Member Handbook

CARE IS THE HEART OF OUR WORK™

Call Member Services at 1-888-991-7200.
www.amerihealthcaritaspa.com

Need a translation?
Call 1-888-991-7200
For TTY, please call 1-888-987-5704.

AmeriHealth Caritas Pennsylvania 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.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-991-7200 (TTY 1-888-987-5704).

A tención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-991-7200 (TTY 1-888-987-5704).

Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-991-7200 (телетайп 1-888-987-5704).

For the full nondiscrimination notice, go to www.amerihealthcaritaspa.com.
This managed care plan may not cover all of your expenses. Read your contract and Member Handbook carefully so you know which health care services are covered.
Welcome to AmeriHealth Caritas Pennsylvania

About us
AmeriHealth Caritas Pennsylvania, a managed care organization, has been committed to quality health care in your community for more than 30 years. We help you, our members, get the health care services you need to get and stay healthy. We want to make sure you are treated with respect and that your health care is kept private and confidential.

Our mission
Our mission at AmeriHealth Caritas is to help people:

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

We have a special concern for those who are poor.

How we can help you
If you need help or have questions, you can:

- Call 1-888-991-7200 to talk to a Member Services representative 24 hours a day, 7 days a week.
- Go to the Member Center at www.amerihealthcaritaspa.com.

We can help you with questions like:
- How do I get medical care?
- How do I choose my primary care practitioner (PCP)?
- How do I get my medical records?
- What services and benefits are covered?
- How do I find out about special needs services?
- What do I do if I get a bill?
- How do I file a complaint or grievance?
- How do I get a list of AmeriHealth Caritas providers?
Welcome to AmeriHealth Caritas Pennsylvania

How you can help us

We need you to help us. It is important to remember to:

- Let AmeriHealth Caritas and your health care providers know of any changes that may affect your membership, health care needs, or benefits. Some examples include, but are not limited to, the following:
  - You are pregnant.
  - You have a new baby.
  - Your address or phone number changes.
  - You or your children have other health insurance.
  - You have a special medical condition.
  - Your family size changes.
  - You move out of the county or state.

- Keep your benefits up to date with your caseworker at your County Assistance Office (CAO). Find out when your benefits will end. If your information is not kept up to date, you could lose your benefits.

- Work with AmeriHealth Caritas and our health care providers. This means following the guidelines given to you about AmeriHealth Caritas and following your health care provider’s instructions about your care. This includes:
  - Making appointments with your health care provider.
  - Canceling appointments when you cannot make your appointment.
  - Calling AmeriHealth Caritas when you have questions.

- Treat your health care providers and their staff with respect and dignity.

- Talk with your health care provider to agree on goals for your treatment, to the degree you are able to do so.

- Talk with your health care provider so you can understand your health problems, to the degree you are able to do so.

If you have any questions about your responsibilities or for more information, please call Member Services.

Remember: You must also call your County Assistance Office (CAO) or the Customer Service Center at 1-877-395-8930 to let them know of your changes.
Getting information

On the web

We have made it easy for you to find what you are looking for on our website. Go to www.amerihealthcaritaspa.com to find:

- The AmeriHealth Caritas Pennsylvania Online Provider Directory. Here you will find our list of doctors, dentists, behavioral health providers, and more.
- Information on medical, dental, and vision benefits and services.
- Pharmacy benefits and a list of covered medicines (the formulary).
- Member newsletters.
- Health and wellness programs.
- Health education information.
- How to get behavioral health services.
- How to get transportation.
- HIPAA Notice of Privacy Practices.
- Member rights and responsibilities.
- Procedures for complaints, grievances and fair hearings.
- Community services information.
- Frequently asked questions.
- Contact information.
- Copay schedule.

If you do not have access to the Internet, most of this information is in this handbook. If you have questions, please call Member Services.

Secure member portal

We also have a secure portal for our members. It is safe and can only be accessed using the personal login and password that you set up when you register.

Once you set up a personal login and password that only you know, you can find:

- A list of your recent medicines and when you got them.
- Your most recent visits to the doctor.
- Your health history.
- Reminders about important tests you need.
- Information about your doctor.
- A directory of doctors and providers.

Once you log in, you can also:

- Order an ID card.
- Order the Member Handbook.
- Check to make sure we have the right address and phone number for you.

Go to www.amerihealthcaritaspa.com today to register.

In other languages and formats

AmeriHealth Caritas has written member materials in languages other than English. We also have other formats for the visually impaired, such as Braille, audio tape, large print, compact disc (CD), DVD, computer diskette, and/or electronic communication. These other formats do not cost you any money. Please call AmeriHealth Caritas Member Services at 1-888-991-7200 to ask for member materials in another language or in other formats.

If you do not speak English, we have representatives who speak languages other than English. We can also use a phone interpreter service to help you.

If your doctor’s office cannot provide an interpreter for your appointments, AmeriHealth Caritas will provide an interpreter to help you.

If you are deaf or hard of hearing, our TTY number is 1-888-987-5704.
Getting started

It is easy to get care with AmeriHealth Caritas Pennsylvania. Let us tell you how.

Enrolling

When you are eligible for the Medical Assistance program, you need to choose a HealthChoices health plan. The Department of Human Services has a separate company with enrollment specialists to help people choose a HealthChoices health plan.

The enrollment specialists can:

- Help you and your family enroll in a health plan.
- Answer questions about your choice of health plans.
- Help you if you decide to change health plans.

To talk to an enrollment specialist, call 1-800-440-3989 (TTY users call 1-800-618-4225.)

You can also enroll with a health plan by going to www.enrollnow.net.

Once you are enrolled in AmeriHealth Caritas, you will get a welcome kit. The information in this kit tells you about all of your benefits and services.

Your ID cards

AmeriHealth Caritas ID card

After you are enrolled in AmeriHealth Caritas, you will get an AmeriHealth Caritas ID card. If you have not received your card, or if you have lost it, please call Member Services for a new card to be sent to you. Your AmeriHealth Caritas ID card is very important; keep it with you at all times.

Pennsylvania ACCESS card

You will also get a Pennsylvania ACCESS card from the Department of Human Services. If you lose your ACCESS card, call your caseworker at your County Assistance Office. If you need help finding where your County Assistance Office is located, or if you have questions about your cards, call Member Services.
Getting started

Things to know about your ID cards

You may need to show your medical insurance cards at every doctor and pharmacy visit. Be ready to show your:

- AmeriHealth Caritas ID card.
- ACCESS card.
- Any other health insurance card(s) you have.

You will also need your ACCESS card for:

- The Medical Assistance Transportation Program (MATP). See page 39 for more information.
- Behavioral health treatment (mental health and drug and alcohol services). See page 38 for more information.

It is important to carry all of your cards with you at all times.
Benefits and Services

The Pennsylvania Medical Assistance program determines the covered benefits and services for people on Medical Assistance. You must use an AmeriHealth Caritas network provider to get these benefits and services, unless:

- The services are emergency services;
- The services are family planning services;
- You get prior authorization (prior approval) to use a provider who is not in the AmeriHealth Caritas network; or
- You have Medicare, the service is covered by Medicare, and you have gotten the service from a Medicare provider.

Getting care, staying healthy

When you join AmeriHealth Caritas Pennsylvania, you choose a primary care practitioner (PCP).

Your PCP is your family doctor, or the doctor you regularly see. Your PCP takes care of your health care and will help you get care from other health care providers when needed. This is called "coordination of care." Coordination of care makes sure you get the care you need when you need it.

You can choose the same PCP for your whole family or you can have a different PCP for each family member. There are different kinds of practitioners who can be PCPs, including:

- Family practice and general practice doctors, who treat adults and children.
- Internal medicine doctors or internists, who treat members older than the age of 18.
- Pediatricians, who treat children from birth to age 21.
- Certified registered nurse practitioners (nurse practitioners). Under the guidance of a doctor, the nurse practitioner can be your PCP.

Nurse practitioners are allowed to do many of the same things that a doctor is able to do. Nurse practitioners work with a doctor to manage your care.

Some PCPs have trained health care assistants that you may see during an appointment, such as:

- Physician assistants.
- Medical residents.
- Nurse practitioners.
- Nurse midwives.

If you also have Medicare coverage, you have the right to seek Medicare-covered services from the Medicare provider of your choice.

For questions about changing your PCP, see the section Changing Your PCP on page 64 of this handbook.

In some cases, if you have a life-threatening, degenerative or disabling disease or condition, or if you have other special needs, you may be able to choose a specialist as your PCP. For more information, please call Member Services.

By having regular visits with your PCP, he or she will be able to:

- Learn your health history and keep your records up to date.
- Answer questions about your health.
- Help you learn about and manage your medicines.
- Give you information about healthy eating and diet.
- Give you the shots and screenings you need.
- Help you get care from other providers, if needed. See the Referrals section on page 34 for more information.
- Find problems before they become serious.
- Be a patient advocate.
- Provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for members younger than 21 years of age. See the Care for Your Children section on page 26 for more information.
- Provide preventive treatment for conditions like: diabetes, high blood pressure, asthma and allergies.
Benefits and Services

PCP office visits
AmeriHealth Caritas covers your visits to PCPs in our network. There is no limit to how many times you can visit your PCP.

Checkups
To stay healthy, you should get regular checkups. Your PCP must schedule your first checkup appointment within 3 weeks of your enrollment. All other checkups must be scheduled within 3 weeks of when you call to make an appointment for a checkup.

Getting in touch with your PCP
You can call your PCP for medical problems 24 hours a day, 7 days a week.

It is important to be on time for your appointment. If you are going to be late or need to cancel your appointment, call the PCP’s office to let them know. Try to give the PCP’s office at least 24 hours of notice if you need to change or cancel your appointment.

For more information about appointment standards, please see page 50.

New member? Remember to:

- Make an appointment with your PCP right away — Your PCP’s phone number is on your ID card.
- If you picked a new PCP, have your medical records sent from your old PCP to your new PCP.
- Get regular checkups.

Routine care appointments
Routine care is when you need to see your PCP, but it is not urgent or an emergency. Call your PCP to make appointments for routine care. Your PCP must schedule an appointment for you within 10 business days of your call for routine care.

<table>
<thead>
<tr>
<th>Is it time for your checkup?</th>
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<tr>
<td>If your child is 0 to 12 years old</td>
<td>See your child’s PCP for shots and screenings.</td>
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<tr>
<td>If you are (or your child is) 11 to 20 years old</td>
<td>See your (or your child’s) PCP once every year.</td>
</tr>
<tr>
<td>If you are a woman 18 years or older or sexually active</td>
<td>See your gynecologist (GYN) or PCP for an appointment every year.</td>
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<tr>
<td>If you are pregnant</td>
<td>See your obstetrician or gynecologist (OB/GYN) right away and make regular appointments — see page 23 for more information.</td>
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<tr>
<td>If you are a woman 40 years old or older</td>
<td>Get your mammogram once every year, or as often as your doctor tells you.</td>
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<tr>
<td>If you are a man 50 years old or older</td>
<td>Talk to your doctor about screenings for prostate cancer.</td>
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<tr>
<td>If you are 50 years old or older</td>
<td>Talk to your doctor about screenings for colon and rectal cancer.</td>
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**Benefits and Services**

**Nurse Call Line**

Our Nurse Call Line is a confidential service that you can call 24 hours a day, 7 days a week.

When you call the toll-free Nurse Call Line, a trained nurse will:

- Ask and answer questions about your health.
- Help you when your doctor is not available.
- Help you decide what other care you need.

The Nurse Call Line has an audio health library where you can listen to information about health topics.

The Nurse Call Line is there for you 24 hours a day, 7 days a week. Call 1-866-566-1513.

*Please remember the Nurse Call Line does not take the place of your doctor. Always follow up with your doctor if you have questions about your health care.*

**Getting care from specialists**

If you have a special health problem, your PCP may send you to a specialist. A specialist is a doctor trained to treat certain health problems.

Specialists can include:

- Heart doctors (cardiologists).
- Skin doctors (dermatologists).
- Doctors for women’s issues (gynecologists).
- Doctors for pregnant women (obstetricians).
- Doctors for blood problems (hematologists).
- Foot doctors (podiatrists).
- Eye doctors (ophthalmologists).
- Cancer doctors (oncologists).
- Surgeons.

When your PCP thinks you need to see a specialist, he or she will refer you to a specialist. Please see the Referrals section on page 34 for more information.

Your PCP can help you choose a specialist and make an appointment. You can get a list of AmeriHealth Caritas specialists by going to www.amerihealthcaritaspa.com and clicking Find a Provider. You can also call Member Services.

Do you have questions about our AmeriHealth Caritas providers? We can help you with information like where they went to medical school, where they did their residency, and if they are board certified. Call Member Services for more information.
Benefits and Services

Specialist office visits
AmeriHealth Caritas covers your visits to specialists in our network. There is no limit to how many times you may see the specialist. Your PCP will refer you to a specialist. Remember to check with your PCP to see if you need a prescription before you visit a specialist. There may be copays for your visits to some specialists. Please see the Member Copayment Schedule that came in your new member welcome kit. You can also find it online at www.amerihealthcaritaspa.com.

If the specialist thinks you need surgery or other special treatment, you can ask to see another specialist. This is called a “second opinion.” If you want a second opinion, ask your PCP to refer you to another specialist in a different practice within the AmeriHealth Caritas network.

Out-of-network specialists
Visits to specialists who are not in the AmeriHealth Caritas network will need to have prior authorization (prior approval) from AmeriHealth Caritas. Your PCP has a special number to call to get prior authorization. Ask your PCP to help you. Please see the Prior Authorization section on page 35 for more information.

If AmeriHealth Caritas does not have at least 2 specialists to choose from who can treat your health problem, you have the right to ask to see a specialist who is not in the AmeriHealth Caritas network. Talk to your PCP about this.

If you also have Medicare coverage, you have the right to seek Medicare-covered services from the Medicare provider of your choice.

If you have questions about out-of-network specialists, please call Member Services.

Laboratory services
AmeriHealth Caritas covers preventive and medically necessary laboratory services that are covered under the Pennsylvania Medical Assistance program. You must use a lab that is part of the AmeriHealth Caritas network. To find a lab in the AmeriHealth Caritas network, please go to www.amerihealthcaritaspa.com and click Find a Provider. You can also call Member Services for help.
Benefits and Services

If you cannot reach your doctor

Nurse Call Line

Our Nurse Call Line is a confidential service that you can call 24 hours a day, 7 days a week.

When you call the toll-free Nurse Call Line, a trained nurse will:

- Ask and answer questions about your health.
- Help you when your doctor is not available.
- Help you decide what other care you need.

The Nurse Call Line has an audio library where you can listen to information about health topics.

The Nurse Call Line is there for you 24 hours a day, 7 days a week. Call 1-866-566-1513.

Please remember the Nurse Call Line does not take the place of your doctor. Always follow up with your doctor if you have questions about your health care.

Hospital care

AmeriHealth Caritas covers medically necessary hospital services. This includes outpatient services such as X-rays and laboratory tests, when medically necessary. Your PCP or specialist can help you get services at a hospital in the AmeriHealth Caritas network. Go to www.amerihealthcaritaspa.com or call Member Services to find out if a hospital is in the AmeriHealth Caritas network.

Except when there is an emergency (see page 13 for what an “emergency” is), you should call your PCP before going to the hospital. Your PCP will make sure you get the care you need.

If you have been in the hospital, it is very important to see your doctor within 7 days of leaving the hospital. Seeing your doctor right after your hospital stay will help you manage your health and medicines. This will help you from needing to go back into the hospital.

There may be copays or limits to hospital services. Please see the Member Copayment Schedule that came in your new member welcome kit. You can also find it online at www.amerihealthcaritaspa.com.
Benefits and Services

Urgent care

Urgent care is for conditions that are serious, but are not emergencies. This is when you need attention from a doctor, but not in the emergency room (ER).

If you need urgent care, but you are not sure if it is an emergency, call your PCP first. If you cannot reach your PCP, call the AmeriHealth Caritas Nurse Call Line at 1-866-566-1513. Your PCP or the nurse will help you decide if you need to go to the ER, go to the PCP's office or go to an urgent care center near you.

If you have gone to an urgent care center or the ER, call your PCP the next day to make an appointment. Your PCP needs to know when you have had care from another health care provider.

Your PCP must schedule an appointment for you within 24 hours of your request for an urgent care appointment. If you call your PCP after the office has closed, you will get the office's answering service. Leave your name and telephone number and someone will call you back. If you need help, call Member Services or the Nurse Call Line.

For a list of our urgent care centers, go to our website at www.amerihealthcaritaspa.com.

Examples of urgent care conditions:

- Coughing.
- Colds.
- Vomiting.
- Pink eye.
- Diarrhea.
- Stomachache.
- Earache.
- Rashes.
- Sore throat.
- Bruises.

*Toothache* — see Dental Care on page 18. If you have an urgent dental issue, call your dentist.
Benefits and Services

Emergencies

An emergency is when you must be seen by a doctor right away. Dial 911 for an ambulance or go directly to the nearest emergency room (ER).

If you need care, but you are not sure if it is an emergency, call your PCP first. If you cannot reach your PCP, call the AmeriHealth Caritas Nurse Call Line at 1-866-566-1513. Your PCP or the nurse will help you decide if you need to go to your PCP’s office, an urgent care center or the ER.

An emergency, as defined by Section 1867 of the Social Security Act, is “a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child), in serious jeopardy,
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part.”

You do not need approval from AmeriHealth Caritas to get care in an emergency. The hospital cannot turn you away. It is the law. You have the right to get the care you need. You have the right to say no to treatment. You have the right to ask for a transfer to another hospital. You also have the right to say no to a transfer to another hospital.

Call your PCP to make an appointment for care after your emergency. Do not go back to the ER where you were treated unless your PCP tells you to or unless you are having another emergency. If you go back to the ER and your PCP did not send you or it is not an emergency, it may not be covered.

Examples of emergencies:
- Chest pain.
- Choking.
- Poisoning.
- Severe wound or heavy bleeding.
- Being unable to breathe properly.
- Severe spasms or convulsions.
- Loss of speech.
- Broken bones.
- Severe burns.
- Drug overdose.
- Sudden loss of feeling or not being able to move.
- Severe dizzy spells, fainting or blackout.
Benefits and Services

Home health care
When your PCP or specialist thinks you need care at home, he or she may ask for a home health nurse or aide for you. Home health care is covered when medically necessary and will need prior authorization (prior approval). Your PCP or specialist will ask AmeriHealth Caritas for prior authorization. Please see page 35 for more information on prior authorization.

Shift care
Shift care is private-duty skilled nursing and/or private-duty home health aide services for children under 21 years old with medical needs. When you or your child’s PCP or specialist thinks you or your child needs shift care, he or she may ask for private-duty skilled nursing or private-duty home health aide services for you or your child. Shift care needs prior authorization (prior approval). You or your child’s PCP or specialist will ask AmeriHealth Caritas for prior authorization (see the Prior Authorization section on page 35 for more information on the Prior Authorization process).

If you or your child’s doctor tells you that you or your child needs shift care and you have questions, please call AmeriHealth Caritas at 1-800-684-5503 (TTY 711). We need to know the name of the participating home health agency you would like to use for your or your child’s shift care. If you need help picking a home health agency to provide you or your child’s shift care, we can help you pick one.

If you have any other questions about your child’s shift care services, please call AmeriHealth Caritas at 1-800-684-5503 (TTY 711). We are here to help.

Durable medical equipment (DME) and medical supplies
AmeriHealth Caritas covers medically necessary durable medical equipment (DME) and medical supplies. The DME and supplies must be covered under the Pennsylvania Medical Assistance program. Some medical supplies and DME must have prior authorization (prior approval) by AmeriHealth Caritas. Some DME also has a copayment. Please see the Prior Authorization section on page 36. Also see the Member Copayment Schedule that came with your new member welcome kit or go online to www.amerihealthcaritaspa.com to find a copy.

Medical supplies are generally disposable items that serve a medical purpose. Some examples of medical supplies are gauze pads, diabetic supplies, dressing tape, ostomy supplies, underpads and more.

DME is generally an item and/or device that is meant to be used more than once and:

- Is mostly used for a medical purpose.
- Is not normally useful to a person without illness or injury.
- Must be able to be used in the home.

Some examples of DME are oxygen tanks, special medical beds, diapers, walkers, wheelchairs and more.

Nursing facility services
If you are admitted to a nursing facility, AmeriHealth Caritas will cover the first 30 days of your stay. After 30 days, the Medical Assistance Fee-for-Service program (ACCESS) will cover your nursing facility care. You will then be disenrolled from AmeriHealth Caritas.
Pharmacy Services

AmeriHealth Caritas provides pharmacy benefits to its members. The benefits are determined by the Department of Human Services.

For members over the age of 18, copays may apply to some prescriptions. Please see the Member Copayment Schedule that came with your new member welcome kit. You can also find it online at www.amerihealthcaritaspa.com.

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. Call today!

How prescription benefits work

When you need a prescription or over-the-counter medicine, your health care provider will write a prescription for you to take to the pharmacy.

You must get a prescription from a health care provider who is part of the AmeriHealth Caritas network, except when:

- The prescription is for emergency services.
- The prescription is for family planning services.
- AmeriHealth Caritas approved ahead of time for you to get that prescription filled and all pre-approval (prior authorization) requirements were met.
- The providers writing the prescription and the pharmacy are your Medicare providers.
- The provider writing the prescription and the pharmacy are your providers for other health insurance you have and your other health insurance is paying for the prescription.

If you get a prescription from a health care provider who is not part of the AmeriHealth Caritas network and none of the exceptions apply, you may be responsible to pay for that medicine.

If you need to refill your medicine early and have questions about getting your medicine, call Member Services to get help.

Prescription medicine

AmeriHealth Caritas covers medicines that are:

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

Drug formulary

A drug formulary is a list of medicines preferred by AmeriHealth Caritas. This list helps your health care provider prescribe medicine for you. If you don’t find the medicine you are looking for on the AmeriHealth Caritas drug formulary, talk with your doctor.

Both brand name and generic medicines are on the drug formulary. AmeriHealth Caritas requires that generic medicines be used when available. If a certain medicine is not listed on the drug formulary, your health care provider may ask for it through the AmeriHealth Caritas prior authorization process (see page 35).

This managed care plan may not cover all of your expenses. Read your contract and Member Handbook carefully so you will know which health care services are covered.

If you have questions about whether or not a medicine is covered, you can call your health care provider, pharmacist or Member Services.

To find more pharmacy information, go to our website at www.amerihealthcaritaspa.com. Click on Pharmacy.

You will be able to find:

- The formulary.
- Which pharmacies accept AmeriHealth Caritas.

You can also call Member Services.
Pharmacy Services

Temporary supplies

There are times when a pharmacy may not be able to fill your prescription right away because of prior authorization reasons. If this happens, you may be able to get a temporary supply. There are 2 kinds of temporary supplies:

- If you have not already been taking the medicine, you will get a 5-day temporary supply of the medicine. For you to get the temporary supply, the medicine has to be covered under the Pennsylvania Medical Assistance program, and the pharmacist has to decide the medicine is safe for you to take.
- If you have already been taking the medicine, you will get a 15-day temporary supply of the medicine. For you to get the temporary supply, the medicine has to be covered under the Pennsylvania Medical Assistance program, and the pharmacist has to decide the medicine is safe for you to take.

Reimbursement for medicine (other than copay amounts)

There may be times when you pay for your medicine. AmeriHealth Caritas 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 the Pennsylvania Medical Assistance program.
- Are not medically necessary.
- Go over certain dose and supply limits set by the FDA.
- Are refilled too soon.

You cannot be reimbursed if:

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

To ask for reimbursement of medicines you paid for:

You must ask for the reimbursement in writing.¹ You must send a detailed receipt from the pharmacy that includes the:

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

¹ If you need help writing this request, please call Member Services.

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

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

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

Note: A receipt that does not have all of the above information will not be reimbursed and will be returned to you. Receipts should be sent to AmeriHealth Caritas 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.
Pharmacy Services

Specialty medicines
Certain medicines on the drug formulary are called specialty medicines. These types of medicines need prior approval (prior authorization) before you can get a prescription filled. For a list of these medicines, please go to www.amerihealthcaritaspa.com and click Members, then click Pharmacy (Prescription) Benefits, and then click Find a medicine, or click on the Specialty Drug list.

You will need to get these medicines from a specialty pharmacy. The specialty pharmacy may be different from your local pharmacy. You can find a list of participating specialty pharmacies on our website.

Go to www.amerihealthcaritaspa.com, click Members and then click Pharmacy (Prescription) Benefits. Specialty pharmacies can mail your medicines to you. There is no charge to mail them. The pharmacy will contact you before sending your medicine to you. They can answer any questions you may have about the medicine and the delivery.

You have the right to choose any specialty pharmacy that participates in the AmeriHealth Caritas network. You also have the right to change your specialty pharmacy at any time. For more information, please call Member Services.

Over-the-counter medicine
AmeriHealth Caritas covers some over-the-counter medicine for members. You must have a prescription from a health care provider for your over-the-counter medicine.

Some examples of over-the-counter medicines covered by AmeriHealth Caritas are:

- Cough syrup for anyone over 2 years of age.
- Sinus and allergy medicines.
- Pain medicine, such as acetaminophen, naproxen and ibuprofen.
- Heartburn medicine, such as antacids and famotidine.

For some members, copays may apply. Please see the Member Copayment Schedule that came with your new member welcome kit. You can also find it online at www.amerihealthcaritaspa.com.

Vitamins
AmeriHealth Caritas covers generic vitamins for members. Members must have a prescription from a health care provider to get vitamins and the vitamins must be on the AmeriHealth Caritas drug formulary.

For some members, copays may apply. Please see the Member Copayment Schedule that came with your new member welcome kit. You can also find it online at www.amerihealthcaritaspa.com.
Dental Care

Dental care is a very important part of staying healthy at any age, but especially for young children. Dental care is also important for pregnant women and their unborn children. A woman's gum health affects her unborn baby. A woman with gum disease can get an infection that can cause her baby to be born too early. Make sure you see your dentist for regular checkups and dental care.

Any dentist who is part of the AmeriHealth Caritas network can provide dental care. If your dentist is not in the AmeriHealth Caritas network, call Member Services to find a dentist who is in the network. You do not need a referral to see the dentist.

It is important to be on time for your appointment. If you are going to be late or need to cancel your appointment, call ahead of time to let the office know. Try to give the dentist’s office at least 24 hours’ notice if you need to change your appointment.

You can find a dentist in your area by going to www.amerihealthcaritaspa.com and clicking on Find a Provider. You will find a link there just for dentists. You can also call Member Services for help.

**Call your dentist today for a checkup if:**
- Your baby's first tooth has come in, or your baby is 12 months old.
- You have learned you are pregnant.
- You or your child have not been to the dentist in more than 6 months.
Dental Services

Dental care for children (younger than 21 years of age)

Children under the age of 21 are eligible to receive all medically necessary dental services. Your child can go to any dentist that is a part of the AmeriHealth Caritas network. You can find a dentist in your area by using our online provider directory at www.amerihealthcaritaspa.com or by calling Member Services. Your child does not need a referral for a dental visit. However, your child’s PCP may refer children age 1 and above to a dentist as part of their regular EPSDT well-child screens.

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

- Anesthesia.
- Orthodontics (braces).\(^1\)
- Checkups.
- Periodontal services.
- Cleanings.
- Fluoride treatments (topical fluoride varnish can also be done by a PCP or CRNP).
- Root canals.
- Crowns.
- Sealants.
- Dentures.
- Dental surgical procedures.
- 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 provider, 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 “Benefit Limit Exceptions” on the next page 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.

For more information on your child’s dental benefits, please call AmeriHealth Caritas Member Services at 1-888-991-7200.

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\(^1\) If braces were put on before the age of 21, AmeriHealth Caritas 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 AmeriHealth Caritas. If the member changes to another HealthChoices health plan, coverage will be provided by that HealthChoices health plan.
Dental Services

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, have diabetes, or have heart disease.

Please see below for more information on benefit limit exceptions.

Dental benefit limit exceptions

There may be times when a benefit or service has a limit to how much you can receive of the benefit or service. If you need more of the benefit or service than what is covered, your dentist must ask for a benefit limit exception. AmeriHealth Caritas can give a benefit limit exception if:

- You have a serious chronic illness or health condition and without the additional service, your life would be in danger; or
- You have a serious chronic illness or health condition and without the additional service, your health would get much worse; or
- You would need more expensive services if the exception is not given; or
- It would be against federal law for AmeriHealth Caritas to deny the exception.

Your dentist must ask for the exception. Your doctor may also need to provide a letter regarding your medical needs. The exception can be requested before the services start or after they are finished. Your dentist can ask for an exception up to 60 days after your dental services are finished.

Your dentist must send a written request by mail to:

Request for Benefit Limit Exception
AmeriHealth Caritas Pennsylvania
P.O. Box 654
Milwaukee, WI 53201

Your dentist must send:
- Your name, address and member ID number.
- The dental service that is needed.
- The reason the exception is needed.
- The dentist’s name and phone number.

If your dentist asks for a benefit limit exception before the dental service starts, you and the dentist will get an answer within 2 to 21 business days of when we get the request.

If your dentist asks for a quick response because you have an urgent need before the dental service begins, you and your dentist will get an answer within 48 hours.

If your dentist asks after the dental service is finished, you and your dentist will get an answer within 30 days.

If a request for a benefit limit exception is denied, you and your dentist will get the decision in writing. You can file a complaint or grievance with AmeriHealth Caritas or ask for a fair hearing with the Department of Human Services if your request for a benefit limit exception is denied. We will tell you how and when to file and where to send the papers.

This benefit limit exception process is for dental care only. For other benefit limit exceptions, please see the Exception Process section on page 40.
**Eye Care**

Regular eye exams are important. Call your eye doctor (optometrist) to schedule a routine eye exam. If you need specialty eye care (for example, treatment of accidental injury or trauma to the eyes or treatment of eye disease), you must go to your PCP first. Your PCP will refer you to a specialist.

*If you need help finding an eye doctor, go to www.amerihealthcaritaspa.com and click on Find a Provider. You will find a link there for eye care (vision) providers. You can also call Member Services for help.*

**Eye care benefits for children (younger than 21 years of age)**

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.

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

If prescription contact lenses are chosen, AmeriHealth Caritas will pay for the cost of the prescription contact lenses or $60, whichever is less.

There are special provisions for members with aphakia or cataracts. Please call Member Services for more information.

You may choose a special lens type for an additional copayment.

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<th>Eyeglass frames</th>
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<td>For eyeglass frames that are not part of these select groups, AmeriHealth Caritas will pay for the cost of the frames or $30, whichever is less.</td>
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Eye Care

Eye care benefits for adults (21 years of age and older)

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.

You are also eligible to get prescription eyeglasses, once every 12 months. You may choose prescription contact lenses instead of glasses.

If prescription contact lenses are chosen instead of glasses, AmeriHealth Caritas will pay a portion of the cost, up to $60.

There are special provisions for members with aphakia or cataracts. Members with aphakia are eligible for 2 pairs of eye glasses or 2 contacts per year. Call Member Services for more information.

You may choose a special lens type for an additional copayment.

There are no copays for checkups at the optometrist (eye doctor). However, there may be copays for some of the services they provide. Please talk to your eye doctor.

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Getting Care for Your Family

Family planning services
You can go to any doctor or clinic you choose for family planning services. You can choose doctors and clinics not in the AmeriHealth Caritas network. You do not need a referral for routine family planning services.

If you are pregnant
If you think you are pregnant, call your PCP. As soon as you know you are pregnant, call your obstetrician (OB). You do not need a referral to see your OB.

It is important to see your OB regularly while you are pregnant and to keep all your appointments. This will help you and your baby stay healthy. When you are seeing your OB for the first time, your OB office must schedule an appointment for you within a certain number of days from when they learn you are pregnant. The following are the appointment times:

- When you are in your first 3 months of pregnancy (first trimester), your OB must see you within 10 business days.
- When you are in months 3 to 6 of pregnancy (second trimester), your OB must see you within 5 business days.
- When you are in your last 3 months of pregnancy (third trimester), your OB must see you within 4 business days.
- If you have a high-risk pregnancy, your OB must see you within 24 hours.

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

It is important to stay with the same health insurance company while you are pregnant.

If you are pregnant, remember to:
- Call the Customer Service Center or your County Assistance Office to update your information — you will not have copays when you are pregnant, so it is important to let the Customer Service Center or your County Assistance Office know.
- Make an appointment with your OB and be sure to keep all your appointments while you are pregnant.
- Make an appointment with your dentist.
- Quit smoking if you smoke.
- Choose a doctor for your baby before your baby is born.
- Join our Bright Start® program by calling 1-877-364-6797.
Getting Care for Your Family

Bright Start® program for pregnant members

Through 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 1 time while you are pregnant. Your unborn baby’s health is affected by the health of your teeth and gums. Gum disease, for example, can cause infection, which could cause the baby to be born too early. A baby born too early is more likely to have health problems and disabilities that can last a lifetime.

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

We have information on other services, like:

- Food and clothes.
- Transportation.
- Breast feeding.
- Home care.
- Helping you understand your emotions and the changes happening with your body.
- Help with quitting smoking.
- The WIC (Women, Infants and Children) program. (For more information, see “What is WIC?”.)
- Help with drug, alcohol, or mental health issues.
- Help with domestic abuse.

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

It is important to choose a doctor for your baby before your baby is born. If you need help, please call Member Services. Let us know the doctor you choose so we know who it is when your baby is born.

If you are at risk for problems during your pregnancy, an AmeriHealth Caritas care manager will help you. Our care manager will:

- Call you monthly or more often, as needed.
- Send you written information and education.
- Make sure you have resources, like the Nurse Call Line.

What is WIC?

WIC is a program that helps you get healthy foods and nutrition services. You can get WIC if you are pregnant, are in your postpartum stage, or are breast feeding. It is also for infants and children under age 5.

You can call 1-800-WIC-WINS (1-800-942-9467) or go to their website at www.pawic.com for more information.
Getting Care for Your Family

Postpartum home visit

A home visit by a nurse is a covered benefit for all women who have a baby. Please talk with your practitioner about whether he or she thinks you should have a postpartum home visit.

During this very important visit, the nurse will:

- Check your heart rate, temperature, blood pressure and breathing.
- Check for signs of infection.
- Answer questions about your recovery.

If your practitioner wants you to have this home visit, AmeriHealth Caritas urges you to have this home nurse visit after delivery. This will help make sure you and your baby are healthy after childbirth.

If your baby is home with you, the nurse will also:

- Check your baby’s heart rate, temperature and breathing.
- Check your baby for signs of infection.
- Weigh your baby and answer questions about feeding and sleep patterns.
- Answer questions you may have and help you learn about taking care of your new baby.
- Give you information and resources about breast feeding.

If your practitioner thinks you need this home visit, a home health nurse will call you about a home visit after you leave the hospital. If the nurse does not call you, please call Bright Start at 1-877-364-6797.

During this postpartum time, please make sure you:

- Call your OB to make an appointment for your postpartum checkup. Try to get an appointment for 3 to 8 weeks after you have your baby, unless your doctor wants to see you sooner.
- Call your County Assistance Office (CAO) or the Customer Service Center at 1-877-395-8930. Tell them about your new baby. This is very important. They will make sure you get the benefits and services your baby needs.
- Call AmeriHealth Caritas Member Services to tell us your baby’s name and the name of your baby’s doctor. We can help you choose a doctor for your baby if you have not already chosen one.
- Call the baby’s doctor to make an appointment. Your baby should see the doctor when he or she is 2 weeks to 4 weeks old, unless the doctor wants to see your baby sooner.

Sometimes women feel down or sad after having a baby. This is normal. Please ask yourself these 2 questions:

- During the past month, have I often been bothered by feeling down, depressed or hopeless?
- During the past month, have I often been bothered by little interest or pleasure in doing things?

If you answered “yes” to 1 or both of these questions, please call our Bright Start department at 1-877-364-6797.

We want to make sure you get the help you need.
Getting Care for Your Family

Care for your children

AmeriHealth Caritas has a special program for members younger than 21 years old called EPSDT. This stands for Early and Periodic Screening, Diagnostic, and Treatment.

Through this program, we help children get the medical care they need. This helps prevent and/or find out about childhood diseases and illnesses early.

Your child can see a pediatrician, family practice doctor, or certified registered nurse practitioner (CRNP) as his or her PCP. It is important that your child has regular appointments (also called well visits) with the PCP. Well visits help your child stay healthy. These are different from visits to the PCP when your child is sick.

At your child’s annual well visit, your child’s PCP may provide the following services:

- A complete unclothed physical exam.
- Shots (immunizations).
- Lab tests, including blood tests, lead levels and urine tests.
- Vision and hearing tests.
- A dental screen.
- Growth measurements.
- Tuberculosis (TB) testing.
- Blood pressure check.
- Health and safety education.
- Complete history of your child’s health and development.
- Check body mass index (BMI).
- Track your child’s development and eating habits.
- Refer to a specialist, when medically necessary.

If you have questions or want to find out more about this program, call Member Services and ask for an EPSDT representative.

You may get a call from one of our EPSDT representatives, or a card reminding you to make your child’s appointment. Let us know if you need help making this very important appointment.

My “to do” list

- Make an appointment for my baby’s first doctor visit.
- Have my children see the PCP for their shots and screenings.
- Make sure my teenager sees the PCP every year for a checkup.
- Make appointments for the whole family to see the dentist every 6 months.
- Have my children’s eyes checked.
- Get my checkup so I can stay healthy for my children!

EPSDT expanded services

EPSDT has other services for children with special health care needs. These services are called “expanded services.” If your child has a special health care need, he or she may be eligible for these services. Talk to your child’s PCP. The PCP can talk to a care manager about getting approval for these expanded services.
AmeriHealth Caritas Special Programs

AmeriHealth Caritas has special programs to help you stay healthy. You do not need a referral from your PCP to be a part of any of these programs. If you have 1 of the health care conditions listed below, you could become a part of 1 of our special programs.

- 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 1 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 and ask about any of these programs.

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

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

As an AmeriHealth Caritas member, you have the right to say you do not want to be a part of 1 of these programs. You can tell us on the phone or in writing. If you do not want to be a part of 1 of these programs, it will not change your AmeriHealth Caritas benefits in any way. It also will not change the way you are treated by AmeriHealth Caritas and our providers or the Department of Human Services.

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 1-877-693-8271, option 2, or write to:

Care Management Program
AmeriHealth Caritas
8040 Carlson Road, Suite 500
Harrisburg, PA 17112

Asthma

Asthma is a long-term illness that makes the airways in your lungs swollen or blocked. When you have asthma, the tubes that carry air in and out of your lungs can become narrow or filled with mucus. This makes it hard to breathe. Certain triggers can cause this to happen. Triggers can include dust, perfume, cold air, smoke, pollen and pets.

Without the right care, asthma can:

- Make it hard for you to breathe.
- Stop you from playing sports, dancing and being a part of other physical activities.
- Make you miss work or school.
- Be dangerous to your life.

Asthma can be controlled. Through the Asthma program, we will help you learn about the medicines and equipment that help keep asthma in control.

Chronic obstructive pulmonary disease

Chronic obstructive pulmonary disease (COPD) is a lung disease that makes it hard to breathe. COPD develops slowly from years of damage. Often the damage is from smoking. It may take years before you have symptoms like shortness of breath or a nagging cough. If you have COPD, AmeriHealth Caritas is here to help you feel better and help you slow down the damage to your lungs.

Through the COPD program, we will help you learn about COPD and how to control your symptoms. We will explain why it is important to take your medicine regularly, check your lung function, and to stop smoking if you smoke.
AmeriHealth Caritas Special Programs

**Diabetes**
People with diabetes have too much sugar in their blood and/or not enough insulin to help change the sugar in food into energy. AmeriHealth Caritas wants to work with you to help you control your diabetes and live a healthy, active life.

Without the right care, diabetes can:
- Cause blindness and kidney disease.
- Make it easier to get infections, especially of the feet.
- Put you at a higher risk for heart disease and stroke.
- Cause nerve damage.
- Make you feel tired or thirsty all the time.

Through the Diabetes program, we will help you learn about diabetes. We will also help you understand about the medicines you are taking. We can help you understand the importance of the foods you eat and the importance of testing the level of sugar in your blood.

**Cardiovascular disease**
Cardiovascular disease (CVD) includes conditions like heart disease, coronary artery disease, high blood pressure, or heart failure.

CVD is a long-term illness that affects the coronary arteries in the heart. With CVD, cholesterol builds up on the walls of the arteries. The arteries become narrowed and blocked. This slows the blood flow to the heart muscle.

Without the right care, CVD can:
- Cause chest pressure or pain with activity or rest.
- Cause a heart attack.
- Cause a stroke.
- Cause heart failure.
- Cause high blood pressure.
- Be very dangerous to your life.

Through the CVD program, we will help you learn about your condition. We will explain why it is important to check your blood pressure and cholesterol and why you need to eat healthy and exercise.

**Heart failure**
Heart failure is a long-term illness that affects the ability of your heart to pump blood.

When you have heart failure, your heart muscle is weak and fluid builds up.

Without the right care, heart failure can:
- Make your ankles swell.
- Make it difficult for you to breathe.
- Make your heart work harder.
- Cause chest pressure or pain with activity, or even when you rest.
- Lower your energy level.
- Be very dangerous to your life.

Through the Heart Failure program, we will help you learn about your condition and help you understand about the medicines you are taking. We will help explain why it is important to weigh yourself and avoid foods that can make you retain fluids (get puffy feet, “hold water”).

**Hemophilia**
Hemophilia is a rare disease a person is born with. When you have hemophilia, your body is missing clotting factors. This can make it hard for you to stop bleeding.

Through the Hemophilia program, we will help you learn about the medicines for treating hemophilia and about self-infusion.

We will also help you learn how to stop injuries and the importance of shots (immunizations). If needed, we can connect you with a hemophilia treatment center.
AmeriHealth Caritas Special Programs

HIV/AIDS — Pathways program

HIV/AIDS is an illness caused by a virus that weakens your immune system. When you have HIV/AIDS, your body has a hard time fighting infections.

The AmeriHealth Caritas Pathways program offers help to any member who tells us about their HIV status. Information about your medical condition is kept confidential. Please call Member Services to find out how to enroll in the Pathways program.

This program will:

- Help you and your PCP or specialist coordinate your health care.
- Help you find providers who can meet your special needs.
- Help you connect with local AIDS service organizations.
- Work with the local AIDS service organization you choose to make sure you get the medically necessary services you are entitled to get.
- Be your single point of contact at AmeriHealth Caritas.

If you choose not to tell us about your HIV status, you can still have Care Management services through AmeriHealth Caritas. For more information on care management services, please call Member Services.

Sickle cell anemia

Sickle cell anemia is a blood disorder a person is born with. When you have sickle cell anemia, some of the blood cells in your body are shaped differently than most blood cells. These cells can block blood flow. This can cause pain. It may also cause infections and other complications.

Through the Sickle Cell Anemia program, we will help you learn about getting care and how to decrease pain. We will also help you learn about the risk of having a stroke and how important it is to get your shots (immunizations).

By learning about sickle cell anemia, your medicines, and lifestyle, you can decrease or even not have pain episodes and other complications.

Breast cancer screening

AmeriHealth Caritas encourages you to be familiar with how your breasts normally look and feel. You should report any changes to your doctor right away. Your AmeriHealth Caritas benefits cover mammograms every year after the age of 40.

A mammogram is an X-ray of your breasts. Reporting to your doctor when you notice changes to how your breasts normally look and feel, along with a mammogram, may help find breast cancer early. Cancer that is found early is easier to treat.

A mammogram can show a lump before you or your doctor can feel it. Finding and treating cancer early can save your life. Your doctor may want you to get a mammogram earlier than age 40. You do not need a referral to get a mammogram, but you do need a prescription from your doctor. Talk to your doctor.

Make sure you:

- Talk to your doctor about when to get your mammogram.
- Talk to your doctor or call Member Services about where to get your mammogram.
- Get a prescription from your doctor to have your mammogram.

You do not need a referral or prior authorization to get a mammogram.

See page 34 for more information on self-referral services.
AmeriHealth Caritas Special Programs

You can quit and we can help:
Tobacco Cessation program
AmeriHealth Caritas wants you to quit smoking cigarettes or using other tobacco products, like cigars, pipes or chewing tobacco.

Do you want help to stop smoking?
AmeriHealth Caritas wants to help you. If this is your first try at quitting or you have tried before and started smoking again, we want to help you become smoke free.

If you are pregnant and want to stop or reduce your use of tobacco, we can help.
If you are around someone who smokes, we can give you tips to help you.
Call AmeriHealth Caritas Bright Start® program at 1-877-364-6797.

Ways we can help
Medicines:
• AmeriHealth Caritas pays for medicines that can help you.
• With your pharmacy benefits, you can get medicines. The medicines covered are:
  – Nicotine gum (Nicorette).
  – Nicotine lozenge (Commit).
  – Nicotine patch (Nicotrol, Nicoderm CQ).
  – Nicotine inhaler (Nicotrol Inhaler).
  – Nicotine nasal spray (Nicotrol Nasal Spray).
  – Varenicline (Chantix).
  – Bupropion SR (Zyban).

To get medicines to help you stop smoking, call your doctor for an appointment or a prescription.

Counseling services:
• AmeriHealth Caritas covers counseling to help you quit.
• All AmeriHealth Caritas 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.

Find a counseling provider:
• Call Member Services at 1-888-991-7200 for help finding a counselor.
• You can find “Smoke Free” Information and Resources at www.health.state.pa.us. You can find counselors by county on this site.

Help with anxiety, depression, or mental health while you are trying to quit:
All AmeriHealth Caritas members are eligible for behavioral health treatment.

Go to www.amerihealthcaritaspa.com to find the behavioral health provider in your county. You can also call Member Services for help finding a provider.

AmeriHealth Caritas also offers:
• Help finding a counselor.
• Resources in your community.
• Information on how smoking affects your health.
AmeriHealth Caritas Special Programs

If you smoke or if you are affected by someone who smokes, we can help support you. Call Member Services at 1-888-991-7200.

Even if medicine or counseling did not work before, that does not mean they will never work for you.

The Pennsylvania Department of Health also wants to help you quit. That is why they have the PA Free Quitline. If you are thinking about quitting, call the PA Free Quitline today.

Call the PA Free Quitline at 1-800-QUIT-NOW (784-8669). You can also go to www.health.state.pa.us for more information.

Remember: It is common for people to try to quit several times before they actually quit. Just because you have tried before, does not mean it is not time to try again.

Go to https://pa.quitlogix.org to find a tobacco cessation counselor, resources and tips about quitting tobacco use.

Members under 18 years of age can have a prescription for tobacco cessation products without the permission of a parent or guardian.
Special Needs Unit/Getting Care When You Are Away from Home

Special Needs Unit
Sometimes members have special medical conditions. You may need help coordinating with health care providers or with other organizations. This includes help with behavioral health, dental or eye care, community organizations and social service agencies.

If you think you or a member of your family needs this kind of help from the Special Needs Unit, call 1-800-684-5503.

Getting care when you are away from home
There are times you need care when you are out of the area and away from home. If you are sick or need urgent or emergency care in the United States while you are away from home, here is what you should do:

- If you think you have an emergency, call 911 or go to the nearest emergency room (ER).
- If you need urgent care but you do not think it is an emergency, call your PCP. Your PCP will help you decide if you need to go to the nearest ER or urgent care center.
- If you are sick and you are not sure if it is an emergency, call your PCP. Your PCP can help you decide if you need to go to the nearest ER.

If you get care in the ER and you are admitted to the hospital while you are away from home, have the hospital call AmeriHealth Caritas. The phone number is listed on the back of your ID card.

All other covered benefits, care, and services that are provided out of the area/away from home need to be approved by AmeriHealth Caritas Pennsylvania.

Remember, Member Services is here to help you 24 hours a day, 7 days a week.
We pay attention to your care

At AmeriHealth Caritas Pennsylvania, we work with you and your PCP to make sure your benefits are used the right way and most cost-effective way. AmeriHealth Caritas Pennsylvania makes decisions based on the appropriateness of care and services and existence of coverage. We also do not give rewards or financial incentives to our staff who make decisions or to providers or anyone else for denying, limiting, or delaying health care coverage or services. Financial incentives for Utilization Management decision makers do not encourage decisions that result in underutilization.

AmeriHealth Caritas Pennsylvania has licensed doctors and nurses who monitor the services given to all members. They also make decisions about medically necessary care and services. They make these decisions using:

- Nationally accepted clinical guidelines approved by the Department of Human Services (DHS).
- All of the medical information they are aware of.
- The appropriateness of care and services.
- Your Medical Assistance benefits.
- Your personal medical needs.

Please call member services at 1-888-991-7200 (TTY 1-888-987-5704) to learn more.

Dedication to quality care

AmeriHealth Caritas is always looking for new ways to improve your health and to serve you better. We look at new treatments and new technologies to see if they will be helpful to you and your family. We also send information to our providers to help them make decisions about your care. These guidelines are taken from national and regional health care associations and task forces and medical research. For a copy of the AmeriHealth Caritas preventive health and clinical practice guidelines, call Member Services or go to www.amerihealthcaritaspa.com.

For the services they give, most PCPs get a set dollar amount each month for each member who chooses that PCP. This pays for most of the services you get from your PCP. PCPs are paid extra for some services, like shots (immunizations). When PCPs meet other quality, service and performance standards set by AmeriHealth Caritas, they can also get additional payments.

AmeriHealth Caritas also has arrangements with hospitals and doctor groups for certain kinds of services. Sometimes a global fee is paid to cover such services, whether given by the hospital, doctor group or other providers.

Providers in the AmeriHealth Caritas network are encouraged to give quality care to you and your family. We monitor if the health care and services are being used in the right way, and if they are appropriate and needed. We have member satisfaction surveys every year and give member education on health-related issues. If you believe you or your family got care that was not appropriate, please call Member Services and AmeriHealth Caritas will investigate the issue. If you would like more information about our quality improvement goals, activities or outcomes, please call Member Services.

Medically necessary benefits and services

Services and benefits covered under the Pennsylvania Medical Assistance program are medically necessary if they meet any 1 of the following:

- The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- The service or benefit will, or is reasonably expected to, reduce or lessen the physical, mental or developmental effects of an illness, condition, injury or disability.
- The service or benefit will assist the member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the member and those functional capacities that are appropriate for members of the same age.

If you need help understanding any of this information, please call Member Services.
Referrals

PCP referrals

When your PCP thinks you need to see a specialist, he or she will refer you to a specialist who can best help you with your health care needs. Your PCP will contact the specialist or give you a prescription to see the specialist. Make sure to talk with your PCP.

There are some specialist services that you can get without seeing your PCP first. These specialists do not need a referral form or a prescription. Please see the next section about self-referrals to see which specialists you can see without seeing your PCP first.

In some cases, members with a life-threatening, degenerative or disabling disease or condition, or members with other special needs, may be able to have a “standing referral.” A standing referral means you do not have to see your PCP each time you need to see a specialist. Call Member Services for more information.

Self-referrals to AmeriHealth Caritas network providers

Self-referrals are services you can arrange for yourself without first calling your PCP. You must see an AmeriHealth Caritas network provider for these self-referred services.

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

- Prenatal visits.
- Routine obstetric (OB) care.
- Routine gynecological (GYN) care.
- Routine mammograms, with a prescription.
- Routine family planning services (see page 23).¹
- Routine dental services.
- Routine eye exams.²
- Prescription eyeglasses.
- Tobacco cessation counseling sessions. (see page 30).¹
- First visit with a chiropractor.
- First 24 visits for outpatient physical, occupational, and speech therapy.
- Emergency services.¹
- DME purchases costing less than $750 that are covered by the Medical Assistance program and with a prescription (see the Prior Authorization section on page 35 for exceptions that require prior authorization).

¹This self-referred service may be provided by a provider not in the AmeriHealth Caritas network.
²You may need to get a referral or prior authorization from your PCP for some specialty care services. There may also be some limitations for self-referrals. If you are not sure if you need a referral from your PCP for a service, ask your PCP or call Member Services.
Prior Authorization

Prior authorization process

Some services and medicines need to be approved as “medically necessary” by AmeriHealth Caritas before your PCP or other health care provider can help you to get these services. This process is called “prior authorization.”

1. Your PCP or other health care provider must give AmeriHealth Caritas information to show that the service or medicine is medically necessary.

2. AmeriHealth Caritas nurses or pharmacists review the information. They use clinical guidelines approved by the Department of Human Services to see if the service or medicine is medically necessary.

3. If the request cannot be approved by an AmeriHealth Caritas nurse or pharmacist, an AmeriHealth Caritas doctor will review the request.

4. If the request is approved, we will let you and your health care provider know it was approved. If your request is for pharmacy benefits or services, AmeriHealth Caritas will let you and your provider know within 24 hours if your request is 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. If your request is for pharmacy benefits or services, AmeriHealth Caritas will let you and your provider know within 24 hours that your 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 49 for information about complaints, grievances and fair hearings.

7. You may also call Member Services for help in filing a complaint, grievance and/or requesting a fair hearing.

Services that need prior authorization

- Services or durable medical equipment (DME) received from providers or hospitals not in the AmeriHealth Caritas network (except: tobacco cessation counseling sessions, emergency services, family planning services and any Medicare-covered services from a Medicare provider if you have Medicare coverage).
- Non-emergency admission to a hospital.
- Some medical or surgical procedures performed in a short procedure unit (SPU) or ambulatory surgery 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
- Therapy services, after the first 24 visits, including outpatient physical, occupational, and speech therapy services, with an AmeriHealth Caritas network provider.
- Cardiac and pulmonary rehabilitation.
- Home health services, including skilled nursing visits, home health aide visits, physical therapy, occupational therapy and speech therapy.
Prior Authorization

Services that need prior authorization (continued)

All DME purchases that cost more than $750.
- Tube feedings and nutritional supplements (enterals).
  - When the member is age 21 and over.
  - If the dollar amount is in excess of $200/month for members under the age of 21 or for certain items that are more than $200/month.
- Diapers and/or pull-up diapers, when medically necessary, for members 3 years of age and over, when requesting:
  - More than 300 generic diapers and/or pull-up diapers per month, or
  - Brand-specific diapers, or
  - Diapers supplied by a DME provider.

Note: Prior authorization is not required when getting diapers drop-shipped through the AmeriHealth Caritas diaper supplier.

- Any service/product not covered by the Medical Assistance program.
- Some outpatient diagnostic tests and procedures.
- Chiropractic services with an AmeriHealth Caritas network provider, after the first visit.
- Inpatient hospice services.
- Some specialty dental services.
- Outpatient radiology services (prior authorization by National Imaging Associates Inc.).
- Prescribed pediatric extended care center and medical daycare.
- Ambulance transportation to and from prescribed extended care center and medical daycare.
- Some formulary prescription drugs, all nonformulary prescription drugs, some over-the-counter non-prescription drugs, and some DME supplies obtained through an AmeriHealth Caritas network pharmacy (e.g., glucometers).

- All transplant evaluations and consultations.
- Air ambulance transportation.

As an AmeriHealth Caritas member, you are not responsible to pay for medically necessary, covered services. You may, however, be responsible for a copay.

You may have to pay when:
- A service is provided without prior authorization when prior authorization is required, or
- A service is provided by a provider who is not in the AmeriHealth Caritas network and prior authorization was not given to see this provider (except for emergency services, family planning services, tobacco cessation counseling services, and any Medicare-covered services from a Medicare provider if you have Medicare coverage), or
- The service provided is not covered by AmeriHealth Caritas and your provider told you that it is not covered before you received the service.
Services Not Covered

Your health care provider can also bill you for copays that were not paid at the time you received the service. See page 42 for information about getting a bill or statement and page 41 for copayment information.

Services not covered

Some of the services that are not covered by the Pennsylvania Medical Assistance program and/or AmeriHealth Caritas include, but are not limited to, the following:

- Services that are not medically necessary.
- Services given by a provider who is not in the AmeriHealth Caritas provider network, except for:
  - Emergency services.
  - Family planning services.
  - Tobacco cessation counseling services.
  - When there is prior approval from AmeriHealth Caritas.
  - When you have Medicare and seek Medicare-covered services from the Medicare provider of your choice.
- Cosmetic surgery, such as face-lifts, tummy tucks or liposuction.
- Experimental and investigational procedures, services and/or drugs.
- Home modifications (for example, chair lifts).
- Acupuncture.
- Infertility services.
- Paternity testing.
- Any service offered and covered through another insurance program, such as workers’ compensation, TRICARE or other commercial insurance that has not been prior authorized by AmeriHealth Caritas. However, Medicare-covered services do not require prior authorization.
- Services provided outside the United States and its territories. AmeriHealth Caritas is not allowed to make payments outside of the United States.

- Private-duty (also known as shift care) skilled nursing and/or private-duty home health aide services for members 21 years of age or older.
- Services not considered to be a “medical service” under Title XIX of the Social Security Act.

This is not a complete list of noncovered services.

AmeriHealth Caritas may not cover all of your health care expenses. You may be responsible to pay for services if you have been told ahead of time that AmeriHealth Caritas does not cover the services. It is important to check with your PCP or AmeriHealth Caritas Member Services to find out which health care services are covered.
The following benefits and services are available to AmeriHealth Caritas members. AmeriHealth Caritas does not provide these services, but we can help you get these services. If you have questions or need help, call Member Services.

**Behavioral health treatment**

Behavioral health treatment includes both mental health and drug and alcohol services. Each county has its own Behavioral Health office. As an AmeriHealth Caritas member, you can get these services through your county office. Help from your county Behavioral Health office is available 24 hours a day, 7 days a week.

Your PCP can also help you get the treatment you need. You should let your PCP know if you or someone in your family is having mental health, drug or alcohol problems.

AmeriHealth Caritas, your health care providers and your behavioral health plan all work together to help you get the services you need. You can ask to have a special meeting with AmeriHealth Caritas, your health care providers and your behavioral health plan to talk about the services you get by calling Member Services.

Your county mental health, drug and alcohol office may also be able to help with transportation to your appointments, if you need it.

To get help or to make an appointment, call the toll-free number for the county where you live. A list of phone numbers for the county offices is on the back of the Member Copayment Schedule that came with your new member welcome kit. You can also find it online at [www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com).
Getting Other Benefits and Services

Medical Assistance Transportation Program

The Medical Assistance Transportation Program (MATP) is a special service to help people with Medical Assistance get to and from health care appointments. This is not for emergencies. (If you have an emergency, call 911.)

To get MATP services, you must be eligible for Medical Assistance, and:

- You must enroll first. You can enroll by calling your county service number. A list of phone numbers for MATP in your area is on the back of the Member Copayment Schedule that came with your new member welcome kit. You can also find it online at www.amerihealthcaritaspa.com.
- After you enroll, call to schedule your rides as soon as you know when your appointments are. The sooner you call to schedule your ride, the easier it will be to get the time you need.
- Make sure you have your Pennsylvania ACCESS card with you when you ride. You may need to show it when the driver picks you up.

Plan ahead!

It can take up to 2 weeks from the time you call for you to be enrolled. MATP will not start giving you rides until your enrollment is done.

Call to enroll with MATP now!

Early intervention program

The Early Intervention program provides service and support to families with children who have developmental delays or who are at risk for developmental delays. The Early Intervention program helps parents, service providers and others work together to help your child. For more information, call the DHS CONNECT Helpline number at 1-800-692-7288.

The program can:

- Answer your questions about your child’s development.
- Help you interact with your child through daily routines at home and in the community.
- Support your child’s developmental and educational growth.
- Help your child become more independent.
- Prevent the need for more costly services in the future.
- Let communities know about the gifts and abilities of all children.
Limits and Exceptions

Exception process
You or your provider may ask AmeriHealth Caritas to approve services above benefit and service limits. This is called an exception. An exception can be granted if:

- You have a serious chronic illness or other serious health condition, and without the additional service your life would be in danger; or
- You have a serious chronic illness or other serious health condition, and without the additional service your health would get much worse; or
- You would need more costly services if the exception is not granted; or
- You would have to go into a nursing home or institution if the exception is not granted.

To ask for an exception before you receive the service:

1. Call AmeriHealth Caritas 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 
   AmeriHealth Caritas Pennsylvania 
   8040 Carlson Road, Suite 500 
   Harrisburg, PA 17112 
   Fax: 1-717-651-3591
3. Your provider can call AmeriHealth Caritas Care Management at 1-877-693-8271, option 2.

Unless additional information is needed, AmeriHealth Caritas will approve or deny the exception request within 2 business days of getting the request, or within 24 hours of getting the request if your provider indicates an urgent need for a quick response. If additional information is needed, AmeriHealth Caritas will approve or deny the exception request within 2 days after receiving the additional information. If the provider or member is not made aware of the approval or denial decision within 2 days of the date the additional information is received, the exception will be automatically granted.

Please see the Complaints, Grievances and Fair Hearings section on page 49 for information on your right to appeal or to have a fair hearing.

To ask for an exception after you receive the service:

- You can call AmeriHealth Caritas Member Services and tell the Member Services representative that you want to ask for an exception to the benefit limits.
- Your provider can call AmeriHealth Caritas Care Management at 1-877-693-8271, option 2.
- Your provider can mail the request to the AmeriHealth Caritas Provider Appeals department at:
  Attention: Provider Appeal Coordinator 
  Provider Appeals Department 
  AmeriHealth Caritas Pennsylvania 
  P.O. Box 7316 
  London, KY 40742

AmeriHealth Caritas will approve or deny the exception request within 30 days after AmeriHealth Caritas receives the exception request. Please see the Complaints, Grievances and Fair Hearings section on page 49 for information on your right to appeal or to have a fair hearing.

You or your provider must provide the following information to ask for any exception:

- Your name.
- Your address and telephone number.
- Your AmeriHealth Caritas identification number.
- A description of the service for which you are asking for an exception.
- The reason you or your provider think the exception is needed.
- Your provider’s name and telephone number.

This process does not include dental care. If you need to ask for a benefit limit exception for dental care, please see Dental Benefit Limit Exceptions on page 20.
Copayment Information

If you are 18 years of age or older, you may have to pay a small amount (copay) for some services. Please see the Member Copayment Schedule in your new member welcome kit. You can also find it online at www.amerihealthcaritaspa.com.

You will not have to pay copays if you:
- Are under 18 years of age,
- Are 18 through 20 years of age and qualify for Medical Assistance under Title IV-B Foster Care or Title IV-E Foster Care and Adoption Assistance,
- Live in a long-term care facility or other medical institution such as an intermediate care facility for mental retardation (ICF/MR), or
- Are pregnant (you will not pay a copay during the time you are getting postpartum care either).

This is not a complete list. Please see the Member Copayment Schedule for more information.

There are no copays for:
- Services given in an emergency situation.
- Services or items costing less than $2.00.
- Certain medicines that do not have copays.

This is not a complete list. Please see the Member Copayment Schedule on the separate sheet that came with your new member welcome kit for examples of medicines with no copays. You can also find it online at www.amerihealthcaritaspa.com.

If you have to pay a copay, you will be asked to pay the copay when you get medical services or prescriptions. You cannot be denied medical services or prescriptions if you cannot pay the copay. If you cannot afford to pay the copay, you can ask to be billed for the copay amount.

Please see the Member Copayment Schedule on the separate sheet that came with your new member welcome kit for copay amounts and exceptions. You can also find it online at www.amerihealthcaritaspa.com.

What if I disagree with the copay the health care provider charges me?

If you believe your health care provider charged you a wrong copay amount, you can file a complaint with AmeriHealth Caritas. Please see the Complaints, Grievances and Fair Hearings section on page 49 for information on how to file a complaint.
Other Insurance and Bills

If you have other health insurance

If you have other health insurance (including Medicare), all your medical insurance companies need to know. You are responsible for giving that information to AmeriHealth Caritas and your health care providers.

Unless you have Medicare, you must see an AmeriHealth Caritas network provider for AmeriHealth Caritas to cover what your other insurance does not cover. If you have Medicare coverage, you have the right to seek Medicare-covered services from the Medicare provider of your choice.

You are required to show all of your medical cards at each doctor’s office and/or pharmacy visit. This helps make sure your health care bills get paid.

Call both your County Assistance Office (CAO) and Member Services to give them your other medical insurance information. Medical Assistance is the payer of last resort. This means that if you have other medical insurance, your other medical insurance must be billed first. AmeriHealth Caritas can only be billed for the amount that your other medical insurance is not required to pay.

If you get a bill or statement

As an AmeriHealth Caritas member, you are not responsible to pay for medically necessary, covered services.

Even if your AmeriHealth Caritas provider does not get a payment for the service, you are not responsible for the payment. This is called balance billing. The provider cannot balance bill you. However, you may have to pay a copay.

There are times when you can be billed for a health care service. You can be billed if:

- You get a service that needed prior authorization, but AmeriHealth Caritas did not give prior authorization; or
- You get a service from a provider who is not in the AmeriHealth Caritas network and prior authorization was not given to see that provider (except for emergency services, family planning services and any Medicare-covered services from a Medicare provider if you have Medicare coverage); or
- You get a service that is not covered by AmeriHealth Caritas and your health care provider told you before you got the service that it would not be covered.

Your health care provider can also bill you for copays that were not paid at the time you got the service.

If you receive a bill from a health care provider, you should call the health care provider listed on the bill to make sure they have all your insurance information. If you still feel you should not have been billed, you should call AmeriHealth Caritas Member Services.

Remember to ask your health care provider:

- Are you an AmeriHealth Caritas provider?
- Does this service need prior authorization?

These 2 questions could save you from getting a bill.
Disenrollment

Loss of benefits
You can be disenrolled from AmeriHealth Caritas if:

- You are no longer on Medical Assistance. Your County Assistance Office should have notified you in writing that your case is closed. If your case reopens in less than 6 months, you will be re-enrolled into AmeriHealth Caritas.
- You move to another county within Pennsylvania. To see if you can still get Medical Assistance, go to the County Assistance Office in your new county.
- You move out of Pennsylvania. You must find out about Medical Assistance (Medicaid) in your new state.
- You are convicted of a crime and are in jail or a youth development center.
- You commit medical fraud or intentional misconduct and all appeals to the Department of Human Services (DHS) have been completed.
- You are admitted to a nursing facility outside of the state of Pennsylvania.

You will be disenrolled from AmeriHealth Caritas and get health care coverage through the DHS fee-for-service program for reasons that include, but are not limited to:

- You become eligible for Medicare and are 21 years of age and older.
- You are in a nursing facility for more than 30 days. You may be re-enrolled in AmeriHealth Caritas after you leave the nursing facility.
- You are admitted to a juvenile detention center for more than 35 days in a row. You may be re-enrolled in AmeriHealth Caritas after you leave the juvenile detention center.
- You are enrolled in the Pennsylvania Department of Aging (PDA) waiver program for more than 30 days.

Voluntary disenrollment – when you want to change your health plan
You may decide you want to leave AmeriHealth Caritas. Before you make your final decision, please call us at 1-888-991-7200. We may be able to help in some way with your decision. If you decide to leave, you need to talk to an enrollment specialist by calling the HealthChoices Hotline at 1-800-440-3989. If you are deaf or hard of hearing, you can call using the TTY system at 1-800-618-4225.

Important!
When it is time to renew your benefits, you will get a letter 45 – 60 days before your benefits will end. Call your caseworker at your County Assistance Office right away. If you do not, you could lose your eligibility and medical insurance. If you need help, call Member Services.
Member Rights and Responsibilities

AmeriHealth Caritas is committed to treating members with respect and dignity. AmeriHealth Caritas, and its network of doctors and other providers of services, do not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation or any other basis prohibited by law. As a member, you have the following rights and responsibilities.

**Member rights**

You have the right to:

- Know and get information about:
  - AmeriHealth Caritas Pennsylvania and its health care providers.
  - Your member rights and responsibilities.
  - Your benefits and services.
  - The cost of health care.

- Be treated with dignity and respect by your health care providers and AmeriHealth Caritas.

- Get materials and/or help in languages and formats other than written English, such as Braille, audio or sign language, if necessary.

- Have your personal and health information and medical records kept private and confidential.

- Expect that AmeriHealth Caritas will give you our Notice of Privacy Practices without you requesting it. You have the right to:
  - Approve or deny the release of identifiable medical or personal information, except when the release is required by law.
  - Ask for a list of disclosures of protected health information.
  - Ask for and receive a copy of your medical records as allowed by applicable federal and state laws.
  - Ask that AmeriHealth Caritas change certain protected health information.
  - Ask that any message with protected health information from AmeriHealth Caritas be sent to you by alternate means or to an alternate address or phone number.

- Talk with your health care provider about:
  - Your treatment plans.
  - The kinds of care you can choose to meet your medical needs in a way you understand.
  - Your treatment plans, regardless of cost or benefit coverage.

- Take an active part in the decisions about your health care, including the right to refuse treatment. Your decision to do so will not negatively affect the way you are treated by AmeriHealth Caritas, its health care providers or the Department of Human Services.

- Voice complaints about and/or appeal decisions made by AmeriHealth Caritas and its health care providers.

- File for a fair hearing with the Department of Human Services.

- Make an advance directive. See page 47 for more details.

- Be given an opportunity to make suggestions for changes in AmeriHealth Caritas policies and procedures.

- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

For more information or to make suggestions, please call Member Services.
Member Rights and Responsibilities

**Member responsibilities**

We need you to help us. Please remember that you have a responsibility to:

- Let AmeriHealth Caritas and your health care providers know of any changes that may affect your membership, health care needs or benefits. Some examples include, but are not limited to the following:
  - You are pregnant.
  - You have a new baby.
  - Your address or phone number changes.
  - You or 1 of your children has other health insurance.
  - You have a special medical condition.
  - You change your PCP.
  - Your family size changes.
  - You move out of the county or state.

- Keep your benefits up to date with your caseworker at your County Assistance Office. Find out when your benefits will end. Make sure all your information is up to date so you can keep your benefits.

- Work with AmeriHealth Caritas and our health care providers. This means you must follow the guidelines given to you about AmeriHealth Caritas and you must follow your health care provider’s instructions about your care. This includes:
  - Making appointments with your health care provider.
  - Canceling appointments when you cannot make your appointment.
  - Calling AmeriHealth Caritas when you have questions.

- Treat your health care providers and staff with respect and dignity.

- Talk with your health care provider to agree on goals for your treatment, to the degree you are able to do so.

- Talk with your health care provider so you can understand your health problems, to the degree you are able to do so.

If you have any questions about your responsibilities or for more information, please call Member Services.

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**Remember: You must also call your County Assistance Office (CAO) or the Customer Service Center at 1-877-395-8930 to let them know of your changes.**
Summary Notice of Privacy Practices

This summary describes how medical information about you may be used and shared with others. It also explains how you can get this information. Please read carefully.

AmeriHealth Caritas Pennsylvania is required by law to protect the privacy of your health information. AmeriHealth Caritas Pennsylvania would like to tell you of the policies about your Protected Health Information (PHI). Health care providers use members’ medical information during treatment, as well as during payment processing.

AmeriHealth Caritas Pennsylvania has to use and disclose your PHI to help you get your health care services, and to pay our providers for giving you care. Many steps are taken to make sure this information is protected. AmeriHealth Caritas Pennsylvania is not allowed to use or share your medical information without you saying in writing that we can, except for these 3 reasons:

Treatment of the Patient

Example — Health care providers talking about a patient’s treatment.

Making a Payment

Example — Our claims processing department using medical information to make payments to providers.

Health Care Operations

Example — Identifying members with certain chronic illnesses so we can send treatment information to them or their providers.

Some other examples of how AmeriHealth Caritas Pennsylvania may use or share your PHI include:

- Legal requirements
- Public health activities
- Reporting abuse
- Law enforcement
- Research
- Providing information to you
- Avoiding serious threat
- Providing information to family and friends

Sometimes we are required to get your authorization so that we can use or share your PHI. Your authorization letting us use or share your PHI may be canceled at any time unless the information has already been shared. You may get a copy of your PHI that we have in our records. You may also get a description of some ways we use your PHI. For a copy of the full Notice of Privacy Practices and/or for any questions or comments regarding PHI, please call Member Services. You can also go to our website at www.amerihealthcaritaspa.com.
Advance Directives

The Patient Self-Determination Act is a federal law recognized in Pennsylvania. It says you have the right to choose the medical care and treatment that you may or may not want. You have the right to make these choices known to your doctor or other health care provider through an advance directive. An advance directive is only used when you cannot decide and speak for yourself, and you cannot tell the doctor what you want. An example would be if you were in a coma.

We will let you know within 90 days of any changes in Pennsylvania’s advance directive law. AmeriHealth Caritas has no limit on implementing advance directives based on our beliefs. AmeriHealth Caritas will honor your advance directive to the fullest extent allowed by law. See the Complaints, Grievances and Fair Hearings section on page 49 for information on how to file a complaint with AmeriHealth Caritas or the Department of Health about an advance directive.

There are 2 kinds of advance directives in Pennsylvania:

**Living will**
A living will is a written record of how you wish your medical care to be handled if you are no longer able to decide and speak for yourself. This document should say what type of medical treatments you would or would not want to have.

**Durable health care power of attorney**
This is a legal document that gives the name of the person who can make decisions, including medical treatment decisions, in case you cannot make them for yourself. This person does not have to be a lawyer.

To make sure your wishes are met, you should write an advance directive and give a copy to your PCP as well as to family members.

For more information on advance directives, go to [www.webmd.com/palliative-care/advance-directives-medical-power-attorney](http://www.webmd.com/palliative-care/advance-directives-medical-power-attorney). You can also ask for a copy of the AmeriHealth Caritas Pennsylvania policy on advance directives by calling Member Services.
When You Need Help

The Department of Human Services (DHS) MA Program Services

The DHS MA Program Services line is operated by The Department of Human Services to make sure that your requests for medically necessary care and services sent to AmeriHealth Caritas and your behavioral health plan are responded to in a timely manner. The DHS MA Program Services line helps all Medical Assistance consumers who are enrolled in the HealthChoices Program.

The DHS MA Program Services line allows members to speak to nurses who work for DHS. If you or your health care provider request medical care or services, and AmeriHealth Caritas or your behavioral health plan has not responded in time to meet your needs, please call 1-800-537-8862. You can also call if AmeriHealth Caritas or your behavioral health plan has denied you medically necessary care or services and will not accept your request to file a grievance. Or you can call if you are having trouble getting shift home health services that have been authorized by AmeriHealth Caritas.

You can call the DHS MA Program Services line Monday through Friday, 9:00 a.m. to 5:00 p.m. at 1-800-537-8862. The DHS MA Program Services line cannot provide or approve urgent or emergency medical care. If you believe you need urgent or emergency care, you should call your PCP or go to your local hospital.

Member dissatisfaction

If you have questions or concerns about your AmeriHealth Caritas benefits or services, please call Member Services. Our Member Services representatives can resolve most questions and concerns. If we cannot immediately resolve your questions or concerns, we will investigate the issue and respond to you within 30 days. You also have the right to file a formal complaint at any time.
Complaints, Grievances and Fair Hearings

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

Complaints

What is a complaint?

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

Some things you may complain about:

- You are unhappy with the care you are getting.
- You cannot get the service or item you want because it is not a covered service or item.
- You have not gotten services that AmeriHealth Caritas has approved.

What should I do if I have a complaint?

First level complaint

To file a complaint, you can:

- Call AmeriHealth Caritas at 1-888-991-7200 and tell us your complaint, or
- Write down your complaint and send it to us at:
  
  Member Appeals Department  
  Attention: Member Advocate  
  AmeriHealth Caritas Pennsylvania  
  200 Stevens Drive  
  Philadelphia, PA 19113-1570, or

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

This is called a first level complaint.

When should I file a first level complaint?

You must file a complaint within 45 days of getting a letter telling you that:

- AmeriHealth Caritas has decided that you cannot get a service or item you want because it is not a covered service or item.
- AmeriHealth Caritas will not pay a provider for a service or item you got.
- AmeriHealth Caritas did not decide within 30 days about a complaint or grievance you told us about before.
Complaints, Grievances and Fair Hearings

You must file a complaint within 45 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:

<table>
<thead>
<tr>
<th>Appointment Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New member appointment for your first examination for...</strong></td>
</tr>
<tr>
<td>Members with HIV/AIDS</td>
</tr>
<tr>
<td>Members who receive Supplemental Security Income (SSI)</td>
</tr>
<tr>
<td>Members under the age of 21</td>
</tr>
<tr>
<td>All other members</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Members who are pregnant...</strong></th>
<th><strong>We will make an appointment for you...</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women in their first trimester</td>
<td>With an OB/GYN provider within 10 business days of AmeriHealth Caritas learning you are pregnant.</td>
</tr>
<tr>
<td>Pregnant women in their second trimester</td>
<td>With an OB/GYN provider within 5 business days of AmeriHealth Caritas learning you are pregnant.</td>
</tr>
<tr>
<td>Pregnant women in their third trimester</td>
<td>With an OB/GYN provider within 4 business days of AmeriHealth Caritas learning you are pregnant.</td>
</tr>
<tr>
<td>Pregnant women with high-risk pregnancies</td>
<td>With an OB/GYN provider within 24 hours of AmeriHealth Caritas learning you are pregnant.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Appointment with Primary Care Practitioner (PCP)...</strong></th>
<th><strong>We will make an appointment for you...</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent medical condition</td>
<td>Within 24 hours</td>
</tr>
<tr>
<td>Routine appointment</td>
<td>Within 10 business days</td>
</tr>
<tr>
<td>Health assessment/general physical examination</td>
<td>Within 3 weeks</td>
</tr>
</tbody>
</table>
## Complaints, Grievances and Fair Hearings

### Appointment Standards

<table>
<thead>
<tr>
<th>Appointment with Specialists (when referred by PCP)…</th>
<th>We will make an appointment for you…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent medical condition</td>
<td>Within 24 hours of referral</td>
</tr>
<tr>
<td>Routine appointment with 1 of the following Specialists:</td>
<td>Within 15 business days of referral</td>
</tr>
<tr>
<td>• Otolaryngology.</td>
<td></td>
</tr>
<tr>
<td>• Orthopedic Surgery.</td>
<td></td>
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<tr>
<td>• Dermatology.</td>
<td></td>
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<tr>
<td>• Pediatric Endocrinology.</td>
<td></td>
</tr>
<tr>
<td>• Pediatric General Surgery.</td>
<td></td>
</tr>
<tr>
<td>• Pediatric Infectious Disease.</td>
<td></td>
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<tr>
<td>• Pediatric Neurology.</td>
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<td>• Pediatric Pulmonology.</td>
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<tr>
<td>• Pediatric Rheumatology.</td>
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<tr>
<td>• Dentist.</td>
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<tr>
<td>• Pediatric Allergy and Immunology.</td>
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<tr>
<td>• Pediatric Gastroenterology.</td>
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<tr>
<td>• Pediatric Hematology.</td>
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<tr>
<td>• Pediatric Nephrology.</td>
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<tr>
<td>• Pediatric Oncology.</td>
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<tr>
<td>• Pediatric Rehab Medicine.</td>
<td></td>
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<tr>
<td>• Pediatric Urology.</td>
<td></td>
</tr>
<tr>
<td>Routine appointment with all other Specialists</td>
<td>Within 10 business days of referral</td>
</tr>
<tr>
<td>You may file all other complaints at any time.</td>
<td></td>
</tr>
</tbody>
</table>
Complaints, Grievances and Fair Hearings

What happens after I file a first level complaint?
After you file your complaint, you will get a letter from AmeriHealth Caritas telling you that we have received your complaint, and about the first level complaint review process.

You may ask AmeriHealth Caritas to see any relevant information we have about your complaint. You may also send information that may help with your complaint to AmeriHealth Caritas.

You may attend the complaint review if you want to. You may come to our offices or be included by phone or video conference, if available. If you decide that you do not want to attend the complaint review, it will not affect our decision.

A committee of 1 or more AmeriHealth Caritas staff who has not been involved in the issue you filed your complaint about will review your complaint and make a decision. Your complaint will be decided no later than 30 days after we receive your complaint.

A decision letter will be mailed to you within 5 business days after the decision is made. This letter will tell you the reason(s) for the decision and what you can do if you do not like the decision.

If you need more information about help during the complaint process, see page 57 of this Member Handbook.

What to do to continue getting services:
If you have been receiving services or items that are being reduced, changed or stopped and you file a complaint that is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that the services or items you have been receiving are not covered services or items for you, the service or items will continue until a decision is made.

What if I do not like the decision made by AmeriHealth Caritas?
Second level complaint
If you do not agree with our first level complaint decision, you may file a second level complaint with AmeriHealth Caritas.

When should I file a second level complaint?
You must file your second level complaint within 45 days of the date you receive the first level complaint decision letter.

To file a second level complaint, you can:

- Call AmeriHealth Caritas at 1-888-991-7200 and tell us your second level complaint, or
- Write down your second level complaint and send it to us at:
  
  Member Appeals Department  
  Attention: Member Advocate  
  AmeriHealth Caritas Pennsylvania  
  200 Stevens Drive  
  Philadelphia, PA 19113-1570
Complaints, Grievances and Fair Hearings

What happens after I file a second level complaint?

You will receive a letter from AmeriHealth Caritas telling you that we have received your complaint, and telling you about the second level complaint review process.

You may ask AmeriHealth Caritas to see any relevant information we have about your complaint. You may also send information that may help with your complaint to AmeriHealth Caritas.

You may attend the complaint review if you want to. You may come to our offices or be included by phone or video conference, if available. If you decide that you do not want to attend the complaint review, it will not affect our decision.

A committee made up of 3 or more people (including at least 1 person who is not an employee of AmeriHealth Caritas or of a related subsidiary or affiliate) who have not been involved in the issue you filed your complaint about, will review your complaint and make a decision. Your complaint will be decided no later than 45 days after we receive your complaint.

A decision letter will be mailed to you within 5 business days 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.

If you need more information about help during the complaint process, see page 57 of this Member Handbook.

What to do to continue getting services:

If you have been receiving services or items that are being reduced, changed or stopped because they are not covered services or items for you and you file a second level complaint that is hand-delivered or postmarked within 10 days of the date on the first level complaint decision letter, the service or items will continue until a decision is made.

What can I do if I still do not like the decision made by AmeriHealth Caritas?

External complaint review

If you do not agree with the AmeriHealth Caritas second level complaint decision, you may ask for an external review by either the Department of Health or the Insurance Department.

The Department of Health handles complaints that involve the way a provider gives care or services. The Insurance Department reviews complaints that involve the AmeriHealth Caritas policies and procedures.

You must ask for an external review within 15 days of the date you received the second level complaint decision letter. If you ask, the Department of Health will help you put your complaint in writing.

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

Pennsylvania Department of Health
Bureau of Managed Care
Room 912 Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
1-888-466-2787
Fax 1-717-705-0947, or

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

If you send your request for external review to the wrong department, it will be sent to the correct department.

The Department of Health or the Insurance Department will get your file from AmeriHealth Caritas. 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 during the external review.
Complaints, Grievances and Fair Hearings

External complaint review (continued)
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 receiving services or items that are being reduced, changed or stopped because they are not a covered service or items for you and you file a request for an external complaint review that is hand-delivered or postmarked within 10 days of the date on the second level complaint decision letter, the services or items will continue until a decision is made.

Grievances
What is a grievance?
When AmeriHealth Caritas 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 letter (notice) telling you the decision made by AmeriHealth Caritas.

A grievance is when you tell us you disagree with AmeriHealth Caritas’ decision.

What should I do if I have a grievance?
First level grievance
To file a grievance, you can:

• Call AmeriHealth Caritas at 1-888-991-7200 and tell us your grievance, or

• Write down your grievance and send it to us at:
  Member Appeals Department
  Attention: Member Advocate
  AmeriHealth Caritas Pennsylvania
  200 Stevens Drive
  Philadelphia, PA 19113-1570, or

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

Note: If your provider files a grievance for you, you cannot file a separate grievance on your own.

When should I file a first level grievance?
You have 45 days from the date you receive the letter (notice) that tells you about the denial, decrease, or approval of a different service or item to file your grievance.

What happens after I file a first level grievance?
After you file your grievance, you will get a letter from AmeriHealth Caritas telling you that we have received your grievance and about the first level grievance review process.

You may ask AmeriHealth Caritas to see any relevant information we have about your grievance. You may also send information that may help with your grievance to AmeriHealth Caritas

You may attend the grievance review if you want to. You may come to our offices or be included by phone or by video conference, if available. If you decide that you do not want to attend the grievance review, it will not affect our decision.

A committee of 1 or more AmeriHealth Caritas staff (including a licensed doctor) who have not been involved in the issue you filed your grievance about, will review your grievance and make a decision. Your grievance will be decided no later than 30 days after we received your grievance.

A decision letter will be mailed to you within 5 business days after the decision is made. This letter will tell you the reason(s) for the decision and what you can do if you do not like the decision.

If you need more information about help during the grievance process, see page 57 of this Member Handbook.

What to do to continue getting services:
If you have been receiving services or items that are being reduced, changed or stopped and you file a first level grievance that is hand-delivered or postmarked within 10 days of the date on the letter (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.
Complaints, Grievances and Fair Hearings

What if I don’t like AmeriHealth Caritas’ decision?

Second level grievance

If you do not agree with our first level grievance decision, you may file a second level grievance with AmeriHealth Caritas.

When should I file a second level grievance?

You must file your second level grievance within 45 days of the date you receive the first level grievance decision letter. To file a second level grievance, you can:

- Call AmeriHealth Caritas at 1-888-991-7200 and tell us your second level grievance, or
- Write down your second level grievance and send it to us at:

  Member Appeals Department  
  Attention: Member Advocate  
  AmeriHealth Caritas Pennsylvania  
  200 Stevens Drive  
  Philadelphia, PA 19113-1570

What happens after I file a second level grievance?

You will receive a letter from AmeriHealth Caritas telling you that we have received your grievance, and telling you about the second level grievance review process.

You may ask AmeriHealth Caritas to see any relevant information we have about your grievance. You may also send information that may help with your grievance to AmeriHealth Caritas.

You may attend the grievance review if you want to. You may come to our offices or be included by phone or by video conference, if available. If you decide that you do not want to attend the grievance review, it will not affect our decision.

A committee of 3 or more people (including a doctor and at least 1 person who is not an employee of AmeriHealth Caritas or a related subsidiary or affiliate) who have not been involved in the issue you filed your grievance about, will review your grievance and make a decision. Your grievance will be decided no later than 45 days after we receive your grievance.

What happens after I file a second level grievance (continued)

A decision letter will be mailed to you within 5 business days 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.

If you need more information about help during the grievance process, see page 57 of this Member Handbook.

What to do to continue getting services:

If you have been receiving services or items that are being reduced, changed or stopped and you file a second level grievance that is hand-delivered or postmarked within 10 days of the date on the first level grievance decision letter, the services or items will continue until a decision is made.

What can I do if I still don’t like AmeriHealth Caritas’ decision?

External grievance review

If you do not agree with the AmeriHealth Caritas second level grievance decision, you may ask for an external grievance review. You must call or send a letter to AmeriHealth Caritas asking for an external grievance review within 15 days of the date you received our grievance decision letter. To ask for an external grievance review, you can:

- Call AmeriHealth Caritas at 1-888-671-5276 and tell us your grievance, or
- Write down your grievance and send it to us at:

  AmeriHealth Caritas Pennsylvania  
  Member Appeals Unit  
  External Grievance Review  
  P.O. Box 41820  
  Philadelphia, PA 19101-1820

We will then send your request to the Department of Health. The Department of Health will notify you of the external grievance reviewer’s name, address and phone number. You will also be given information about the external review process.
Complaints, Grievances and Fair Hearings

External grievance review (continued)
AmeriHealth Caritas will send your grievance file to the reviewer. You may provide additional information to the reviewer that may help with the external review of your grievance, within 15 days of filing the request for an external grievance review.

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

If you need more information about help during the grievance process, see page 57 of this Member Handbook.

What to do to continue getting services:
If you have been receiving services or items that are being reduced, changed or stopped and you request an external grievance review that is hand-delivered or postmarked within 10 days of the date on the second level grievance decision letter, the service or items will continue until a decision is made.

You may call the AmeriHealth Caritas toll-free telephone number at 1-888-991-7200; you can contact Legal Aid at 1-800-322-7572; or you can contact the Pennsylvania Health Law Project at 1-800-274-3258 if you need help or have questions about complaints and grievances.

What can I do if my health is at immediate risk?

Expedited complaints and grievances
If your doctor or dentist believes that the usual timeframes for deciding your complaint or grievance will harm your health, you or your doctor or dentist can call AmeriHealth Caritas at 1-888-991-7200 and ask that your complaint or grievance be decided faster. You will need to have a letter from your doctor or dentist faxed to 1-215-937-5367 explaining how the usual timeframe for deciding your complaint or grievance will harm your health.

If your doctor or dentist does not fax AmeriHealth Caritas this letter, your complaint or grievance will be decided within the usual timeframes.

Expedited Complaint
The expedited complaint will be decided by a licensed doctor, who has not been involved in the issue you filed your complaint about.

AmeriHealth Caritas will call you within 48 hours of when we receive your provider’s letter explaining how the usual timeframe for deciding your complaint will harm your health or 3 business days of when we receive your request for an expedited (faster) complaint review with our decision, whichever is shorter. You will also receive a letter telling you the reason(s) for the decision and how to file an external complaint, if you do not like the decision.

For information on how to file an external complaint see page 53 of this Member Handbook.
## Complaints, Grievances and Fair Hearings

### Expedited Grievances and Expedited External Grievances

A committee of 3 or more people, including a licensed doctor and at least 1 AmeriHealth Caritas member, will review your grievance. The licensed doctor will decide your expedited grievance with help from the other people on the committee. No one on the committee will have been involved in the issue you filed your grievance about.

AmeriHealth Caritas will call you within 48 hours of when we receive your provider’s letter explaining how the usual timeframe for deciding your grievance will harm your health or 3 business days of when we receive your request for an expedited (faster) grievance review with our decision, whichever is shorter. You will also receive a letter telling you the reason(s) for the decision and how to file an expedited external grievance review, if you do not like the decision.

If you want to ask for an expedited external grievance review by the Department of Health, you must call AmeriHealth Caritas at 1-888-991-7200 within 2 business days from the date you get the expedited grievance decision letter. AmeriHealth Caritas will send your request to the Department of Health within 24 hours after receiving it.

**An expedited grievance decision may not be requested after a second level grievance decision has been made on the same issue.**

### 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 from AmeriHealth Caritas 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. For legal assistance you can contact Legal Aid at 1-800-322-7572.

At any time during the complaint or grievance process, you can have someone you know represent you or act on your behalf. If you decide to have someone represent or act for you, tell AmeriHealth Caritas, in writing, the name of that person and how we can reach him or her.

You or the person you choose to represent you may ask AmeriHealth Caritas to see any relevant information we have about your complaint or grievance.

### Persons whose primary language is not English

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

### Persons with Disabilities

AmeriHealth Caritas will provide persons with disabilities with the following help in presenting complaints or grievances at no cost, if needed. This help includes:

- Providing sign language interpreters,
- Providing information submitted by AmeriHealth Caritas 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.
Complaints, Grievances and Fair Hearings

Note: For some issues you can request a fair hearing from the Department of Human Services in addition to or instead of filing a complaint or grievance with AmeriHealth Caritas.

See below for the reasons you can request a fair hearing.

Department of Human Services Fair Hearings

In some cases, you can ask the Department of Human Services to hold a hearing because you are unhappy about or do not agree with something AmeriHealth Caritas did or did not do. These hearings are called FAIR HEARINGS. You can ask for a fair hearing at the same time you file a complaint or grievance or you can ask for a fair hearing after AmeriHealth Caritas decides your first or second level complaint or grievance.

What kind of things can I request a fair hearing about and by when do I have to ask for my fair hearing?

<table>
<thead>
<tr>
<th>If you are unhappy because...</th>
<th>You must ask for a fair hearing...</th>
</tr>
</thead>
<tbody>
<tr>
<td>AmeriHealth Caritas decided to deny a service or item because it is not a covered service or item.</td>
<td>Within 30 days of getting a letter from AmeriHealth Caritas telling you of this decision.</td>
</tr>
<tr>
<td>AmeriHealth Caritas decided to not pay a provider for a service or item you got and the provider can bill you for the service or item.</td>
<td>Within 30 days of getting a letter from AmeriHealth Caritas telling you of this decision.</td>
</tr>
<tr>
<td>AmeriHealth Caritas did not decide within 30 days, a complaint or grievance you told AmeriHealth Caritas about before.</td>
<td>Within 30 days of getting a letter from AmeriHealth Caritas telling you that we did not decide your complaint or grievance within the time we were supposed to.</td>
</tr>
<tr>
<td>AmeriHealth Caritas decided to deny, decrease or approve a service or item different than the service or item you requested because it was not medically necessary.</td>
<td>Within 30 days of getting a letter from AmeriHealth Caritas telling you of this decision or within 30 days of getting a letter from AmeriHealth Caritas telling you our decision after you filed a complaint or grievance about this.</td>
</tr>
<tr>
<td>AmeriHealth Caritas did not provide a service or item by the time you should have received it. (The time by which you should have received a service or item is listed on pages 50 – 51.)</td>
<td>Within 30 days of the date you should have received the service or item.</td>
</tr>
</tbody>
</table>
Complaints, Grievances and Fair Hearings

**How do I ask for a fair hearing?**

You must ask for a fair hearing in writing and send it to:

**Department of Human Services**  
**Office of Medical Assistance Programs**  
**HealthChoices Program**  
**Complaint, Grievance and Fair Hearings**  
**P.O. Box 2675**  
**Harrisburg, PA 17105-2675**

Your request for a fair hearing should include the following information:

- Member name;
- Member Social Security number and date of birth;
- A telephone number where you can be reached during the day;
- If you want to have the fair hearing in person or by telephone;
- Any letter you may have received about the issue you are requesting your fair hearing for.

**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 or video conference, if available. A family member, friend, lawyer or other person may help you during the fair hearing.

AmeriHealth Caritas will also go to your fair hearing to explain why we made the decision or explain what happened.

If you ask, AmeriHealth Caritas must give you (at no cost to you) any records, reports and other information we have that is relevant to what you requested your fair hearing about.

**When will the fair hearing be decided?**

If you ask for a fair hearing after a first level complaint or grievance decision, the fair hearing will be decided no more than 60 days after the Department of Human Services gets your request.

If you ask for a fair hearing and did not file a first level complaint or grievance, or if you ask for a fair hearing after a second level complaint or grievance decision, the fair hearing will be decided within 90 days from when the Department of Human Services gets your request.

If your fair hearing is not decided within 90 days from the date that the Department of Human Services receives your request, you may be able to get your services until your fair hearing is decided. You can call the Department of Human Services at **1-800-798-2339** to ask for your services.

**What to do to continue getting services:**

If you have been receiving services or items that are being reduced, changed or stopped and your request for a fair hearing is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that AmeriHealth Caritas has reduced, changed or denied your services or items or telling you the decision made by AmeriHealth Caritas about your first or second level complaint or grievance, your services or items will continue until a decision is made.
Complaints, Grievances and Fair Hearings

What can I do if my health is at immediate risk?

**Expedited Fair Hearing**

If your doctor or dentist believes that using the usual timeframes to decide your fair hearing will harm your health, you or your doctor or dentist can call the Department of Human Services at **1-800-798-2339** and ask that your fair hearing be decided faster. This is called an expedited fair hearing. You will need to have a letter from your doctor or dentist faxed to **1-717-772-6328** explaining why using the usual timeframes to decide your fair hearing will harm your health. If your doctor or dentist does not send a written statement, your doctor or dentist may testify at the fair hearing to explain why using the usual timeframes to decide your fair hearing will harm your health.

The Bureau of Hearings and Appeals will contact you to schedule the expedited fair hearing. The expedited fair hearing will be held by telephone within 3 business days after you ask for the fair hearing.

If your doctor or dentist 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 time frame for the fair hearing decision will be based on the date you asked for the fair hearing.

If your doctor or dentist sent a written statement or testifies at the hearing, the decision will be made within 3 business days after you asked for the fair hearing.

You may call the AmeriHealth Caritas toll-free telephone number at **1-888-991-7200**; you can contact Legal Aid at **1-800-322-7572**; or you can contact the Pennsylvania Health Law Project at **1-800-274-3258** if you need help or have questions about complaints and grievances.
Overuse and Abuse

Fraud and abuse

Unfortunately, there may be times when you see fraud or abuse.

Some examples of fraud and abuse by a health care provider are:

• Billing or charging you for services that AmeriHealth Caritas covers (other than copays).
• Offering you gifts or money to get treatment or services you do not need.
• Offering you free services, equipment or supplies in exchange for using your AmeriHealth Caritas member number.
• Giving you treatment or services you do not need.
• Physical, mental or sexual abuse by medical staff.

Some examples of fraud and abuse by a member are:

• Members selling or lending their ID cards to other people.
• Members abusing their benefits by seeking drugs or services that are not medically necessary.

You can report fraud and abuse by calling the AmeriHealth Caritas Hotline number at 1-866-833-9718. You can also report fraud and abuse to the Department of Human Services through any of the following:

• Call the MA Provider Compliance hotline number: 1-866-379-8477.
• Go to the website: www.dhs.state.pa.us/omap.
• Or send an email to omaptips@state.pa.us.

You do not have to give your name and if you do, the provider or member will not be told you called.

Recipient Restriction program

Member lock-in program

The Department of Human Services (DHS) has a Recipient Restriction program that looks at medication and medical service use and abuse. As part of the program, AmeriHealth Caritas looks at the medicine all members take and the services all members use. We compare them to guidelines approved by DHS, to best manage your health care.

There are times when we find overuse of medicine or medical services. AmeriHealth Caritas, with the approval of DHS, can restrict you to a specific PCP, pharmacy and/or hospital provider. You can choose the provider, or one will be chosen for you. If you want to be restricted to a different provider than the one chosen for you, call Member Services. The restriction will last for 5 years. You will get a letter from AmeriHealth Caritas outlining the restriction. You also have a right to appeal. This restriction will follow you, even if you leave AmeriHealth Caritas.

If you do not agree with the restriction, you can file a fair hearing with DHS. Please see page 59 for more information about how to file a fair hearing.

A member can choose to be restricted to a PCP or a hospital. Call Member Services for more information.

When you are restricted to a provider, you must still use your AmeriHealth Caritas ID card to get services.
### Special Situations

#### Continuing care

Members are allowed to continue ongoing treatment with a health care provider who is not in the AmeriHealth Caritas network. You can do this when any of the following happens:

- You are a new AmeriHealth Caritas member and you are getting ongoing treatment from a health care provider who is not in the AmeriHealth Caritas network.
- You are a current AmeriHealth Caritas member and you are getting ongoing treatment from a health care provider whose contract has ended with AmeriHealth Caritas for reasons that are "not-for-cause."

"Not-for-cause reasons" means that the provider’s contract did not end because of the quality of the provider’s care or because the provider did not meet other contract or regulatory requirements.

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<th>When this happens:</th>
<th>AmeriHealth Caritas will allow:</th>
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<tr>
<td>You are a new AmeriHealth Caritas member.</td>
<td>You can get ongoing treatment from a health care provider who is not in the AmeriHealth Caritas network. You can continue treatment for up to 60 days from the date you were enrolled in AmeriHealth Caritas.</td>
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<tr>
<td>You are a new AmeriHealth Caritas member and you are pregnant on the effective date of enrollment in AmeriHealth Caritas.</td>
<td>You can get ongoing treatment from an obstetrician (OB) or midwife who is not in the AmeriHealth Caritas network. You can continue with this OB or midwife until the end of your postpartum care related to your delivery.</td>
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<td>You are a current AmeriHealth Caritas member. You are getting ongoing treatment from a health care provider (doctor, midwife or CRNP) whose contract has ended with AmeriHealth Caritas.</td>
<td>You can continue treatment for up to 90 days from the date you are notified by AmeriHealth Caritas that the health care provider will not be in the AmeriHealth Caritas network, or for up to 60 days from the date the provider’s contract with AmeriHealth Caritas ends — whichever is longer.</td>
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<td>You are a current AmeriHealth Caritas member. You are getting ongoing treatment from a health care provider other than a doctor or midwife or CRNP, such as a health care facility or health care agency whose contract has ended with AmeriHealth Caritas.</td>
<td>You can continue treatment for up to 60 days from the date you are notified by AmeriHealth Caritas that the health care provider will not be in the AmeriHealth Caritas network, or for up to 60 days from the date the provider’s contract with AmeriHealth Caritas ends — whichever is longer.</td>
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<tr>
<td>You are a current AmeriHealth Caritas member. You are getting ongoing treatment from an OB or midwife whose contract has ended with AmeriHealth Caritas during your second or third trimester of pregnancy.</td>
<td>You can continue treatment from that OB or midwife until the end of your postpartum care related to your delivery.</td>
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Special Situations

Requests for ongoing treatment or services are reviewed case-by-case. Treatment or services are “ongoing” if you were treated during the past 12 months for a condition where you need to get follow-up care or additional treatment. Services are also considered to be “ongoing” if they have been prior authorized. The treatment and services include, but are not limited to:

- Services you get before the procedure or service(s) that are related to the procedure or service(s).
- Services you get after the procedure or service(s) that are related to the procedure or service(s) and that are part of a current course of treatment.

If you want to keep getting treatment or services with a health care provider who is not in the AmeriHealth Caritas network, you must either:

- Call Member Services for help with continuing care, or
- Ask your health care provider to call the AmeriHealth Caritas Utilization Management department at 1-800-521-6622.

Once we have the request to continue care, we will review your case. We will notify you and your health care provider by telephone if continued services have been authorized. If for some reason we do not approve continued care, you and your health care provider will get a telephone call and a letter that includes our decision and information about your right to appeal the decision.

You must get approval from AmeriHealth Caritas to continue care.

A health care provider who agrees to continue your care out of network must agree to follow the AmeriHealth Caritas requirements. The provider must follow the prior authorization process (see page 35 about prior authorization) and is not allowed to balance bill you for medically necessary approved services provided (see page 42 about balance billing).

AmeriHealth Caritas will not cover continuing care when:

- The provider’s contract has ended because of quality-of-care issues, or
- The provider is not a Medical Assistance provider, or
- The provider did not comply with regulations or other contract requirements.
Special Situations

Changing your primary care practitioner (PCP)
If you move or want to change your PCP for any reason, we will help you choose another PCP in your area.

How to change your PCP
If you have access to the Internet:

- Go to www.amerihealthcaritaspa.com and click on Find a Provider to choose a provider in your area.
- Call Member Services at 1-888-991-7200 to make the change.

If you do not have access to the Internet:

- Call Member Services at 1-888-991-7200. We will help you find a PCP in your area.
- We can also send you a Provider Directory.

Once you change your PCP:

- We will ask why you want to change your PCP. This will help us learn about any possible problems with the services given by PCPs in our network.
- Your PCP choice will be effective immediately. You will get a new AmeriHealth Caritas ID card within 2 weeks. Destroy your old ID card once you have the new card.

Note: Your new PCP will need your medical records from your old PCP. If you ask for your records after you change PCPs, your old PCP can charge you for copying your records. Try to get a copy of your medical records before you change your PCP.

If your PCP is leaving the AmeriHealth Caritas network
There are times when PCPs leave AmeriHealth Caritas. There are also times when a PCP may not be able to be a PCP anymore. When we find this out, we will let you know so you can choose a new PCP. You will have at least 10 days to choose a new AmeriHealth Caritas PCP. Follow the steps above to change your PCP.

If you do not choose a new PCP by the date we tell you, we will choose a PCP for you. We will send you a letter with the name of your new PCP. You will also get a new ID card in a separate mailing. If you do not want the PCP we have chosen for you, you can change your PCP at any time by calling Member Services.

If you also have Medicare coverage, you have the right to seek Medicare-covered services from the Medicare provider of your choice.

Call your old PCP and ask to have your medical records sent to your new PCP. It is important that your new PCP know your medical history.

Call your new PCP to make an appointment.
# My Personal Medical Diary

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

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

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

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

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

- Qualified interpreters
- Information written in other languages

If you need these services, contact AmeriHealth Caritas Pennsylvania at 1-888-991-7200 (TTY 1-888-987-5704).

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

AmeriHealth Caritas Pennsylvania, 
Member Complaints Department, 
Attention: Member Advocate, 
200 Stevens Drive 
Philadelphia, PA 19113-1570
Phone: 1-888-991-7200, TTY 1-888-987-5704, 
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-PWBEAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, AmeriHealth Caritas Pennsylvania 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).

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


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 1-888-991-7200 (TTY: 1-888-987-5704)。


**Nondiscrimination Notice**

www.amerihealthcaritaspa.com
List of Helpful Numbers

My AmeriHealth Caritas member ID number (fill in your number):

Other family members’ AmeriHealth Caritas ID numbers:

My primary care practitioner (PCP):

My child’s PCP:

My dentist: My child’s dentist:

Medical Assistance Transportation Program (MATP)
(fill in your county number from the list provided in your new member welcome kit):

Mental Health/Drug and Alcohol Agency
(fill in your county number from the list provided in your new member welcome kit):

My AmeriHealth Caritas care manager:

AmeriHealth Caritas Pennsylvania
1-888-991-7200 TTY: 1-888-987-5704

Write to: AmeriHealth Caritas Pennsylvania
200 Stevens Drive
Philadelphia, PA 19113-1570

AmeriHealth Caritas Special Needs Unit 1-800-684-5503

AmeriHealth Caritas Nurse Call Line 1-866-566-1513

DHS MA Program Services (see page 48) 1-800-537-8862

Customer Service Center, Department of Human Services (DHS) 1-877-395-8930

DHS CONNECT (Early Intervention program, see page 39) 1-800-692-7288

PA Enrollment Services 1-800-440-3989 TTY: 1-800-618-4225

Pennsylvania Tobacco Cessation program (see page 30) 1-800-QUIT-NOW

Get information from the Internet: AmeriHealth Caritas also communicates to members through our website, www.amerihealthcaritaspa.com. The Member Center on our website is available in Spanish. You can also find this handbook on our website in English, Spanish, Russian, Chinese, Cambodian, Vietnamese and large print.
Call Member Services at 1-888-991-7200 or TTY 1-888-987-5704.

Revision date January 2018
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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-991-7200 (TTY 1-888-987-5704).

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-991-7200 (TTY 1-888-987-5704).

Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-991-7200 (телетайп 1-888-987-5704).

For the full nondiscrimination notice, go to www.amerihealthcaritaspa.com.