

Important Update

On January 1, 2025, the name of the **Special Needs Unit (SNU)** changed to the **Enhanced Member Support Unit (EMSU)**. The services provided will remain the same. For more information on the services provided, please see your Keystone First Member Handbook. Your Member Handbook can be found at www.keystonefirstpa.com. You can also call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** and request a copy.

Questions about EMSU? Please call **1-800-573-4100 (TTY 711)**.

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



Keystone First Member Handbook

www.keystonefirstpa.com

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



Keystone First



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

Keystone First 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 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 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 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** at **1-800-521-6860** (TTY **1-800-684-5505**).

If you believe that **Keystone First** 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,
Member Complaints Department,
Attention: Member Advocate,
200 Stevens Drive
Philadelphia, PA 19113-1570
Phone: **1-800-521-6860**, TTY **1-800-684-5505**,
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 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: 1-800-521-6860 (TTY: 1-800-684-5505).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-521-6860 (TTY: 1-800-684-5505).**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-521-6860 (телетайп: 1-800-684-5505).**

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 **1-800-521-6860 (TTY : 1-800-684-5505)。**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-521-6860 (TTY: 1-800-684-5505).**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-521-6860 (رقم هاتف الصم والبكم: 1-800-684-5505).**

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-800-521-6860 (टिटावाइ: 1-800-684-5505) ।**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-521-6860 (TTY: 1-800-684-5505)** 번으로 전화해 주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-800-521-6860 (TTY: 1-800-684-5505)។**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-521-6860 (ATS : 1-800-684-5505).**

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် **1-800-521-6860 (TTY: 1-800-684-5505)** သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-521-6860 (TTY: 1-800-684-5505).**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-521-6860 (TTY: 1-800-684-5505).**

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-521-6860 (TTY: 1-800-684-5505)।**

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-521-6860 (TTY: 1-800-684-5505).**

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-521-6860 (TTY: 1-800-684-5505).**

Keystone First 2024 Member Handbook

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Section – 1

Welcome

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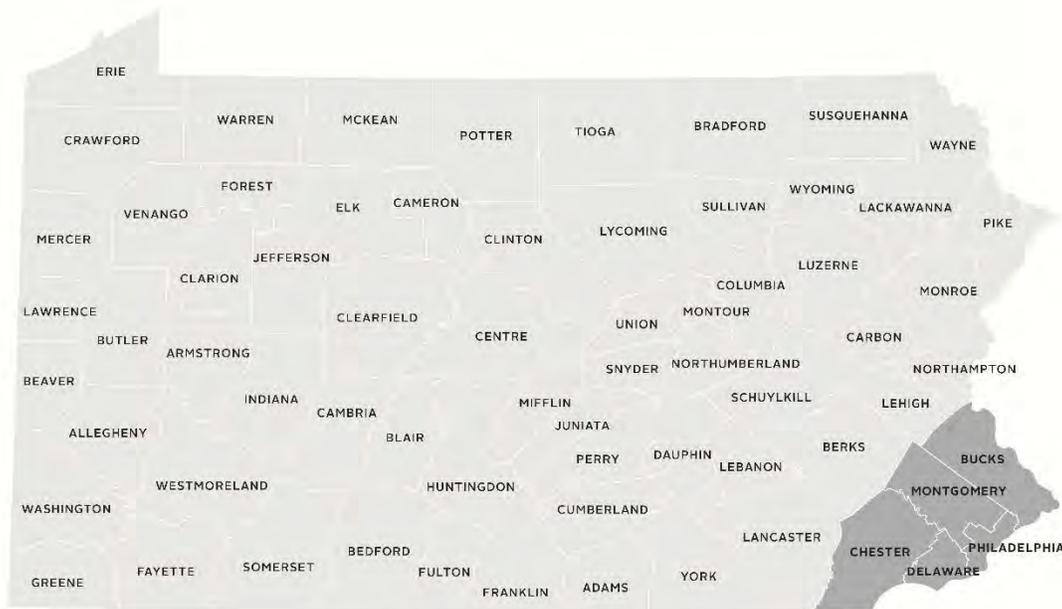
Introduction

What is HealthChoices?

HealthChoices is Pennsylvania's Medical Assistance managed care program. The Office of Medical Assistance Programs (OMAP) in Pennsylvania's Department of Human Services (DHS) oversees the physical health portion of HealthChoices. Physical health services are provided through the physical health managed care organizations (PH-MCOs). Behavioral health services are provided through behavioral health managed care organizations (BH-MCOs). For more information on behavioral health services, see page 74.

Welcome to Keystone First

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



Keystone First has been dedicated to quality health care in Pennsylvania for more than 30 years. Our mission at **Keystone First** 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.

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Keystone First has a network of contracted providers, facilities, and suppliers to provide covered physical health services to members. It is important for you to see providers who are in the **Keystone First** network (providers who are contracted with **Keystone First**). When you go to providers in the **Keystone First** 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.

Member Services

Staff at Member Services can help you with:

- Where to get a list of **Keystone First** providers.
- How to order a new ID card.
- How to choose or change your primary care provider (PCP).
- How to get a new Member Handbook.
- How to get help if you have gotten a bill for health care services.
- Questions about your benefits and services.

And much more.

Keystone First's Member Services are available:

24 hours a day, 7 days a week

And can be reached at **1-800-521-6860 (TTY 1-800-684-5505)**.

Member Services can also be contacted in writing at:

Keystone First
200 Stevens Drive
Philadelphia, PA 19113-1570

Member Identification Cards

When you become a **Keystone First** member, you will get an ID card in the mail. Your ID card will look like this:

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 BlueCross.	Keystone First
Member Name Last name, First name Keystone First ID YXM123456789	Sex: Male/Female DOB: MM/DD/YY State ID: XYZ123456789
Primary Care Practitioner (PCP) Last name, First name Group name PCP Phone Number (555) 555-1234 Lab XXXXXXXX Dental XXXXXXXX	Rx BIN: XXXXXX Rx PCN: XXXXXXXX Copays ER XX Dental XX PCP XX SPEC XX <small>Limits may apply to some services. Not transferable.</small>

The card includes your personal **Keystone First** 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** ID card, or if your ID card was lost or stolen, please call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**. We will send you a new card. You can still get health care services while you wait for your new card.

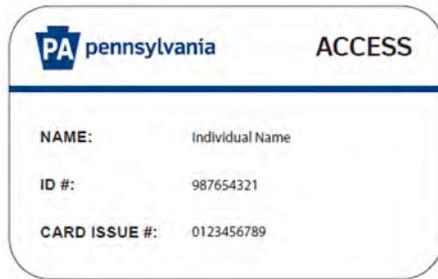
You will also get an ACCESS or EBT card. You will need to present this card along with your **Keystone First ID** card at all appointments. If you lose your ACCESS or EBT card, call your County Assistance Office (CAO). The phone number for the CAO is listed later in the **Important Contact Information** section. You will receive the following card.

The MA cards with the Capitol and cherry blossoms may be used for cash assistance, the Supplemental Nutritional Assistance Program (SNAP) and MA. Additionally, if a Member 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.



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The “Blue Card(s)” are issued only for MA to all other members of the household.



Older MA cards that may still be active are shown here. The green/blue card with yellow “ACCESS” may also serve as the head of household’s EBT card for SNAP and cash assistance, and their MA card. The yellow card is only for MA for all other members of the household.



Until you get your **Keystone First** ID card, use your ACCESS or EBT card for your health care services that you get through 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 Member Services for help: **1-800-521-6860 (TTY 1-800-684-5505)**.

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Emergencies

Please see Section 3, Covered Physical Health Services, beginning on page **28**, 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 12 of this handbook for more information.
Fraud and Abuse Reporting Hotline, Department of Human Services	1-844-DHS-TIPS (1-844-347-8477)	Report member or provider fraud or abuse in the Medical Assistance Program. See page 27 of this handbook for more information.
Other Important Phone Numbers		
Keystone First Nurse Call Line	1-866-431-1514	Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters. See page 17 of this handbook for information.
Enrollment Assistance Program	1-800-440-3989 1-800-618-4225 (TTY)	Pick or change a HealthChoices plan. See page 11 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.
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.

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Other Phone Numbers

County Assistance Office (CAO)

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>

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.keystonefirstpa.com, click on Members, then Important Numbers. You will find the link there for the MATP phone numbers by county.

Mental Health/Intellectual Disability 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.keystonefirstpa.com, click on Members, then Important Numbers. You will find the link there to Behavioral Health contact information by county.

Childline	1-800-932-0313
Legal Aid	1-800-322-7572
National Suicide Prevention Lifeline	1-800-273-8255
Pennsylvania Tobacco Cessation program	1-800-QUIT-NOW (1-800-784-8669)
PA Enrollment Services	1-800-440-3989 1-800-618-4225 (TTY)

Suicide and Crisis Lifeline

The 988 Suicide and Crisis Lifeline number is available 24/7

Call: 988

Text: 988

Visit or Chat: 988lifeline.org

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

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Communication Services

Keystone First can provide this Handbook and other information you need in languages other than English at no cost to you. **Keystone First** can also provide your Handbook and other information you need in other formats such as compact disc, Braille, large print, DVD, electronic communication, and other formats if you need them, at no cost to you. Please contact Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** to ask for any help you need. Depending on the information you need, it may take up to 5 business days for **Keystone First** to send you the information.

Keystone First will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** and Member Services will connect you with the interpreter service that meets your needs. For TTY services, call our specialized number at **1-800-684-5505**.

If your PCP or other provider cannot provide an interpreter for your appointment, **Keystone First** will provide one for you. Call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** if you need an interpreter for an appointment.

Enrollment

In order to get services in 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** Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** or your CAO.

Enrollment Services

The Medical Assistance Program works with the Enrollment Assistance Program (EAP) to help you enroll in HealthChoices. You received information about the EAP with the information you received about selecting a HealthChoices plan. Enrollment specialists can give you information about all of the HealthChoices plans available in your area so that you can decide which one is best for you. If you do not pick a HealthChoices plan, a HealthChoices plan will be chosen for you. Enrollment specialists can also help you if you want to change your HealthChoices plan or if you move to another county.

Enrollment specialists can help you:

- Pick a HealthChoices plan
- Change your HealthChoices plan

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

To contact the EAP, call 1-800-440-3989 or 1-800-618-4225 (TTY).

Changing Your HealthChoices Plan

You may change your HealthChoices plan at any time, for any reason. To change your HealthChoices plan, call the EAP at 1-800-440-3989 or 1-800-618-4225 (TTY). They will tell you when the change to your new HealthChoices plan will start, and you will stay in **Keystone First** until then. It can take up to 6 weeks for a change to your HealthChoices plan to take effect. Use your **Keystone First** ID card at your appointments until your new plan starts.

Changes in the Household

Call your CAO and Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** 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

A new baby is automatically assigned to the mother's current HealthChoices plan. You may change your baby's plan by calling the EAP at **1-800-440-3989**. Once the change is made you will receive a new HealthChoices member ID card for your baby.

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

What Happens if I Move?

If you move out of your county, you may need to choose a new HealthChoices plan. Contact your CAO if you move. If **Keystone First** also serves your new county, you

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can stay with **Keystone First**. If **Keystone First** does not serve your new county, the EAP can help you select a new plan.

If you move out of state, you will no longer be able to get services through 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 completely.

They include:

- Your Medical Assistance ends for any reason. If you are eligible for Medical Assistance again within 6 months, you will be re-enrolled in the same HealthChoices plan unless you pick a different 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 prison or are placed in a youth development center.

There are also reasons why you may no longer be able to receive services through a physical health MCO and you will be placed in the fee-for service program.

They include:

- You are placed in a juvenile detention center for more than 35 days in a row.
- You are 21 years of age or older and begin receiving Medicare Part D (Prescription Drug Coverage).
- You go to a state mental health hospital

You may also become eligible for Community HealthChoices. If you become eligible for Medicare coverage or become eligible for nursing facility or home and community based services, you will be eligible for Community HealthChoices. For more information on Community HealthChoices visit www.healthchoices.pa.gov.

You will receive a notice from DHS if you lose your benefits or if you are no longer able to receive services through a physical health MCO and will begin to receive services through the fee-for-service system or Community HealthChoices.

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Information About Providers

The **Keystone First's** provider directory has information about the providers in **Keystone First's** network. The provider directory is located online here: **www.keystonefirstpa.com**. You may call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** 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 Member 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

The information in the printed provider directory may change. You can call Member Services to check if the information in the provider directory is current. **Keystone First** updates the printed provider directory **daily**. The online directory is updated at least daily.

Picking Your Primary Care Provider (PCP)

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

A PCP may be a family doctor, a general practice doctor, a pediatrician (for children and teens), 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

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- 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's** network. If you do not have Medicare, your PCP must be in **Keystone First'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's** network.

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

Changing Your PCP

If you want to change your PCP for any reason, call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** to ask for a new PCP. If you need help finding a new PCP, you can go to **www.keystonefirstpa.com**, which includes a provider directory, or ask Member Services to send you a printed provider directory.

Keystone First will send you a new ID card with the new PCP's name and phone number on it. The Member Services representative will tell you when you can start seeing your new PCP.

When you change your PCP, **Keystone First** can help coordinate sending your medical records from your old PCP to your new PCP. In emergencies, **Keystone First** will help to transfer your medical records as soon as possible.

If you have a pediatrician or pediatric specialist as a PCP, you may ask for help to change to a PCP who provides services for adults.

Office Visits

Making an Appointment with Your PCP

To make an appointment with your PCP, call your PCP's office. If you need help making an appointment, please call **Keystone First's** Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

If you need help getting to your doctor's appointment, please see the Medical Assistance Transportation Program (MATP) section on page **65**, of this Handbook or call **Keystone First's** Member Services at the phone number above.

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If you do not have your **Keystone First** ID card by the time of your appointment, take your ACCESS or EBT card with you. Also, please call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**. We will give you your member ID number. Write your member ID number on your Welcome letter that came with your New Member Welcome Kit. Take it with you to get the services you need. Your health care provider should also call **Keystone First** to check your eligibility. You should also tell your PCP that you selected **Keystone First** as your HealthChoices plan.

Appointment Standards

Keystone First'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.
- 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** learning you are pregnant.
 - In your second trimester, your provider must see you within 5 business days of **Keystone First** learning you are pregnant.
 - In your third trimester, your provider must see you within 4 business days of **Keystone First** learning you are pregnant.
 - Have a high-risk pregnancy, your provider must see you within 24 hours of **Keystone First** 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** 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** will work with you to see an out-of-network specialist at no cost to you. Your PCP must contact **Keystone First** to let

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Keystone First know you want to see an out-of-network specialist and get approval from **Keystone First** 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's** network, please see the provider directory on our website at www.keystonefirstpa.com or call Member 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** network provider unless **Keystone First** approves an out-of-network provider.

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 **74** 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 has a toll-free Nurse Call Line at **1-866-431-1514** that you can also call 24 hours a day, 7 days a week. A nurse will talk with you about your urgent health matters.

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Member Engagement

Suggesting Changes to Policies and Services

Keystone First would like to hear from you about ways to make your experience with HealthChoices better. If you have suggestions for how to make the program better or how to deliver services differently, please contact **1-800-521-6860 (TTY 1-800-684-5505)**.

Keystone First Health Education Advisory Committee (HEAC)

Keystone First has a Health Education Advisory Committee (HEAC) that includes members and network providers. The Committee provides advice to **Keystone First** about the experiences and needs of members like you. For more information about the Committee, please call **1-800-521-6860 (TTY 1-800-684-5505)** or visit the website at www.keystonefirstpa.com.

Keystone First Quality Improvement Program

Keystone First 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 and your family get.

Our goal is to improve the health and wellness of our members. The Quality department works behind the scenes, but you can also find us at the front line in your communities. Our team:

- Offers health and disease programs for you.
- Reaches out to members to help them get the care and health education they need.
- Creates programs to serve our members who have special health care needs.
- Surveys members and providers and uses the answers to improve our services.
- Reviews the quality of care and services given by **Keystone First** medical, dental, vision, and pharmacy providers.

We look for areas that need improvement.

Call Member Services at 1-800-521-6860 (TTY 1-800-684-5505) if you:

- Would like to learn more about our Quality program and its goals, activities, and outcomes.

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- Think you or your family did not get quality care. Our team will look into the issue.
- Are going home from the hospital and don't have the help and resources you need. Our Care Connectors can help.

Section – 2

Rights and Responsibilities

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Member Rights and Responsibilities

Keystone First and its network of providers do not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, gender identity, or any other basis prohibited by law.

As a **Keystone First** member, you have the following rights and responsibilities.

Member Rights

You have the right:

1. To be treated with respect, recognizing your dignity and need for privacy, by **Keystone First** 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**, 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'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**.
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's** decision that a service is not medically necessary for you.
12. To file a Complaint if you are unhappy about the care or treatment you have received.

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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** 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**, and network providers treat you.
17. To create an advance directive. See Section 6 on page **72** for more information.
18. To make recommendations about the rights and responsibilities of **Keystone First's** members.

Member Responsibilities

Members need to work with their health care service providers. **Keystone First** 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** coverage, including all covered and non-covered benefits and limits.
7. Use only network providers unless **Keystone First** approves an out-of-network provider or you have Medicare.
8. Be referred by your PCP to see a specialist.
9. Respect other patients, provider staff, and provider workers.
10. Make a good-faith effort to pay your co-payments.
11. Report fraud and abuse to the DHS Fraud and Abuse Reporting Hotline.

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Privacy and Confidentiality

Keystone First must protect the privacy of your protected health information (PHI). **Keystone First** must tell you how your PHI may be used or shared with others. This includes sharing your PHI with providers who are treating you or so that **Keystone First** can pay your providers. It also includes sharing your PHI with DHS. This information is included in **Keystone First's** Notice of Privacy Practices. To get a copy of **Keystone First's** Notice of Privacy Practices, please call **1-800-521-6860 (TTY 1-800-684-5505)** or visit **www.keystonefirstpa.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 **29** of this Handbook.

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

- Members under age 18
- Pregnant women (including 1 year after the child is born (the post-partum period))
- Members who live in a long-term care facility, including Intermediate Care Facilities for the Intellectually Disabled and Other Related Conditions or other medical institution
- Members who live in a personal care home or domiciliary care home
- Members eligible for benefits under the Breast and Cervical Cancer Prevention and Treatment Program
- Members eligible for benefits under Title IV-B Foster Care and Title IV-E Foster Care and Adoption Assistance

The following services do not require a co-payment:

- Emergency services
- Laboratory services
- Family planning services, including supplies
- Hospice services
- Home health services

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- Tobacco cessation services

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

If you believe that a provider charged you the wrong amount for a co-payment or a co-payment you believe you should not have had to pay, you can file a Complaint with **Keystone First**. Please see Section 8, Complaints, Grievances, and Fair Hearings for information on how to file a Complaint, or call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

Billing Information

Providers in **Keystone First**'s network may not bill you for medically necessary services that **Keystone First** covers. Even if your provider has not received payment or the full amount of his or her charge from **Keystone First**, 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** 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** and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received a service from a provider that is not enrolled in the Medical Assistance Program.

What Do I Do if I Get a Bill?

If you get a bill from a **Keystone First** network provider and you think the provider should not have billed you, you can call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

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.

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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** pays. **Keystone First** can only be billed for the amount that your Medicare or other health insurance does not pay.

You must tell both your CAO and Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** 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** 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 you pick. The provider does not have to be in **Keystone First**'s network. You also do not have to get prior authorization from **Keystone First** or referrals from your Medicare PCP to see a specialist. **Keystone First** will work with Medicare to decide if it needs to pay the provider after Medicare pays first, if the provider is enrolled in the Medical Assistance Program.

If you need a service that is not covered by Medicare but is covered by **Keystone First**, you must get the service from a **Keystone First** network provider. All **Keystone First** 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**'s network. You need to follow the rules of your other insurance and **Keystone First**, such as prior authorization and specialist referrals. **Keystone First** will work with your other insurance to decide if it needs to pay for the services after your other insurance pays the provider first.

If you need a service that is not covered by your other insurance, you must get the services from a **Keystone First** network provider. All **Keystone First** rules, such as prior authorization, apply to these services.

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Recipient Restriction/Lock-in Program

The Recipient Restriction/Member Lock-In Program requires a member to use specific providers if the member has abused or overused his or her health care or prescription drug benefits. **Keystone First** works with DHS to decide whether to limit a member to a doctor, pharmacy, hospital, dentist, or other provider.

How Does it Work?

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

You can pick the providers, or **Keystone First** will pick them for you. If you want a different provider than the one **Keystone First** picked for you, call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**. The limit will last for 5 years even if you change 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** 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 Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** or contact your local legal aid office.

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

After 5 years, **Keystone First** 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** will tell you the results of the review in writing.

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Reporting Fraud or Abuse

How Do I Report Member Fraud or Abuse?

If you think that someone is using your or another member's **Keystone First** 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** Fraud and Abuse Hotline at **1-866-833-9718 (TTY 711)** to give **Keystone First** 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 the **Keystone First'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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Covered Services

The chart below lists the services that are covered by **Keystone First** when the services are medically necessary. Some of the services have limits or co-payments, or require prior authorization by **Keystone First**. 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 under age 21 or pregnant.

All medically necessary Medicaid-coverable services in any amount are covered for individual members under the age of 21.

Service		Children	Adults
Primary Care Provider	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	No Prior Authorization or Referral	No Prior Authorization or Referral
Specialist	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization for some specialty services may apply	Prior Authorization for some specialty services may apply
Certified Registered Nurse Practitioner	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	No Prior Authorization or Referral	No Prior Authorization or Referral
Federally Qualified Health Center / Rural Health Center	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	No Prior Authorization or Referral	No Prior Authorization or Referral
Outpatient Non-Hospital Clinic	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization for some services may apply	Prior Authorization for some services may apply
Outpatient Hospital Clinic	Limit	N/A	No limits
	Co-payment	No copay	No copay

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Service		Children	Adults
	Prior Authorization / Referral	Prior Authorization for some services may apply	Prior Authorization for some services may apply
Podiatrist Services	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization for some podiatry services may apply	Prior Authorization for some podiatry services may apply
Chiropractor Services	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization for some chiropractic services may apply	Prior Authorization for some chiropractic services may apply
Optometrist Services	Limit	N/A	Limits may apply
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization for some services may apply	Prior Authorization for some services may apply
Hospice Care	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Dental Care Services	Limit	N/A	Limits may apply
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Radiology (ex. X-rays, MRIs, CTs)	Limit	N/A	No limits
	Co-payment	No copay	\$1 copay per visit
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
	Limit	N/A	No limits
	Co-payment	No copay	\$3 copay

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Service		Children	Adults
Outpatient Hospital Short Procedure Unit	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Outpatient Ambulatory Surgical Center	Limit	N/A	No limits
	Co-payment	No copay	\$3 copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Non-Emergency Medical Transport	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Family Planning Services	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization for some family planning services may apply	Prior Authorization for some family planning services may apply
Renal Dialysis	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Emergency Services	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	No Prior Authorization or Referral	No Prior Authorization or Referral
Urgent Care Services	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	No Prior Authorization or Referral	No Prior Authorization or Referral
Ambulance Services	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Inpatient Hospital	Limit	N/A	No limits
	Co-payment	No copay	\$3 copay per day/\$21 max

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Service		Children	Adults
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Inpatient Rehab Hospital	Limit	N/A	No limits
	Co-payment	No copay	\$3 copay per day/\$21 max
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Maternity Care	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Prescription Drugs	Limit	N/A	No limits
	Co-payment	No copay	Brand: \$3 per prescription or refill Generic: \$1 per prescription or refill Some medicines have no copay. Please see the Member Copayment Schedule that came with your new member welcome kit. You can also find it online at www.keystonefirstpa.com .
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Enteral/Parenteral Nutritional Supplements	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Nursing Facility Services	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Home Health Care including Nursing,	Limit	N/A	Limits may apply
	Co-payment	No copay	No copay

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Service		Children	Adults
Aide, and Therapy Services	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Durable Medical Equipment	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Prosthetics and Orthotics	Limit	N/A	Limits may apply
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Eyeglass Lenses	Limit	No limits, but after 4 standard lenses per calendar year, additional lenses in that year must be prior authorized	Limits may apply
	Co-payment	\$0	No copay
	Prior Authorization / Referral	Prior Auth.: No Referral: No	Prior Authorization may apply
Eyeglass Frames	Limit	No limits, but after 2 standard frames per calendar year, additional frames in that year must be prior authorized	Limits may apply
	Co-payment	Copays may apply	Copays may apply
	Prior Authorization / Referral	Prior Auth.: No Referral: No	Prior Authorization may apply

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Service		Children	Adults
Contact Lenses	Limit	No limits, but after 4 lenses per calendar year, additional lenses in that year must be prior authorized.	Limits may apply
	Co-payment	\$0	Copays may apply
	Prior Authorization / Referral	Prior Auth.: No Referral: No	Prior Authorization may apply
Contact Lenses Fitting	Limit	Covered when medically necessary	Limits may apply
	Co-Payment	\$0	Copays may apply
	Prior Authorization / Referral	Prior Auth.: No Referral: No	Prior Authorization may apply
Medical Supplies	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Therapy (Physical, Occupational, Speech)	Limit	N/A	Limits may apply
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Laboratory	Limit	N/A	No limits
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply
Tobacco Cessation	Limit	N/A	Limits may apply
	Co-payment	No copay	No copay
	Prior Authorization / Referral	Prior Authorization may apply	Prior Authorization may apply

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Services That Are Not Covered

There are physical health services that **Keystone First** does not cover. If you have any questions about whether or not **Keystone First** covers a service for you, please call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

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

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** network provider to get a second opinion. If there are not any other providers in **Keystone First**'s network, you may ask **Keystone First** 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** before you can get the service. This is called Prior Authorization. For services that need prior authorization, **Keystone First** decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to **Keystone First** 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.

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If you need any help understanding when a service, item, or medicine is medically necessary or would like more information, please call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

Utilization Review Process

For questions about the utilization review process, call **Keystone First** Utilization Management department between 8:00 a.m. and 5:00 p.m. at **1-800-521-6622 (TTY 711)**. If you have questions about the utilization review process outside of these hours, please call **Keystone First** Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

How to Ask for Prior Authorization

1. Your PCP or other health care provider must give **Keystone First** information to show that the service or medicine is medically necessary.
2. **Keystone First** 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** nurse or pharmacist, a **Keystone First** 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 **77** for information about complaints, grievances, and fair hearings.
7. You may also call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** 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 Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

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 Member Services at 1-800-521-6860 (TTY 1-800-684-5505)**. **Your provider can call Provider Services at 1-800-521-6007.**

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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:

- All elective transfers for inpatient and/or outpatient services between acute care facilities.
- Skilled Nursing Facility admissions for alternate levels of care in a facility, either free-standing or part of a hospital, that accepts patients in need of skilled level rehabilitation and/or medical care that is not necessary to be delivered in a hospital. This does not include Long Term Care.
- Services or durable medical equipment (DME) received from providers or hospitals not in the **Keystone First** network (except for tobacco cessation counseling sessions, emergency services, family planning services, and any Medicare-covered services from a Medicare provider if you have Medicare coverage).
- Elective (Non-emergency) admission to a hospital.
- Some medical or surgical procedures performed in a short procedure unit (SPU) or ambulatory surgical unit (ASU), either hospital-based or free-standing, including, but not limited to, the following:
 - Steroid injections or blocks administered for pain management.
 - Obesity surgery.
 - Binding or removing veins.
- All non-emergency plastic or cosmetic procedures (other than those immediately following traumatic injury) including, but not limited to, the following:
 - Plastic surgery for eyelids.
 - Breast reduction.
 - Plastic surgery of the nose.
- Elective termination of pregnancy.
- Admission to a nursing or rehabilitation facility.
- 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.
- Cardiac and pulmonary rehabilitation services.
- Home health services, after 18 visits for each service, including skilled nursing visits; home health aide visits; and physical, occupational, and speech therapy, per calendar year. The member must be re-evaluated every 60 days.
- All Shift Care/Private Duty Nursing services (including Home Health Aide).
- All DME rentals regardless of the per month cost/charge.
- All wheelchair rentals (motorized and manual) and all wheelchair items.
- All wheelchair purchases (motorized and manual) and all wheelchair items (components) regardless of cost per item.

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- All DME purchases that cost more than \$750.
- All DME Home Accessibility Items.
- Tube feedings and nutritional supplements (enterals)
 - When the member is age 21 and over.
- Diapers and/or pull-up diapers for members 3 years of age or older*, when medically necessary, when requesting:
 - More than 300 generic diapers and/or pull-up diapers per month.
 - Brand-specific diapers.
 - Diapers supplied by a non-preferred DME provider.
- Any service/product not covered by the Medical Assistance program.
- Some outpatient diagnostic tests and procedures.
- Chiropractic services with a **Keystone First** network provider after the 24th visit if the member is under the age of 18.
- Inpatient hospice services.
- Some specialty dental services.
- PET and CT scans, MRI, MRA, and nuclear cardiology.
- Prescribed pediatric extended care center (PPECC) and medical day care.
- Ambulance transportation to and from prescribed extended care center and medical day care.
- Some formulary prescription drugs, all non-formulary prescription drugs, some over-the-counter (OTC) non-prescription drugs, and some DME supplies obtained through a **Keystone First** network pharmacy (e.g., glucometers).
- All transplant evaluations and consultations.
- Elective/Non-emergent Air ambulance transportation.
- Genetic Laboratory Testing.

*Diapers and/or pull-up diapers are not a covered service for members under the age of 3. Please see the Services That Are Not Covered section on page 35 for more information or visit our website at www.keystonefirstpa.com.

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 Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

Prior Authorization of a Service or Item

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

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If **Keystone First** 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 will tell you of our decision within 2 business days after **Keystone First** 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 will review a prior authorization request for outpatient drugs, which are drugs that you do not get in the hospital, within 24 hours from when **Keystone First** 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** for prior authorization as soon as possible.

What if I Receive a Denial Notice?

If **Keystone First** 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** must authorize the medication until the Complaint or Grievance is resolved unless the pharmacist thinks the medicine will harm you. See Section 8, Complaints, Grievances, and Fair Hearings, starting on page 77 of this Handbook for detailed information on Complaints and Grievances.

Program Exception Process

For those services that have limits, if you or your provider believes that you need more services than the limits on the service allows, you or your provider can ask for a program exception (PE). The PE process is different from the Dental Benefit Limit Exception process described on page 44.

To ask for a PE, **before** you receive the service:

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1. Call **Keystone First** Member Services and tell the Member Services representative that you want to ask for an exception to the benefit limits.
2. You can mail or fax a written request to:

**Benefit Limit Exceptions
Member Services Department
Keystone First
200 Stevens Drive
Philadelphia, PA 19113-1570
Fax: 1-215-937-5367**

3. Your provider can call the **Keystone First** Care Management department at **1-800-521-6622**.

To ask for a PE **after** you receive the service:

1. You can call **Keystone First** Member Services and tell the Member Services representative that you want to ask for an exception to the benefit limits.
2. Your provider can call **Keystone First** Care Management at **1-800-521-6622**.
3. Your provider can mail the request to the **Keystone First** Provider Appeals department at:

**Attention: Provider Appeal Coordinator
Provider Appeals Department
Keystone First
P.O. Box 7316
London, KY 40742**

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** 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

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- 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** Nurse Call Line at **1-866-431-1514** 24 hours a day, 7 days a week.

Emergency Medical Transportation

Keystone First 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 **65** of this Handbook) for emergency medical transportation.

Urgent Care

Keystone First 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** Nurse Call Line at **1-866-431-1514** 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. Please always follow up with your doctor. In most cases if you need urgent care, your PCP will give you an appointment within 24 hours. If you are not able to reach your PCP or your PCP cannot see you within 24 hours and your medical condition is not an emergency, you may also visit an urgent care center or walk-in clinic within **Keystone First'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:

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

If you have any questions, please call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

Dental Care Services

Members Under 21 Years of Age

Keystone First provides all medically necessary dental services for children under 21 years of age. Children may go to a participating dentist within the **Keystone First** network.

Dental visits for children do not require a referral. If your child's first tooth comes in, or your child is 1 year old or older, and does not have a dentist, you can ask your child's PCP to refer your child to a dentist for regular dental checkups. You can also choose a participating dentist on your own. For more information on dental services, contact **Keystone First** Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

Dental services that are covered for children under the age of 21 include the following, when medically necessary:

- Anesthesia.
- Orthodontics (braces).*
- Checkups.
- Periodontal services.
- Cleanings.
- Fluoride treatments (topical fluoride varnish can also be done by a PCP or certified registered nurse practitioner).
- Root canals.
- Crowns.
- Sealants.
- Dentures.
- Dental surgical procedures.
- Dental emergencies.

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- X-rays.
- Extractions (tooth removals).
- Fillings.

Some of these services may need approval before the service is given (prior authorization). Talk with your dentist about this.

* If braces were put on before the age of 21, **Keystone First** will continue to cover services until treatment for braces is completed, or age 23, whichever comes first, as long as the member remains a member of **Keystone First**. If the member changes to another HealthChoices health plan, coverage will be provided by that HealthChoices health plan.

Members 21 Years of Age and Older

Keystone First covers some dental benefits for members 21 years of age and older through dentists in the **Keystone First** network. Some dental services have limits.

Adults 21 years of age and older are eligible for the following benefits when medically necessary:

- IV or non-IV conscious sedation or anesthesia.
- Exams.
- Cleanings.
- Dental emergencies.
- X-rays.
- Fillings.
- Extractions (tooth removals).
- Pulpotomies (removal of pulp) for pain relief.
- Recementing (re-gluing) of crowns.
- Dentures.
- Dental surgical procedures.
- 1 dental exam and 1 cleaning, per member, every 180 days (6 months).

Some of these services may need approval before the service is given (prior authorization). Some may also have limits (benefit limits). Please see “Dental Benefit Limit Exception” on page **44** for information about exceptions. Also be sure to talk with your dentist about this.

In their lifetimes, adults 21 years of age and older can get:

- 1 partial upper denture or 1 full upper denture.
- 1 partial lower denture or 1 full lower denture. If you had gotten a partial or full upper or lower denture since April 27, 2015, you must get special approval to get another partial or full upper or lower denture. This is a benefit limit exception.

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There are some services that are only covered under a benefit limit exception. Your dentist must ask for a benefit limit exception for:

- Crowns and related services.
- Root canals and other endodontic services.
- Periodontal (gum) services.
- Additional cleanings and exams.
- Additional gum services because you are pregnant or have diabetes or heart disease.

Please go to page **44** for more information on benefit limit exceptions.

Dental Benefit Limit Exception

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

Keystone First will approve a BLE if:

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

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

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

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To ask for a BLE before you receive the service, you or your dentist can call **Keystone First** Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** or send the request to:

For requests sent before August 1, 2024:

Request for Benefit Limit Exception
Keystone First
P.O. Box 2083
Milwaukee, WI 53201

For requests sent August 1, 2024 and after:

Request for Benefit Limit Exception
Keystone First — Prior Authorizations
c/o DentaQuest — Authorizations
P.O. Box 2906, Milwaukee, WI 53201-2906

BLE requests must include the following information:

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

Time Frames for Deciding a Benefit Limit Exception

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

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

If you disagree with or are unhappy with **Keystone First's** decision, you may file a Complaint or Grievance with **Keystone First**. For more information on the Complaint and Grievance process, please see Section 8 of this Handbook, Complaints, Grievances, and Fair Hearings on page **77**.

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Vision Care Services

Members Under 21 Years of Age

Keystone First covers all medically necessary vision services for children under 21 years of age. Children may go to a participating vision provider within the **Keystone First** network.

Service	Limits	Copayments	Prior Authorization
Vision Examination and Refraction	No limits, but after 2 examinations per calendar year, additional examinations in that year must be prior authorized	\$0	No
Standard Eyeglass Lenses	No limits, but after 4 standard lenses per calendar year, additional lenses in that year must be prior authorized	\$0	No
Standard Eyeglass Frames	No limits, but after 2 standard frames per calendar year, additional frames in that year must be prior authorized	\$0	No
Contact Lenses	No limits, but after 4 standard lenses per calendar year, additional lenses in that year must be prior authorized	\$0	No
Low Vision Aids	No limits, but after 1 low vision aid every 2 years , additional low vision aids in that time period must be prior authorized.	\$0	Yes
Eye Protheses	No limits, but after 1 prosthesis every 1 year , additional protheses in that time period must be prior authorized	\$0	Yes

Please Note: If you choose eyeglass frames, eyeglass lenses, and contact lenses that are not considered standard, you may have to pay out of pocket for these items. Your eye doctor will let you know if you have to pay extra for any of these services. If you have questions, you can call Keystone First Member Services at 1-800-521-6860 (TTY 1-800-684-5505).

Members under 21 years of age are eligible for 2 routine eye exams every calendar year, or more often if medically necessary. No referral is needed for routine eye exams.

Members under 21 years of age are also eligible to get 2 pairs of prescription eyeglasses every 12 months, or more often if medically necessary. Prescription contact lenses may also be chosen.

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If the prescription eyeglasses are lost, stolen or broken, **Keystone First** will pay for them to be replaced. Lost, stolen or broken prescription contact lenses will be replaced with prescription eyeglasses.

Eyeglass frames

Eligible members may:

Choose from 2 select groups of eyeglass frames

or

Choose from a select group of Premier eyeglass frames

or

For eyeglass frames that are not part of these select groups, **Keystone First** will pay for the cost of the frames or \$40, whichever is less.

The provider will charge:

No charge

A copay of \$25

Members 21 Years of Age and Older

Keystone First covers some vision services for members 21 years of age and older through providers within the **Keystone First** network.

Members 21 years of age and older are eligible for 2 routine eye exams every calendar year. No referral is needed for routine eye exams.

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

Keystone First does not cover prescription eyeglasses or prescription contact lenses for members 21 years of age and older. However, there are some exceptions. Members with a diagnosis of aphakia or cataracts, and some members with diabetes, 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 Member Services for more information.

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

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Pharmacy Benefits

Keystone First covers pharmacy benefits that include prescription medicines and over-the-counter medicines and vitamins with a doctor's prescription.

Prescriptions

Keystone First covers medicines that are:

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

When a provider prescribes a medication for you, you can fill your prescription at any pharmacy that is in **Keystone First's** network. You will need to have your **Keystone First** ID card with you and you may have a co-payment if you are over the age of 18. **Keystone First** will pay for any medicine listed on the Statewide PDL and **Keystone First's** supplemental formulary and may pay for other medicines if they are prior authorized. Either your prescription or the label on your medicine will tell you if your doctor ordered refills of the prescription and how many refills you may get. If your doctor ordered refills, you may only get 1 refill at a time. If you have questions about whether a prescription medicine is covered, need help finding a pharmacy in **Keystone First's** network, or have any other questions, please call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

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 Supplemental Formulary

Keystone First covers medicines listed on the Statewide Preferred Drug List (PDL) and the **Keystone First** supplemental formulary. This is what your PCP or other doctor should use when deciding what medicines you should take. Both the Statewide PDL and Keystone First supplemental formulary cover both brand name and generic drugs. Generic drugs contain the same active ingredients as brand name drugs. Any medicine prescribed by your doctor that is not on the Statewide PDL and **Keystone First's** supplemental formulary needs prior authorization. The Statewide PDL and **Keystone First'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.

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If you have any questions or to get a copy of the Statewide PDL and **Keystone First's** supplemental formulary, call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** or visit **Keystone First's** website at **www.keystonefirstpa.com**.

Reimbursement for Medication

There may be times when you pay for your medicine. **Keystone First** 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** 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** member when you got the medicine filled.

To ask for reimbursement of medicines you paid for, you must:

- Ask for the reimbursement in writing.*
- Send a detailed receipt from the pharmacy that includes:
 - The date you bought the medicine.
 - Your name.
 - The name of the pharmacy, the address (city, state, ZIP code), and phone number.
 - The name, strength, and amount of medicine.
 - The NDC number of medicine (if you are not sure about this information, ask the pharmacist to help you).
 - The total amount of money you paid for each medicine.

* If you need help writing this request, please call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

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

Pharmacy Reimbursement Department
Keystone First
P. O. Box 336
Essington, PA 19029

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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 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's** supplemental formulary includes medicines that are called specialty medicines. A prescription for these medicines needs to be prior authorized. You may have a co-payment for your medicine. To see the Statewide Preferred Drug List, the **Keystone First's** supplemental formulary, a complete list of specialty medicines and whether your medicine is considered a specialty medicine call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** or visit **Keystone First's** website at **www.keystonefirstpa.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 copayment for your medicine. The pharmacy can also answer any questions you have about the process. You can pick any specialty pharmacy that is in **Keystone First's** network. For the list of network specialty pharmacies, please call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** or see the provider directory on **Keystone First's** website at **www.keystonefirstpa.com**, click on Pharmacy and then Pharmacy Directory. For any other questions or more information please call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

Over-the-Counter Medicines

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

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- Sinus and allergy medicine
- Tylenol or aspirin
- Vitamins
- Cough medicine
- Heartburn medicine such as antacids and famotidine

You can find more information about covered over-the-counter medicines by visiting **Keystone First's** website at www.keystonefirstpa.com or by calling Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

Tobacco Cessation

Do you want to quit smoking? Keystone First wants to help you quit!

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

Medicines

The Statewide PDL 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.keystonefirstpa.com, click on Members, 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** covers the following counseling services:

- All **Keystone First** members 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.

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Behavioral Health Treatment

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

- See the information that came with your welcome kit, or
- Go to <https://www.dhs.pa.gov/HealthChoices/HC-Services/s/BehavioralHealth-MCOs.aspx>, or
- Go to page **75** for a listing of the BH-MCO in your county, or
- Call **Keystone First** Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** 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.

Remember **Keystone First** is here to help support you in becoming healthier by becoming smoke-free. Do not wait! Please call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** so we can help to get you started.

Family Planning

Keystone First 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** network, you must show your **Keystone First** and ACCESS or EBT card.

For more information on covered family planning services or to get help finding a family planning provider, call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

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Maternity Care

Care During Pregnancy

Prenatal care is the health care a Member 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 the **Keystone First's** network.
- Visit a network OB or OB/GYN or nurse-midwife on your own. You do not need a referral for maternity care.
- Visit a network health center that offers OB or OB/GYN services.
- Call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** to find a maternity care provider.

You should see a doctor as soon as you find out you are pregnant. Your maternity care provider must schedule an appointment to see you

- If you are in your first trimester, within 10 business days of **Keystone First** learning you are pregnant.
- If you are in your second trimester, within 5 business days of **Keystone First** learning you are pregnant.
- If you are in your third trimester, within 4 business days of **Keystone First** learning you are pregnant.
- If you have a high-risk pregnancy, within 24 hours of **Keystone First** 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 (1 year after your baby is born). They will follow your health and the health of your growing baby closely. It is also a good idea to stay with the same HealthChoices plan during your entire pregnancy.

Keystone First has specially trained maternal health coordinators who know what services and resources are available for you.

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If you are pregnant and are already seeing a maternity care provider when you enroll in **Keystone First**, you can continue to see that provider even if he or she is not in **Keystone First**'s network. The provider will need to be enrolled in the Medical Assistance Program and must call **Keystone First** 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 Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

Keystone First Maternity Program

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

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

- Taking your prenatal vitamins.
- Eating right.
- Staying away from drugs, alcohol, and smoking.
- Visiting your dentist so you can keep your gums healthy.

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

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

We have information on other services, like:

- Food and clothes.
- Transportation.
- Breast feeding.
- Home care.

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- Helping you understand your emotions and the changes happening with your body.
- Help with quitting smoking.
- Getting you connected to a home visitation program for you and/or your child that is available in your community.
- 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**.

Durable Medical Equipment and Medical Supplies

Keystone First 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** network. You may have a co-payment.

Keystone First will not be held liable for reimbursement regarding the out of pocket cost for DME (durable medical equipment) purchased from a retail store or online retail dealer (e.g. Amazon). Retail stores and suppliers are not covered by your medical DME benefit for safety reasons. **Keystone First** offers a wide network of participating DME providers who are credentialed to meet Medicare and Medicaid standards and requirements.

Examples of DME include:

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

Examples of home accessibility DME include:

- Wheelchair lifts

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- Stair glides
- Ceiling lifts
- Metal accessibility ramps

Keystone First covers installation of the home accessibility DME, but not home modifications.

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 Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

Outpatient Services

Keystone First 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's** network providers.

Please see the information in the Prior Authorization section on page **37** 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.keystonefirstpa.com** or see the Covered Services section on page **29** of this handbook for more information.

Nursing Facility Services

Keystone First covers medically necessary nursing facility services. If you need long term nursing facility services (longer than 30 days), you can apply for the Community HealthChoices Program. You will be evaluated to see if you are eligible for participation in the Community HealthChoices Program. If you have any questions or need more information, please call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

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Hospital Services

Keystone First 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'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**. To find out if a hospital is in the **Keystone First** network, please call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** or check the provider directory on **Keystone First's** website at www.keystonefirstpa.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's** network, you may be transferred to a hospital in **Keystone First'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 Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

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.keystonefirstpa.com or see the Covered Services section starting on page **29** for more information.

Preventive Services

Keystone First 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.

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

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Is it time for your checkup?

Anyone at any age	See your dentist every 6 months for dental checkups.
If your child is 0 to 12 years old	See your child's PCP for shots and screenings.
If you are (or your child is) 11 to 20 years old	See your (or your child's) PCP once every year.
All women	See your gynecologist (GYN) or PCP every year for women's health concerns.
If 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.
If you are a man 50 years old or older	Talk to your doctor about screenings for prostate cancer.
If you are 50 years old or older	Talk to your doctor about screenings for colon and rectal cancer.

Physical Exam

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

If you are unsure about whether or not you are up to date with your health care needs, please call your PCP or Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**. Member Services can also help you make an appointment with your PCP.

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New Medical Technology

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

Keystone First works with experts to guide us on new medical technology for our members. We work with medical practices and may offer new technology services to select members, 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** Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

Home Health Care

Keystone First 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.

If you are over age 21, 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 Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** if you have been approved for home health care and that care is not being provided as approved.

Patient Centered Medical Homes

A patient-centered medical home or health home is a team approach to providing care. It is not a building, house, or home health care service.

What does this model of care look like?

A doctor that uses the patient-centered medical home (PCMH) model of care:

- Oversees all of your health, including:
 - Physical and behavioral health.
 - Acute and chronic conditions.

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- Will listen to the wants and needs of you and your family.
- Uses technology to:
 - Keep your health information private.
 - Track and help improve your care.
- Has a Community-Based Care Management Team that will
 - Create a care plan if you have a **complex chronic condition**. Talk with your doctor to see if you have a complex chronic condition.
 - Connect you to community resources.

Disease Management

Keystone First has voluntary programs to help you take better care of yourself if you have one of the health conditions listed below. **Keystone First** has care managers who will work with you and your providers to make sure you get the services you need. You do not need a referral from your PCP for these programs, and there is no co-payment.

If you have one of the health 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 Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** 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** Member, 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

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part of these programs, it will not change your **Keystone First** benefits in any way. It also will not change the way you are treated by **Keystone First** 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 **1-800-573-4100 (TTY 711)**.

By following your provider's plan of care and learning about your disease or condition, you can stay healthier. **Keystone First** 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 Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

EPSDT services are available for children under the age of 21. They are sometimes also referred to as well-baby or well-child checkups. Your child may be seen by a pediatrician, family practice doctor, or CRNP. The provider you choose for your child will be your child's PCP. The purpose of this service is to detect potential health problems early and to make sure your child stays healthy. If you have questions or want more information, contact Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

When Should an EPSDT Exam be Completed?

Children and young adults should have their examinations completed based on the schedule listed below. It is important to follow this schedule even if your child is not sick. Your provider will tell you when these visits should occur. Infants and toddlers will need several visits per year, while children between the ages of 3 to 20 will need just 1 visit per year.

Recommended Screening Schedule			
3-5 Days	0-1 Months	2-3 Months	4-5 Months
6-8 Months	9-11 Months	12 Months	15 Months
18 Months	24 Months	30 Months	
Children ages 3-20 should be screened yearly			

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What Will the Provider Do During the EPSDT Exam?

Your provider will ask you and your child questions, perform tests, and check how much your child has grown. The following services are some of the services that may be performed during an exam depending on the child's age and needs of the child:

- A complete physical exam
- Immunizations
- Vision test
- Hearing test
- Autism screening
- Tuberculosis screening
- Oral health examination
- Blood pressure check
- Health and safety education
- Check of the child's body mass index (BMI)
- Screen and/or counsel for tobacco and alcohol use and substance use starting at age 11
- Urinalysis screening
- Blood lead screening test
- Developmental screening
- Depression screening starting at age 12
- Maternal depression screening

Keystone First covers services that are needed to treat health problems that are identified during the EPSDT exam.

Additional services are available for children with special needs. Talk to your provider about whether or not your child may need these additional services.

Section 4 –
Out-of-Network
and
Out-of-Plan Services

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Out-of-Network Providers

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

Getting Care While Outside of Keystone First's Service Area

If you are outside of **Keystone First**'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** 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 Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** who will help you to get the most appropriate care.

Keystone First will not pay for services received outside of the United States and its territories.

Out-of-Plan Services

You may be eligible to get services other than those provided by **Keystone First**. Below are some services that are available but are not covered by **Keystone First**. If you would like help in getting these services, please call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

Non-Emergency Medical Transportation

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

Keystone First 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 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 Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

Medical Assistance Transportation Program

MATP provides non-emergency transportation to and from qualified MA-enrolled medical providers and pharmacies of your choice who are generally available and used by other residents of your community. 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 live within ¼ mile of a fixed route service stop.
- 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.

Bucks.....	1-215-794-5554 or 1-888-795-0740
Chester.....	1-610-344-5545 or 1-877-873-8415
Delaware.....	1-610-490-3960
Montgomery.....	1-215-542-7433
Philadelphia.....	1-877-835-7412

A complete list of county MATP contact information can be found here:
<http://matp.pa.gov/CountyContact.aspx>.

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MATP will confirm with **Keystone First** or your doctor's office that the medical appointment you need transportation for is a covered service. **Keystone First** works with MATP to help you arrange transportation. You can also call Member Services for more information at **1-800-521-6860 (TTY 1-800-684-5505)**.

Women, Infants, and Children Program

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

Domestic Violence Crisis and Prevention

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

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

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

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

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

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

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Where to get help:

[National Domestic Violence Hotline](#)

1-800-799-7233 (SAFE)

1-800-787-3224 (TTY)

[Pennsylvania Coalition Against Domestic Violence](#)

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

1-800-932-4632 (in Pennsylvania)

Sexual Violence and Rape Crisis

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

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

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

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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/)

Early Intervention Services

While all children grow and develop in unique ways, some children experience delays in their development. Children with developmental delays and disabilities can benefit from the Early Intervention Program.

The Early Intervention Program provides support and services to families with children birth to the age of 5 who have developmental delays or disabilities. Services are provided in natural settings, which are settings where a child would be if the child did not have a developmental delay or disability.

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

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

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

Section 5 – Special Needs

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Special Needs Unit

Keystone First wants to make sure all of our members get the care they need. We have trained case managers in the **Keystone First** Special Needs Unit that help our members with special needs have access to the care they need. The case managers of the unit help members with physical or behavioral disabilities, complex or chronic illnesses, and other special needs. **Keystone First** understands that you and your family may need help with issues that may not be directly related to your health care needs. The Special Needs Unit is able to assist you with finding programs and agencies in the community that can help you and your family address these needs.

If you think you or someone in your family has a special need, and you would like the Special Needs Unit to help you, please contact them by calling **1-800-573-4100 (TTY 711)**. The Special Needs Unit staff members are available **Monday through Thursday from 8:00 a.m. to 7:00 p.m. and Friday from 8:00 a.m. to 6:30 p.m.** If you need assistance when the Special Needs Unit staff are not available you may call **1-800-521-6860 (TTY 1-800-684-5505)**.

Coordination of Care

The **Keystone First** Special Needs Unit will help you coordinate care for you and your family who are members of **Keystone First**. In addition, **Keystone First** can assist in connecting you with other state and local programs.

If you need help with any part of your care, your child's care, or coordinating that care with another state, county, or local program, please contact the **Keystone First** Special Needs Unit for assistance.

The **Keystone First** Special Needs Unit will also assist members in transitioning care from services received in a hospital or temporary medical setting to care received at home. We want our members to be able to move back home as soon as possible. Please contact the **Keystone First** Special Needs Unit for assistance in help receiving care in your home.

Care Management

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

Your care manager will also help you when you are leaving the hospital or other short-term medical setting to make sure you get the services you need when you get home.

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These services may include home care visits or therapies. **Keystone First** 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 the Care Management department at **1-800-573-4100 (TTY 711)**.

Home and Community-Based Waivers and Long-Term Services and Supports

The Office of Developmental Programs (ODP) administers the Consolidated Waiver, Community Living Waiver, Person/Family Directed Supports Waiver, Adult Autism Waiver, and the Adult Community Autism Program (ACAP) for individuals with intellectual disabilities or autism. If you have questions regarding any of these programs, you may contact ODP's Customer Service Hotline at 1-888-565-9435, or request assistance from the Special Needs Unit at **Keystone First**.

The Office of Long-Term Living (OLTL) administers programs for seniors and individuals with physical disabilities. This includes the Community HealthChoices Program (CHC). The CHC Program is a Medical Assistance managed care program for individuals who also have Medicare coverage or who need the services of a nursing facility or home-and community-based wavier.

If you have questions regarding what services are available and how to apply, you may contact OLTL's Participant Helpline at 1-800-757-5042, the CHC Helpline at 1-844-824-3655 or request assistance from the **Keystone First** Special Needs Unit at **1-800-573-4100 (TTY 711)**.

Medical Foster Care

The Office of Children, Youth, and Families has oversight of medical foster care for children under the authority of county children and youth programs. If you have questions about this program, please contact the Special Needs Unit at **1-800-573-4100 (TTY 711)**.

**Section 6 –
Advance Directives**

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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** will tell you in writing what the change is within 90 days of the change. For information on **Keystone First's** policies on advance directives, call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** or visit **Keystone First's** website at **www.keystonefirstpa.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 **Member Services** 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** will help you find a provider that will carry out your wishes. Please call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** 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 **78** in Section 8 of this Handbook, Complaints, Grievances, and Fair Hearings for information on how to file a Complaint; or call Member Services at **1-800-521-6860 (TTY 1-800-684-5505)**.

Section 7 – Behavioral Health Services

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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 Member Services at **1-800-521-6860 (TTY 1-800-684-5505)** 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, or someone in your family, is having a mental health or drug and alcohol problem.

The following services are covered:

- Behavioral health rehabilitation services (BHRS) (children and adolescent)
- 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

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- Peer support services
- Residential treatment facilities (children and adolescent)
- Targeted case management services

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

**Section 8 –
Complaints, Grievances, and Fair
Hearings**

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Complaints, Grievances, and Fair Hearings

If a provider or **Keystone First** does something that you are unhappy about or do not agree with, you can tell **Keystone First** or the Department of Human Services what you are unhappy about or that you disagree with what the provider or **Keystone First** 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** you are unhappy with **Keystone First** or your provider or do not agree with a decision by **Keystone First**.

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** 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** at **1-800-521-6860 (TTY 1-800-684-5505)** and tell **Keystone First** your Complaint, or
- Write down your Complaint and send it to **Keystone First** using one of the below methods or
- If you received a notice from **Keystone First** telling you **Keystone First's** decision and the notice included a Complaint/Grievance Request Form, fill out the form and send it to **Keystone First** using one of the below methods.

Keystone First's contact information for Complaints:

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**By Mail at
Member Appeals Department
Attention: Member Advocate
Keystone First
200 Stevens Drive
Philadelphia, PA 19113-1570**

By Fax at 215-937-5367

By Secure Email* at PAMemberAppeals@amerihealthcaritas.com

* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

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

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New member appointment for your first examination...	We will make an appointment for you...
members with HIV/AIDS	with PCP or specialist no later than 7 days after you become a member in Keystone First unless you are already being treated by a PCP or specialist.
members who receive Supplemental Security Income (SSI)	with PCP or specialist no later than 45 days after you become a member in Keystone First , unless you are already being treated by a PCP or specialist.
members under the age of 21	with PCP for an EPSDT exam no later than 45 days after you become a member in Keystone First , unless you are already being treated by a PCP or specialist.
all other members	with PCP no later than 3 weeks after you become a member in Keystone First .
Members 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 learning you are pregnant.
pregnant women in their second trimester	with OB/GYN provider within 5 business days of Keystone First learning you are pregnant.
pregnant women in their third trimester	with OB/GYN provider within 4 business days of Keystone First learning you are pregnant.
pregnant women with high-risk pregnancies	with OB/GYN provider within 24 hours of Keystone First learning you are pregnant.

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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 • Pediatric Endocrinology • Pediatric General Surgery • Pediatric Infectious Disease • Pediatric Neurology • Pediatric Pulmonology • Pediatric Rheumatology • Dentist • Orthopedic Surgery • Pediatric Allergy & Immunology • Pediatric Gastroenterology • Pediatric Hematology • Pediatric Nephrology • Pediatric Oncology • Pediatric Rehab Medicine • Pediatric Urology • Pediatric Dentistry 	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.**

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What Happens After I File a First Level Complaint?

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

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

You may attend the Complaint review if you want to attend it. **Keystone First** 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** 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 will be on the committee. **Keystone First** 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 that is postmarked or received by **Keystone First** 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'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's** decision that you cannot get a service or item you want because it is not a covered service or item.

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

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

You must ask for a Fair Hearing within **120 days from the 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** at **1-800-521-6860 (TTY 1-800-684-5505)** and tell **Keystone First** your Second Level Complaint, or
- Write down your Second Level Complaint and send it to **Keystone First** using one of the below methods or
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to **Keystone First** using one of the below methods.

Keystone First's contact information for Second Level Complaints

By mail at
Member Appeals Department
Attention: Member Advocate
Keystone First
200 Stevens Drive
Philadelphia, PA 19113-1570

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By fax at 215-937-5367

By secure email* at PAMemberAppeals@amerihealthcaritas.com

* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

What Happens After I File a Second Level Complaint?

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

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

You may attend the Complaint review if you want to attend it. **Keystone First** 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**, will meet to decide your Second Level Complaint. The **Keystone First** 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 will be on the committee. **Keystone First** 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 .

What if I Do Not Like Keystone First'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**.

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External Complaint Review

How Do I Ask for an External Complaint Review?

Send your written request for an external review of your Complaint to the following:

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

You can also go to the “File a Complaint Page” at:
www.insurance.pa.gov/Consumers.

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 Insurance Department will get your file from **Keystone First**. You may also send them any other information that may help with the external review of your Complaint.

You may be represented by an attorney or another person such as your representative during the external review.

A decision letter will be sent to you after the decision is made. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and your request for an external Complaint review is postmarked or received by the Pennsylvania Insurance Department within 15 days of the date on the notice telling you **Keystone First's** First Level Complaint decision that you cannot get services or items you have been receiving because they are not covered services or items for you, the services or items will continue until a decision is made. 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'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** 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's** decision.

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

What Should I Do if I Have a Grievance?

To file a Grievance:

- Call **Keystone First** at **1-800-521-6860 (TTY 1-800-684-5505)** and tell **Keystone First** your Grievance, or
- Write down your Grievance and send it to **Keystone First** using one of the below methods or
- Fill out the Complaint/Grievance Request Form included in the denial notice you got from **Keystone First** and send it to **Keystone First** using one of the below methods.

Keystone First's contact information for Grievances:

By mail at
Member Appeals Department
Attention: Member Advocate
Keystone First
200 Stevens Drive
Philadelphia, PA 19113-1570

By fax at 215-937-5367

By secure email* at PAMemberAppeals@amerihealthcaritas.com

* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

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

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When Should 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** telling you that **Keystone First** has received your Grievance, and about the Grievance review process.

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

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

A committee of 3 or more people, including a licensed doctor or licensed dentist, will meet to decide your Grievance. The **Keystone First** 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** 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 that is postmarked or received by **Keystone First** 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'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**.

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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** at **1-800-521-6860 (TTY 1-800-684-5505)** and tell **Keystone First** your Grievance, or
- Write down your Grievance and send it to **Keystone First** using one of the below methods.

Keystone First's contact information for External Grievances:

By mail at
Member Appeals Department
Attention: Member Advocate
Keystone First
200 Stevens Drive
Philadelphia, PA 19113-1570

By fax at 215-937-5367

By secure email* at PAMemberAppeals@amerihealthcaritas.com

* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

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

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What Happens After I Ask for an External Grievance Review?

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

Keystone First 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 20 days of being notified of the external Grievance reviewer's name.

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

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed, or denied and you ask for an external Grievance review verbally or in a written request that is postmarked or received by the Pennsylvania Insurance Department within 15 days of the date on the notice telling you **Keystone First's** Grievance decision, the services or items will 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'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** for an early decision by calling **Keystone First** at **1-800-521-6860 (TTY 1-800-684-5505)**, faxing a letter or the Complaint/Grievance Request Form to **215-937-5367**, or sending an email to **PAMemberAppeals@amerihealthcaritas.com**.
- Your doctor or dentist should fax a signed letter to **215-937-5367** within 72 hours of your request for an early decision that explains why **Keystone First** taking **30**

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

Expedited Complaint and Expedited External Complaint

A committee of 3 or more people, including a licensed doctor or licensed dentist, will meet to decide your Complaint. The **Keystone First** 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.

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** 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 will tell you the decision about your Complaint within 48 hours of when **Keystone First** gets your doctor's or dentist's letter explaining why the usual time frame for deciding your Complaint will harm your health or within 72 hours from when **Keystone First** gets your request for an early decision, whichever is sooner, unless you ask **Keystone First** to take more time to decide your Complaint. You can ask **Keystone First** 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** at **1-800-521-6860 (TTY 1-800-684-5505)** and tell **Keystone First** your Complaint, or
- Send an email to **Keystone First** at **PAMemberAppeals@amerihealthcaritas.com**, or
- Write down your Complaint and send it to **Keystone First** by mail or fax:

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Member Appeals Department
Attention: Member Advocate
Keystone First
200 Stevens Drive
Philadelphia, PA 19113-1570
Fax number: 215-937-5367

Keystone First will send your request for expedited review to the Pennsylvania Insurance Department within 24 hours of receiving it.

Expedited Grievance and Expedited External Grievance

A committee of 3 or more people, including a licensed doctor or licensed dentist, will meet to decide your Grievance. The **Keystone First** 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** 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 will tell you the decision about your Grievance within 48 hours of when **Keystone First** 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** gets your request for an early decision, whichever is sooner, unless you ask **Keystone First** to take more time to decide your Grievance. You can ask **Keystone First** to take up to 14 more days to decide your Grievance. You will also get a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not like the expedited Grievance decision, you may ask for an expedited external Grievance review or an expedited Fair Hearing by the Department of Human Services or both an expedited external Grievance review and an expedited Fair Hearing.

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

- Call **Keystone First** at **1-800-521-6860 (TTY 1-800-684-5505)** and tell **Keystone First** your Grievance, or
- Send an email to **Keystone First** at **PAMemberAppeals@amerihealthcaritas.com**, or

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- Write down your Grievance and send it to **Keystone First** by mail or fax:
Member Appeals Department
Attention: Member Advocate
Keystone First
200 Stevens Drive
Philadelphia, PA 19113-1570
Fax number: 215-937-5367

Keystone First 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** will help you. This person can also represent you during the Complaint or Grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your Complaint or Grievance.

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

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

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

You may call **Keystone First's** toll-free telephone number at **1-800-521-6860 (TTY 1-800-684-5505)** if you need help or have questions about Complaints and Grievances, you can contact your local legal aid office at **1-800-322-7572** 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** will provide the services at no cost to you.

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Persons with Disabilities

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

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

Your request for a Fair Hearing must be postmarked, faxed, or submitted via email* within **120 days from the date on the notice** telling you **Keystone First**'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**'s failure to decide a First Level Complaint or Grievance you told **Keystone First** about within **30** days from when **Keystone First** got your Complaint or Grievance.
- The denial of your request to disagree with **Keystone First**'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.

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- 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** failed to decide a First Level Complaint or Grievance you told **Keystone First** about within **30** days from when **Keystone First** got your Complaint or Grievance.

* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

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 or email.

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

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

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

Department of Human Services
Office of Medical Assistance Programs – HealthChoices Program
Complaint, Grievance and Fair Hearings
PO Box 2675
Harrisburg, PA 17105-2675
Fax: 1-717-772-6328
Email: RA-PWCGFHteam@pa.gov

*Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email. You may send a request for a Fair Hearing through email and provide your personal identifying information in a letter mailed to the above address.

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

You may ask **Keystone First** 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**, not including the number of days between the date on the written notice of **Keystone First'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** did not tell you its decision about a Complaint or Grievance you told **Keystone First** about within **30** days from when **Keystone First** 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**, not including the number of days between the date on the notice telling you that **Keystone First** 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.

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What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you ask for a Fair Hearing and your request is postmarked or received by the Department of Human Services within 15 days of the date on the notice telling you **Keystone First'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 1-800-798-2339, by faxing a letter or the Fair Hearing Request Form to 717-772-6328, or submitting a written request electronically via email* to RA-PWCGFHteam@pa.gov. Your doctor or dentist must fax a signed letter to 717-772-6328 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.

* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

You may call **Keystone First's** toll-free telephone number at **1-800-521-6860 (TTY 1-800-684-5505)** if you need help or have questions about Fair Hearings, you can contact your local legal aid office at **1-800-322-7572** or call the Pennsylvania Health Law Project at 1-800-274-3258.



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This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered.



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