Keystone First – CHIP Enrollee Handbook

Pennsylvania's Children's Health Insurance Program
We Cover All Kids.

Keystone First

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

www.keystonefirstchip.com

This information is accurate as of the revision date. Please call Enrollee Services with any questions. Your managed care plan may not cover all your health care expenses. Read your Enrollee handbook carefully to determine which health care services are covered.

Pennsylvania's Children's Health Insurance Program
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an independent licensee of the Blue Cross and Blue Shield Association.

Nondiscrimination Notice

Keystone First – CHIP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

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

Keystone First – CHIP provides free aids and services to people with disabilities to communicate effectively with us, such as:

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

Keystone First – CHIP provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact **Keystone First – CHIP** at **1-844-472-2447 (TTY 711)**.

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

Keystone First **–** CHIP,
Enrollee Complaints Department,
Attention: Enrollee Advocate,
200 Stevens Drive
Philadelphia, PA 19113-1570
Phone: **1-844-472-2447**, TTY **711**,
Fax: **215-937-5367**, or
Email: PAmemberappeals@amerihealthcaritas.com

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

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Keystone First **–** CHIP 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, phone or email 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).
OCRMail@hhs.gov

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

Nondiscrimination Notice

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-844-472-2447 (TTY 711)** or speak to your provider.

Spanish
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **1-844-472-2447 (TTY 711)** o hable con su proveedor.

Chinese; Mandarin
注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **1-844-472-2447（文本电话 711）**或咨询您的服务提供商。

Nepali
सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। **1-844-472-2447 (TTY 711)** मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Russian
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **1-844-472-2447 (TTY 711)** или обратитесь к своему поставщику услуг.

Arabic
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل بالرقم **1-844-472-2447 (TTY 711)** للوصول إلى خدمات المساعدة المناسبة والخدمات الأخرى المتاحة للوصول إلى المعلومات بتنسيقات يمكن الوصول إليها.

Haitian Creole
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan **1-844-472-2447 (TTY 711)** oswa pale avèk founisè w la.

Vietnamese
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số **1-844-472-2447 (Người khuyết tật 711)** hoặc trao đổi với người cung cấp dịch vụ của bạn.

Ukrainian
УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером **1-844-472-2447 (TTY 711)** або зверніться до свого постачальника.

Nondiscrimination Notice

Chinese; Cantonese
注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 **1-844-472-2447（TTY 711）**或與您的提供者討論。

Portuguese
ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para **1-844-472-2447 (TTY 711)** ou fale com seu provedor.

Bengali
মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। **1-844-472-2447 (TTY 711)** নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

French
ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **1-844-472-2447 (TTY 711)** ou parlez à votre fournisseur.

Cambodian
សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសា
ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ
ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន
ដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ **1-844-472-2447 (TTY 711)**
ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Korean
주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **1-844-472-2447 (TTY 711)**번으로 전화하거나 서비스 제공업체에 문의하십시오.

Gujarati
ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. **1-844-472-2447 (TTY 711)** પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Table of Contents

Section – 1 Welcome

Introduction

What is CHIP?

CHIP is a state and federally funded program that provides comprehensive health insurance to children up to 19 years of age. Our Enrollees have a wide range of benefits available to them through the CHIP program.

Welcome to Keystone First - CHIP

Thank you for enrolling in the Children's Health Insurance Program (CHIP) brought to you by *Keystone First - CHIP*. **Keystone First - CHIP** is a managed care organization currently serving Enrollees in Bucks, Chester, Delaware, Montgomery and Philadelphia counties. **Keystone First - CHIP** is dedicated to quality health care in Pennsylvania. Our mission at **Keystone First - CHIP** is to help people:

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

We want to help you get the care you need to be healthy. We also want to make sure that you are treated with respect and that you get health care services in a way that is private and confidential.

Keystone First - CHIP has a network of contracted providers, facilities, and suppliers to provide covered health services to Enrollees. It is important for you to see providers who are in the **Keystone First - CHIP** network (providers who are contracted with **Keystone First - CHIP**). When you go to providers in the **Keystone First - CHIP** network, we are better able to see that you are getting the care you need, when you need it, and in the way you need it.

This handbook provides information on Enrollee's benefits and services. While we recognize an Enrollee's parent or guardian may need to act on behalf of the Enrollee, we will address the handbook to the Enrollee.

Enrollee Services

Staff at Enrollee Services can help you with:

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

And much more.

Keystone First - CHIP's Enrollee Services are available:

24 hours a day, 7 days a week

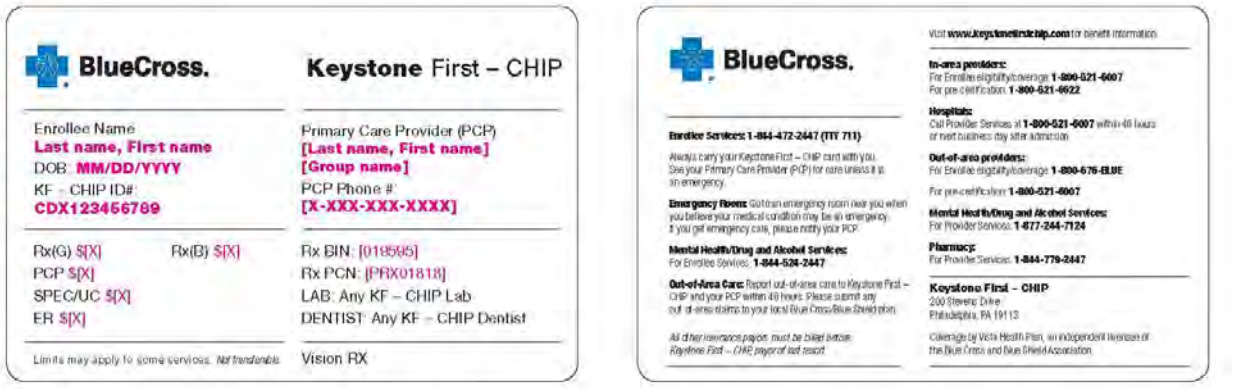
And can be reached at **1-844-472-2447 (TTY 711).**

Enrollee Services can also be contacted in writing at:

Keystone First - CHIP
P.O. Box 211413
Eagan, MN 55121

Enrollee Identification Cards

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



The card includes your personal **Keystone First - CHIP** ID number, as well as other important phone numbers and addresses for both you and your health care providers. It is important to carry your ID card with you at all times. You will need to show your ID card to get the benefits and services you need that are covered by CHIP. If you have not received your **Keystone First - CHIP** ID card, or if your ID card was lost or stolen, please call Enrollee Services at **1-844-472-2447 (TTY 711).**
We will send you a new card. You can still get health care services while you wait for the new card.

If you need care before you get your Enrollee ID card, please call Enrollee Services at **1-844-472-2447 (TTY 711)**. We will give you your Enrollee ID number. Write your Enrollee ID number down and take it with you to get the services you need. Your health care provider should also call Keystone First - CHIP to check your eligibility.

Until you get your new or replacement **Keystone First - CHIP** ID card, call Enrollee Services at **1-844-472-2447 (TTY 711)** and ask for your Enrollee ID number. Take your Enrollee ID number with you to get the services you need. Your health care provider should also call Keystone First - CHIP to check your eligibility.

Important Contact Information

The following is a list of important phone numbers you may need. If you are not sure who to call, please contact Enrollee Services for help: **1-844-472-2447 (TTY 711).**

Emergencies

Please see Section 3, Covered Services, beginning on page 26**,** for more information about emergency services. If you have an emergency, you can get help by calling the nearest emergency department, calling 911, or contacting your local ambulance service.

Important Contact Information – At a Glance

Name	Contact Information: Phone or Website	Support Provided
Pennsylvania Department of Human Services Phone Numbers		
Office of CHIP	1-800-986-KIDS (5437) www.chipcoverspakids.com	Unresolved issues
COMPASS	1-877-395-8930 or 1-800-451-5886 (TTY/TTD) or www.compass.state.pa.us or myCOMPASS PA mobile app for smart phones	Change your personal information for CHIP eligibility. See page **11** of this handbook for more information.
Fraud and Abuse Reporting Hotline, Department of Human Services	1-844-DHS-TIPS (1-844-347-8477)	Report Enrollee or provider fraud or abuse in the CHIP program. See page **23** of this handbook for more information.
Other Important Phone Numbers		

Keystone First – CHIP Nurse Call Line	1-877-625-2447	Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters. See page **16** of this handbook for information.
Insurance Department; Bureau of Consumer Services	1-877-881-6388	Ask for a complaint form, file a complaint, or talk with a consumer services representative.
Keystone First – CHIP Behavioral Health	1-844-524-2447 (TTY 711)	

Other Phone Numbers

Name	**Phone Number**
Childline	**1-800-932-0313**
Buck County Crisis • Upper Bucks Crisis • Central Bucks Crisis • Lower Bucks Crisis	 **215-257-6551** **215-345-2273** **215-785-9765**
Chester County's Crisis Contact Center	**610-280-3270**
Delaware County Crisis Connections Team	**1-855-889-7827**
Montgomery County Mobile Crisis	**1-855-634-4673**
Philadelphia Crisis Intervention	**(215) 685-6440**
Legal Aid	**1-800-322-7572**
Bucks County Department of Behavioral Health/Developmental Programs	**215-444-2800**
Chester County Mental Health/Intellectual & Developmental Disabilities	**610-344-6265**
Delaware County Human Services	**610-713-2365**
Montgomery County Office of Mental Health / Developmental	**610-278-3642**

Disabilities and Early Intervention	
Philadelphia Behavioral Health and Intellectual disAbility Services	**(215) 685-5400**
National Suicide Prevention Lifeline	**1-800-273-8255**
Women, Infants, and Children Program (WIC)	**1-800-942-9467**
Domestic Violence Hotline	**1-800-799-7233**

Communication Services

Keystone First - CHIP can provide this Handbook and other information you need in languages other than English at no cost to you. **Keystone First - CHIP** can also provide this Handbook and other information you need in other formats such as compact disc, Braille, large print, DVD, electronic communication, and other formats if necessary, at no cost to you. Please contact Enrollee Services at **1-844-472-2447 (TTY 711)** to ask for any help you need. Depending on the information you need, it may take up to five (5) business days for **Keystone First - CHIP** to send you the information.

Keystone First - CHIP will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call Enrollee Services at **1-844-472-2447 (TTY 711)** and Enrollee Services will connect you with the interpreter service that meets your needs. For TTY services, call our specialized number at **711.**

If your PCP or other provider cannot provide an interpreter for your appointment, **Keystone First - CHIP** will provide one for you. Call Enrollee Services at **1-844-472-2447 (TTY 711)** if you need an interpreter for an appointment.

Enrollment

In order to qualify for health insurance coverage under the CHIP program, you must be:

- Under 19 years of age
- A resident of Pennsylvania
- A U.S. citizen, U.S. national, or lawfully present immigrant
- Uninsured (not covered by any other health insurance coverage)
- Not eligible for Medical Assistance (Medicaid)

You must meet the guidelines based on household size and income found at **https://www.pa.gov/en/agencies/dhs/resources/chip/eligibility-and-benefits.html.** Most families can receive CHIP coverage for free. Others can get the same benefits at a low cost, depending on household size and income. You will receive CHIP coverage for

a twelve (12) month enrollment period unless one of the situations under the “loss of benefit” section occur.

Renewal

CHIP coverage must be renewed at the end of the twelve (12) month period of enrollment. Your coverage may be renewed, if eligible, every twelve (12) months until you reach the age of 19.

A renewal is just a review of the family situation. You will only be requested to verify the household income unless other household factors have changed and require verification.

At one hundred-twenty (120) calendar days before the end of the twelve (12) month enrolment period, a reminder notice will be sent to you. This notice will explain that **Keystone First - CHIP** will try to perform the renewal with electronic verification sources, as well as notifying you that you should report any relevant changes to **Keystone First - CHIP**.

If **Keystone First - CHIP** is unable to perform the renewal with electronic verification sources, notices well be sent to you at ninety (90) and sixty (60) calendar days prior to the end of the twelve (12) month enrollment period. These notices will include pre-populated renewal forms as well as a postage-paid envelope. You must provide the renewal form and verifications prior to the end of the twelve (12) month enrollment period.

It is important you follow instructions so that your CHIP coverage does not end. If you have questions about any paperwork you get or are unsure whether your eligibility for CHIP is up-to-date, call **Keystone First - CHIP** Enrollee Services at **1-844-472-2447 (TTY 711)** or the office of CHIP at 1-800-986-KIDS (5437).

Changing Your CHIP MCO

You may change your CHIP plan at any time, for any reason. To change your CHIP plan, call **Keystone First - CHIP** at **1-844-472-2447 (TTY 711)**. They will tell you when the change to your new CHIP plan will start, and you will stay in **Keystone First - CHIP** until then. It can take up to six (6) weeks for a change to your CHIP plan to take effect. Use your **Keystone First - CHIP** ID card at your appointments until your new plan starts.

Changes in the Household

Call **Keystone First - CHIP** Enrollee Services at **1-844-472-2447 (TTY 711)** if there are any changes to your household.

For example:

- Someone in your household is pregnant or has a baby.
- Your address or phone number changes.

- You or a family member who lives with you gets other health insurance.
- You or a family member who lives with you gets very sick or becomes disabled.
- A family member moves in or out of your household.
- There is a death in the family.

A new baby is automatically assigned to the mother's current CHIP plan until a new eligibility determination is rendered. There will then be a review for Medical Assistance.

What Should I Do if I Move?

If you move out of your county, you may need to choose a new CHIP plan. Contact **Keystone First - CHIP** if you move. If **Keystone First - CHIP** also serves your new county, you can stay with **Keystone First - CHIP**. If **Keystone First - CHIP** does not serve your new county, **Keystone First - CHIP** will help you transfer to a new MCO for your new county.

If you move out-of-state, you will no longer be eligible to receive services through Pennsylvania CHIP. Contact **Keystone First - CHIP** if you move out of the state. **Keystone First - CHIP** will end your benefits in Pennsylvania. You will need to apply for benefits in your new state.

Loss of Benefits

If your CHIP coverage ends for any reason, but you become eligible again within six (6) months, you will be re-enrolled in the same insurance company. You may choose a different MCO at any time.

There are a few reasons why you may lose your benefits, even during the twelve (12) month enrollment period.

They include:

- You become eligible for certain other credible medical insurance coverage (including Medical Assistance, certain employer insurances, etc.).
- You are not paying your premium (if you are required to pay a premium).
- You do not complete a renewal.
- You obtain other credible medical insurance coverage.
- You enter a nursing home outside of Pennsylvania.
- You commit CHIP fraud and exhaust all appeals.
- You go to prison.
- You are placed in a Youth Development Center.
- You terminate your coverage voluntarily.
- You reach 19 years of age.
- You are deceased.
- You move out-of-state.
- You move out of the county.

- You are a prison inmate or a patient in a public institution for behavioral diseases.
- Misinformation was provided at the time of application or renewal that would have resulted in a determination of ineligibility.
- There is misuse of your ID card.

Provider Directory Information

Keystone First - CHIP's provider directory has information about the providers in **Keystone First - CHIP**'s network. The provider directory is located online here: www.keystonefirstchip.com. You may call Enrollee Services at **1-844-472-2447 (TTY 711)** to ask that a copy of the provider directory be sent to you or to request information about a doctor's medical school or residency program. You may also call to get help finding a provider. The provider directory includes the following information about network providers:

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

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

Picking Your Primary Care Provider (PCP)

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

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

All Enrollees must have a PCP. You have ten (10) days from the receipt of your notice of enrollment letter to select a PCP. If you do not select a PCP, **Keystone First - CHIP** will assign a PCP.

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

Some of these medical professionals may be:

- Physician Assistants
- Medical Residents
- Certified Nurse-Midwives

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

Changing Your PCP

If you want to change your PCP for any reason, call Enrollee Services at **1-844-472-2447 (TTY 711)** to ask for a new PCP. If you need help finding a new PCP, you can go to www.keystonefirstchip.com, which includes a provider directory, or ask Enrollee Services to send you a printed provider directory.
Keystone First - CHIP will send you a new ID card with the new PCP's name and phone number on it. The Enrollee Services representative will tell you when you can start seeing your new PCP.

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

If you have a pediatrician or pediatric specialist as a PCP, you may ask for help to change to a PCP who provides Family Practice services at any time.

Who Can I See for Dental Care?

You may make an appointment with any participating dental providers. You'll find a list of dental providers by visiting our website at www.keystonefirstchip.com or by calling **1-844-472-2447 (TTY 711)**.

Office Visits

Making an Appointment with Your PCP

To make an appointment with your PCP, call your PCP's office. If you need help making an appointment, please call **Keystone First - CHIP**'s Enrollee Services at **1-844-472-2447 (TTY 711)**.

If you do not have your **Keystone First - CHIP** ID card by the time of your appointment, you should also tell your PCP that you selected **Keystone First - CHIP** as your CHIP plan.

Also, please call Enrollee Services at **1-844-472-2447 (TTY 711)**. We will give you your Enrollee ID number. Write your Enrollee ID number on your Welcome letter that came with your New Enrollee Welcome Kit. Take it with you to get the services you need. Your health care provider should also call Keystone First - CHIP to check your eligibility.

Appointment Standards

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

- Your PCP should see you within ten (10) business days of when you call for a routine appointment.
- You should not have to wait in the waiting room longer than thirty (30) minutes unless the doctor has an emergency.
- If you have an urgent medical condition, your provider should see you within 24 hours of when you call for an appointment.
- If you have an emergency, the provider must see you immediately or refer you to an emergency room.
- If you are pregnant and
    - In your first trimester, your provider must see you within ten (10) business days of **Keystone First - CHIP** learning you are pregnant.
    - In your second trimester, your provider must see you within five (5) business days of **Keystone First - CHIP** learning you are pregnant.
    - In your third trimester, your provider must see you within four (4) business days of **Keystone First - CHIP** learning you are pregnant.
    - Have a high-risk pregnancy, your provider must see you within 24 hours of **Keystone First - CHIP** learning you are pregnant.

Referrals

If you need specialized care that your PCP cannot offer, you can see any in-network specialist you choose without a referral. A specialist is a doctor who is trained and practices in a specific area of medicine (for example, a cardiologist or a surgeon). If you see an in-network specialist, it will be covered. Certain co-pays may apply.

There are some treatments and services that your specialist must ask us to approve before you can get them. Your specialist will tell you what those services are.

If you have trouble getting the specialist care you think you need, contact **Keystone First - CHIP**'s Enrollee Services at **1-844-472-2447 (TTY 711)**.

If Keystone First – CHIP does not have a specialist or other provider in our provider network who can give you the care you need, we will refer you to a specialist or other provider outside our plan. This is called an out-of-network referral. Your PCP or another network provider must ask us for approval before you can get an out-of-network referral. You can talk to your PCP about this or call **Keystone First - CHIP**'s Enrollee Services at **1-844-472-2447 (TTY 711)** to discuss your needs and to get more details.

Sometimes we may not approve an out-of-network referral for a specific treatment. This may happen if you ask for care that is like what you can get from a **Keystone First - CHIP** provider. If you do not agree with our decision, you can appeal our decision. See page **80** to find out how.

If you have a complex health condition or a special health care need, you may be able to choose a specialist to act as your PCP. To learn more or ask to choose a specialist as your PCP, call **Keystone First - CHIP**'s Enrollee Services at **1-844-472-2447 (TTY 711)**. We will work with you to help coordinate the care you need.

No referrals are required for an Enrollee to access care at participating specialists. You are encouraged to work through your PCP for coordination of healthcare needs.

Self-Referrals

Self-referrals are services you arrange for yourself and do not require that your PCP arrange for you to receive the services. You must use a **Keystone First - CHIP** network provider unless **Keystone First - CHIP** approves an out-of-network provider.

Services that do not need a referral include:

- Prenatal visits.
- Routine obstetric (OB) care.
- Routine gynecological (GYN) care.
- Routine family planning services (may see out-of-network provider).
- Routine dental services.
- Routine eye exams.
- Emergency services.

You do not need to be referred by your PCP for behavioral health services. Please see section 3 of the handbook on page **57** for more information.

After-Hours Care

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

Keystone First - CHIP has a toll-free **Nurse Call Line** at **1- 877-625-2447** that you can also call 24 hours a day, 7 days a week. A nurse will talk with you about your urgent health matters.

Enrollee Engagement

Suggesting Changes to Policies and Services

Keystone First - CHIP would like to hear from you about ways to make your experience with CHIP better. If you have suggestions for how to make the program better or how to deliver services differently, please contact **1-844-472-2447 (TTY 711).**

Keystone First - CHIP Quality Improvement Program

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

Our Quality team supports this mission by monitoring the health care and services you get. As an Enrollee, your health is our first priority. That's why we have a Quality Assessment and Performance Improvement (QAPI) program. The QAPI program looks for ways to make our services better. That can make it easier for you to stay healthy.

The QAPI program works to improve the quality of your health care. It gives us a structure and guidelines for medical clinical care, behavioral clinical care, and other enrollee services.

The quality improvement program looks for ways to make our services better by:

- Using surveys to get feedback from Enrollees and providers.
- Getting information from medical and service area studies.
- Talking to providers to find ways to make our services better.
- Checking that we reach our service goals each year.
- The program also helps our Enrollees improve their health and wellness by:
    - Developing programs for Enrollees with special needs.
    - Offering programs that help Enrollees manage their health.
    - Making health education available to Enrollees.
    - Reviewing the quality of care and services given by **Keystone First - CHIP** medical, dental, vision, and pharmacy providers.

Call Enrollee Services at **1-844-472-2447 (TTY 711)** if you:

- Would like to learn more about our QAPI program and its goals, activities, and outcomes.
- Think you did not get quality care. Call Enrollee Services and our team will look into the issue.

Section – 2

Rights and Responsibilities

Enrollee Rights and Responsibilities

Keystone First - CHIP and its network of providers do not discriminate against Enrollees based on race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, CHIP status, income status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare, or physical or mental disability, except where medically indicated.

As a **Keystone First - CHIP** Enrollee, you have the following rights and responsibilities.

Enrollee Rights

You have the right to:

1. To be treated with respect, recognizing your dignity and need for privacy, by **Keystone First - CHIP** staff and network providers.
2. To get information in a way you can easily understand and receive help when you need it.
3. To get information you can easily understand about **Keystone First - CHIP**, its services, and the doctors and other providers that treat you.
4. To pick the network health care providers you want to treat you.
5. To receive emergency services when you need them from any provider without
6. **Keystone First - CHIP**'s approval.
7. To get information you can easily understand and talk to your providers about your treatment options, risks of treatment, alternative therapies, and consultation or tests that may be self-administered without any interference from **Keystone First - CHIP** regardless of cost or benefit coverage.
8. To make all decisions about your health care, including the right to refuse treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or make decisions for you.
9. To talk with providers in confidence and to have your health care information and records kept confidential.
10. To see and get a copy of your medical records and to ask for changes or corrections to your medical records.
11. To ask for a second opinion.
12. To file a grievance if you disagree with **Keystone First - CHIP**'s decision that a service is not medically necessary for you.
13. To file a complaint if you are unhappy about the care or treatment you have received.
14. To ask for a DHS External Review.
15. To be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you.
16. To receive information about services that **Keystone First - CHIP** or a provider does not cover because of moral or religious objections and about how to obtain those services.
17. To exercise your rights without it negatively affecting the way DHS, **Keystone First**

- CHIP, and network providers treat you.

18. To make recommendations about the rights and responsibilities of **Keystone First - CHIP's** Enrollees.

Enrollee Responsibilities

Enrollees are asked to work with their health care service providers. **Keystone First – CHIP** needs your help so that you get the services and supports you need. You have the responsibility to:

1. Provide, to the extent you can, information needed by your providers.
2. Follow instructions and guidelines given by your providers.
3. Be involved in decisions about your health care and treatment.
4. Work with your providers to create and carry out your treatment plans.
5. Tell your providers what you want and need.
6. Learn about **Keystone First - CHIP** coverage, including all covered and non-covered benefits and limits.
7. Use only network providers unless **Keystone First - CHIP** approves an out-of-network provider. You may have to pay if you do not use in-network providers.
8. Be referred by your PCP to see a specialist.
9. Respect other patients, provider staff, and provider workers.
10. Make a good-faith effort to pay your co-payments.
11. Report fraud and abuse to the DHS Fraud and Abuse Reporting Hotline.

Privacy and Confidentiality

Keystone First - CHIP must protect the privacy of your protected health information (PHI). **Keystone First - CHIP** must tell you how your PHI may be used or shared with others. This includes sharing your PHI with providers who are treating you or so that **Keystone First - CHIP** can pay your providers. It also includes sharing your PHI with DHS. This information is included in **Keystone First - CHIP**'s Notice of Privacy Practices. To get a copy of **Keystone First - CHIP**'s Notice of Privacy Practices, please call **1-844-472-2447 (TTY 711)** or visit **www.keystonefirstchip.com**.

Your Costs for Covered Services

Premiums

Your coverage begins when your 1st premium payment is made. Premiums are the regularly scheduled monthly payments you pay to **Keystone First - CHIP** for CHIP coverage Your premium payment needs to be paid on or before the due date or it may impact your child's coverage. **There are no premiums for Enrollees with Free CHIP coverage.** If you are enrolled in Low-cost or Full-cost CHIP, each month you will receive a bill for the following month's premium. You will receive notice from **Keystone**

First - CHIP of any change in your monthly premium payment thirty (30) days before the change takes place.

If you are terminated due to non-payment of premiums, you may opt to be re-enrolled within ninety (90) days. Any unpaid premiums must be paid before you can be re-enrolled. If you wait longer than 90 days, you will need to complete a new application.

Co-Payments

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

Co-payment amounts can be found in the Covered Services chart starting on page **26** of this Handbook.

Enrollees in the free program do not have to pay co-payments. The following services do not require a co-payment:

- Well-child PCP visit.
- Outpatient medical therapy.
- Inpatient facility stays.
- Inpatient/outpatient behavioral health visit for mental health or substance abuse.
- Routine dental care.
- Routine vision care.
- Laboratory services.
- Family planning services, including supplies.
- Hospice services.
- Home health services.

What If I Am Charged a Co-Payment and I Disagree?

If you believe that a provider charged you the wrong amount for a co-payment you believe you should not have had to pay, you can file a complaint with **Keystone First - CHIP**. Please see Section 6, Complaints, Grievances, and External Review for information on how to file a Complaint, Grievance, or External Review or call Enrollee Services at **1-844-472-2447 (TTY 711)**.

Dental Costs

Except in the case of an emergency, in order for a dental benefit to be completely covered by Keystone First - CHIP, dental care must be provided by a dentist who is an in-network **Keystone First - CHIP** provider. Covered dental benefits provided by a network provider and approved by **Keystone First - CHIP** will have no out of pocket

costs.

Orthodontic treatment must be provided by an in-network Keystone First – CHIP orthodontist.

If you go to an out-of-network dentist for services other than orthodontic treatment, you will be responsible for paying the difference between the out-of-network dentist's charges and the Keystone First- CHIP allowance for covered services.

Some out-of-network dental providers will expect payment in full for services at the time of the visit. In this case, it will be your responsibility to pay the bill and then submit the bill to **Keystone First – CHIP** to request reimbursement. You will be sent a check for the allowed amount of the covered services you received. This check may be less than the amount you paid the out-of-network dentist.

In a case involving a covered service in which the dentist, the Enrollee, or the Enrollee's parent selects a more expensive course of treatment than is customarily provided for the dental condition, payment under this benefit will be based on the charge allowance for the lesser procedure. In this case, you are responsible to pay the difference between the charge for the actual service rendered and the amount received from **Keystone First - CHIP.**

Billing Information

Providers in **Keystone First - CHIP**'s network may not bill you for medically necessary services that **Keystone First - CHIP** covers. Even if your provider has not received payment or the full amount of his or her charge from **Keystone First - CHIP**, the provider may not bill you. This is called balance billing.

When Can a Provider Bill Me?

Providers may bill you if:

- You did not pay your co-payment.
- You received services from an out-of-network provider without approval from **Keystone First - CHIP**, the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received services that are not covered by **Keystone First - CHIP**, the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received a service from a provider who is not enrolled with the Commonwealth.
- You go over a benefit limit on a service.
- You receive a medical service that is not a covered benefit.

Out-of-network providers are not allowed to bill Enrollees for services above and beyond **Keystone First - CHIP**'s agreed upon reimbursement rate. This means that, other than in the above circumstances, you should not receive a bill from an out-of-network provider. If you do receive a bill from an out-of-network provider, call Enrollee Services at **1-844-472-2447 (TTY 711)** immediately so the situation can be resolved as soon as possible.

What Do I Do if I Get a Bill?

If you get a bill from a **Keystone First - CHIP** network provider and you think the provider should not have billed you, you can call Enrollee Services at **1-844-472-2447 (TTY 711).**

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

Third-Party Liability

CHIP Enrollees upon initial enrollment are not allowed to have any other creditable medical insurance coverage in addition to CHIP. If Free CHIP or Low-Cost CHIP Enrollees obtain other creditable medical coverage during their enrollment in the CHIP program, they may maintain their enrollment until the next annual enrollment period begins. Full Cost CHIP Enrollees can be terminated if they obtain other creditable medical coverage during their initial 12-month eligibility period enrollment in the CHIP program. Also, occasionally there are times when some of your healthcare bills may be covered by a different policy other than CHIP. An example of when this might happen is when an Enrollee is involved in an accident and some of the cost of his or her medical care is covered by the automobile insurance policy. This is called subrogation. If you are injured or ill as a result of an accident at work and another insurance policy is involved, call **Keystone First - CHIP** and inform them of the situation.

Coordination of Benefits

Coordination of Benefits (COB) is used to avoid claims payment delays when a person is covered by two (2) or more insurance plans providing benefits or services for medical, dental, or other care or treatment. Other insurance that may provide coverage can include but is not limited to, auto insurance benefits and any workers' compensation benefits.

Reporting Fraud or Abuse

How Do I Report Enrollee Fraud or Abuse?

If you think that someone is using your or another Enrollee's **Keystone First - CHIP** card to obtain services, equipment, or medicines, is forging or changing their

prescriptions, or is getting services they do not need, you should call the **Keystone First - CHIP** Fraud and Abuse Hotline at **1-866-833-9718 (TTY 711)** to give **Keystone First - CHIP** this information. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1- 844-DHS-TIPS (1-844-347-8477).

How Do I Report Provider Fraud or Abuse?

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

Section 3 – Health Services

Covered Services

The chart below lists the services that are covered by **Keystone First - CHIP** when the services are medically necessary. Some of the services have limits or co-payments, need a referral from your PCP, or require prior authorization by **Keystone First - CHIP**. If you need services beyond the limits listed below, your provider can ask for an exception, as explained later in this section.

As noted elsewhere in this Benefits Handbook, some services below may require Prior Authorization		
Keystone First - CHIP Benefit	**Coverage using network providers**	**Copays or Limits**
PCP office visits and retail health clinic visits		
Free CHIP	100%	$0 per office visit
Low-cost CHIP	100%	$5 per office visit*
Full-cost CHIP	100%	$15 per office visit*
* No copay for certain well-child visits		
Specialist office visits		
Free CHIP	100%	$0 per office visit
Low-cost CHIP	100%	$10 per office visit*
Full-cost CHIP	100%	$25 per office visit*
* No copay for behavioral health and substance use services		
Preventive care		
Routine annual physical exams	100%	–
Immunizations	100%	–
Routine gynecological exams, including a Pap test	100%	–
Mammograms	100%	–
Nutrition counseling for weight management	100%	6 visits per benefit period
Outpatient laboratory/pathology - Routine radiology/diagnostic - MRI/MRA, CT/CTA Scan, PET Scan	100%	–
Inpatient hospital services		
Facility services	100%	–
Physician/Surgeon	100%	–
Outpatient surgery		
Ambulatory surgical facility	100%	–
Hospital-based	100%	–
Physician/surgeon	100%	–

Keystone First - CHIP Benefit	Coverage using network providers	Copays or Limits
Urgent care center		
Free CHIP	100%	$0 per office visit
Low-cost CHIP	100%	$10 per office visit
Full-cost CHIP	100%	$25 per office visit
Emergency care		
Free CHIP	100%	$0 per visit
Low-cost CHIP	100%	$25 per visit*
Full-cost CHIP	100%	$50 per visit*
* Does **not** apply if child is admitted		
Emergency Ambulance	**100%**	**–**
Autism spectrum disorder treatment	**100%**	**–**
Dental care		
Preventive: cleanings, fluoride treatments, sealants	100%	–
Diagnostic: routine exams, X-rays	100%	–
Restorative: fillings, crowns	100%	–
Oral surgery: extractions	100%	–
Orthodontic services	100%	Must meet medical necessity criteria
Dental services as a result of accidental injury	100%	–
Diabetes education, equipment & supplies	**100%**	**–**
Diagnostic services (imaging, medical, and laboratory)	**100%**	**–**
DME & prosthetics	**100%**	**–**
Family planning (for prescription contraceptives, devices, and counseling)	**100%**	**–**
Habilitative services — outpatient		
Occupational, physical, speech therapies	100%	30 visits per calendar year for each therapy for a total of 90 visits.

Keystone First - CHIP Benefit	Coverage using network providers	Copays or Limits
Hearing care		
Hearing and audiometric exam	100%	One exam per calendar year
Hearing aid and device	100%	Reimbursement for one hearing aid or device, per ear, every two calendar years
Home health care	**100%**	**–**
Hospice care	**100%**	**–**
Hospital services	**100%**	**–**
Infusion therapy		
Injectable medications - Standard injectable drugs - Biotech/specialty injectables	100%	
Maternity and obstetrical care		
Physician services relating to antepartum, intrapartum & postpartum care	100%	–
Hospital	100%	–
Medical foods	**100%**	**–**
Medical therapy services – outpatient (cardiac, chemotherapy, dialysis, infusion, radiation, respiratory)	**100%**	**–**
Behavioral health		
Inpatient behavioral health	100%	–
Outpatient behavioral health	100%	–
Newborn care	**100%**	**Newborns remain in CHIP until a new eligibility determination is rendered**

Keystone First - CHIP Benefit	Coverage using network providers	Copays or Limits
Outpatient Prescription drugs		
Free CHIP	100%	$0
Low-cost CHIP	100%	Retail (31-day supply): $6 generic, $9 brand Mail-order (90-day supply): $12 generic, $18 brand
Full-cost CHIP	100%	Retail (31-day supply): $10 generic, $18 brand Mail-order (90-day supply): $20 generic, $36 brand
Specialty drugs: Use Specialty Pharmacy Program; charge is the same as "Retail" brand charge listed above. **Non-formulary drug:** Same as "Retail" brand charge listed above. **Nonparticipating pharmacy:** Pay the full charge and submit a claim form for reimbursement consideration.		
Private duty nursing	**100%**	
Rehabilitation services – outpatient	**100%**	
Therapy services - Physical Therapy - Speech Therapy - OccupationalTherapy	100%	60 visits per benefit period for each therapy
Skilled nursing facility	**100%**	**–**
Spinal manipulation / chiropractic care	**100%**	**20 visits per benefit period year**
Substance use		
Inpatient detoxification	100%	–
Inpatient rehabilitation	100%	–
Outpatient substance use treatment	100%	–
Transplant services	**100%**	**–**

Keystone First - CHIP Benefit	Coverage using network providers	Copays or Limits
Routine Vision care		
Routine eye exam and refractions	100%	
Frames and prescription lenses	100%	One pair of frames and prescription lenses per calendar year that may be plastic or glass, single vision, bifocal, trifocal, lenticular and/or oversize lenses, fashion and gradient tinting, oversized glass-grey #3 prescription sunglass lenses, and polycarbonate prescription lenses. Covered when selected from Davis Vision Collection of frames; allowance of $130 for other frames.
Scratch-resistant coating for prescription lenses		Additional copayment applies for premium lenses or coatings (beyond scratch-resistance).
Optional prescription lens types and treatments:		
Ultraviolet protective coating	100%	–
Blended segment lenses	–	$20
Intermediate vision lenses	–	$30
Progressive lenses (standard)	–	$50
Progressive lenses (premium)	–	$90
Progressive lenses (ultra)	–	$140
Progressive lenses (unlimited)	–	$175
Glass photochromic lenses	–	Single — $20; Multifocal — $20
Plastic photosensitive single lenses	–	$65
Plastic photosensitive multi lenses	–	$70
Polarized lenses	–	$75
Anti-reflective (ar) coating (standard)	–	$35

Keystone First - CHIP Benefit	Coverage using network providers	Copays or Limits
Anti-reflective (ar) coating (premium)	–	$48
Anti-reflective (ar) coating (ultra)	–	$60
Hi-index lenses	–	$55
Scratch protection plan (single vision)	–	$20
Scratch protection plan (multifocal)	–	$40
Prescription Contact lenses (in lieu of eyeglasses or when medically necessary)		Covered if on formulary; or allowance of $130
Replacement pair of eyeglasses		One replacement pair available due to loss or breakage per calendar year

Services That Are Not Covered

Listed below are the physical health services that **Keystone First - CHIP** does not cover. If you have any questions about whether or not **Keystone First - CHIP** covers a service for you, please call Enrollee Services at **1-844-472-2447 (TTY 711)**.

The following are excluded from your coverage:

1. Services or supplies that are:
   - Not provided by or referred by your primary care physician except in an emergency or as specified elsewhere in this Benefits Handbook
   - Not medically necessary, as determined by your primary care physician or referred specialist or Keystone First - CHIP, for the diagnosis or treatment of illness, injury, or restoration of physiological functions; this exclusion does not apply to routine and preventive covered services specifically provided under this contract and described in this Benefits Handbook
   - Provided by family members, relatives, and friends
2. Services for any occupational illness or bodily injury that occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of workers' compensation law or any similar occupational disease law or act; this exclusion applies whether or not the Enrollee claims the benefits or compensation
3. Services, charges, or supplies for which an Enrollee would have no legal obligation to pay, or another party has primary responsibility
4. For any loss sustained or expenses incurred during military service while on active duty as a member of the armed forces of any nation; or as a result of enemy action or act of war, whether declared or undeclared

5. Care related to military service disabilities and conditions that you are legally entitled to receive at government facilities which are not Keystone First - CHIP providers, and which are reasonably accessible to you
6. Any charges for services, supplies, or treatment while an Enrollee is incarcerated in any adult or juvenile penal or correctional facility of institution
7. Care for conditions that federal, state, or local law requires to be treated in a public facility
8. Services, supplies, or charges paid or payable by Medicare when Medicare is primary (for purposes of this Benefits Handbook, a service, supply, or charge is "payable under Medicare" when the Enrollee is eligible to enroll for Medicare benefits, regardless of whether the Enrollee actually enrolls for, pays applicable premiums for, maintains, claims, or receives Medicare benefits)
9. For injuries resulting from the maintenance or use of a motor vehicle if the treatment or service is paid under a plan or policy of motor vehicle insurance, including a certified self-insured plan, or payable in any manner under the Pennsylvania Motor Vehicle Financial Responsibility Law
10. Charges for broken appointments, services for which the cost is later recovered through legal action, compromise, or claim settlement, and charges for additional treatment necessitated by lack of patient cooperation or failure to follow a prescribed plan of treatment
11. Services or supplies that are experimental/investigative in nature, except Routine Patient Costs Associated with Qualifying Clinical Trials that meet the definition of a Qualifying Clinical Trial under this Benefits Handbook, and which have been preapproved by Keystone First - CHIP

    Routine patient costs do not include any of the following:
    - The investigational item, device, or service itself
    - Items and services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient
    - A service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis
12. Routine physical examinations for non-preventive purposes, such as pre-marital examinations, physicals for camp, college or travel, and examinations for insurance, licensing, and employment
13. For care in a long-term care facility, including a nursing home; home for the aged; convalescent home, school, camp, or institution for intellectually disabled children; or custodial care in a skilled nursing facility
14. Cosmetic surgery, including cosmetic dental surgery — defined as any surgery done primarily to alter or improve the appearance of any portion of the body, and from which no significant improvement in physiological function could be reasonably expected
    - This exclusion includes surgical excision or reformation of any sagging skin on any part of the body, including but not limited to, the eyelids, face, neck, arms, abdomen, legs or buttocks; and services performed in connection with enlargement, reduction, implantation, or change in appearance of a portion of the body, including but not limited to the ears, lips, chin, jaw, nose, or breasts, except reconstruction for post-mastectomy patients.

- This exclusion does not include those services performed when the patient is an Enrollee of Keystone First - CHIP and performed in order to restore bodily function or correct deformity resulting from a disease, recent trauma, or previous therapeutic process.
- This exclusion does not apply to otherwise covered services necessary to correct medically diagnosed congenital defects and birth abnormalities for children.

15. Any therapy service provided for:
    - Work hardening activities/programs
    - Evaluations not associated with therapy
16. All surgical procedures performed solely to eliminate the need for or reduce the prescription of corrective vision lenses including, but not limited to, radial keratotomy and refractive keratoplasty
17. Immunizations required for employment purposes or travel
18. Custodial and domiciliary care, residential care, protective and supportive care, including educational services, rest cures, and convalescent care
19. Weight reduction programs, including all diagnostic testing related to weight reduction programs, unless medically necessary
    - This exclusion does not apply to Keystone First - CHIP's weight reduction program or nutrition counseling visits/sessions as provided by Keystone First - CHIP through its nutrition counseling for weight management benefit.
    - This exclusion does not include weight reduction services that are required to be covered under the Affordable Care Act.
20. For Medical Foods and Nutritional Formulas:
    - Appetite suppressants
    - Oral non-elemental nutritional supplements (e.g., Boost, Ensure, NeoSure, PediaSure, Scandishake), casein hydrolyzed formulas (e.g., Nutramigen, Alimentum, Pregestimil), or other nutritional products including, but not limited to, banked breast milk, basic milk, milk-based, or soy-based products; this exclusion does not apply to Medical Foods and Nutritional Formulas as provided for and defined in the "Medical Foods and Nutritional Formulas" section in the Description of Covered Services
    - Elemental semi-solid foods (e.g., Neocate Nutra)
    - Products that replace fluids and electrolytes (e.g., Electrolyte Gastro, Pedialyte)
    - Oral additives (e.g., Duocal, fiber, probiotics, or vitamins) and food thickeners (e.g., Thick-It, Resource ThickenUp)
    - Supplies associated with the oral administration of formula (e.g., bottles, nipples)
21. Personal or comfort items such as television, telephone, air conditioning, humidifiers, barber or beauty service, guest service, and similar incidental services and supplies that are not medically necessary
22. Sex therapy or other forms of counseling for treatment of sexual dysfunction when performed by a non-licensed sex therapist
23. Routine foot care, as defined in the carrier's medical policy, unless associated with Medically Necessary treatment of peripheral vascular disease and/or peripheral neuropathic disease, including but not limited to diabetes
24. Marriage or religious counseling

25. In vitro fertilization, embryo transplant, ovum retrieval including gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), and any services required in connection with these procedures
26. Services for repairs or replacements of prosthetic devices or Durable Medical Equipment needed because the item was abused, lost, or misplaced
27. Reversal of voluntary sterilization and services required in connection with such procedures
28. Wigs and other items intended to replace hair loss due to androgenetic alopecia; or due to illness or injury including, but not limited to, injury due to traumatic or surgical scalp avulsion, burns, or chemotherapy
29. Ambulance Services/Transport, unless medically necessary, and as provided in the subsection entitled “Ambulance Services/Transport” specified in Outpatient Services of this Benefits Handbook
30. Services required by an Enrollee donor related to organ donation
    - Expenses for donors donating organs to Enrollee recipients are covered only as described in this Benefits Handbook and provided under the contract.
    - No payment will be made for human organs that are sold rather than donated.
31. Charges for completion of any insurance form
32. Foot orthotic devices except as described in this Benefits Handbook and provided under the contract. This exclusion does not apply to foot orthotic devices used for the treatment of diabetes.
33. Any services, supplies, or treatments not specifically listed in this Benefits Handbook or provided under the contract as covered benefits, unless the unlisted benefit, service, or supply is a basic health service required by the Pennsylvania Department of Health Keystone First - CHIP reserves the right to specify providers of, or means of delivery of, covered services, supplies, or treatments under this plan, and to substitute such providers or sources where medically appropriate.
34. Prescription drugs and medications, except what is provided under the Prescriptions section described in this Benefits Handbook
35. Contraceptives, except what is covered under the Prescriptions section described in this Benefits Handbook
36. The following outpatient services that are not performed by your primary care physician’s designated provider, when required under the plan, unless preapproved by Keystone First - CHIP:
    - Rehabilitation therapy services (other than speech therapy and services for Autism Spectrum Disorders)
    - Diagnostic radiology services for children age five (5) or older
    - Laboratory and pathology tests
37. Cognitive rehabilitative therapy, except when provided integral to other supportive therapies, such as, but not limited to, physical, occupational, and speech therapies in a multidisciplinary, goal-oriented, and integrated treatment program designed to improve management and Keystone First - CHIP following neurological damage to the central nervous system caused by illness or trauma (e.g., stroke, acute brain insult, encephalopathy)
38. Charges in excess of benefit maximums

39. Equipment costs related to services performed on high-cost technological equipment unless the acquisition of such equipment was approved through a Certificate of Need process and/or Keystone First – CHIP
40. Services incurred prior to the effective date of coverage
41. Services that were or are incurred after the date of termination of the Enrollee's coverage, except as provided in this Benefits Handbook
42. Services received from a dental or medical department maintained by an employer, mutual benefit association, labor union, trust, or similar person
43. Counseling with patient's relatives except as may be specifically provided in the subsection titled "Your Substance Use Benefits — What is Covered" or "Transplant Services" specified in the Inpatient and Outpatient sections of this Benefits Handbook
44. With regard to Durable Medical Equipment (DME), no item is covered that:
    - Is for comfort or convenience, including, but not limited to, massage devices and equipment; portable whirlpool pumps; telephone alert systems; bed-wetting alarms; and ramps
    - Is for environmental control, including, but not limited to, air cleaners; air conditioners; dehumidifiers; portable room heaters; and ambient heating and cooling equipment
    - Is inappropriate for home use; an item that generally requires professional supervision for proper operation including, but not limited to, diathermy machines; medcolator; pulse tachometer; traction units; translift chairs; and any devices used in the transmission of data for telemedicine purposes
    - Is a non-reusable supply or is not a rental type item, other than a supply that is an integral part of the DME item required for the DME function — meaning the equipment (i) is not durable or (ii) is not a component of the DME
    - Is not primarily medical in nature. Equipment that is primarily and customarily used for a non-medical purpose may or may not be considered "medical" equipment. This is true even though the item has some remote medically related use. Items not covered include, but are not limited to: exercise equipment; speech teaching machines; strollers; toileting systems; bathtub lifts; elevators; stair glides; and electronically-controlled heating and cooling units for pain relief
    - Has features of a medical nature which are not required by the patient's condition, such as a gait trainer; the therapeutic benefits of the item cannot be clearly disproportionate to its cost, if there exists a medically necessary and realistically feasible alternative item that serves essentially the same purpose
    - Duplicates or supplements existing equipment for use when traveling or for an additional residence — for example, a patient who lives in the Northeast for six (6) months of the year, and in the Southeast for the other six (6) would not be eligible for two (2) identical items, or one (1) for each living space
    - Is not customarily billed for by the provider, including, but not limited to, delivery; setup and service activities (such as routine maintenance, service, or cleaning); and installation and labor of rented or purchased equipment
    - That modifies vehicles, dwellings, and other structures, including (i) any modifications made to a vehicle, dwelling, or other structure to accommodate a person's disability or (ii) any modifications to accommodate a vehicle, dwelling, or other structure for the DME item such as a wheelchair

- Equipment for safety — items that are not primarily used for the diagnosis, care, or treatment of disease or injury but are primarily used to prevent injury or provide a safe surrounding; examples include: restraints, safety straps, safety enclosures, and car seats. We will neither replace nor repair the DME due to abuse or loss of the item.

45. With regard to Consumable Medical Supplies, any item that meets the following criteria is not a covered consumable medical supply and will not be covered:
    - The item is for comfort or convenience
    - The item is not primarily medical in nature including, but not limited to, earplugs, ice packs, silverware/utensils, feeding chairs, and toilet seats
    - The item has features of a medical nature which are not required by the patient's condition
    - The item is generally not prescribed by an eligible provider

    Some examples of not-covered consumable medical supplies are incontinence pads; lamb's wool pads; face masks (surgical); and disposable gloves, sheets and bags, bandages, antiseptics, and skin preparations.
46. For skilled nursing facility benefits:
    - When confinement is intended solely to assist an Enrollee with the activities of daily living or to provide an institutional environment for the convenience of an Enrollee
    - For the treatment of substance use and behavioral health care
    - After the Enrollee has reached the maximum level of recovery possible for the Enrollee's particular condition and no longer requires definitive treatment other than routine custodial care
47. The cost of home blood pressure machines, except for Enrollees: a) with pregnancy-induced hypertension; b) with hypertension complicated by pregnancy; c) with end-stage renal disease receiving home dialysis; or (d) who are eligible for home blood pressure machine benefits as required based on ACA preventive mandates
48. In regard to hospice care:
    - Research studies directed to life-lengthening methods of treatment
    - Expenses incurred in regard to the Enrollee's personal, legal, and financial affairs (such as preparation and execution of a will or other dispositions of personal and real property)
    - Treatment to cure the Enrollee's illness
49. Alternative Therapies/Complementary Medicine, including, but not limited to: acupuncture; music therapy; dance therapy; equestrian/hippotherapy; homeopathy; primal therapy; Rolfing; psychodrama; vitamin or other dietary supplements and therapy, except as required to be covered under the Affordable Care Act; naturopathy; hypnotherapy; bioenergetic therapy; Qi Gong; ayurvedic therapy; aromatherapy; massage therapy; therapeutic touch; recreational therapy; wilderness therapy; educational therapy; and sleep therapy
50. Health foods, dietary supplements, or pharmacological therapy for weight reduction or diet agents (except as covered per Keystone First – CHIP's Drug Formulary).
51. Medical supplies such as (but not limited to) thermometers, ovulation kits, or early pregnancy or home pregnancy testing kits

52. Charges not billed/performed by a provider
53. Services performed by a professional provider enrolled in an educational or training program when such services are related to the educational or training program and are provided through a hospital or university
54. Home health care services and supplies in connection with home health services for the following:
    - Custodial services, food, housing, homemaker services, home-delivered meals, and supplementary dietary assistance
    - Rental or purchase of Durable Medical Equipment
    - Rental or purchase of medical appliances (e.g., braces) and prosthetic devices (e.g., artificial limbs); supportive environmental materials and equipment, such as handrails, ramps, telephones, or air conditioners, and similar services, appliances, and devices
    - Prescription drugs, except as covered under the prescription drug benefit
    - Provided by family members, relatives, and friends
    - An Enrollee's transportation, including services provided by voluntary ambulance associations for which the Enrollee is not obligated to pay
    - Emergency or non-emergency ambulance services
    - Visiting teachers, friendly visitors, vocational guidance and other counselors, and services related to diversional occupational therapy and/or social services
    - Services provided to individuals (other than an Enrollee released from an inpatient maternity stay) who are not essentially homebound for medical reasons
    - Visits by any provider personnel solely for the purpose of assessing an Enrollee's condition and determining whether or not the Enrollee requires and qualifies for home health care services and will or will not be provided services by the provider
55. Treatment of obesity, including, but not limited to:
    - Weight management programs
    - Dietary aids, supplements, injections, and medications (except as covered per Keystone First – CHIP's Drug Formulary)
    - Weight training, fitness training, or lifestyle modification programs, including such programs provided under the supervision of a clinician
    - Group nutrition counseling
    - Surgical procedures specifically intended to result in weight loss (including bariatric surgery)
56. Services or treatment related to an elective abortion — an abortion that is the voluntary termination of pregnancy other than one which is necessary to prevent the death of the woman, or to terminate a pregnancy that was caused by rape or incest
57. The diagnosis and treatment of Autism Spectrum Disorders that is provided through a school as part of an individualized education program
58. The diagnosis and treatment of Autism Spectrum Disorders that is not included in the ASD Treatment Plan for Autism Spectrum Disorders
59. The following are not covered under the Dental Care benefits of this program:
    - Claims involving covered services in which the dentist and the Enrollee select a more expensive course of treatment than is customarily provided by the dental

professionals and consistent with sound professional standards of dental practice for the dental condition concerned.

- Dentures and other prosthodontics, unless medically necessary, as a result of surgery for trauma or a disease process that renders the dental condition untreatable by a less intensive restorative procedure.
- Duplicate, provisional and temporary devices, appliances, and services.
- Gold foil restorations.
- Restorations or prosthodontics using high noble or noble metals unless the use of such materials is determined to be medically necessary.
- Labial veneers.
- Laminates done for cosmetic purposes.
- Local anesthesia when billed for separately by a dentist.
- Oral surgery that is covered under the medical portion of the benefits.
- Plaque-control programs, oral hygiene instructions, and/or dietary instructions.
- Retainer replacement.
- Periodontics not otherwise listed.
- Orthodontics (braces) that do not meet the criteria required (braces are not covered for cosmetic purposes).
- Procedures to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for malalignment of teeth.
- Any treatment that is necessitated by lack of cooperation by the Enrollee or the eligible Enrollee's family with the dentist or noncompliance with professionally prescribed dental care.
- A contract between the Enrollee or Enrollee's family and dentist prior to the effective date of coverage.
- Services and treatment not prescribed by or under the direct supervision of a dentist, except where a dental hygienist is permitted to practice without supervision by a dentist.
- Services or treatment which are experimental or investigational.
- Services and treatment which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under provision of any law or regulation or any government unit. This exclusion applies whether or not the Enrollee claim the benefits or compensation.
- Services and treatment received from a dental or medical department maintained by on behalf of an employer, mutual benefit association, labor union, trust, VA hospital or similar person or group.
- Services and treatment performed prior to the Enrollee's effective date of coverage.
- Services and treatment incurred after termination date of the Enrollee's coverage unless otherwise indicated.
- Services and treatment which are not dentally necessary of which do not meet generally accepted standards of dental practice.
- Telephone consultations.
- Any charge for failure to keep a scheduled appointment.
- Any services that are considered strictly cosmetic in nature including, but not

limited to, charges for personalization or characterization of prosthetic appliances.

- Services related to the diagnosis and/or treatment of Temporomandibular Joint Dysfunction (TMJ).
- Services or treatment provided as a result of intentionally self-inflicted injury or illness.
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging is an illegal occupation, or participating in a riot, rebellion, or insurrection.
- Office infection control charges.
- Charges for copies of Enrollee's records, charts, or x-rays, or any costs associated with forwarding/mailing copies of Enrollee's records, charts or x-rays.
- State or territorial taxes on dental services performed.
- Those submitted by a dentist, which is for the same services performed on the same date for the same Enrollee by another dentist.
- Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law.
- Those for which the Enrollee would have no obligation to pay in the absence of this or any similar coverage.
- Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.
- Treatment or services for injuries resulting from war or an act of war, whether declared or undeclared, or from police or military service for any country or organization.
- Hospital costs or any additional fees that the dentist or hospital charges for treatment as the hospital (inpatient of outpatient).
- Charges by the provider for completing dental forms.
- Adjustment of a denture or bridgework which is made within 6 months after installation by the same dentist who installed it.
- Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss, and teeth whiteners.
- Cone beam imaging and cone beam MRI procedures.
- Precision attachments, personalization, precious metal bases and other specialized techniques.
- Repair of damaged orthodontic appliances.
- Removable orthodontic retainer adjustment
- Replacement of lost or missing appliances.
- Fabrication of athletic mouthguards.
- Internal and/or external bleaching.
- Topical medicament center.
- Bone grafts when done in connection with extractions, apicoectomies, or non-covered/non-eligible implants.
- When two or more services are submitted and the services are considered part of the same service to one another, the plan will pay the most comprehensive service (the service that includes the other non-benefitted service) as determined by the plan.
- When two or more services are submitted on the same day and the services are considered mutually exclusive (when one service contradicts the need for the other service) the plan will pay for the service that represents the final treatment.

- All out of network services covered are subject to the usual and customary maximum allowable fee charges as defined by the CHIP plan. The Enrollee is responsible for all remaining charges that exceed the allowable amount.

60. The following are not covered under the Vision Care benefits of this program:
    - Vision therapy
    - Special lens designs or coatings, other than those previously described
    - Non-prescription (plano) lenses

This is not an all-inclusive list.

Second Opinions

You have the right to ask for a second opinion if you are unsure about any medical treatment, service, or non-emergency surgery that is suggested for you. A second opinion may give you more information that can help you make important decisions about your treatment. A second opinion is available to you at no cost other than a co-pay.

Call Enrollee Services to ask for the name of another **Keystone First - CHIP** network provider to get a second opinion. If there are not any other providers in **Keystone First - CHIP**'s network, you may ask **Keystone First - CHIP** for approval to get a second opinion from an out-of-network provider.

What is Prior Authorization?

Prior authorization process this is when some services need approval before you can get the service. You or your provider will need to send us medical documents to review to show the requested services are medically necessary. For services that require prior authorization, call Keystone First – CHIP Enrollee Services at **1-844-472-2447 (TTY 711).**

What Does Medically Necessary Mean?

Medically necessary means that a service, item, or medicine does one of the following:

- It will, or is reasonably expected to, prevent an illness, condition, or disability.
- It will, or is reasonably expected to, reduce or improve the physical, mental, or developmental effects of an illness, condition, injury, or disability.
- It will help you to get or keep the ability to perform daily tasks, taking into consideration both your abilities and the abilities of someone of the same age.

If you need any help understanding when a service, item, or medicine is medically necessary or would like more information, please call Enrollee Services at **1-844-472-2447 (TTY 711)**.

Utilization Review Process

Utilization Management is a process that we use to work with you, your providers, and others to provide you medically necessary services. The main goal of utilization management to provide quality, cost effective healthcare in the most appropriate setting for the services required. Some services may require prior authorization to allow us to make sure the service is medically necessary. For questions about the utilization review process please call Keystone First – CHIP Enrollee Services at **1-844-472-2447 (TTY 711)**.

How to Ask for Prior Authorization

1. Your PCP or other health care provider must give **Keystone First – CHIP** information to show that the service or medicine is medically necessary.
2. **Keystone First – CHIP** clinical reviewer or pharmacists review the information. They use clinical guidelines approved by the Department of Human Services to see if the service or medicine is medically necessary.
3. If the request cannot be approved by **a Keystone First - CHIP** clinical reviewer or pharmacist, a **Keystone First - CHIP** doctor will review the request.
4. If the request is approved, we will let you and your health care provider know it was approved.
5. If the request is not approved, a letter will be sent to you and your health care provider telling you the reason for the decision.
6. If you disagree with the decision, you may file a complaint or grievance, and/or request an external review. See page **80** for information about complaints, grievances, and external reviews.
   You may also call Enrollee Services at **1-844-472-2447 (TTY 711)** for help in filing a complaint or grievance and/or requesting an external review.

If you need help to better understand the prior authorization process, talk to your PCP or specialist or call Enrollee Services at **1-844-472-2447 (TTY 711).**

If you or your provider would like a copy of the medical necessity guidelines or other rules that were used to decide your prior authorization request, **you can call Enrollee Services at 1-844-472-2447 (TTY 711). Your provider can call Provider Services at 1-800-521-6007.**

What Services, Items, or Medicines Need Prior Authorization?

The following chart identifies some, but not all services, items, and medicines that require prior authorization.

Physical Health Services Requiring Prior Authorization

The following is a list of services requiring prior authorization review for medical necessity and place of service.

- All elective (scheduled) inpatient hospital admissions, medical and surgical including rehabilitation.
- All elective transfers for inpatient and/or outpatient services between acute care facilities.
- All elective transplant evaluations and procedures.
- All miscellaneous/unlisted or not otherwise specified codes.
- All services that may be considered experimental and/or investigational.
- Any service(s) performed by non-participating or non-contracted practitioners or providers, unless the service is an emergency service.
- Cosmetic procedures regardless of treatment setting to include, but not limited to, the following:
    - Reduction mammoplasty
    - Gastroplasty
    - Ligation and stripping of veins
    - Rhinoplasty
- Durable Medical Equipment (DME)
- DME monthly rental items regardless of the per month cost/charge.
    - Home Accessibility DME Equipment
    - Purchase of all items greater than $750
    - Select wheelchair components
    - The purchase of all wheelchairs (motorized and manual) regardless of cost per item
- Elective/non-emergent Air Ambulance Transportation.
- Elective termination of pregnancy
- Enterals
    - Required when greater than $350 per month
- Genetic Testing
- Home Health Services
    - Prior authorization is not required for up to 18 home visits per modality per benefit period including:
        - Skilled nursing visits by a RN or LPN
        - Home Health Aide visits
        - Physical Therapy; Occupational Therapy and Speech Therapy
        - Home Respiratory Therapy; Mechanical Ventilation Care; Stoma Care and Maintenance
        - Colostomy and Cystectomy
    - The duration of services may not exceed a 60-day period.
    - The enrollee must be re-evaluated every 60 days.
- Home Oxygen Therapy
    - All requests for oxygen and oxygen equipment require authorization.

    - Initial authorization is for 6 months and reauthorizations require an updated prescription with current oxygen saturation level.
- Incontinence Supplies
    - Age 3 and older.
    - Greater than $750.
- Injectables.
- Neurological Psychological Testing.
- Pain management services performed in a Short Procedure Unit (SPU) or Ambulatory Surgery Unit (either hospital-based or freestanding)
    - Pain management services not on the fee schedule performed in a physician's office.
- Private Duty Nursing
- Radiology - The following outpatient services require prior authorization by Keystone First - CHIP's radiology benefits vendor, Evolent.
    - Positron Emission Tomography (PET)
    - Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiography (MRA)
    - Nuclear Cardiology /MPI
    - Computed Axial Tomography (CT/CTA/CCTA)
    - Emergency room, Observation Care and inpatient imaging procedures do not require Prior Authorization.
- Select gastroenterology services.
- Skilled Nursing Facility admission for alternate levels of care in:
    - A facility, either free-standing or part of a hospital that is of lesser intensity than that received in a hospital.

Behavioral Health Services Requiring Prior Authorization

The following services require prior authorization:

- Autism Services / ABA
- Mental Health Inpatient services
- Mental Health Partial Hospitalization Services
- Mental Health Intensive Outpatient Treatment
- Outpatient Services: Electroconvulsive therapy
- Psychological/Neuropsychological Testing
- Substance Use Intensive Outpatient Services
- Substance Use Inpatient Services
- Substance Use Partial Hospitalization Services

- Your provider must call Keystone First – CHIP at 1-877-244-7124 to request telephonic prior authorization for Mental Health Inpatient, Mental Health Partial Hospitalization, and Mental Health Intensive Outpatient Programs (IOP),

Substance Use Inpatient, and Substance Use Partial Hospitalization, and Substance Use Intensive Outpatient Programs (IOP).

- Your provider can request prior authorization for all other covered services requiring prior authorization via the Keystone First – CHIP NaviNet Provider Portal.
- Services Not Requiring a Referral (Enrollee Self-Referral)
    - Mental Health Outpatient Services
    - Substance Use Outpatient Services
    - Mental Health Intensive Outpatient Treatment
    - Substance Use Intensive Outpatient Services
    - Emergency Services

Dental Services Requiring Prior Authorization

- Inlay – metallic – one surface
- Inlay – metallic – two surfaces
- Inlay – metallic – three or more surfaces
- Onlay – metallic – two surfaces
- Onlay – metallic – three surfaces
- Onlay – metallic – four or more surfaces
- Crown-porcelain / ceramic
- Crown – porcelain fused to high noble metal
- Crown-porcelain fused to predominantly base metal
- Crown-porcelain fused to noble metal
- Crown – 3/4 cast high noble metal
- Crown – 3/4 cast predominantly base metal
- Crown – 3/4 porcelain/ ceramic
- Crown – full cast high noble metal
- Crown-full cast predominantly base metal
- Crown – full cast noble metal
- Crown – titanium and titanium alloys
- Core buildup, including any pins when required
- Prefabricated post and core in addition to crown
- Endodontic therapy, anterior tooth (excluding final restoration)
- Endodontic therapy, premolar tooth (excluding final restoration)
- Endodontic therapy, molar tooth (excluding final restoration)
- Retreatment of previous root canal therapy - anterior
- Retreatment of previous root canal therapy - premolar
- Retreatment of previous root canal therapy - molar
- Apexification/ recalcification – initial visit
- Apexification/ recalcification – interim medication replacement
- Apexification/ recalcification – final visit (includes completed root canal therapy)
- Pulpal regeneration – initial visit
- Pulpal regeneration – interim medication replacement
- Pulpal regeneration – completion of treatment

- Hemisection (including any root removal), not including root canal therapy
- Gingivectomy - gingivoplasty/4 or more teeth per quadrant
- Gingivectory or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant
- Gingivectory or gingivoplasty to allow access for restorative procedure, per tooth
- Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant
- Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant
- Clinical crown lengthening - hard tissue
- Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant
- Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant
- Bone replacement graft - retained natural tooth - first site in quadrant
- Pedicle soft tissue graft procedure
- Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft
- Non-autogenous connective tissue graft procedure (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft
- Free soft tissue graft procedure (including recipient and donor surgical sites)-first tooth, implant or edentulous tooth position in graft
- Free soft tissue graft procedure (including recipient and donor surgical sites)-each additional contiguous tooth, implant or edentulous tooth position in same graft site
- Autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant or edentulous tooth position in graft
- Non-autogenous connective tissue graft procedure (including recipient site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in graft
- Periodontal scaling and root planing – 4 or more teeth per quadrant
- Periodontal scaling and root planing – 1 to 3 teeth per quadrant
- Complete denture - maxillary
- Complete denture - mandibular
- Immediate denture - maxillary
- Immediate denture - mandibular
- Maxillary partial denture – resin base
- Mandibular partial denture – resin base
- Maxillary partial denture - cast metal framework
- Mandibular partial denture – cast metal framework
- Immediate maxillary partial denture - resin base
- Immediate mandibular partial denture - resin base
- Immediate maxillary partial denture - cast metal framework with resin denture bases

- Immediate mandibular partial denture - cast metal framework with resin denture bases
- Removable unilateral partial denture - one piece cast metal, maxillary
- Removable unilateral partial denture - one piece cast metal, mandibular
- Surgical placement of implant body: endosteal implant
- Surgical placement of interim implant body for transitional prosthesis: endosteal implant
- Surgical placement: eposteal implant
- Surgical placement: transosteal implant
- Connecting bar - implant supported or abutment supported
- Prefabricated abutment - includes modification and placement
- Custom fabricated abutment - includes placement
- Abutment supported porcelain/ ceramic crown
- Abutment supported porcelain fused to metal crown (high noble metal)
- Abutment supported porcelain fused to metal crown (predominantly base metal)
- Abutment supported porcelain fused to metal crown (noble metal)
- Abutment supported cast metal crown (high noble metal)
- Abutment supported cast metal crown (predominantly base metal)
- Abutment supported cast metal crown (noble metal)
- Implant supported porcelain/ ceramic crown
- Implant supported crown - porcelain fused to high noble alloys
- Implant supported crown - high noble alloys
- Abutment supported retainer for porcelain/ ceramic FPD
- Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
- Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
- Abutment supported retainer for porcelain fused to metal FPD (noble metal)
- Abutment supported retainer for cast metal FPD (high noble metal)
- Abutment supported retainer for cast metal FPD (predominantly base metal)
- Abutment supported retainer for cast metal FPD (noble metal)
- Implant supported retainer for ceramic FPD
- Implant supported retainer for FPD - porcelain fused to high noble alloys
- Implant supported retainer for metal FPD - high noble alloys
- Implant maintenance procedures when prosthesis are removed and reinserted, including cleansing of prosthesis and abutments.
- Repair implant supported prosthesis, by report
- Replacement of replaceable part of semi-precision or precision attachment of implant/ abutment supported prosthesis, per attachment
- Repair implant abutment, by report
- Surgical removal of implant body
- Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure

- Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure
- Bone graft for repair of peri-implant defect - does not include flap entry and closure
- Bone graft at time of implant placement
- Implant/ abutment supported removable denture for edentulous arch - maxillary
- Implant/ abutment supported removable denture for edentulous arch - mandibular
- Implant/ abutment supported removable denture for partially edentulous arch - maxillary
- Implant/ abutment supported removable denture for partially edentulous arch - mandibular
- Implant/ abutment supported fixed denture for edentulous arch - maxillary
- Implant/ abutment supported fixed denture for edentulous arch - mandibular
- Implant/ abutment supported fixed denture for partially edentulous arch - maxillary
- Implant/ abutment supported fixed denture for partially edentulous arch - mandibular
- Radiographic/ surgical implant index, by report
- Pontic - cast high noble metal
- Pontic - cast predominantly base metal
- Pontic - cast noble metal
- Pontic - titanium and titanium alloys
- Pontic - porcelain fused to high noble metal
- Pontic - porcelain fused to predominantly base metal
- Pontic - porcelain fused to noble metal
- Pontic - porcelain/ ceramic
- Retainer - cast metal for resin bonded fixed prosthesis
- Retainer - porcelain/ ceramic for resin bonded fixed prosthesis
- Resin retainer - for resin bonded fixed prosthesis
- Retainer crown - porcelain/ ceramic
- Retainer crown - porcelain fused to high noble metal
- Retainer crown - porcelain fused to predominantly base metal
- Retainer crown - porcelain fused to noble metal
- Retainer crown - 3/4 cast high noble metal
- Retainer crown - 3/4 cast predominantly base metal
- Retainer crown - 3/4 cast noble metal
- Retainer crown - 3/4 porcelain/ ceramic
- Retainer crown - full cast high noble metal
- Retainer crown - full cast predominantly base metal
- Retainer crown - full cast noble metal
- Removal of impacted tooth – soft tissue
- Remove of impacted tooth - partially bony
- Remove of impacted tooth – completely bony
- Removal of impacted tooth - completely bony, with unusual surgical complications

- Surgical removal of residual tooth roots
- Coronectomy - intentional partial tooth removal, impacted teeth only
- Tooth re-implantation and/or stabilization of accidentally evulsed tooth
- Exposure of an unerupted tooth
- Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
- Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
- Incision and drainage of abscess-intraoral soft tissue
- Incision and drainage of abscess-intraoral soft tissue- complicated
- Incision and drainage of abscess-extraoral soft tissue
- Incision and drainage of abscess-extraoral soft tissue-complicated
- Collection and application of autologous blood concentrate product
- Bone replacement graft for ridge preservation - per site
- Unspecified oral surgery procedure, by report
- Limited Orthodontic Treatment of the Primary Dentition
- Limited Orthodontic Treatment of the Transitional Dentition
- Limited Orthodontic Treatment of the Adolescent Dentition
- Limited Orthodontic Treatment of the Adult Dentition
- Comprehensive Orthodontic Treatment of the Transitional Dentition
- Comprehensive Orthodontic Treatment of the Adolescent Dentition
- Comprehensive Orthodontic Treatment of the Adult Dentition
- Periodic orthodontic treatment visit
- Orthodontic retention (removal of appliances, construction and placement of retainer(s)
- Removable appliance therapy
- Fixed appliance therapy
- Deep sedation/general anesthesia – first 15 minutes
- Deep sedation/general anesthesia – each subsequent 15 minute increment
- Intravenous moderate sedation/analgesia – first 15 minutes
- Intravenous moderate sedation/analgesia – each subsequent 15 minute increment
- Non-intravenous conscious sedation
- Therapeutic parenteral drug, single administration
- Treatment of complications (post surgical) – unusual circumstances, by report
- Occlusal guard – hard appliance, full arch
- Occlusal guard – soft appliance, full arch
- Occlusal guard – hard appliance, partial arch

* For this service, prior authorization is required; retro authorization is not permitted.

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

If you or your provider is unsure about whether a service, item, or medicine requires prior authorization, call Enrollee Services at **1-844-472-2447 (TTY 711).**

Prior Authorization of a Service or Item

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

If **Keystone First - CHIP** does not have enough information to decide the request, we must tell your provider within forty-eight (48) hours of receiving the request that we need more information to decide the request and allow fourteen (14) days for the provider to give us more information. **Keystone First - CHIP** will tell you of our decision within two (2) business days after **Keystone First - CHIP** receives the additional information.

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

Prior Authorization of Outpatient Drugs

Keystone First - CHIP will review a prior authorization request for outpatient drugs, which are drugs that you do not get in the hospital, within 24 hours from when **Keystone First - CHIP** gets an urgent request or within 2 business days but no more than 72 hours for a non-urgent request. You and your provider will receive a written notice telling you if the request was approved or denied and, if it was denied, the reason it was denied.

If you go to a pharmacy to fill a prescription and the prescription cannot be filled because it needs prior authorization, the pharmacist may give you a temporary supply unless the pharmacist thinks the medicine may cause harm to you. If you have not already been taking the medicine, you may get a 72-hour supply. If you have already been taking the medicine, you may get a 15-day supply. Your provider will still need to ask **Keystone First - CHIP** for prior authorization as soon as possible.

The pharmacist will not give you the 15-day supply for a medicine that you have been taking if you are issued a denial notice from **Keystone First - CHIP** ten (10) days before your prescription ends telling you the medicine will not be approved again, and you have not filed a Grievance.

What If I Receive a Denial Notice?

If **Keystone First - CHIP** denies a request for a service, item, or drug or does not

approve it as requested, you can file a Complaint or a Grievance. If you file a Complaint or a Grievance for denial of an ongoing medication, **Keystone First - CHIP** must authorize the medication until the Complaint or Grievance is resolved unless the pharmacist thinks the medicine will harm you. See Section 6, Complaints, Grievances, and External Review, starting on page **80** of this Handbook for detailed information on Complaints and Grievances.

Program Exception Process

For those services that have limits, if you or your provider believes you need more services than the limits on the service allows, you or your provider can ask for a program exception (PE).

To request a PE, **before** you receive the service:

1. Call **Keystone First - CHIP** Enrollee Services and tell the Enrollee 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
   Enrollee Services Department
   Keystone First – CHIP
   200 Stevens Drive
   Philadelphia, PA 19113-1570
   Fax: **1-215-937-5367**

3. Your provider can call the **Keystone First - CHIP** Care Management department at **1-844-377-2447 (TTY 711)**.

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

1. You can call **Keystone First – CHIP** Enrollee Services and tell the Enrollee Services representative that you want to ask for an exception to the benefit limits.
2. Your provider can call **Keystone First – CHIP** Care Management **1-844-377-2447 (TTY 711)**.
3. Your provider can mail the request to the **Keystone First – CHIP** Provider Appeals department at:

   Inpatient & Outpatient Clinical Appeals (KF CHIP)
   Clinical Provider Appeals Department
   P.O. Box 21115
   Eagan, MN 55121

Service Descriptions

Service descriptions listed in the Handbook are taken from the Pennsylvania State Plan. The Pennsylvania State Plan lists all the services available to CHIP enrollees and is subject to change. For more information about services covered by CHIP, please contact your MCO.

Autism Related Services: Covers medically necessary services included on an autism treatment plan developed by a physician or licensed psychologist. Coverage includes evaluations and tests performed to diagnose autism disorder, services of a psychologist/psychiatrist, rehabilitative care including applied behavioral analysis, speech/language, occupational, and physical therapy, and prescription and over-the-counter drug coverage. Enrollees are eligible to use the expedited appeals process defined in Act 62 for autism related complaints and grievances. To provide you with the best possible autism related services, you should contact **Keystone First - CHIP** Enrollee Services at **1-844-472-2447 (TTY 711)** and ask to speak with a Case Manager. You may also visit the Department of Human Services Autism website at www.PAautism.org for more information about autism and Act 62.

Behavioral Health: includes mental health and substance use disorder services treatment. Further information is on page **57**.

Chiropractic Services: Includes spinal manipulations or of other body parts as treatment of diagnosed musculoskeletal conditions. Consultations and x-rays are included.

Preauthorization may be required. Limit to 20 visits per year.

Diabetic Treatment, Equipment, and Supplies: See Disposable Medical Supplies.

Dental Care (Emergency, Preventive, and Routine): Services include diagnostic, preventive, restorative, endodontic, periodontic, prosthodontic, oral and maxillary surgery, orthodontic, and adjunctive dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions as mandated by law. Cosmetic related services are not covered. Covered services are listed in the CHIP Dental Benefits Plan.

Disposable Medical Supplies: Includes ostomy supplies and urological supplies deemed medically necessary. No limits apply.

Diabetic treatment, equipment and supplies includes blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar, and outpatient management training and education. Physicians order required.

Medical foods include medical foods and prescribed nutritional formulas used to treat Phenylketonuria (PKU) and related disorders given orally or by tube feeding. No limits apply.

Some of these items need prior authorization, and your PCP or other provider must order them. No limits apply.

Durable Medical Equipment (DME): Equipment designed to serve a medical purpose for a medical condition, is intended for repeated use, and is not disposable, and is appropriate for home or school use. May require prior authorization.

Emergency Transportation: Transportation by land, air, or water ambulance rendered in response to an emergency. Emergency transportation must be medically necessary.

Emergency services: Services provided for a sudden onset of a medical condition that is accompanied by a rapidly progressing symptoms such that Enrollee would suffer serious impairment or loss of function of a body part or organ, or whose life or life of an unborn child would be in danger.

Family Planning Services: These services include Included, but is not limited to, birth control pills, injectables, transdermal (patches) and insertion and implantation of contraceptive devices approved by the FDA, voluntary sterilization and counseling. Abortifacient drugs are not covered.

Gender Transition: These services include coverage related to gender affirming services that otherwise fall within the beneficiary's scope of covered services including physician services, inpatient and outpatient hospital services, surgical services, prescribed drugs, therapies, and behavioral health care. Medical necessity is to be determined utilizing the World Professional Association for Transgender Health (WPATH) guidelines and any successor to WPATH guidelines.

Hearing care: Hearing aids and devices and the fitting and adjustment of such devices are covered when determined to be medically necessary. Payment limited to one routine hearing examination and one audiometric examination per calendar year.

Includes the cost of examinations and one hearing aid or device per ear every two calendar years.

Home and Community-based Health Care services: Covered for homebound patients, including nursing care, home health aide services, oxygen, medical and surgical supplies and home infusion therapy. Home infusion therapy does not include blood or blood products. Private duty nursing and custodial services are not covered. No copays apply. No visit limitations.

Hospice Care: Care for an Enrollee who is suffering from a terminal illness. Respite care is also included. Requires a certification by a physician stating that the Enrollee has a terminal illness. There are no day limits. Enrollees receiving hospice care may still receive care for other illnesses and conditions.

Immunizations: Coverage will be provided for pediatric immunizations (except those required for employment or travel), including immunizing agents, which conform to the standards of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Pediatric and adult immunization schedules may be found by accessing the following link: http://www.cdc.gov/vaccines/rec/schedules/default.htm.

Influenza vaccines can be administered by a participating pharmacy for Enrollees starting at the age of nine years old, with parental consent, according to PA Act 8 of 2015. No copays.

Injections and Medications: Includes all injections and medications provided at the time of the office visit or therapy and outpatient surgery performed in the office, a hospital, or freestanding ambulatory service center. Includes immunizations as described in this benefits package and anesthesia services when performed in conjunction with covered services, including emergency services. Must be medically necessary.

Inpatient Mental Health Services: Includes services furnished in a state-operated mental hospital, residential facility, or other 24-hour therapeutically structured services. Covers medical care including psychiatric visits and consultations, nursing care, group and individual counseling, and therapeutic services, and concurrent care and services normally provided relating to inpatient hospitalization. Enrollees may self-refer. No day limits apply.

Inpatient Hospitalization: Includes pre-admission testing, semi-private room unless private room is medically necessary, board, general nursing care, intensive or special care facilities, and related facilities, anesthesia, oxygen, therapy services, and any other services normally provided with inpatient care. Covered services include inpatient therapy up to 45 visits per calendar year for treatment of Cerebrovascular accident (CVA), head injury, spinal cord injury, or as a result of a post-operative brain surgery. No day limits apply.
Preauthorization required for non-emergency services.

Inpatient rehabilitation stays are covered when an enrollee requires skilled rehabilitation daily. Requires a physician's prescription. No day limits apply.

Inpatient Substance Use Disorder Services: Services provided in a hospital or an inpatient non- hospital facility that meets the requirements established by the Department of Health and is licensed as an alcohol/drug addiction treatment program. Covers detoxification stays, services of physicians, psychologists, psychiatrists, counselors, trained staff, laboratory and psychological/psychiatric testing, individual and family therapy and interventions and medication management and services normally provided to inpatients. No day limits apply. Treatment for tobacco use cessation is not included.

Maternity care: Prenatal care is the health care a woman receives through her pregnancy and delivery from a maternity care provider, such as an obstetrician (OB or OB/GYN) or a nurse-midwife. Further information can be found on page **60**.

Maternity home care visit: Included at least one (1) visit provided at their home when the CHIP Enrollee is released prior to 48 hours of inpatient care following a vaginal delivery or 96 hours following a Cesarean delivery, or in the case of a newborn, in consultation with the mother or the newborn's representative.

Medical Foods: See Disposable Medical Supplies.

Newborn Care: Includes the provision of benefits for a newborn child of an Enrollee. Newborns remain in CHIP until a new eligibility determination is rendered**.** Includes routine nursery care, prematurity services, preventive/ well-child health care services, newborn hearing screens, and coverage for injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

Organ Transplants: Includes transplants that are medically necessary and not considered to be experimental or investigative for a recipient who is an Enrollee and services related to inpatient care related to the transplant. This benefit also includes immunosuppressants.

Orthotic Devices: Includes the purchase, fitting, necessary adjustment, repairs, and replacement of a rigid or semi-rigid device designed to support, align, or correct bone and muscle injuries or deformities. Replacements are covered only when the replacement is deemed medically necessary and appropriate and due to the normal growth of the child.

Osteoporosis Screening: Coverage is provided for bone mineral density testing using a U.S. FDA approved method. Requires a prescription from a legally licensed provider.

Outpatient Mental Health Services: Includes partial hospitalization and intensive outpatient mental health services, psychological testing, visits with outpatient mental health providers, individual, group, and family counseling, targeted mental health case management and medication management. No day limits apply.

Outpatient Habilitation Services: Health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of outpatient settings. Covered services are limited to 30 visits per calendar years for physical therapy, 60 visits per calendar year for occupational therapy, and 60 visits per calendar year for speech therapy, for a combined visit limit of 180 days per calendar year.

Outpatient Hospital Services: Includes medical services, nursing, counseling or therapeutic treatment, or supplies received from an approved health care facility while not an inpatient. Outpatient physical health services related to ambulatory surgery, outpatient hospitalization, specialist office visits, follow up visits or sick visits with a PCP are included.

Outpatient Medical Services: Includes chemotherapy, dialysis, radiation treatments, and respiratory therapy when the Enrollee has a documented diagnosis which necessitates the prescribed therapy. There is no limit on number of visits.

Outpatient Rehabilitative Therapy Services: Speech, occupational, and physical therapy to regain lost skills. Enrollees must have a documented diagnosis that indicates the prescribed therapy is medically necessary. Limited to 60 visits per for each type of therapy per calendar year.

Outpatient Substance Use Disorder Services: Services provided in a facility licensed by the Department of Health as an alcohol/drug addiction treatment program. Covers services of physicians, psychologists, psychiatrists, counselors, trained staff, laboratory and psychological/psychiatric testing, individual and family therapy. No limit on number of visits. Treatment for tobacco use cessation is not covered.

Physician Office Services: Includes visits for the examination, diagnosis and treatment of an illness or injury at the Enrollee's PCP's office, during and after regular office hours, emergency visits, house-calls in the physician's service area, and telehealth services. Coverage includes medical care at a Retail Health Clinic staffed by a Certified Registered Nurse Practitioner (CRNP) supported by a local physician who is on-call during clinic hours or at an Urgent Care Center.

Remember that you may contact your PCP 24 hours a day, 7 days a week, if you become ill and you need a doctor's advice. Your PCP can provide many of the healthcare services you need. This may include services like:

- Preventive and well-child visits and services including immunizations
- Physical examinations and routine diagnostic tests
- Oral health risk assessment and fluoride varnish for children ages five (5) months to five (5) years old
- Blood lead testing
- Sick and urgent care office visits including those that occur after normal office hours when medically necessary
- Follow up care after emergency services
- Woman's health services and family planning services (see benefit description for details)
- House-calls in the physician's service area
- Telehealth services

Prescription Medicines: Medications/medicine that is are prescribed by a doctor. Further information about prescription medicines can be found on **page 62**.

Prosthetics Devices: Includes the purchase of prosthetic devices and supplies required as a result of injury or illness to replace all or part of an absent body part or to restore function to permanently malfunctioning body organs. The benefit extends to the purchase, fitting, and necessary adjustment of prosthetic devices. Replacements are

covered only when the replacement is deemed medically necessary and appropriate due to the normal growth of the child.

Qualifying Clinical Trials: Clinical trial conducted in relation to prevention, detection and treatment of cancer of other life- threatening disease or condition. Covers items and services consistent with what the plan normally covers. Notification of participation in the trial must be given before enrolling in the trial.

Skilled Nursing Services: Medically necessary skilled nursing and related services are covered on an inpatient basis in semi-private accommodations for patients requiring skilled nursing services, but not requiring confinement in a hospital. No day limits apply.

Specialist Physician Services: Includes medical care in any generally accepted medical specialty or subspecialty. Covers office visits, diagnostic testing, and treatment if medically necessary and the enrollee has an illness or condition outside the scope of practice of the Enrollee's PCP. Services must be within the scope of practice of the specialist. Your PCP must refer you to a specialist. However, some services may require preauthorization.

Surgical Services: Includes services provided for treatment of disease or injury. Surgery performed for treatment of disease is covered on an inpatient or outpatient basis. Cosmetic surgery intended solely to improve appearance, but not to restore bodily function or to correct deformity resulting from disease, trauma, congenital or developmental anomalies or previous therapeutic processes (excluding surgery resulting from an accident) is not covered. Includes anesthesia administered by or under the supervision of a specialist other than the surgeon, assistant surgeon, or other attending specialist. Includes general anesthesia and hospitalization and other expenses normally incurred with administration of general anesthesia. Consultations for a second opinion consultations to determine the medical necessity of elective surgery or when an Enrollee's family desires another opinion about medical treatment. No referral is needed for consultation. Surgical services may require prior authorization.

Mastectomy and breast reconstruction benefits are provided for a mastectomy performed on an inpatient or outpatient basis. Benefits include all stages of reconstruction on the breast on which the mastectomy has been performed, surgery to reestablish symmetry or alleviate functional impairment, including, but not limited to, augmentation, mammoplasty, reduction mammoplasty, mastopexy, and surgery on the other breast to produce a symmetrical appearance. Covers surgery for initial and subsequent insertion or removal prosthetic devices to replace a removed breast or portions of the breast, and treatment of physical complications of all stages of mastectomy, including lymphedema. Coverage is also provided for one Home Health Care visit, as determined by the Enrollee's physician, received within forty-eight (48) hours after discharge.

Oral surgery may be performed at an inpatient or outpatient facility depending on the nature of the surgery and medical necessity. Examples of covered services include: removal of partially or fully impacted third molars (wisdom teeth), non-dental treatments

of the mouth relating to medically diagnosed congenital defects, birth abnormalities, surgical removal of tumors, cysts and infections, surgical correction of dislocated or completely degenerated temporomandibular joints, incision and drainage of abscesses, and baby bottle syndrome. Preauthorization is required. Must be medically necessary.

Reconstructive surgery will only be covered when required to restore function following accidental injury, result of a birth defect, infection, or malignant disease or in relation to gender transition surgery deemed medically necessary in order to achieve reasonable physical or bodily function; in connection with congenital disease or anomaly through the age of 18; or in connection with the treatment of malignant tumors or other destructive pathology which causes functional impairment; or breast reconstruction following a mastectomy. Preauthorization required. Must be medically necessary.

Vision Care: Includes vision exams, corrective lenses, frames, or contacts in lieu of glasses or when medically necessary. Limited to one exam every 12 months unless an additional exam is medically necessary. Includes dilation if professionally indicated. Covers one pair of prescription eyeglass lenses and one frame, unless a second frame is medically necessary, or contacts every calendar year. Eyeglass lenses may be plastic or glass, single vision, bifocal or trifocal, lenticular lens powers and/or oversize lenses, fashion and gradient tinting, oversized glass-grey #3 prescription sunglass lenses, or polycarbonate prescription lenses with scratch resistant coating. There may be copayments for optional lens types and treatments. Further information may be found on page **65**.

Urgent Care Services: **Keystone First - CHIP** covers urgent care for an illness, injury, or condition which if not treated within 24 hours, could rapidly become a crisis or an emergency medical condition. This is when you need attention from a doctor, but not in the emergency room.

If you need urgent care, but you are not sure if it is an emergency, call your PCP or the **Keystone First – CHIP Nurse Call Line** at **1-877-625-2447** first. Your PCP or the **Keystone First – CHIP Nurse Call Line** will help you decide if you need to go to the emergency room, the PCP's office, or an urgent care center near you. In most cases if you need urgent care, your PCP will give you an appointment within 24 hours. If you are not able to reach your PCP or your PCP cannot see you within 24 hours and your medical condition is not an emergency, you may also visit an urgent care center or walk-in clinic within **Keystone First - CHIP**'s network. Prior authorization is not required for services at an Urgent Care center.

In-Depth Service Descriptions

Behavioral Health Care

Behavioral health services include both mental health services and substance use disorder services. These services are provided through your MCO. Contact your MCO at **1-844-524-2447 (TTY 711).**

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

You do not need a referral from your PCP to get behavioral health services; an Enrollee (14 years of age or older) or a parent or guardian may self-refer.

Behavioral Health or Substance Use Disorder Emergency

A behavioral health emergency is the sudden onset of a potentially life-threatening condition where you believe that you are at risk of injury to yourself or others if immediate medical attention is not given.

A substance use crisis is where you are considered in imminent, potentially life-threatening physical danger with a need for immediate detoxification for chemical dependency.

If you believe you are in a behavioral health or substance use crisis or emergency, call the **Keystone First - CHIP** Enrollee Services at **1-844-472-2447 (TTY 711)**. You will be connected with a behavioral health professional who will help you assess the seriousness of the situation.

If it is an emergency, the behavioral health professional will assist you in obtaining the treatment you need as quickly as possible.

If the condition is not a life-threatening one that requires immediate inpatient admission, **Keystone First - CHIP** will schedule you for an urgent care appointment.

Admission to a non-hospital residential treatment facility for rehabilitation treatment is never considered a part of emergency treatment.

The **initial** treatment for a behavioral health emergency is covered even when provided by out-of-network behavioral health providers or rendered at an out-of-network facility if the symptoms are severe enough to need immediate attention. Copays may apply.

The following services are covered:

- Behavioral Health Rehabilitation Services (BHRS) (Child/Adolescent)
- Clozapine (Clozaril) Support Services
- Drug and Alcohol Inpatient Hospital-Based Detoxification Services
- Drug and Alcohol Inpatient Hospital-Based Rehabilitation Services
- Drug and Alcohol Outpatient Services
- Drug and Alcohol Methadone Maintenance Services
- Family Based Mental Health Services
- Laboratory Services (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner under the practitioner’s scope of practice)
- Mental Health Crisis Intervention Services

- Mental Health Inpatient Hospitalization
- Mental Health Outpatient Services
- Mental Health Partial Hospitalization Services
- Peer Support Services
- Residential Treatment Facilities (Child/Adolescent), if not court-ordered
- Targeted Case Management Services

Emergency Services

Emergency services are services needed to treat or evaluate an emergency medical condition. An emergency medical condition is an injury or illness that is so severe that a reasonable person with no medical training would believe there is an immediate risk to a person's life or long-term health. If you have an emergency medical condition, go to the nearest emergency room, dial 911, or call your local ambulance provider. You do **not** have to get approval from **Keystone First - CHIP** to get emergency services and may use any hospital or other emergency care setting. Copays may apply.

Below are some examples of emergency medical conditions and non-emergency medical conditions:

<u>Emergency medical conditions</u>

- Heart Attack
- Chest Pain
- Severe Bleeding
- Intense Pain
- Unconsciousness
- Poisoning

<u>Non-emergency medical conditions</u>

- Sore Throat
- Vomiting
- Cold or Flu
- Backache
- Earache
- Bruises, Swelling, or Small Cuts

If you are unsure if your condition requires emergency services, call your PCP or the **Keystone First - CHIP** Nurse Call Line at **1-877-625-2447** 24 hours a day, 7 days a week.

Hospital Services

Keystone First - CHIP covers inpatient and outpatient hospital services. If you need to be admitted inpatient to a hospital, and it is not an emergency, your PCP or specialist

will arrange for you to go to a hospital in **Keystone First - CHIP**'s network and will follow your care even if you need other doctors during your hospital stay. Inpatient hospital stays must be approved by **Keystone First - CHIP**. To find out if a hospital is in the **Keystone First - CHIP** network, please call Enrollee Services at **1-844-472-2447 (TTY 711)** or check the provider directory on **Keystone First - CHIP**'s website at **www.keystonefirstchip.com**. If you have any other questions about hospital services, please call Enrollee Services at **1-844-472-2447 (TTY 711)**.

If you have an emergency and are admitted to the hospital, you, a family member, or a friend should let your PCP know as soon as possible but no later than 24 hours after you were admitted to the hospital.

If you are admitted to a hospital that does not accept **Keystone First - CHIP**, you may be transferred to a **Keystone First - CHIP** participating hospital. You will not be moved until you are strong enough to be transferred.

It is very important to make an appointment to see your PCP within seven (7) days after you are discharged from the hospital. Seeing your PCP soon after your hospital stay will help you follow any instructions you got while you were in the hospital and prevent you from requiring readmission to the hospital.

Sometimes you may need to see a Specialist Physician or receive treatment at a hospital without being admitted overnight. These services are referred to as Outpatient Hospital Services.

If you have any other questions about hospital services, please call Enrollee Services at **1-844-472-2447 (TTY 711)**.

To find out information about copays for hospital services, please see the copayment schedule that came with your welcome kit. You can also find this information on our website at **www.keystonefirstchip.com** or see the Covered Services section starting on page **26** for more information.

Maternity Care

Care during Pregnancy

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

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

- Call or visit your PCP, who can help you find a maternity care provider in the
- **Keystone First - CHIP**'s network.
- Visit a network OB or OB/GYN or nurse-midwife on your own. You do not need a referral for maternity care.
- Visit a network health center that offers OB or OB/GYN services.
- Call Enrollee Services at **1-844-472-2447 (TTY 711)** to find a maternity care provider.

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

- Ten (10) business days of **Keystone First - CHIP** learning you are pregnant when in your first trimester.
- Five (5) business days of **Keystone First - CHIP** learning you are pregnant when in your second trimester.
- Four (4) business days of **Keystone First - CHIP** learning you are pregnant when in your third trimester.
- 24 hours of **Keystone First - CHIP** learning you are pregnant when you have a high-risk pregnancy.

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

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

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

If you are pregnant and are already seeing a maternity care provider when you enroll in **Keystone First - CHIP**, you can continue to see that provider even if he or she is not in **Keystone First - CHIP**'s network. The provider will need to be enrolled in the CHIP Program and must call **Keystone First - CHIP** for approval to treat you.

Care for You and Your Baby after Your Baby Is Born

You should visit your maternity care provider between **7 to 84 days** after your baby is delivered for a check-up unless your doctor requests to see you sooner.

Your baby should have an appointment with the baby's PCP when they are 3 to 5 days old, unless the doctor requests to see your baby sooner. It is best to pick a doctor for your baby while you are still pregnant. If you need help picking a doctor for your baby, please call Enrollee Services at **1-844-472-2447 (TTY 711).**

Keystone First – CHIP Maternity Program

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

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

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

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

We have information on other services, like:

- Food and clothes.
- Transportation.
- Breast feeding.
- Home care.
- Helping you understand your emotions and the changes happening with your body.
- Help with quitting smoking.
- Getting you connected to a home visitation program that is available in your community.
- The WIC (Women, Infants, and Children) program (Enrollees may be eligible based on income). Help with drug, alcohol, or mental health issues.
- Help with domestic abuse.

You can reach Bright Start toll-free at **1-800-521-6867.**

Prescriptions

Keystone First - CHIP covers medicines that are:

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

When a provider prescribes a medication for you, you can take it to any pharmacy that

is in **Keystone First - CHIP**'s network. You will need to have your **Keystone First - CHIP** ID card with you, and you may have a co-payment. **Keystone First - CHIP** will pay for any medicine listed on **Keystone First - CHIP**'s drug formulary and may pay for other medicines if they are prior authorized. Either your prescription or the label on your medicine will tell you if your doctor ordered refills of the prescription and how many refills you may get. If your doctor ordered refills, you may only get one refill at a time. If you have questions about whether a prescription medicine is covered, need help finding a pharmacy in **Keystone First - CHIP**'s network, or have any other questions, please call Enrollee Services at **1-844-472-2447 (TTY 711)**.

Drug Formulary

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

If you have any questions or to get a copy of the drug formulary, call Enrollee Services at **1-844-472-2447 (TTY 711)** or visit **Keystone First - CHIP**'s website at **www.keystonefirstchip.com**.

Reimbursement for Medication

There may be times when you pay for your medicine. **Keystone First - CHIP** 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 Keystone First – CHIP
- Are not medically necessary.
- Go over certain dose and supply limits set by the FDA.
- Are refilled too soon.

You cannot be reimbursed if:

- You were not eligible for pharmacy benefits when you paid for the medicine.
- You were not a **Keystone First - CHIP** Enrollee when you got the medicine filled.

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

- Ask for the reimbursement in writing. *
- Send a detailed receipt from the pharmacy that includes:
    - The date you bought the medicine.
    - Your name.
    - The name of the pharmacy, the address (city, state, ZIP code), and phone

number.
- The name, strength, and amount of medicine.
- The NDC number of medicine (if you are not sure about this information, ask the pharmacist to help you).
- The total amount of money you paid for each medicine.

* If you need help writing this request, please call Enrollee Services at **1-844-472-2447 (TTY 711)**.

Write your name, address, phone number, and **Keystone First - CHIP** ID number on your receipt or another piece of paper. Send the above information to:
Pharmacy Reimbursement Department
Keystone First - CHIP
P. O. Box 336
Essington, PA 19029

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

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

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

Specialty Medicines

The drug formulary includes medicines that are called specialty medicines. A prescription for these medicines needs prior authorization. To see the drug formulary and a complete list of specialty medicines, call Enrollee Services at **1-844-472-2447 (TTY 711)** or visit **Keystone First - CHIP**'s website at **www.keystonefirstchip.com**.

You will need to obtain these medicines from a specialty pharmacy. A specialty pharmacy can mail your medicines directly to your home at no cost to you for the mailing and will contact you before sending them. You may have a co-payment for your medicine. The pharmacy can also answer any questions you have about the process. You can pick any specialty pharmacy that is in **Keystone First - CHIP**'s network. For the list of network specialty pharmacies, please call Enrollee Services at **1-844-472-2447 (TTY 711)** or see the provider directory on **Keystone First - CHIP**'s website at **www.keystonefirstchip.com.** For any other questions or more information please call Enrollee Services at **1-844-472-2447 (TTY 711)**.

Over-the-Counter Medicines

Keystone First - CHIP covers some over-the-counter medicines when drug is part of the formulary. You must have a prescription from your provider for these medicines for **Keystone First - CHIP** to pay for them and a documented medical condition that indicates that the drug is medically necessary. You will need to have your **Keystone First - CHIP** ID card with you, and you may have a co-payment. The following are some examples of covered over-the- counter medicines:

- Sinus and allergy medicine
- Aspirin
- Vitamins
- Cough medicine
- Heartburn medicine

You can find more information about covered over-the-counter medicines by visiting **Keystone First - CHIP**'s website at **www.keystonefirstchip.com** or by calling Enrollee Services at **1-844-472-2447 (TTY 711)**.

Vision Care Services

Keystone First - CHIP covers all medically necessary vison services. You may go to a participating vision provider within the **Keystone First – CHIP** network.

Eye Examinations

- All routine eye examinations must be performed by a participating provider. There is no coverage when performed by a nonparticipating provider. *
- A routine eye examination and refraction, including dilation if professionally indicated, is **covered 100%, once (1) every calendar year**.

Frames and Prescription Lenses

- One (1) pair of frames every calendar year at no additional cost, when purchased from a participating provider and selected from the standard collection of frames.
- For frames that are not part of the standard collection of frames, expenses over $130 are your responsibility. Additionally, a 20% discount applies to any amount over $130.
- One (1) set of prescription eyeglass lenses every calendar year that may be plastic or glass*, single vision, bifocal, trifocal, lenticular and/or oversize lenses, fashion and gradient tinting, oversized glass-grey #3 prescription sunglass lenses, and polycarbonate prescription lenses.
- All prescription lenses include scratch-resistant coating.
- There is no copayment for covered standard prescription eyeglass lenses. However, most optional lens types and treatments have applicable copayments.
- Replacement of lost, stolen, or broken frames and prescription lenses, when deemed medically necessary, once every calendar year. *

Prescription Contact Lenses

- One (1) prescription contact lens benefit every calendar year, in place of eyeglasses or when medically necessary, must be purchased from a participating provider.
- Expenses over $130, which may be applied toward the cost of evaluation, materials, fitting and follow-up care, are the Enrollee's responsibility. Additionally, a 15% discount applies to any amount over $130.
- In some instances, participating providers charge separately for the evaluation, fitting, or follow-up care related to contact lenses. Should this occur, and the value of the prescription contact lenses received is less than the allowance, the remaining balance can be applied to the total $130 allowance.
- Expenses in excess of $600 for medically necessary prescription contact lenses, and with preapproval, may be obtained for conditions including:
    - aphakia;
    - pseudophakia;
    - keratoconus;
    - if the patient has had cataract surgery or implant, or corneal transplant surgery; or if visual activity is not correctable to 20/40 in the worse eye by use of eyeglass lenses, but can be to 20/40 in the worse eye by use of contact lenses.
- Replacement of lost, stolen, or broken prescription contact lenses, when deemed medically necessary, once every calendar year. *

Low Vision Benefits

- One (1) comprehensive low vision evaluation every five (5) years, with a maximum charge of $300; maximum low vision aid allowance of $600, with a lifetime maximum of $1,200 for items such as high-power spectacles, magnifiers and telescopes; and follow-up care—four (4) visits in any five (5)-year period, with a maximum charge of $100 per visit. Providers will obtain the necessary preauthorization for these services.

* A participating provider must be used for these services when in the Southeastern Pennsylvania service area.

Vision benefit	Coverage using network providers	Copays or Limits
Routine eye exam and refractions	100%	–

Vision benefit	Coverage using network providers	Copays or Limits
Frames and prescription lenses	100%	One pair of frames and prescription lenses per calendar year that may be plastic or glass, single vision, bifocal, trifocal, lenticular and/or oversize lenses, fashion and gradient tinting, oversized glass-grey #3 prescription sunglass lenses, and polycarbonate prescription lenses. Covered when selected from the standard collection of frames; Allowance of $130 for other frames.
Scratch-resistant coating for lenses	–	Additional copayment applies for premium lenses or coatings (beyond scratch-resistance).
Optional lens types and treatments:		
Ultraviolet protective coating	100%	
Blended segment lenses	–	$20
Intermediate vision lenses	–	$30
Progressive lenses (standard)	–	$50
Progressive lenses (premium)	–	$90
Progressive lenses (ultra)	–	$140
Progressive lenses (unlimited)	–	$175
Glass photochromic lenses	–	Single - $20; Multifocal - $20
Plastic photosensitive single lenses	–	$65
Plastic photosensitive multi lenses	–	$70
Polarized lenses	–	$75
Anti-reflective (ar) coating (standard)	–	$35

Vision benefit	Coverage using network providers	Copays or Limits
Anti-reflective (ar) coating (premium)	–	$48
Anti-reflective (ar) coating (ultra)	–	$60
Hi-index lenses	–	$55
Scratch protection plan (single vision)	–	$20
Scratch protection plan (multifocal)	–	$40
Contact lenses (in lieu of eyeglasses or when medically necessary)	100%	Covered if on formulary; or allowance of $130.
Replacement pair of eyeglasses	–	One replacement pair available due to loss or breakage per calendar year.

Bright Futures

Bright Futures services are available for children under the age of 19. They are sometimes also referred to as well-baby or well-child checkups. You may be seen by a pediatrician, family practice doctor, or CRNP. The provider you choose will be your PCP. The purpose of this service is to detect potential health problems early and to make sure you stay healthy. If you have questions or want more information, contact Enrollee Services at **1-844-472-2447 (TTY 711)**.

When Should a Bright Futures Exam Be Completed?

Children and young adults should have their examinations completed based on the schedule listed below. It is important to follow this schedule even if you are not sick. Your provider will tell you when these visits should occur. Infants and toddlers will need several visits per year, while children between the ages of 3 to 19 will need just one visit per year.

Recommended Screening Schedule			
3-5 Days	By 1 Month	2 Months	4 Months
6 Months	9 Months	12 Months	15 Months
18 Months	24 Months	30 Months	
Children ages 3-19 should be screened yearly			

What Will the Provider Do during the Bright Futures Exam?

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

- A complete physical exam
- Immunization
- Vision test
- Hearing test
- Autism screening
- Tuberculosis screening
- Dyslipidemia
- Sexually transmitted infections
- HIV
- Anemia
- Oral health examination
- Blood pressure check
- Health and safety education
- Check your body mass index (BMI)
- Measurements
- Newborn Blood
- Screen and/or counsel for tobacco, alcohol, and substance use starting at age 11
- Urinalysis screening
- Blood lead screening test
- Developmental screening
- Depression screening starting at age 12
- Maternal depression screening

Keystone First - CHIP covers services that are needed to treat health problems that are identified during the Bright Futures exam.

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

Section 4 –

Out-of-Network and Out-of-Plan Services

Out-of-Network Providers

An out-of-network provider is a provider that does not have a contract with **Keystone First - CHIP** to provide services to **Keystone First - CHIP**'s Enrollees. There may be a time when you need to use a doctor or hospital that is not in the **Keystone First - CHIP** network. If this happens, you can ask your PCP to help you. Your PCP has a special number to call to ask **Keystone First - CHIP** that you be allowed to go to an out-of-network provider. **Keystone First - CHIP** will check to see if there is another provider in your area that can give you the same type of care you or your PCP believes you need. If **Keystone First - CHIP** cannot give you a choice of at least two (2) providers in your area, **Keystone First - CHIP** will cover the medically necessary treatment by the out-of-network provider.

Getting Care While Outside of Keystone First - CHIP's Service Area

If you are outside of **Keystone First - CHIP**'s service area and have a medical emergency, go to the nearest emergency room or call 911. For emergency medical conditions, you do not have to get approval from **Keystone First - CHIP** to receive care. If you need to be admitted to the hospital, you should let your PCP know.

If you need care for a non-emergency condition while outside of the service area, call your PCP or Enrollee Services at **1-844-472-2447 (TTY 711)** who will help you to get the most appropriate care.

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

Out-of-Plan Services

You may be eligible to get services other than those provided by **Keystone First - CHIP**. Below are some services that are available but are not covered by **Keystone First - CHIP**. If you would like help in getting these services, please call Enrollee Services at **1-844-472-2447 (TTY 711)**.

Women, Infants, and Children Program

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

Domestic Violence Crisis and Prevention

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

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

- Emotional Abuse.
- Physical Violence.
- Stalking.
- Sexual Violence.
- Financial Abuse.
- Verbal Abuse.

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

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

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

Where to get help:

National Domestic Violence Hotline

www.thehotline.org

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

Pennsylvania Coalition Against Domestic Violence

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

https://www.pcadv.org/

1-800-932-4632 (in Pennsylvania)**1-800-799-SAFE (7233)**

(national)
Text "START" to 88788

Sexual Assault and Rape Crisis

Sexual Assault is a term which includes any type of unwanted sexual contact. A person may use force, threats, manipulation, or persuasion to commit sexual violence. Sexual violence can include words and actions of a sexual nature including, but not limited to:

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

Survivors can have physical, mental, and/or emotional reactions to sexual violence. While every survivor is different, many feel alone, scared, ashamed, and afraid that no one will believe them. Healing can take years with advances and setbacks, but healing can happen.

Where to get help:

Pennsylvania Coalition Against Rape (www.pcar.org/)

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

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

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

Early Intervention Services

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

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

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

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

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

Section 5 –

Special Medical Needs and Care Management

Special Needs

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

If you think you or someone in your family has a special need and would like **Keystone First - CHIP** to help you, please contact them by calling **1-844-377-2447 (TTY 711).** Staff are available **Monday through Thursday from 8:00 a.m. to 7:00 p.m. and Friday from 8:00 a.m. to 6:30 p.m**. If you need assistance when staff are not available, you may call **1-844-472-2447 (TTY 711)**.

Coordination of Care

Keystone First - CHIP will help you coordinate your care. In addition, **Keystone First - CHIP** can assist in connecting you with other state and local programs.

If you need help with any part of your care or coordinating that care with another state, county, or local program, please contact **Keystone First - CHIP** for assistance.

Keystone First - CHIP will also assist Enrollees in transitioning care from services received in a hospital or temporary medical setting to care received at home. We want our Enrollees to be able to move back home as soon as possible. Please contact **Keystone First - CHIP** for assistance in receiving care in your home.

Care Management

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

What conditions do you have programs for?

- Asthma
- Behavioral Health
- Diabetes
- Multiple Chronic Conditions

- Pregnancy

What can these programs do for me?

These programs can help you learn more about your condition. They can help you manage your condition. They may improve your quality of life.

A care manager will manage your care. They will send you information about your condition. A care manager will also call you to find out how you are doing. They will help you to get program services.

How can I join one of these programs?

You can join any of these programs by any one of these ways:

1. Log in to the Enrollee portal and go to **Enroll in a Special Program**.
2. Call care management at **1-844-377-2447 (TTY 711)**.
3. Your PCP, specialist, or other health care provider may also talk to you about becoming a part of the program. He or she can call us to have you join.
4. We may see from your health history that you might benefit from the program. We will send you information in the mail about what to do to enroll in the program.

How to leave a program

You can tell us on the phone or in writing if you no longer want to be a part of a program.

- Call: **1-844-377-2447 (TTY 711)**
- Mail:
  Enrollee Services
  Keystone First - CHIP
  P.O. Box 211413
  Eagan, MN 55121

Leaving a program will not change your benefits. It will also not change the way **Keystone First - CHIP** treats you.

Questions?

If you have any questions about our special care management programs, or do not want to be a part of these programs, please call us at **1-844-377-2447 (TTY 711)** or write to:
Enrollee Services
Keystone First - CHIP
P.O. Box 211413
Eagan, MN 55121

By following your provider's plan of care and learning about your disease or condition, you can stay healthier. **Keystone First - CHIP care** managers are here to help you understand how to take better care of yourself by following your doctor's orders, teaching you about your medicines, helping you to improve your health, and giving you information to use in your community. If you have any questions or need help, please call Enrollee Services at **1-844-472-2447 (TTY 711)**.

Section 6 –

Complaints, Grievances, and External Reviews

Complaints, Grievances, and External Reviews

If a provider or **Keystone First - CHIP** does something you are unhappy about or disagree with, you can tell **Keystone First - CHIP** or the Department of Human Services what the provider or **Keystone First - CHIP** has done. This section describes what you can do and what will happen.

Complaints

What Is a Complaint?

A Complaint is when you tell **Keystone First - CHIP** you are unhappy with **Keystone First - CHIP** or your provider or do not agree with a decision by **Keystone First - CHIP**.

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 received services that **Keystone First - CHIP** has approved.
- You were denied a request to disagree with a decision that you have to pay your provider.

First Level Complaint

What Should I Do if I Have a Complaint?

To file a first level Complaint:

- Call **Keystone First - CHIP** at **1-844-472-2447 (TTY 711)** and tell **Keystone First - CHIP** your Complaint.
- Write down your Complaint and send it to **Keystone First - CHIP** by mail or fax.
- If you received a notice from **Keystone First - CHIP** telling you **Keystone First - CHIP**'s decision, and the notice included a Complaint/Grievance Request Form, fill out the form and send it to **Keystone First - CHIP** by mail or fax.

Keystone First - CHIP's address and fax number for Complaints:

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

By Fax at 215-937-5367

By Secure email at paenrolleeappeals@amerihealthcaritas.com

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

When Should I File a First Level Complaint?

Some Complaints have a time limit on filing. You must file a Complaint within **sixty (60) days of receiving a notice** telling you that:

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

You must file a Complaint **within sixty (60) days of the date you should have received a service or item** if you did not receive a service or item in a timely manner.

New enrollee appointment for your first examination…	**We will make an appointment for you…**
Enrollees with HIV/AIDS	with PCP or specialist no later than seven (7) days after you become an enrollee in **Keystone First - CHIP** unless you are already being treated by a PCP or specialist.
Enrollees for a Bright Futures exam	with PCP no later than forty-five (45) days after you become an enrollee in **Keystone First - CHIP,** unless you are already being treated by a PCP or specialist.
All other enrollees	with PCP no later than three (3) weeks after you become an enrollee in **Keystone First - CHIP**.
Enrollees who are pregnant:	**We will make an appointment for you…**
Pregnant women in their first trimester	with OB/GYN provider within ten (10) business days of **Keystone First - CHIP** learning you are pregnant.
Pregnant women in their second trimester	with OB/GYN provider within five (5) business days of **Keystone First - CHIP** learning you are pregnant.

Pregnant women in their third trimester	with OB/GYN provider within four (4) business days of **Keystone First - CHIP** learning you are pregnant.
Pregnant women with high-risk pregnancies	with OB/GYN provider within twenty-four (24) hours of **Keystone First - CHIP** learning you are pregnant.
Appointment with…	**An appointment must be scheduled...**
PCP Urgent medical condition	 within twenty-four (24) hours.
Routine appointment	within ten (10) business days.
Health assessment/general physical examination	within three (3) weeks
Specialists (when referred by PCP) Urgent medical condition	 within twenty-four (24) hours of referral.
Routine appointment with one of the following specialists: Otolaryngology. Dermatology. Pediatric Endocrinology. Pediatric General Surgery. Pediatric Infectious Disease. Pediatric Neurology. Pediatric Pulmonology. Pediatric Rheumatology. Dentist. Orthopedic Surgery. Pediatric Allergy & Immunology Pediatric Gastroenterology Pediatric Hematology Pediatric Nephrology Pediatric Oncology Pediatric Rehab Medicine Pediatric Urology Pediatric Dentistry	within fifteen (15) business days of referral
Routine appointment with all other specialists	Within 10 business days of referral

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

What Happens after I File a First Level Complaint?

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

You may ask **Keystone First - CHIP** to see any information **Keystone First - CHIP** has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to **Keystone First - CHIP**.

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

A committee of one or more **Keystone First - CHIP** staff who were not involved in and do not work for someone who was involved in the issue you filed your Complaint about will meet to make a decision about your Complaint. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. **Keystone First - CHIP** will mail you a notice within **30** days from the date you filed your First Level Complaint to tell you the decision on your First Level Complaint. The notice will also tell you what you can do if you do not like the decision.

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

What to do to continue receiving services:

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

What If I Do Not Like Keystone First - CHIP's Decision?

You may ask for an external review of your Complaint if the Complaint is about one of the following:

- **Keystone First - CHIP**'s decision that you cannot receive a service or item you want because it is not a covered service or item.

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

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

For information about external complaint reviews, see page **86**
If you need more information about help during the Complaint process, see page **92**

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

Second Level Complaint

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

To file a Second Level Complaint:

- Call **Keystone First - CHIP** at **1-844-472-2447 (TTY 711)** and tell **Keystone First - CHIP** your Second Level Complaint, or
- Write down your Second Level Complaint and send it to **Keystone First - CHIP** by mail or fax, or
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to **Keystone First - CHIP** by mail or fax.

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

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

By fax at 215-937-5367

By Secure email at paenrolleeappeals@amerihealthcaritas.com

What Happens after I File a Second Level Complaint?

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

You may ask **Keystone First - CHIP** to see any information **Keystone First - CHIP** has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to **Keystone First - CHIP**.

You may attend the Complaint review if you want to attend it. **Keystone First - CHIP** will tell you the location, date, and time of the Complaint review at least fifteen (15) days before the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of three (3) or more people, including at least one person who does not work for **Keystone First - CHIP**, and were not involved in any previous level of review or decision- making, will meet to decide your Second Level Complaint. The **Keystone First - CHIP** staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. **Keystone First - CHIP** will mail you a notice within **45** days from the date your Second Level Complaint was received to tell you the decision on your Second Level Complaint. The letter will also tell you what you can do if you do not like the decision.

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

What If I Do Not Like Keystone First - CHIP's Decision on My Second Level Complaint?

You may ask for an external review by the with Pennsylvania Insurance Department.

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

External Review of a Complaint

How Do I Ask for an External Review of a Complaint?

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

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

Fax Number: 717-787-8585

You can also go to the "File a Complaint Page" at: www.insurance.pa.gov/Consumers. If you need help filing your request for external review, call the Bureau of Consumer Services at **1-877-881-6388**. If you ask, the Bureau of Consumer Services will help you put your Complaint in writing.

What Happens after I Ask for an External Review of my Complaint?

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

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

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

What to do to continue receiving services:

If you have been receiving the services or items that are being reduced, changed, or denied, and your request for an external review is postmarked or hand-delivered within fifteen (15) days of the date on the notice telling you **Keystone First - CHIP**'s First Level Complaint decision that you cannot receive services or items you have been receiving because they are not covered services or items for you, the services or items will continue until a decision is made.

GRIEVANCES

What is a Grievance?

When **Keystone First - CHIP** denies or decreases a service or item you requested because it is not medically necessary or approves a service or item different than the service or item you requested, you will receive a notice telling you **Keystone First - CHIP**'s decision.

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

What Should I Do if I Have a Grievance?

To file a Grievance:

- Call **Keystone First - CHIP** at **1-844-472-2447 (TTY 711)** and tell **Keystone First - CHIP** your Grievance, or
- Write down your Grievance and send it to **Keystone First - CHIP** by mail or fax, or
- Fill out the Complaint/Grievance Request Form included in the denial notice you received from **Keystone First - CHIP** and send it to **Keystone First - CHIP** by mail or fax.

Keystone First - CHIP's address and fax number for Grievances:
By mail at
Enrollee Appeals Department
Attention: Enrollee Advocate
Keystone First - CHIP
200 Stevens Drive
Philadelphia, PA 19113-1570

By fax at 215-937-5367
By secure email at paenrolleeappeals@amerihealthcaritas.com

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

When Should I File a Grievance?

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

What Happens After I File a Grievance?

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

You may ask **Keystone First - CHIP** to see any information that **Keystone First - CHIP** used to make the decision you filed your Grievance about at no cost to you. You may also send information that you have about your Grievance to **Keystone First - CHIP**.

You may attend the Grievance review if you want to attend it. **Keystone First - CHIP** will tell you the location, date, and time of the Grievance review at least fifteen (15) days before the day of the Grievance review. You may appear at the Grievance review in person, by phone, or by videoconference. If you decide that you do not want to attend the Grievance review, it will not affect the decision.

A committee of three (3) or more people, including a licensed doctor, will meet to decide your Grievance. The **Keystone First - CHIP** staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about. **Keystone First - CHIP** will mail you a notice within **30** days from the date your Grievance was received to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

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

What to do to continue receiving services:

If you have been receiving services or items that are being reduced, changed, or denied and you file a Grievance verbally or that is faxed, postmarked, or hand-delivered within fifteen (15) days of the date on the notice telling you that the services or items you have been receiving are being reduced, changed, or denied, the services or items will continue until a decision is made.

What If I Do Not Like Keystone First - CHIP's Decision?

You may ask for an external Grievance review. An external Grievance review is a review by a doctor who does not work for **Keystone First - CHIP**.

You must ask for an external Grievance review within **fifteen (15) days of the date you received the Grievance decision notice**.

For information about external Grievance reviews, see below.
If you need more information about help during the Grievance process, see **92**.

External Review of a Grievance

How Do I Ask for External Grievance Review?

To ask for an external review for a Grievance:

- Call **Keystone First - CHIP** at **1-844-472-2447 (TTY 711)** and tell **Keystone First - CHIP** your Grievance, or
- Write down your Grievance and send it to **Keystone First - CHIP** by mail to:

Enrollee Appeals Department Attention:
Enrollee Advocate
Keystone First - CHIP
200 Stevens Drive
Philadelphia, PA 19113-1570

By fax at 215-937-5367
By secure email at paenrolleeappeals@amerihealthcaritas.com

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

What Happens after I Ask for an External Review of my Grievance?

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

Keystone First - CHIP will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within fifteen (15) days of filing the request for an external Grievance review.

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

What to do to continue receiving services:

If you have been receiving the services or items that are being reduced, changed, or denied, and you ask for an external Grievance review verbally or in a letter that is postmarked or hand-delivered within fifteen (15) days of the date on the notice telling you **Keystone First - CHIP**'s Grievance decision, the services or items will continue until a decision is made.

Expedited Complaints and Grievances

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

If your doctor or dentist believes that waiting 30 days to get a decision about your First Level Complaint or Grievance, or 45 days to get a decision about your Second Level Complaint, could harm your health, you or your doctor or dentist may ask that your Complaint or Grievance be decided more quickly. For your Complaint or Grievance to be decided more quickly:

- You must ask **Keystone First - CHIP** for an early decision by calling **Keystone First - CHIP** at **1-844-472-2447 (TTY 711)**, faxing a letter or the Complaint/Grievance Request Form to **215-937-5367,** or sending an email to paenrolleeappeals@amerihealthcaritas.com.
- Your doctor or dentist should fax a signed letter to **215-937-5367** within 72 hours of your request for an early decision that explains why **Keystone First - CHIP** taking the standard amount of time to tell you the decision about your Complaint or Grievance could harm your health.

If **Keystone First - CHIP** does not receive a letter from your doctor or dentist, and the information provided does not show that taking the usual amount of time to decide your Complaint or Grievance could harm your health, **Keystone First - CHIP** will decide your Complaint or Grievance in the usual time frame of 30 days from when Keystone First-CHIP first got your First Level Complaint or Grievance, or 45 days from when Keystone First-CHIP got your Second Level Complaint .

Expedited Complaint and Expedited External Review of your Complaint

Your expedited Complaint will be reviewed by a committee that includes a licensed doctor. Members of the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about.

You may attend the expedited Complaint review if you want to attend it. You can attend the Complaint review in person if possible but may have to appear by phone or by videoconference because **Keystone First - CHIP** has a short amount of time to decide an expedited Complaint. If you decide that you do not want to attend the Complaint

review, it will not affect the decision.

Keystone First - CHIP will tell you the decision about your Complaint within 48 hours of when **Keystone First - CHIP** receives your doctor or dentist's letter explaining why the usual time frame for deciding your Complaint will harm your health or within 72 hours from when **Keystone First - CHIP** receives your request for an early decision, whichever is sooner, unless you ask **Keystone First - CHIP** to take more time to decide your Complaint. You can ask **Keystone First - CHIP** to take up to fourteen (14) more days to decide your Complaint. You will also receive a notice telling you the reason(s) for the decision and how to ask for expedited external Complaint review if you do not like the decision.

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

- Call **Keystone First - CHIP** at **1-844-472-2447 (TTY 711)** and tell **Keystone First - CHIP** your Complaint, or
- Send an email to **Keystone First - CHIP** at paenrolleeappeals@amerihealthcaritas.com.
- Write down your Complaint and send it to **Keystone First - CHIP** by mail or fax:

Enrollee Appeals Department
Attention: Enrollee Advocate
Keystone First - CHIP
200 Stevens Drive
Philadelphia, PA 19113-1570

Fax number: 215-937-5367

Expedited Grievance and Expedited External Review of your Grievance

A committee of three (3) or more people, including a licensed doctor, will meet to decide your Grievance. The **Keystone First - CHIP** staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about.

You may attend the expedited Grievance review if you want to attend it. You can attend the Grievance review in person if possible but may have to appear by phone or by videoconference because **Keystone First - CHIP** has a short amount of time to decide the expedited Grievance. If you decide that you do not want to attend the Grievance review, it will not affect our decision.

Keystone First - CHIP will tell you the decision about your Grievance within 48 hours of when **Keystone First - CHIP** received your doctor or dentist's letter explaining why the usual time frame for deciding your Grievance will harm your health or within 72 hours

from when **Keystone First - CHIP** receives your request for an early decision, whichever is sooner, unless you ask **Keystone First - CHIP** to take more time to decide your Grievance. You can ask **Keystone First - CHIP** to take up to fourteen (14) more days to decide your Grievance. You will also receive a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not like the expedited Grievance decision, you may ask for an expedited external review of your Grievance.

You must ask for expedited external review of your Grievance by the Pennsylvania Department of Insurance within **two (2) business days from the date you receive the expedited Grievance decision notice**. To ask for expedited external review of a Grievance:

- Call **Keystone First - CHIP** at **1-844-472-2447 (TTY 711)** and tell **Keystone First - CHIP** your Grievance, or
- Send an email to **Keystone First - CHIP** at paenrolleeappeals@amerihealthcaritas.com, or
- Write down your Grievance and send it to **Keystone First - CHIP** by mail or fax:

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

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

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

If you need help filing your Complaint or Grievance, a staff member of **Keystone First - CHIP** 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 be involved in any decision about your Complaint or Grievance.

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

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

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

You may call **Keystone First - CHIP**'s toll-free telephone number at **1-844-472-2447 (TTY 711)** if you need help or have questions about Complaints and Grievances, you can contact your local legal aid office at **1-800-322-7572** or call the Pennsylvania Health Law Project at 1-800-274-3258.

Persons Whose Primary Language Is Not English

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

Persons with Disabilities

Keystone First - CHIP will provide persons with disabilities with the following help in presenting Complaints or Grievances at no cost, if needed. This help includes:

- Providing sign language interpreters.
- Providing information submitted by **Keystone First - CHIP** at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review.
- Providing someone to help copy and present information.

Keystone First

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

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