Nursing, Aide, and Therapy Services	Limit	Limits may apply
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Durable Medical Equipment	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Prosthetics and Orthotics	Limit	Limits may apply
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Eyeglass Lenses	Limit	Limits may apply
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Eyeglass Frames	Limit	Limits may apply
	Co-payment	Copays may apply
	Prior Authorization / Referral	Prior Authorization may apply
Contact Lenses	Limit	Limits may apply
	Co-payment	Copays may apply
	Prior Authorization / Referral	Prior Authorization may apply
Medical Supplies	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Therapy (Physical, Occupational, Speech)	Limit	Limits may apply
	Co-payment	No copay

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Service		
	Prior Authorization / Referral	Prior Authorization may apply
Laboratory	Limit	No limits
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply
Tobacco Cessation	Limit	Limits may apply
	Co-payment	No copay
	Prior Authorization / Referral	Prior Authorization may apply

Services That Are Not Covered

There are physical health services that **Keystone First CHC** does not cover. If you have any questions about whether or not **Keystone First CHC** covers a service for you, please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

MCOs may not cover experimental medical procedures, medicines, and equipment.

Non-covered services:

- Experimental medical procedures, medicines, and equipment.
- Services that are not medically necessary.
- Services given by a provider who is not in the Keystone First CHC provider network, except for:
 - Emergency services.
 - Family planning services.
 - Tobacco cessation counseling services.
 - When there is prior approval from Keystone First 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 Keystone First CHC. However, Medicare-covered services do not require prior authorization.
- Services provided outside the United States and its territories. Keystone First 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.

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Keystone First 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 Keystone First CHC does not cover the service. It is important to check with your PCP or Keystone First 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 co-pay.

Call your PCP to ask for the name of another **Keystone First CHC** network provider to get a second opinion. If there are not any other providers in **Keystone First CHC's** network, you may ask **Keystone First 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 **Keystone First CHC** before you can get the service. This is called Prior Authorization. For services that need prior authorization, **Keystone First CHC** decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to **Keystone First 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.
- 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 **1-855-332-0729 (TTY 1-855-235-4976)**.

How to Ask for Prior Authorization

1. Your PCP or other health care provider must give **Keystone First CHC** information to show that the service or medicine is medically necessary.
2. **Keystone First 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 a **Keystone First CHC** nurse or pharmacist, a **Keystone First 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 79 for information about complaints, grievances, and fair hearings.
7. You may also call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** 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 **1-855-332-0729 (TTY 1-855-235-4976)**.

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 **1-855-332-0729 (TTY 1-855-235-4976)**. Your provider can also call Provider Services at **1-800-521-6007**.

What Services, Items, or Medicines Need Prior Authorization?

The following chart identifies some, but not all 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.

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- 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.
- Outpatient Therapy Services (physical, occupational, speech)
 - Prior Authorization is not required for an evaluation and up to 24 visits per discipline within a calendar year.
 - Prior Authorization is required for services exceeding 24 visits per discipline within a calendar year.
- Home health services performed by a network provider: prior authorization is not required for up to 18 visits per modality per calendar year (may not exceed 60 visits).
- Shift care/private duty nursing including home health aide.
- 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)/exceptional DME monthly rentals:
 - All DME and exceptional DME monthly rental items regardless of the per month cost/charge.
 - The rental of all wheelchairs (motorized and manual) and all wheelchair items regardless of cost per item.
- DME/exceptional DME purchases:
 - The purchase of all DME and exceptional DME in excess of \$750.
 - The purchase of all wheelchairs (motorized and manual) and all wheelchair items (components) regardless of cost per item.
- Enterals.
- Diapers: any request in excess of 300 diapers or pull-ups (or combination), and requests for brand-specific diapers.
- Cardiac or pulmonary rehabilitation.
- Chiropractic services after the 24th 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 for medically necessary emergency transports for all Participants. Ambulance transportation for medically necessary and non-medically necessary transport for Nursing Facility Clinically Eligible (NFCE) Participants only.
- Select prescription medications.

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- 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 limit on the service allows, you or your provider can ask for more services through the prior authorization process.

If you are or your provider is unsure about whether a service, item, or medicine requires prior authorization, call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

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Prior Authorization of a Service or Item

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

If **Keystone First CHC** does not have enough information to decide the request, we must tell your provider within 48 hours of receiving the request that we need more information to decide the request and allow 14 days for the provider to give us more information. **Keystone First CHC** will tell you of our decision within 2 business days after **Keystone First 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 Covered Drugs

Keystone First CHC will review a prior authorization request for drugs within 24 hours from when **Keystone First 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 needs prior authorization, the pharmacist will give you a temporary supply unless the pharmacist thinks the medicine will harm you. If you have not already been taking the medicine, you will get a 72-hour supply. If you have already been taking the medicine, you will get a 15-day supply. Your provider will still need to ask **Keystone First CHC** for prior authorization as soon as possible

What if I Receive a Denial Notice?

If **Keystone First 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 Complaint or a Grievance for denial of an ongoing medication, **Keystone First CHC** must authorize the medication until the Complaint or Grievance is resolved as long as you file the Complaint or Grievance within 15 business days of the denial notice unless the pharmacist thinks the medicine will harm you. See Section 8, Complaints, Grievances, and Fair Hearings, starting on page **79** 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 **Keystone First 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 **Keystone First CHC** Nurse Call Line at **1-855-332-0117** 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

Keystone First CHC covers emergency medical transportation by an ambulance for emergency medical conditions. If you need an ambulance, call 911 or your local ambulance provider. Do not call MATP (described on page **58** of this Handbook) for emergency medical transportation.

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Urgent Care

Keystone First 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 **Keystone First CHC** Nurse Call Line at **1-855-332-0117** first. Your PCP or 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. In most cases if you need urgent care, your PCP will give you an appointment within 24 hours. If you are not able to reach your PCP or your PCP cannot see you within 24 hours and your medical condition is not an emergency, you may also visit an urgent care center or walk-in clinic within **Keystone First CHC's** network. Prior authorization is not required for services at an Urgent Care center.

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

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

If you have any questions, please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

Dental Care Services

Keystone First CHC covers some dental benefits for Participants through dentists in the **Keystone First CHC** network. Some dental services have limits.

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 every 6 months helps you stay healthy. You can go to any **Keystone First CHC** network dentist. To find a dentist in the **Keystone First CHC** network, go to www.keystonefirstchc.com and click on Find a Provider. Or you can call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** for help.

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Dental services have limits. Talk with your dentist.

- Exams
- Cleanings
- Dental emergencies
- X-rays
- Fillings
- Extractions (tooth removal)
- Re-cementing (re-gluing) of crowns
- Periodontal services*
- Root canal therapy*
- 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 **35**.

Vision Care Services

Keystone First CHC covers some vision services for Participants through providers within the **Keystone First CHC** network.

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.

Keystone First 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.keystonefirstchc.com**.

If you need help finding an eye doctor, go to **www.keystonefirstchc.com** and click on Find a Provider. You can also call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** for help.

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Pharmacy Benefits

Keystone First CHC covers pharmacy benefits that include prescription medicines and over-the-counter medicines and vitamins with a doctor's prescription. **Keystone First 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, fill your prescription at any pharmacy that is in **Keystone First CHC's** network. You will need to have your **Keystone First CHC** ID card with you and you may have a co-payment. **Keystone First CHC** will pay* for any medicine listed on **Keystone First CHC's** drug formulary or that is preferred on the Department of Human Services (DHS) Preferred Drug List and may pay for other medicines if they are prior authorized. Either your prescription or the label on your medicine will tell you if your doctor ordered refills of the prescription and how many refills you may get. If your doctor ordered refills, in some cases, you may be able to get up to a 90-day supply at a time. If you have questions about whether a prescription medicine is covered, need help finding a pharmacy in **Keystone First CHC's** network, or have any other questions, please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

*Some medicine included on the **Keystone First CHC** drug formulary or that is preferred on the Department of Human Services (DHS) Preferred Drug List may require prior authorization.

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

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.

Statewide Preferred Drug List (PDL) and Keystone First CHC Supplemental Formulary

Keystone First CHC covers medicines listed on the Statewide Preferred Drug List (PDL) and the **Keystone First CHC** supplemental formulary. This is what your PCP or

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

If you have any questions or to get a copy of the Statewide PDL and **Keystone First CHC's** supplemental formulary, call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** or visit **Keystone First CHC's** website at **www.keystonefirstchc.com**.

Reimbursement for Medication

There may be times when you pay for your medicine. **Keystone First 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 **Keystone First 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 a **Keystone First 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.

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- 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 **1-855-332-0729 (TTY 1-855-235-4976)**.

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

**Pharmacy Reimbursement Department
Keystone First 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 Keystone First 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 Statewide PDL and **Keystone First CHC's** supplemental formulary includes medicines that are called specialty medicines. These are medicines used to treat complex diseases. These medicines usually require specialized handling and close monitoring by a doctor . A prescription for these medicines needs to be prior authorized. You may have a co-payment for your medicine. To see the Statewide Preferred Drug List, **Keystone First CHC's** supplemental formulary, a complete list of specialty medicines, and whether your medicine is considered a specialty medicine, call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** or visit **Keystone First CHC's** website at **www.keystonefirstchc.com**.

You will need to get these medicines from a specialty pharmacy. A specialty pharmacy can mail your medicines directly to you and will not charge you for the mailing of your medicines. The specialty pharmacy will contact you before sending your medicine. You may have a co-payment for your medicine. The pharmacy can also answer any

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questions you have about the process. You can pick any specialty pharmacy that is in **Keystone First CHC**'s network. For the list of network specialty pharmacies, please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** or go to **www.keystonefirstchc.com**, click on View Your Benefits, then click on **Pharmacy (prescription) benefits**. For any other questions or more information please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

Over-the-Counter Medicines

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

- Sinus and allergy medicine
- Acetaminophen or aspirin
- Generic vitamins
- Cough medicine
- Heartburn medicine such as antacids

You can find more information about covered over-the-counter medicines by visiting **Keystone First CHC**'s website at **www.keystonefirstchc.com** or by calling Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

Help with Signing up for Medicare Part D

If you have Medicare, **Keystone First 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 co-payments for prescription drugs. For more information call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** or the **Pennsylvania Medicare Education and Decision Insight (PA MEDI) Program** at **1-800-783-7067**.

Tobacco Cessation

Do you want to quit using tobacco or nicotine? Keystone First 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.

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Medicines

Keystone First CHC covers the following medicines to help you quit smoking.

For a complete list of medicines covered by the Statewide PDL, go to our website at www.keystonefirstchc.com, click on For Participants, then Find a Doctor, Medicine or Pharmacy. You will find a link there to the Statewide PDL.

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. **Keystone First CHC** covers the following counseling services:

- All Keystone First 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. **Keystone First CHC** Participants are eligible for services to address these side effects, but these services are covered by your BH-MCO. You can find the BH-MCO in your county and its contact information on page 77 in this Handbook. You can also call **Keystone First CHC** Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** 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 <https://www.health.pa.gov/Pages/default.aspx> for “Tobacco” and “E-Cigarette” information.
- Go to <https://pa.quitlogix.org> to find tobacco cessation counselor resources and tips about quitting tobacco use.

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Remember **Keystone First CHC** is here to help support you in becoming healthier by becoming smoke-free. Do not wait! Please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** so we can help to get you started.

Family Planning

Keystone First 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 co-payment for these services. When you go to a family planning provider that is not in the **Keystone First CHC** network, you must show your **Keystone First CHC** ID card and Medicare card (if applicable).

For more information on covered family planning services or to get help finding a family planning provider, call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

Maternity Care

Care During Pregnancy

Prenatal care is the health care a Participant receives throughout pregnancy and delivery from a maternity care provider, such as an obstetrician (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 **Keystone First CHC's** network.
- Visit a network OB or OB/GYN or nurse-midwife on your own. You do not need a referral for maternity care.
- Visit a network health center that offers OB or OB/GYN services.
- Call Participant Services **1-855-332-0729 (TTY 1-855-235-4976)** 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

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

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

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

Keystone First 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 **Keystone First CHC**, you can continue to see that provider even if he or she is not in **Keystone First CHC**'s network. The provider will need to call **Keystone First 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 **7 to 84 days** after your baby is delivered for a check-up unless your maternity care provider wants to see you sooner.

Your baby should have an appointment with the baby's PCP when he or she is 3 to 5 days old, unless the doctor wants to see your baby sooner. It is best to pick a doctor for your baby while you are still pregnant. If you need help picking a doctor for your baby, please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

Keystone First CHC Maternity Program

Keystone First CHC has a special program for pregnant women called **Bright Start®**.

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:

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- 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 provider, 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 **1-800-521-6867 (TTY 711)**.

Durable Medical Equipment and Medical Supplies

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

Examples of DME include:

- Oxygen tanks

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

Examples of home accessibility DME include:

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

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

Examples of medical supplies include:

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

If you have any questions about DME or medical supplies, or for a list of network suppliers, please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

Nursing Home Services

A nursing home is a licensed facility that provides nursing or long-term care services. These facilities have services that help both the medical and non-medical needs of residents. Nursing home services include nursing and rehabilitation, assistance with tasks like dressing, bathing, using the bathroom, meals, and laundry or other services that are needed on a regular basis as part of a planned health care or health management program. Nursing homes must be part of **Keystone First CHC's** provider network for you to receive services. If you need nursing home services for more than 30 days, see page **61** of the handbook for information on Long-Term Services and Supports.

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Outpatient Services

Keystone First 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 with one of **Keystone First CHC's** network providers.

Please see the information in the Prior Authorization section on page 36 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.keystonefirstchc.com or see the Covered Services section on page 30 of this handbook for more information.

Hospital Services

Keystone First CHC covers inpatient and outpatient hospital services. If you need inpatient hospital services and it is not an emergency, your PCP or specialist will arrange for you to be admitted to a hospital in **Keystone First CHC's** network and will follow your care even if you need other doctors during your hospital stay. Inpatient hospital stays must be approved by **Keystone First CHC**. To find out if a hospital is in the **Keystone First CHC** network, please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** or check the provider directory on **Keystone First CHC's** website at www.keystonefirstchc.com.

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

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

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

If you have any other questions about hospital services, please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

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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.keystonefirstchc.com or see the Covered Services section starting on page 30 for more information.

Preventive Services

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

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

Is it time for your checkup?

Anyone at any age	See your PCP once every year. See your dentist every 6 months 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 every 6 months 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 every 6 months 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 every 6 months for dental checkups.

Physical Exam

You should have a physical exam by your PCP at least once a year. This will help your PCP find any problems that you may not know about. Your PCP may order tests based

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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 **1-855-332-0729 (TTY 1-855-235-4976)**. Participant Services can also help you make an appointment with your PCP.

New Medical Technology

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

Keystone First CHC works with experts to guide us on new medical technology for our Participants. We work with medical practices and may offer new technology services to select Participants, such as remote patient monitoring. We have a team of doctors who review new medical technologies. They decide if new technologies should become covered services. We don't cover investigational technologies, methods, and treatments still under research.

If you need more information on new medical technologies, please call **Keystone First CHC** Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

Home Health Care

Keystone First 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 physician must order home health care.

There are limits on the number of home health care visits that you can get **unless you or your provider asks for an exception to the limits**.

You should contact Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** if you have been approved for home health care and that care is not being provided as approved.

Disease Management

Keystone First CHC has voluntary programs to help you take better care of yourself if you have one of the health conditions listed below. **Keystone First 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 co-payment.

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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 **1-855-332-0729 (TTY 1-855-235-4976)** 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 a **Keystone First 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 **Keystone First CHC** benefits in any way. It also will not change the way you are treated by **Keystone First 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 **1-855-349-6280 (TTY 711)**.

By following your provider's plan of care and learning about your disease or condition, you can stay healthier. **Keystone First 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 Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

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

Getting Care While Outside of Keystone First CHC's Service Area

If you are outside of **Keystone First CHC**'s service area and have a medical emergency, go to the nearest emergency room or call 911. For emergency medical conditions, you do not have to get approval from **Keystone First 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 **1-855-332-0729 (TTY 1-855-235-4976)** who will help you to get the most appropriate care.

Keystone First 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 covered by **Keystone First CHC**. Below are some services that are available but are not covered by **Keystone First CHC**. If you would like help in getting these services, please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

Non-Emergency Medical Transportation

Keystone First CHC does not cover non-emergency medical transportation for most Community HealthChoices Participants. **Keystone First CHC** can help you arrange transportation to covered service appointments through programs such as Shared Ride or the MATP described below.

Keystone First CHC does cover non-emergency medical transportation if:

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

If you have questions about non-emergency medical transportation, please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**

Medical Assistance Transportation Program

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

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

If you need transportation to a medical appointment or to the pharmacy, contact your local MATP to get more information and to register for services. Please see the Transportation information that was included in your welcome kit for more information about MATP. A complete list of county MATP contact information can be found here: <http://matp.pa.gov/CountyContact.aspx>.

MATP will confirm with **Keystone First CHC** or your doctor's office that the medical appointment you need transportation for is a covered service. **Keystone First CHC** works with MATP to help you arrange transportation. You can also call Participant Services for more information at **1-855-332-0729 (TTY 1-855-235-4976)**.

Women, Infants, and Children Program

The Women, Infants, and Children Program (WIC) provides healthy foods and nutrition services to infants, children under the age of 5, and women who are pregnant, have given birth, or are breastfeeding. WIC helps you and your baby eat well by teaching you about good nutrition and giving you food vouchers to use at grocery stores. WIC helps babies and young children eat the right foods so they can grow up healthy. You

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can ask your maternity care provider for a WIC application at your next visit or call 1-800-WIC-WINS (1-800-942-9467). For more information visit the WIC website at www.pawic.com

Domestic Violence Crisis and Prevention

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

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

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

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

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

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

Where to get help:

[National Domestic Violence Hotline](#)

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

[Pennsylvania Coalition Against Domestic Violence](#)

The services provided to domestic violence victims include: crisis intervention; counseling; going along to police, medical, and court appointments; and temporary

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emergency shelter for victims and their dependent children. Prevention and educational programs are also provided to lower the risk of domestic violence in the community.

1-800-932-4632 (in Pennsylvania)

Sexual Violence and Rape Crisis

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

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

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

Where to get help:

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

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

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

[Pennsylvania Coalition Against Rape \(www.pcar.org/\)](http://www.pcar.org/)

Section 5 – Long-Term Services and Supports

Long-Term Services and Supports

Keystone First 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. LTSS help you live where you want to, for example, at home or in another residential setting in the community, or a nursing home. LTSS also support you where you want to work.

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

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

As part of the comprehensive needs assessment, you will choose a service coordinator, who will work with you to create a person-centered service plan (PCSP), which will include all of the services you need, whether or not **Keystone First 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. **Keystone First CHC** will give you a choice of available service coordinators employed by or under contract with Keystone First CHC to pick from. Keystone First CHC will provide you with information about service coordinators within our coverage area, including a brief description of any special skills and work experience. If requested, you will be allowed to speak to the service coordinators as part of the selection process. Your service coordinator will work with you to create a PCSP and will make sure that your PCSP stays up to date and that you get all the services and supports listed in your PCSP.

You should contact your service coordinator in the following situations:

- If you do not understand your PCSP. You should know and be able to understand the services and supports you will get and the providers who will support you.

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

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

If you ever want a different service coordinator, please call **1-855-332-0729 (TTY 1-855-235-4976)**.

Comprehensive Needs Assessment

A comprehensive needs assessment is the first step to setting up the services you need. It is important that you work with **Keystone First CHC** to conduct an assessment as soon as possible. Your comprehensive needs assessment includes review of your physical health, behavioral health, LTSS, caregiver, and other needs. The assessment

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

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

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

If you are not getting LTSS but think you may be eligible, you may ask **Keystone First CHC** for a comprehensive needs assessment. After finishing the comprehensive needs assessment, if the results of your assessment indicate that you need LTSS, **Keystone First CHC** will refer you to DHS for a clinical eligibility determination to see if you are NFCE. **Keystone First 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 PCSP. With support from your service coordinator, you will lead the creation of your PCSP.

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

- You will create your PCSP with help from your service coordinator and anyone whom you would like, such as family members or other informal supports.
- You will complete your PCSP with your service coordinator within 30 days from the date of the comprehensive needs assessment or reassessment.
- You and your service coordinator will create your PCSP based on your comprehensive needs assessment, your clinical eligibility determination, and the services that **Keystone First 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, or a nursing home. **Keystone First 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 **Keystone First 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. **Keystone First CHC** will tell the LTSS providers in your PCSP that they are approved to provide the

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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 **Keystone First 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.

Person-Centered Planning Team

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

Service Descriptions

Home- and Community-Based Services

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

Keystone First 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.

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- **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 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.

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

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- Residential Habilitation – Services delivered in a provider-owned or provider-operated setting where the participant lives, which include community integration, nighttime assistance, personal assistance services to help with activities of daily living such as bathing, dressing, eating, mobility, and toileting, and instrumental activities of daily living such as cooking, housework, and shopping, so that the participant get the skills needed to be as independent as possible and fully participate in community life.
- Respite – Short-term service to support a participant when the unpaid caregiver is away or needs relief.
- Specialized Medical Equipment and Supplies –Items that allow a participant to increase or maintain the ability to perform activities of daily living.
- Speech Therapy – Services of a licensed American Speech-Language-Hearing associate or certified speech-language pathologist and ordered by a doctor, which include evaluation, counseling, and rehabilitation of a participant with speech disabilities.
- Structured Day Habilitation – Day services in a small group setting directed to preparing a participant to live in the community, which include supervision, training, and support in social skills training.
- Telecare – 3 services that use technology to help a participant be as independent as possible:
 - Health Status Measuring and Monitoring TeleCare Services – uses wireless technology or a phone line to collect health-related data such as pulse and blood pressure to help a provider know what the participant’s condition is and providing education and consultation.
 - Activity and Sensor Monitoring TeleCare Service – uses sensor-based technology 24 hours a day, 7 days a week by remotely monitoring and passively tracking participants’ daily routines.
 - Medication Dispensing and Monitoring TeleCare Service – helps a participant by dispensing medicine and monitoring whether the participant is taking the medicine as prescribed.
- 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.

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Participant-Directed Community Supports

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

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

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

Nursing Home Services

Keystone First 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 which are needed on a regular basis as part of a planned health care program.

If you are not living in a nursing home now, before you can get LTSS in a nursing home, DHS, in consultation with your doctor will assess whether you are Nursing facility clinically eligible (NFCE). See page **62** of this Handbook for an explanation of NFCE. Nursing home services must also be prior authorized by **Keystone First 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 **Keystone First CHC's** network or contact an Enrollment Specialist at 844-824-3655 to learn about other Community HealthChoices plans and nursing homes in their network.

If you are living in a nursing home and you enrolled in Community HealthChoices after it first started, you must go to a nursing home in **Keystone First CHC's** network, or ask

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Keystone First CHC to approve your stay in an out-of-network nursing home. You can also contact an Enrollment Specialist at 844-824-3655 to learn about other Community HealthChoices plans and nursing homes in their network.

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

Patient Pay for Nursing Home Services

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

When you apply for Medical Assistance for nursing home care, the CAO decides what the amount of your cost of care will be based on your income and expenses. If you have questions, please call your CAO at the phone number on page **10** of this Handbook, or your service coordinator will work with you to help you understand your cost of care.

State Ombudsman Program

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

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

Estate Recovery

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

For Community HealthChoices participants, estate recovery applies to the amounts DHS paid to **Keystone First CHC** for the following services:

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

Your County Assistance Office can answer any questions you have about estate recovery. Please see page **10** of this Handbook for the phone number of the CAO.

Section 6 – Advance Directives

Advance Directives

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

If the laws regarding advance directives are changed, **Keystone First CHC** will tell you in writing what the change is within 90 days of the change. For information on **Keystone First CHC's** policies on advance directives, including how to obtain written information and/or policies, call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** or visit **Keystone First CHC's** website at **www.keystonefirstchc.com**.

Living Wills

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

Health Care Power of Attorney

A Health Care Power of Attorney is also called a Durable Power of Attorney. A Health Care or Durable Power of Attorney is a document in which you give someone else the power to make medical treatment decisions for you if you are physically or mentally unable to make them yourself. It also states what must happen for the Power of Attorney to take effect. To create a Health Care Power of Attorney, you may but do not have to get legal help. You may contact **Keystone First 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, **Keystone First CHC** will help you find a provider that will carry out your wishes. Please call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** if you need help finding a new provider.

If a provider does not follow your advance directive, you may file a Complaint. Please see page **80** in Section 8 of this Handbook, Complaints, Grievances, and Fair Hearings

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for information on how to file a Complaint; or call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)**.

Section 7 – Behavioral Health Services

Behavioral Health Care

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

Contact information for the BH-MCO is listed below.

Bucks **1-877-769-9784**

Chester **1-866-622-4228**

Delaware **1-833-577-2682**

Montgomery **1-877-769-9782**

Philadelphia **1-888-545-2600**

You can also call Participant Services at **1-855-332-0729 (TTY 1-855-235-4976)** to get contact information for your BH-MCO.

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

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

The following services are covered:

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

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

Section 8 – Complaints, Grievances, and Fair Hearings

Complaints, Grievances, and Fair Hearings

If a provider or **Keystone First CHC** does something that you are unhappy about or do not agree with, you can tell **Keystone First CHC** or the Department of Human Services what you are unhappy about or that you disagree with what the provider or **Keystone First 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 **Keystone First CHC** you are unhappy with **Keystone First CHC** or your provider or do not agree with a decision by **Keystone First 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 **Keystone First CHC** has approved.
- You were denied a request to disagree with a decision that you have to pay your provider.

First Level Complaint

What Should I Do if I Have a Complaint?

To file a first level Complaint:

- Call **Keystone First CHC** at **1-855-332-0729 (TTY 1-855-235-4976)** and tell **Keystone First CHC** your Complaint, or
- Write down your Complaint and send it to **Keystone First CHC** by mail, fax, or electronically via secure email or secure web portal, if available, or
- If you received a notice from **Keystone First CHC** telling you **Keystone First CHC**'s decision and the notice included a Complaint/Grievance Request Form, fill out the form and send it to **Keystone First CHC** by mail or fax.

Keystone First CHC's address and fax number for Complaints:

**Keystone First CHC
Participant Appeals
200 Stevens Drive
Philadelphia, PA 19113-1570
Fax number: 1-855-332-0141
pamemberappeals@amerihealthcaritas.com**

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

When Should I File a First Level Complaint?

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

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

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

New Participant appointment for your first examination...	We will make an appointment for you...
Participants with HIV/AIDS	with PCP or specialist no later than 7 days after you become a Participant in Keystone First CHC unless you are already being treated by a PCP or specialist.
Participants who receive Supplemental Security Income (SSI)	with PCP or specialist no later than 45 days after you become a Participant in Keystone First CHC , unless you are already being treated by a PCP or specialist.
all other Participants	with PCP no later than 3 weeks after you become a Participant in Keystone First CHC .
Participants who are pregnant:	We will make an appointment for you ...
pregnant women in their first trimester	with OB/GYN provider within 10 business days of Keystone First CHC learning you are pregnant.

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pregnant women in their second trimester	with OB/GYN provider within 5 business days of Keystone First CHC learning you are pregnant.
pregnant women in their third trimester	with OB/GYN provider within 4 business days of Keystone First CHC learning you are pregnant.
pregnant women with high-risk pregnancies	with OB/GYN provider within 24 hours of Keystone First CHC learning you are pregnant.
Appointment with...	An appointment must be scheduled
PCP	
urgent medical condition	within 24 hours.
routine appointment	within 10 business days.
health assessment/general physical examination	within 3 weeks.
Specialists (when referred by PCP)	
urgent medical condition	within 24 hours of referral.
routine appointment with one of the following specialists: <ul style="list-style-type: none"> • Otolaryngology • Dermatology • Dentist • Orthopedic Surgery 	within 15 business days of referral
routine appointment with all other specialists	within 10 business days of referral

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

What Happens After I File a First Level Complaint?

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

You may ask **Keystone First CHC** to see any information **Keystone First 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 **Keystone First CHC**.

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

A committee of 1 or more **Keystone First 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 or licensed dentist in the same or similar specialty of the service will be on the committee. **Keystone First 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 **92**.

What to do to continue getting services:

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

What if I Do Not Like Keystone First CHC's Decision?

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

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

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

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

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

For information about Fair Hearings, see page **93**.

For information about external Complaint review, see page **85**.

If you need more information about help during the Complaint process, see page **92**.

Second Level Complaint

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

To file a Second Level Complaint:

- Call **Keystone First CHC** at **1-855-332-0729 (TTY 1-855-235-4976)** and tell **Keystone First CHC** your Second Level Complaint, or
- Write down your Second Level Complaint and send it to **Keystone First CHC** by mail, fax, or electronically via secure email or secure web portal, if available, or
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to **Keystone First CHC** by mail or fax.

Keystone First CHC's address and fax number for Second Level Complaints

Keystone First CHC
Participant Appeals
200 Stevens Drive
Philadelphia, PA 19113-1570
Fax number: 1-855-332-0141
pamemberappeals@amerihealthcaritas.com

What Happens After I File a Second Level Complaint?

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

You may ask **Keystone First CHC** to see any information **Keystone First 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 **Keystone First CHC**.

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You may attend the Complaint review if you want to attend it. **Keystone First 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 1 person who does not work for **Keystone First CHC**, will meet to decide your Second Level Complaint. The **Keystone First 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 or licensed dentist in the same or similar specialty of the service will be on the committee. **Keystone First CHC** will mail you a notice within **45** days from the date your Second Level Complaint was received to tell you the decision on your Second Level Complaint. The letter will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 92 .
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What if I Do Not Like Keystone First CHC's Decision on My Second Level Complaint?

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

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

External Complaint Review

How Do I Ask for an External Complaint Review?

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

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

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

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

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

What Happens After I Ask for an External Complaint Review?

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

GRIEVANCES

What is a Grievance?

When **Keystone First 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 **Keystone First CHC's** decision.

A Grievance is when you tell **Keystone First CHC** you disagree with **Keystone First CHC's** decision.

What Should I Do if I Have a Grievance?

To file a Grievance:

- Call **Keystone First CHC** at **1-855-332-0729 (TTY 1-855-235-4976)** and tell **Keystone First CHC** your Grievance, or
- Write down your Grievance and send it to **Keystone First CHC** by mail, fax, or electronically via secure email or secure web portal, if available, or
- Fill out the Complaint/Grievance Request Form included in the denial notice you got from **Keystone First CHC** and send it to **Keystone First CHC** by mail or fax.

Keystone First CHC's address and fax number for Grievances:

**Keystone First CHC
Participant Appeals
200 Stevens Drive
Philadelphia, PA 19113-1570
Fax number: 1-855-332-0141
pamemberappeals@amerihealthcaritas.com**

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

When Should I File a Grievance?

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

What Happens After I File a Grievance?

After you file your Grievance, you will get a letter from **Keystone First CHC** telling you that **Keystone First CHC** has received your Grievance, and about the Grievance review process.

You may ask **Keystone First CHC** to see any information that **Keystone First 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 **Keystone First CHC**.

You may attend the Grievance review if you want to attend it. **Keystone First CHC** will tell you the location, date, and time of the Grievance review at least 10 days before the

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

A committee of 3 or more people, including a licensed doctor or licensed dentist in the same or similar specialty of the service, will meet to decide your Grievance. The **Keystone First 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. **Keystone First CHC** will mail you a notice within **30** days from the date your Grievance was received to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Grievance process, see page **92**.

What to do to continue getting services:

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

What if I Do Not Like Keystone First CHC's Decision?

You may ask for an external Grievance review or a Fair Hearing or you may ask for both an external Grievance review and a Fair Hearing. An external Grievance review is a review by a doctor who does not work for **Keystone First 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 **93**.

For information about external Grievance reviews, see below

If you need more information about help during the Grievance process, see page **92**.

External Grievance Review

How Do I Ask for External Grievance Review?

To ask for an external Grievance review:

- Call **Keystone First CHC** at **1-855-332-0729 (TTY 1-855-235-4976)** and tell **Keystone First CHC** your Grievance, or
- Write down your Grievance and send it to **Keystone First CHC** by mail to:
Keystone First CHC
Participant Appeals
200 Stevens Drive
Philadelphia, PA 19113-1570

Keystone First CHC will send your request for external Grievance review to the Pennsylvania Insurance Department.

What Happens After I Ask for an External Grievance Review?

Keystone First 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.

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

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

What to do to continue getting services:

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

Expedited Complaints and Grievances

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

If your doctor or dentist believes that waiting **30 days to get a decision about your First Level Complaint or Grievance, or 45 days to get a decision about your Second Level Complaint**, 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 **Keystone First CHC** for an early decision by calling **Keystone First CHC** at **1-855-332-0729 (TTY 1-855-235-4976)**, faxing a letter or the Complaint/Grievance Request Form to **1-855-332-0141**, or sending an email to **PAmemberappeals@amerihealthcaritas.com**.
- 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 **Keystone First CHC** taking **30 days to get a decision about your First Level Complaint or Grievance, or 45 days to get a decision about your Second Level Complaint** could harm your health.

If **Keystone First 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, **Keystone First CHC** will decide your Complaint or Grievance in the usual time frame of **30 days** from when **Keystone First CHC** first got your First Level Complaint or Grievance, or **45 days** from when **Keystone First CHC** got your Second Level Complaint.

Expedited Complaint and Expedited External Complaint

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

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

Keystone First CHC will tell you the decision about your Complaint within 48 hours of when **Keystone First 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

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from when **Keystone First CHC** gets your request for an early decision, whichever is sooner, unless you ask **Keystone First CHC** to take more time to decide your Complaint. You can ask **Keystone First 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 an expedited external Complaint review, if you do not like the decision.

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

- Call **Keystone First CHC** at **1-855-332-0729 (TTY 1-855-235-4976)** and tell **Keystone First CHC** your Complaint, or
- Send an email to **Keystone First CHC** at **PAmemberappeals@amerihealthcaritas.com**, or
- Write down your Complaint and send it to **Keystone First CHC** by mail or fax:

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

Keystone First CHC will send your request to the Pennsylvania Insurance Department within 24 hours after receiving it.

Expedited Grievance and Expedited External Grievance

A committee of 3 or more people, including a licensed doctor or licensed dentist in the same or similar specialty of the service, will meet to decide your Grievance. If the Grievance is about dental services, the expedited Grievance review committee will include a dentist. The **Keystone First 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 **Keystone First 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.

Keystone First CHC will tell you the decision about your Grievance within 48 hours of when **Keystone First 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 **Keystone First CHC** gets your request for an early decision, whichever is sooner, unless you ask **Keystone First CHC** to take more time to decide your

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Grievance. You can ask **Keystone First 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. An expedited external Grievance review is a review by a doctor who does not work for **Keystone First CHC**.

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

- Call **Keystone First CHC** at **1-855-332-0729 (TTY 1-855-235-4976)** and tell **Keystone First CHC** your Grievance, or
- Send an email to **Keystone First CHC** at **PAmemberappeals@amerihealthcaritas.com**, or
- Write down your Grievance and send it to **Keystone First CHC** by mail or fax:

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

Keystone First CHC will send your request to the Pennsylvania Insurance Department within 24 hours after receiving it.

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

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

If you need help filing your Complaint or Grievance, a staff member of **Keystone First 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

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you, tell **Keystone First CHC**, in writing, the name of that person and how **Keystone First CHC** can reach him or her.

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

You may call **Keystone First CHC**'s toll-free telephone number at **1-855-332-0729 (TTY 1-855-235-4976)** if you need help or have questions about Complaints and Grievances, 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.

Persons Whose Primary Language Is Not English

If you ask for language services, **Keystone First CHC** will provide the services at no cost to you.

Persons with Disabilities

Keystone First 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 **Keystone First 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 **Keystone First CHC** did or did not do. These hearings are called "Fair Hearings." You can ask for a Fair Hearing after **Keystone First CHC** decides your First Level Complaint or decides your Grievance.

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

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

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

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

How Do I Ask for a Fair Hearing?

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

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

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

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

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

What Happens After I Ask for a Fair Hearing?

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

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

Keystone First CHC will also go to your Fair Hearing to explain why **Keystone First CHC** made the decision or explain what happened.

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

If you requested a Fair Hearing because **Keystone First CHC** did not tell you its decision about a Complaint or Grievance you told **Keystone First CHC** about within **30** days from when **Keystone First CHC** got your Complaint or Grievance, your Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with **Keystone First CHC**, not including the number of days between the date on the notice telling you that **Keystone First 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 1-800-798-2339 to ask for your services.

What to do to continue getting services:

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

Expedited Fair Hearing

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

If your doctor or dentist believes that waiting the usual time frame for deciding a Fair Hearing could harm your health, you may ask that the Fair Hearing take place more quickly. This is called an expedited Fair Hearing. You can ask for an early decision by calling the Department at 1-800-757-5042 or by faxing a letter or the Fair Hearing Request Form to 717-346-7142. Your doctor or dentist must fax a signed letter to 717-346-7142 explaining why taking the usual amount of time to decide your Fair Hearing could harm your health. If your doctor or dentist does not send a letter, 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 **Keystone First CHC's** toll-free telephone number at **1-855-332-0729 (TTY 1-855-235-4976)** if you need help or have questions about Fair Hearings, 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.

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