Your Personal Guide to Better Health

Member Handbook

CARE IS THE HEART OF OUR WORK™

www.keystonefirstpa.com

Keystone First
Member Handbook

Call Member Services at 1-800-521-6860.
www.keystonefirstpa.com

Need a translation?
Call 1-800-521-6860.

For TTY, please call 1-800-684-5505.

The information in this notice is available in other languages and formats by calling Member Services at 1-800-521-6860 or 1-800-684-5505 (TTY).

Esta información también se ofrece en otros idiomas y formatos. Llame a Servicios para Miembros al 1-800-521-6860 o al 1-800-684-5505 (TTY).

Muôn đọc thông tin trong thông báo này dưới hình thức và ngôn ngữ khác, xin gọi Ban Dịch Vụ Hội Viên số 1-800-521-6860 hay số dành cho người khiếm thính giắc 1-800-684-5505 (TTY).

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

About us
Keystone First has been dedicated to quality health care in your community for more than 30 years.

- Keystone First is a managed care organization that arranges health care services you and covered members of your family need. We want to help you and your family members be healthy.
- We want to make sure you and your family are treated with respect and that your health care services are provided in a way that is private and confidential.

Our mission
Our mission at Keystone First is to help people:

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

We have a special concern for those who are poor.

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

- Call 1-800-521-6860 to talk to a Member Services representative 24 hours a day, 7 days a week.
- Go to the Member Center at www.keystonefirstpa.com.

We can help you with questions like:

- How do I get medical care?
- How do I choose my primary care practitioner (PCP) and find a medical home?
- How do I get my medical records?
- What services and benefits are covered?
- How do I find out about special needs services?
- What do I do if I get a bill?
- How do I file a complaint or grievance?
- How do I get a list of Keystone First providers?
Welcome to Keystone First

How you can help us

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

- Let Keystone First and your health care providers know of any changes that may affect your membership, health care needs or benefits. Some examples include, but are not limited, to the following:
  - You are pregnant.
  - You have a new baby.
  - Your address or phone number changes.
  - You or 1 of your children has other health insurance.
  - You have a special medical condition.
  - Your family size changes.
  - You move out of the county or state.
- Keep your benefits up to date with your caseworker at your County Assistance Office (CAO). Find out when your benefits will end. Make sure all your information is up to date so you can keep your benefits.
- Work with Keystone First and our health care providers. This means following the guidelines given to you about Keystone First and following your health care provider’s instructions about your care. This includes:
  - Making appointments with your health care provider.
  - Canceling appointments you cannot go to.
  - Calling Keystone First when you have questions.
- Treat your health care providers and their staff with respect and dignity.
- Talk with your health care provider to agree on goals for your treatment, to the degree you are able to do so.
- Talk with your health care provider so you can understand your health problems, to the degree you are able to do so.

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

Remember: You must also call your County Assistance Office (CAO) or the Customer Service Center at 1-877-395-8930 to let them know of your changes. In Philadelphia, call the Change Center at 1-215-560-7226.
Getting Information

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

• The Keystone First Online Provider Directory for help finding a provider, including a behavioral health provider.
• Medical, dental and vision benefits and services.
• Pharmacy benefits and the formulary.
• Member newsletters.
• Health and wellness programs.
• Health education information on Your Link to Health Education.
• How to get behavioral health services.
• HIPAA Notice of Privacy Practices.
• Member rights and responsibilities.
• Procedures for complaints, grievances and fair hearings.
• Community services information.
• Member resources.
• Frequently asked questions.
• Contact information.
• Copay schedule.

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

Secure member portal (continued)
• Your most recent visits to the doctor.
• Your health history.
• Reminders about important tests you need.
• Information about your doctor.
• A directory of doctors and providers.

Once you log in, you can also:

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

Go to www.keystonefirstpa.com today to register.

In other languages and formats
Keystone First has written member materials in languages other than English and in other formats for the visually impaired. Other formats include Braille, audio tape, large print, compact disc (CD), DVD, computer diskette and electronic communication. These materials do not cost you any money. Please call Keystone First Member Services at 1-800-521-6860 to ask for member materials in another language or in other formats.

If you do not speak English, we have representatives who speak languages other than English. We can also use the Language Line Services to help you.

If your PCP or specialist cannot provide an interpreter for your appointments, Keystone First will provide an interpreter to help you.

If you are deaf or hard of hearing, our TTY number is 1-800-684-5505.

You can also dial 711, PA Relay, for TTY services, Internet relay services and video relay services. Charges for local and long-distance relay calls will be the same as your regular local and long-distance calling plan.
Getting Started

It is easy to get care with Keystone First. Let us tell you how.

Enrolling

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

The enrollment specialists can:

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

You can talk to an enrollment specialist by calling 1-800-440-3989. (TTY users call 1-800-618-4225.)

You can also enroll by going to www.enrollnow.net.

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

Your ID cards

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

Keystone First ID card

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

**Your ID cards (continued)**

**Pennsylvania ACCESS card**

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

**Things to know about your ID cards**

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

- Keystone First ID card.
- ACCESS card.
- Any other health insurance card(s) you have.

You will also need your ACCESS card for:

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

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

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

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

**Getting care, staying healthy**

When you join Keystone First, you choose a primary care practitioner (PCP). Think of this as your medical home.

Your PCP is your family doctor, or the doctor you regularly see. This is your medical home. Your PCP takes care of your health care and will help you get care from other health care providers when needed. This is called “coordination of care.” Coordination of care makes sure you get the care you need when you need it. This is why having a medical home is so important.

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

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

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

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

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

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

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

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

As your medical home, your PCP will help you stay healthy.

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

- Learn your health history and keep your records up to date.
- Answer questions about your health.
- Help you learn about and manage your medicines.
- Give you information about healthy eating and diet.
- Give you the shots and screenings you need.
- Help you get care from other providers, if needed. See the Referrals section on page 34 for more information.
- Find problems before they become serious.
- Be a patient advocate.
- Provide Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members younger than 21 years of age. See the Care for Your Children section on page 25 for more information.
- Provide preventive treatment for conditions like: diabetes, high blood pressure, asthma and allergies.
Keystone First Benefits and Services

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

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

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

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

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

New member? Remember to:

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

Routine care appointments

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

<table>
<thead>
<tr>
<th>Is it time for your checkup?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If your child is 0 to 12 years old</td>
</tr>
<tr>
<td>If you are (or your child is) 11 to 20 years old</td>
</tr>
<tr>
<td>If you are a woman, 18 years or older or sexually active</td>
</tr>
<tr>
<td>If you have learned you are pregnant</td>
</tr>
<tr>
<td>If you are a woman 40 years old or older</td>
</tr>
<tr>
<td>If you are a man 50 years old or older</td>
</tr>
<tr>
<td>If you are 50 years old or older</td>
</tr>
</tbody>
</table>

Nurse Call Line

Our Nurse Call Line is a confidential service that you can call 24 hours a day, 7 days a week. Trained nurses can answer questions about your health and give you information when your doctor is not available. They can help you decide the kind of care you need.

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

- Ask you questions about your health.
- Give you information on how to care for yourself at home, when appropriate.
- Give you information to help you decide what other care you need.

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

Go to Your Link to Health Education at www.keystonefirstpa.com to find out more.

The Nurse Call Line is there for you 24 hours a day, 7 days a week. Call 1-866-431-1514.

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

Getting care from specialists

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

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

You may need to get a referral form or a prescription from your PCP to see a specialist. Please see the Referrals section on page 33 for more information. Your PCP can help you choose a specialist and make an appointment. You can get a list of Keystone First specialists by going to www.keystonefirstpa.com and clicking on Find a Provider, or by calling Member Services.

If you would like to have more information about our Keystone First providers, call Member Services. You can find out information like where they went to medical school, where they did their residency and if they are board certified.

Specialist office visits

Keystone First covers your visits to specialists in our network. There is no limit to how many times you may see the specialist. Remember to get a referral or a prescription if one is needed from your PCP before you visit a specialist. There may be copays for your visits to some specialists. Please see the Member Copayment Schedule that came in your new member welcome kit. You can also find it online at www.keystonefirstpa.com.

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

Out-of-network specialists

Visits to specialists who are not in the Keystone First network will need to have prior authorization (prior approval) from Keystone First. Your PCP has a special number to call to get prior authorization. Ask your PCP to help you. Please see the Prior Authorization section on page 34 for more information.

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

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

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

Laboratory services

Keystone First covers preventive and medically necessary laboratory services that are covered under the Pennsylvania Medical Assistance program. Please see your Keystone First ID card to find out which lab you should go to.
Keystone First Benefits and Services

If you cannot reach your doctor

Nurse Call Line

Our Nurse Call Line is a confidential service you can call 24 hours a day, 7 days a week. Trained nurses can answer questions about your health and give you information when your doctor is not available. They can help you decide the kind of care you need.

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

- Ask you questions about your health.
- Give you information on how to care for yourself at home, when appropriate.
- Give you information to help you decide what other care you need.

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

Go to Your Link to Health Education at www.keystonefirstpa.com to find out more.

The Nurse Call Line is there for you 24 hours a day, 7 days a week. Call 1-866-431-1514.

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

Hospital care

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

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

If you have been in the hospital, it is very important to see your PCP within 7 days of leaving the hospital. Seeing your PCP right after your hospital stay will help you manage your health and medicines. This will help you not need to go back into the hospital.

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

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

If you need urgent care, but you are not sure if it is an emergency, call your PCP first. If you cannot reach your PCP, call the Keystone First Nurse Call Line at 1-866-431-1514. Your PCP or the nurse will help you decide if you need to go to the ER, go to the PCP’s office or go to an urgent care center near you.

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

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

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

Examples of urgent care conditions:

- Coughing.
- Colds.
- Vomiting.
- Pink eye.
- Diarrhea.
- Stomachache.
- Earache.
- Rashes.
- Sore throat.
- Bruises.
- Toothache — see Dental Care on page 18.

If you have an urgent dental issue, call your dentist.
Keystone First Benefits and Services

Emergencies

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

If you need care, but you are not sure if it is an emergency, call your PCP first. If you cannot reach your PCP, call the Keystone First Nurse Call Line at 1-866-431-1514. Your PCP or the nurse will help you decide if you need to go to your PCP’s office, an urgent care center or the ER.

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

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

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

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

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

Home health care
When your PCP or specialist thinks you need care at home, he or she may ask for a home health nurse or aide for you. Home health care needs prior authorization (prior approval). Your PCP or specialist will ask Keystone First for prior authorization.

Durable medical equipment (DME) and medical supplies
Keystone First covers medically necessary durable medical equipment (DME) and medical supplies. The DME and supplies must be covered under the Pennsylvania Medical Assistance program. Some medical supplies and DME must have prior authorization (prior approval) by Keystone First. Some DME also has a copayment. Please see the Prior Authorization section on page 34. Also see the Member Copayment Schedule that came with your new member welcome kit or go online to www.keystonefirstpa.com to find a copy.

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

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

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

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

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

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

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

How prescription benefits work

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

If you get a prescription from a health care provider who is not a Keystone First provider, you will be responsible to pay for that medicine, except when:

• Keystone First approved ahead of time for you to get that prescription filled and all pre-approval (prior authorization) requirements were met.
• The provider writing the prescription and the pharmacy are your Medicare providers.
• The provider writing the prescription and the pharmacy are your providers for other insurance you have.

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

Prescription medicine

Keystone First covers medicines that are:

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

If you are pregnant, make sure you call your County Assistance Office (CAO) or the Customer Service Center at 1-877-395-8930. In Philadelphia, call the Change Center at 215-560-7226. Let them know you are pregnant. Call today!
Pharmacy Services

Drug formulary
A drug formulary is a list of medicines covered by Keystone First. This list helps your health care provider prescribe medicine for you.

Both brand name and generic medicines are on the drug formulary. Keystone First requires that generic medicines be used when available. If a certain medicine is not listed on the drug formulary, your health care provider may ask for it through the Keystone First prior authorization process (see page 34).

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

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

To find more pharmacy information, go to our website at www.keystonefirstpa.com. Click on Pharmacy.
You will be able to find:
✓ The formulary.
✓ Which pharmacies accept Keystone First.
You can also call Member Services.

Temporary supplies
When a pharmacy cannot fill your prescription because of prior authorization reasons:

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

• If you have already been taking the medicine, you will get a 15-day temporary supply of the medicine. For you to get the temporary supply, the medicine has to be covered under the Pennsylvania Medical Assistance program, and the pharmacist has to decide the medicine is safe for you to take.

Reimbursement for medicine (other than copay amounts)
There may be times when you pay for your medicine. Keystone First may reimburse you, or pay you back. This reimbursement process does not apply to copayments.

Generally, reimbursement is not made for medicines that:

• Need prior authorization.
• Are not covered by either Keystone First or the Pennsylvania Medical Assistance program.
• Are not medically necessary.
• Go over certain dose and supply limits set by the FDA.
• Are refilled too soon.

You cannot be reimbursed if:

• You were not eligible for pharmacy benefits when you paid for the medicine.
• You were not a Keystone First member when you got the medicine filled.

To ask for reimbursement of medicines you paid for:
You must ask for the reimbursement in writing.*

You cannot be reimbursed if:

You must send a detailed receipt from the pharmacy that includes the:

• Date you bought the medicine.
• Member’s name.
• Drug store name, address (city, state, ZIP code) and phone number.
• Name, strength and amount of medicine.
• NDC number of medicine (if you are not sure about this information, ask the pharmacist to help you).
• Total amount you paid for each medicine.

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

Reimbursement for medicine (other than copay amounts) (continued)

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

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

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

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

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

Specialty medicines

Certain medicines on the drug formulary are called specialty medicines. These types of medicines need prior approval (prior authorization) before you can get a prescription filled. For a list of these medicines, please go to www.keystonefirstpa.com and click on Searchable Formulary or the Specialty Drug list.

You will need to get these medicines from a specialty pharmacy. The specialty pharmacy may be different from your local pharmacy. You can find a list of participating specialty pharmacies on our website. Go to www.keystonefirstpa.com, click on Members and then Pharmacy Benefits. Specialty pharmacies can mail your medicines to you. There is no charge to mail them. The pharmacy will contact you before sending your medicine to you. They can answer any questions you may have about the medicine and the delivery.

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

Over-the-counter medicine

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

Some examples of over-the-counter medicines covered by Keystone First are:

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

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

Vitamins

In some instances, Keystone First covers generic vitamins for members. The following vitamins are covered with a prescription from your health care provider:

- Generic single and multi-vitamins are covered for members under 21 years of age.
- Vitamin D, vitamin K, niacin, folic acid and iron are covered for members 21 years of age and older.
- Generic prenatal vitamins are covered for all pregnant members.

For some members, copays may apply. Please see the Member Copayment Schedule that came with your new member welcome kit. You can also find it online at www.keystonefirstpa.com.
Dental care is a very important part of staying healthy at any age, but especially for young children. Dental care is also important for pregnant women and their unborn children. A woman's gum health affects her unborn baby. A woman with gum disease can get an infection that can cause her baby to be born too early. Make sure you see your dentist for regular checkups and dental care.

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

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

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

Call your dentist today for a checkup if:

- Your baby's first tooth has come in, or your baby is 12 months old.
- You have learned you are pregnant.
- You or your child has not been to the dentist in more than 6 months.
Dental care for children
(younger than 21 years of age)

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

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

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

For more information on your child’s dental benefits, please call Keystone First Member Services at 1-800-521-6860.

Dental care for adults
(21 years of age and older)

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

- IV or non-IV conscious sedation or nitrous oxide analgesia.*
- Exams.
- Cleanings.
- Dental emergencies.
- X-rays.
- Fillings.
- Extractions (tooth removals).
- Pulpotomies (removal of pulp) for pain relief.
- Recementing (re-gluing) of crowns.
- Periodontal services.**
- Root canals.**
- Crowns (* and **).
- Dentures.**
- Dental surgical procedures.*
- 1 dental exam and 1 cleaning, per provider, every 180 days (6 months).

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

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

* Prior authorization is required and medical necessity must be demonstrated.
** Benefit limit exceptions may apply.

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

Dental benefit limit exceptions
Your dentist must ask for a benefit limit exception. Keystone First can give a benefit limit exception if:

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

Your dentist must ask for the exception. This can happen before the services start or after they are finished. Your dentist can ask for an exception up to 60 days after your dental services are finished.

Your dentist must send a written request by mail to:

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

Your dentist must send:

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

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

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

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

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

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

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

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

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

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

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

**Eyeglass frames**

<table>
<thead>
<tr>
<th>Eligible members may:</th>
<th>The provider will charge:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose from 2 select groups of eyeglass frames</td>
<td>No charge</td>
</tr>
</tbody>
</table>

or

| Choose from a select group of Premier eyeglass frames | A copay of $25.00 |

or

For eyeglass frames that are not part of these select groups, Keystone First will pay for the cost of the frames or $40.00, whichever is less.

If prescription contact lenses are chosen, Keystone First will pay for the cost of the prescription contact lenses or $75.00, whichever is less.

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

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

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

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

Keystone First does not cover prescription eyeglasses or prescription contact lenses for members 21 years of age and older. However, there are some exceptions. Members with a diagnosis of aphakia or cataracts, and some members with diabetes, may be eligible for eye wear (glasses or contacts). If you have one of these diagnoses and think you may be eligible for eye wear, please call Member Services for more information.

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

If you need help finding an eye doctor, go to [www.keystonefirstpa.com](http://www.keystonefirstpa.com) and click on Find a Provider. You will find a link there for eye care (vision) providers. You can also call Member Services for help.
Getting Care for Your Family

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

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

It is important to see your OB regularly while you are pregnant and to keep all your appointments. This will help you and your baby stay healthy. Your OB office must schedule an appointment for you within a certain number of days from when they learn you are pregnant. Your appointment must be within:

- **10 business days** when you are in your first 3 months of pregnancy (first trimester).
- **5 business days** when you are in your second 3 months of pregnancy (second trimester).
- **4 business days** when you are in your last 3 months of pregnancy (third trimester).
- **24 hours** when you have a high-risk pregnancy.

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

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

If you are pregnant, remember to:

- Call the Customer Service Center or your County Assistance Office to update your information — you will not have copays when you are pregnant, so it is important to let the Customer Service Center or your County Assistance Office know.
- Make an appointment with your OB and be sure to keep all your appointments while you are pregnant.
- Make an appointment with your dentist.
- Quit smoking if you smoke.
- Choose a doctor for your baby before your baby is born.
- Join our Bright Start® program by calling 1-800-521-6867.
Bright Start® program for pregnant members

The Bright Start program helps you stay healthy when you are pregnant and have a healthy baby. The Bright Start program gives you information about the importance of:

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

Women who are pregnant should see their dentist at least once during the pregnancy. A woman’s gum health affects the health of her unborn baby. A woman with gum disease can get an infection that can cause her 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 also work with your OB and dentist to make sure you get the care you need.

We have information on other services, like:

- Food and clothes.
- Transportation.
- Help with quitting smoking.
- The WIC (Women, Infants and Children) program.*
- Help with drug, alcohol or mental health issues.
- Help with domestic abuse.
- Breast feeding.
- Home care.
- Helping you understand your emotions.

You may be eligible for home health care, special medical equipment or transportation to office visits. Call us to find out more information. You can reach Bright Start toll-free at 1-800-521-6867. Our local number is 1-215-863-5711.

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

If you are at risk for complications or having your baby early, a Keystone First care manager will help watch your pregnancy even closer by:

- Calling you monthly or more often, as needed.
- Sending you written information about problems during pregnancy.
- Giving you information to access health and wellness advice from a nurse 24 hours a day, 7 days a week. You can reach our Nurse Call Line any time at 1-866-431-1514.

*What is WIC?

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

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

Postpartum home visit
A home visit by a nurse is a covered benefit for all women who have a baby. You should have a home visit even if your baby does not come home with you.

During this very important visit, the nurse will:
- Check your heart rate, temperature, blood pressure and breathing.
- Check for signs of infection.
- Answer questions about your recovery.

All women coming home after having a baby should have this home nursing visit. This will help make sure you and your baby are healthy after childbirth.

If your baby is home with you, the nurse will also:
- Check your baby’s heart rate, temperature and breathing.
- Check your baby for signs of infection.
- Answer questions you may have and help you learn about taking care of your new baby.
- Help you with information on how to breast feed your baby.

A home health nurse will call you about a home visit after you leave the hospital. If the nurse does not call you, please call Member Services and ask for Bright Start.

During this postpartum time, please make sure you:
- Call your OB to make an appointment for your postpartum checkup. Try to get an appointment for 3 to 8 weeks after you have your baby, unless your doctor wants to see you sooner.
- Call your County Assistance Office (CAO) or the Customer Service Center at 1-877-395-8930, or in Philadelphia call the Change Center at 1-215-560-7226. Tell them about your new baby. This is very important. They will make sure you get the benefits and services your baby needs.
- Call Keystone First Member Services to let us know the baby’s name and the name of your baby’s doctor. We can help you choose a doctor for your baby if you have not already chosen one.
- Call the baby’s doctor to make an appointment for your baby. Your baby should have an appointment when he or she is 2 – 4 weeks old, unless the doctor wants to see your baby sooner.

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

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

If you answered “yes” to 1 or both of these questions, please call our Bright Start department at our toll-free number, 1-800-521-6867. Our local number is 1-215-863-5711. We want to make sure you get the help you need.
**Getting Care for Your Family**

**Care for your children**

Keystone First cares for our members younger than 21 years of age through a special health care program called EPSDT. This stands for Early and Periodic Screening, Diagnosis and Treatment. This program helps us make sure your children get the medical care they need to help prevent and/or find out about childhood diseases and illnesses early.

Your child can see a pediatrician, family practice doctor or certified registered nurse practitioner (CRNP). The provider you choose for your child will be your child’s PCP.

To keep your children healthy, you need to make regular appointments with your child’s PCP. This is called a well-child visit and is important at every age. This is different from a visit to the PCP when your child is sick.

At a well-child visit, the PCP will give your child an exam. What the PCP does during the exam depends on the age of your child. The PCP will ask questions, order tests and check your child's growth based on how old your child is.

At any given well-child visit, your child's PCP can provide the following services:

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

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

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

**My “to do” list**

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

**EPSDT expanded services**

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

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

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

There are a few ways you can be a part of 1 of these programs:

- Your PCP, specialist or health care provider may talk to you about becoming a part of the program. He or she will call us to get you connected.
- We may see from your health history that you would benefit from a program. We will send you information in the mail about becoming a part of a program. We may also call you about becoming part of a program.
- You can just ask! Call Member Services and ask about any of these programs.

These programs help you better understand your condition. A care manager helps coordinate your health care and sends you information about your condition.

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

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

If you have any questions about our special programs, or do not want to be a part of these programs, call the Care Management Program at 1-800-573-4100 or write to:

Care Management Program
Keystone First
200 Stevens Drive
Philadelphia, PA 19113-1570

Asthma

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

Without the right care, asthma can:

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

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

Chronic obstructive pulmonary disease

Chronic obstructive pulmonary disease (COPD) is a lung disease. When you have COPD, the tubes that carry air in and out of your lungs are partly closed. This makes it hard to breathe. COPD develops slowly. It may take years before you have symptoms like shortness of breath or a nagging cough. Cigarette smoking is the most common cause of COPD. If you have COPD, Keystone First is here to help you feel better and help you slow down the damage to your lungs.

The COPD program will help you learn about COPD and how to control your symptoms. The program will explain why it is important to take your medicine regularly, stop smoking and check your lung function.
Diabetes
People with diabetes have too much sugar in their blood and/or not enough insulin to help change the sugar in food into energy. Keystone First wants to work with you to help you control your diabetes and live a healthy, active life.

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

The Diabetes program will help you learn about diabetes. It will also help you understand about the medicines you are taking. The program will help explain the importance of the foods you eat and the importance of testing the level of sugar in your blood.

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

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

The Heart Disease program will help you learn about your condition. The program will explain why it is important to check your blood pressure and cholesterol and why you need to eat healthy and exercise.

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

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

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

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

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

The Hemophilia program will help you learn about the medicines for treating hemophilia and about self-infusion. The program will also help you learn how to stop injuries and the importance of shots (immunizations). If needed, we can connect you with a hemophilia treatment center.
HIV/AIDS — Pathways program

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

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

This program will:

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

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

Sickle cell anemia

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

The Sickle Cell Anemia program will help you learn about getting care and how to decrease pain. The program will also help you learn about the risk of having a stroke and how important it is to get your shots (immunizations). By learning about sickle cell anemia, your medicines and lifestyle, you can decrease or even not have pain episodes and other complications.

Breast cancer screening

Keystone First encourages you to do a breast self-exam every month. We also want you to get a mammogram every year after the age of 40. Your doctor may want you to get a mammogram earlier. You do not need a referral to get a mammogram, but you do need a prescription from your doctor. Talk to your doctor.

A mammogram is an X-ray of your breasts. A mammogram and monthly self-exams can find breast cancer early. Cancer that is found early is easier to treat. A mammogram can show a lump before you or your doctor can feel it. Finding and treating cancer early can save your life.

Make sure you:

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

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

See page 34 for more information on self-referral services.

Need to know how to do a breast self-exam?

Go to www.keystonefirstpa.com and click on Your Link to Health Education for more information. It could help save your life!
You can quit and we can help:
Tobacco Cessation Program

Keystone First wants you to quit smoking cigarettes or using other tobacco products, like cigars, pipes and chewing tobacco.

Do you want help to stop smoking?

Keystone First wants to help you. If this is your first try at quitting or you have tried before and started smoking again, we want to help you become smoke free.

If you are pregnant and want to stop or reduce your use of tobacco, we can help.

If you are around someone who smokes, we can give you tips to help you.

Call the Keystone First Bright Start® program at 1-800-521-6867.

Ways we can help you quit smoking

Medicines:

- Keystone First pays for medicines that can help you.
- With your pharmacy benefits, you can get medicines. The medicines covered are:
  - Nicotine gum (Nicorette).
  - Nicotine lozenge (Commit).
  - Nicotine patch (Nicotrol, Nicoderm CQ).
  - Nicotine inhaler (Nicotrol Inhaler).
  - Nicotine nasal spray (Nicotrol Nasal Spray).
  - Varenicline (Chantix).
  - Buproprion SR (Zyban).

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

Counseling services:

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

Find a counseling provider:

- Call Member Services at 1-800-521-6860 for help finding a counselor.
- You can find Look for Tobacco Information and Resources at www.health.state.pa.us. You can find counselors by county on this site.
Help with anxiety, depression or mental health while you are trying to quit:
All Keystone First members are eligible for behavioral health treatment. Go to www.keystonefirstpa.com to find the behavioral health provider in your county. You can also call Member Services for help finding a provider.

Keystone First also offers:
• Help finding a counselor.
• Resources in your community.
• Information on how smoking affects your health.

If you smoke or if you are affected by someone who smokes, we can help support you. Call Member Services at 1-800-521-6860.

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

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

Call Pennsylvania’s Free Quitline at 1-877-724-1090. You can also go to www.health.state.pa.us for more information.

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

Go to www.determinedtoquit.com to find a tobacco cessation counselor, resources and tips about quitting tobacco use.

Members under 18 years of age can have a prescription for tobacco cessation products without the permission of a parent or guardian.

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

If you think you or a member of your family needs this kind of help from the Special Needs Unit, call Member Services. Ask for someone in the Special Needs Unit.

Gym membership — Focus on Fitness program
As part of the Focus on Fitness program, Keystone First members 12 years and older may join one of many participating community gyms. You pay $25.00 for your first 18 visits within 90 days. Then, Keystone First pays the rest of your annual membership.

Exercise can help reduce your risk of:
• Diabetes.  • High cholesterol.
• Heart disease.  • High blood pressure.

Adding 30 minutes a day of exercise can help:
• Reduce stress.  • Improve your health.
• Increase energy.

How do I sign up?
1. Look at the list of participating gyms at www.keystonefirstpa.com. Once there, go to the Member Center, Programs and then Focus on Fitness. There you will find the gyms closest to you.
2. Visit the gym and fill out an application and health assessment form.
3. After you sign up, you pay just $25 for your first 18 visits within 90 days.
4. Once these steps are done, fill out the Follow-Up Health Survey Form at your gym. When Keystone First has received the completed form from the gym, we will pay for the rest of the 12-month membership.

* Please note: Members aged 12 years through 17 years need to have a parent or caregiver complete the application. The 12 months starts the day you sign up for the program. Once you complete the 18 sessions at the participating gym, you may go to any affiliated gym in their network during your 12-month membership. Be sure to talk to your doctor or primary care practitioner (PCP) before starting any gym or exercise program.
Getting Care When You Are Away from Home

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

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

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

Remember, Member Services is here to help you 24 hours a day, 7 days a week.

When you are away from home and cannot reach your doctor, call the Nurse Call Line! The Nurse Call Line is there for you 24 hours a day, 7 days a week. Call 1-866-431-1514.

When you call the toll-free Nurse Call Line, the nurse will:
- Ask you questions about your health.
- Give you information on how to care for yourself at home, when appropriate.
- Give you information to help you decide what other care you need.

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

We pay attention to your care

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

- Nationally accepted clinical guidelines reviewed by the Department of Human Services.
- All of the medical information they are aware of.
- Your Medical Assistance benefits.
- Your personal medical needs.

If you have questions and need to reach our Utilization Management department, please call Member Services.

Keystone First does not reward health care providers for denying, limiting or delaying benefits or health care services. We also do not give incentives to our staff making decisions about medically necessary services or benefits that result in more or less health care coverage and services.

You may ask for a copy of the clinical guidelines used by Keystone First by calling Member Services.

Dedication to quality care

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

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

Dedication to quality care (continued)

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

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

Medically necessary benefits and services

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

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

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

PCP referrals

When your PCP thinks you need to see a specialist, he or she will refer you to a specialist who can best help you with your health care needs. To see the specialist, your PCP may need to send a referral form to that specialist. Or your PCP may need to give you a prescription to see the specialist. Ask your PCP if you will need a referral form or a prescription.

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

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

Self-referrals to Keystone First network providers

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

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

- Prenatal visits.
- Routine obstetric (OB) care.
- Routine gynecological (GYN) care.
- Routine mammograms, with a prescription.
- Routine family planning services** (see page 22).
- Routine dental services.
- Routine eye exams.*
- Prescription eyeglasses for members under 21 years of age.
- Tobacco cessation counseling sessions** (see page 29).
- First visit with a chiropractor.
- First 24 visits for outpatient physical, occupational and speech therapy.
- Emergency services.**
- DME purchases costing less than $500 that are covered by the Medical Assistance program and with a prescription (see the Prior Authorization section on page 34 for exceptions that require prior authorization).

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

** This self-referred service may be provided by a provider not in the Keystone First network.
Prior Authorization

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

1. Your PCP or other health care provider must give Keystone First information to show that the service or medicine is medically necessary.
2. Keystone First nurses or pharmacists review the information. They use clinical guidelines approved by the Department of Human Services to see if the service or medicine is medically necessary.
3. If the request cannot be approved by a Keystone First nurse or pharmacist, a Keystone First doctor will review the request.
4. If the request is approved, we will let you and your health care provider know it was approved.
5. If the request is not approved, a letter will be sent to you and your health care provider telling you the reason for the decision.
6. If you disagree with the decision, you may file a complaint or grievance, and/or request a fair hearing. See page 49 for information about complaints, grievances and fair hearings.
7. You may also call Member Services for help in filing a complaint, grievance and/or fair hearing.

Services that need prior authorization

- Services or durable medical equipment (DME) received from providers or hospitals not in the Keystone First network (except: tobacco cessation counseling sessions, emergency services, family planning services and any Medicare-covered services from a Medicare provider if you have Medicare coverage).
- Non-emergency admission to a hospital.
- Some medical or surgical procedures performed in a short procedure unit (SPU) or ambulatory surgery unit (ASU), either hospital-based or free-standing, including, but not limited to, the following:
  - Steroid injections or blocks administered for pain management.
  - Obesity surgery.
  - Binding or removing veins.
- All non-emergency plastic or cosmetic procedures (other than those immediately following traumatic injury) including, but not limited to, the following:
  - Plastic surgery for eyelids.
  - Breast reduction.
  - Plastic surgery of the nose.
- Elective termination of pregnancy.
- Admission to a nursing or rehabilitation facility.
- Therapy services, after the first 24 visits, including outpatient physical, occupational and speech therapy services, and cardiac and pulmonary rehabilitation services with a Keystone First network provider.
- Home health services, including skilled nursing visits, home health aide visits, physical therapy, occupational therapy and speech therapy.
Services that need prior authorization continued

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

  **Note: Prior authorization is not required when getting diapers drop-shipped through the Keystone First diaper supplier.**

- Any service/product not covered by the Medical Assistance program.
- Some outpatient diagnostic tests and procedures.
- Chiropractic services with a Keystone First network provider, after the first visit.
- Hospice services.
- Some specialty dental services.
- PET and CT scans, MRI, MRA and nuclear cardiology.
- Prescribed pediatric extended care center and medical daycare.
- Ambulance transportation to and from prescribed extended care center and medical daycare.
- Some formulary prescription drugs, all nonformulary prescription drugs, some over-the-counter non-prescription drugs, and some DME supplies obtained through a Keystone First network pharmacy (e.g., glucometers).
- All transplant evaluations and consultations.
- Air ambulance transportation.

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

You may have to pay when:

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

Your health care provider can also bill you for copays that were not paid at the time you received the service. See page 41 for information about getting a bill or statement and page 40 for copayment information.

Services not covered

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

- Services that are not medically necessary.
- Services given by a provider who is not in the Keystone First provider network, except for:
  - Emergency services.
  - Family planning services.
  - When there is prior approval from Keystone First.
  - When you have Medicare and seek Medicare-covered services from the Medicare provider of your choice.
- Cosmetic surgery, such as face-lifts, tummy tucks or liposuction.
- Experimental and investigational procedures, services and/or drugs.
- Home modifications (for example, chair lifts).
- Acupuncture.
- Infertility services.
- Paternity testing.
- Any service offered and covered through another insurance program, such as worker’s compensation, TRICARE or other commercial insurance that has not been prior authorized by Keystone First. However, Medicare-covered services do not require prior authorization.
- Services provided outside the United States and its territories. Keystone First is not allowed to make payments outside of the United States.
- Private-duty (also known as shift care) skilled nursing and/or private-duty home health aide services for members 21 years of age or older.
- Services not considered to be a “medical service” under Title XIX of the Social Security Act.

This is not a complete list of noncovered services.

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

**Behavioral health treatment**

Behavioral health treatment is mental health, drug and alcohol services. These are available for any Keystone First member through your local county mental health, drug and alcohol office. If you need these services, help is available 24 hours a day, 7 days a week.

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

Keystone First, your health care providers and your behavioral health plan all work together to help you get the services you need.

You can ask to have a special meeting with Keystone First, your health care providers and your behavioral health plan to talk about the services you get by calling Member Services.

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

Call the toll-free number for the county where you live. Talk to someone there to make an appointment (a list of phone numbers for your area is on the back of the Member Copayment Schedule that came with your new member welcome kit. You can also find it online at [www.keystonefirstpa.com](http://www.keystonefirstpa.com)).

**Medical Assistance Transportation Program**

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

To get MATP services:

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

**Plan ahead!**

It can take up to 2 weeks from the time you call for you to be enrolled and for MATP to start giving you rides. Call to enroll now!
Getting Other Benefits and Services

**Early Intervention program**

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

The program can:

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

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

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

To ask for an exception before you receive the service:

1. Call Keystone First Member Services and tell the Member Services representative that you want to ask for an exception to the benefit limits.
2. You can mail or fax a written request to:
   
   **Benefit Limit Exceptions**  
   **Member Services Department**  
   **Keystone First**  
   **200 Stevens Drive**  
   **Philadelphia, PA 19113-1570**  
   **Fax: 1-215-937-5367**

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

Unless additional information is needed, Keystone First will approve or deny the exception request within 2 business days of getting the request, or within 24 hours of getting the request if your provider indicates an urgent need for a quick response. If additional information is needed, Keystone First will approve or deny the exception request within 2 days after receiving the additional information. If the provider or member is not made aware of the approval or denial decision within 2 days of the date the additional information is received, the exception will be automatically granted. Please see the Complaints, Grievances and Fair Hearings section on page 49 for information on your right to appeal or to have a fair hearing.

To ask for an exception after you receive the service:

1. You can call Keystone First Member Services and tell the Member Services representative that you want to ask for an exception to the benefit limits.
2. Your provider can call Keystone First Care Management at **1-800-521-6622**.
3. Your provider can mail the request to the Keystone First Provider Appeals department at:
   
   **Attention: Provider Appeal Coordinator**  
   **Provider Appeals Department**  
   **Keystone First**  
   **P.O. Box 7316**  
   **London, KY 40742**

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

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

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

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

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

You will not have to pay copays if you:

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

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

There are no copays for:

• Services given in an emergency situation.
• Services or items costing less than $2.00.
• Certain medicines that do not have copays.

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

If you have to pay a copay, your health care provider will ask you to pay the copay when you get medical services and prescriptions. You cannot be denied medical services or prescriptions if you cannot pay the copay. Tell your health care provider if you cannot afford to pay the copay. The health care provider can then bill you for the copay amount.

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

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

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

If you have other health insurance

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

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

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

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

If you get a bill or statement

As a Keystone First member, you are not responsible to pay for medically necessary, covered services.

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

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

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

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

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

Remember to ask your health care provider:

- Are you a Keystone First provider?
- Does this service need prior authorization?

Just these couple of questions could save you from getting a bill.
Disenrollment

Loss of benefits

You can be disenrolled from Keystone First if:

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

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

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

Voluntary disenrollment — when you want to change your health plan

You may decide you want to leave Keystone First. Before you make your final decision, please call us at **1-888-765-9585.** We may be able to help in some way with your decision. If you decide to leave, you need to talk to an enrollment specialist by calling the HealthChoices Hotline at **1-800-440-3989.** If you are deaf or hard of hearing, you can call using the TTY system at **1-800-618-4225.**

Important!

When it is time to renew your benefits, you will get a letter 45 – 60 days before your benefits will end.

Call your caseworker at your County Assistance Office right away. If you do not, you could lose your eligibility and medical insurance. If you need help, call us at **1-888-765-9585.**
Member Rights and Responsibilities

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

**Member rights**
You have the right to:

- Know and get information about:
  - Keystone First and its health care providers.
  - Your member rights and responsibilities.
  - Your benefits and services.
  - The cost of health care.
- Be treated with dignity and respect by your health care providers and Keystone First.
- Get materials and/or help in languages and formats other than written English, such as Braille, audio or sign language, if necessary.
- Have your personal and health information and medical records kept private and confidential.
- Expect that Keystone First will give you our Notice of Privacy Practices without you requesting it.
  You have the right to:
  - Approve or deny the release of identifiable medical or personal information, except when the release is required by law.
  - Ask for a list of disclosures of protected health information.
  - Ask for and receive a copy of your medical records as allowed by applicable federal and state laws.
  - Ask that Keystone First change certain protected health information.
  - Ask that any message with protected health information from Keystone First be sent to you by alternate means or to an alternate address or phone number.
- Talk with your health care provider about:
  - Your treatment plans.
  - The kinds of care you can choose to meet your medical needs in a way you understand.
  - Your treatment plans, regardless of cost or benefit coverage.
- Take an active part in the decisions about your health care, including the right to refuse treatment.
  Your decision to do so will not negatively affect the way you are treated by Keystone First, its health care providers or the Department of Human Services.
- Voice complaints about and/or appeal decisions made by Keystone First and its health care providers.
- File for a fair hearing with the Department of Human Services.
- Make an advance directive. See page 46 for more details.
- Be given an opportunity to make suggestions for changes in Keystone First policies and procedures.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

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

Member responsibilities

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

- Let Keystone First and your health care providers know of any changes that may affect your membership, health care needs or benefits. Some examples include, but are not limited to the following:
  - You are pregnant.
  - You have a new baby.
  - Your address or phone number changes.
  - You or 1 of your children has other health insurance.
  - You have a special medical condition.
  - You change your PCP.
  - Your family size changes.
  - You move out of the county or state.
- Keep your benefits up to date with your caseworker at your County Assistance Office. Find out when your benefits will end. Make sure all your information is up to date so you can keep your benefits.

Remember: You must also call your County Assistance Office (CAO) or the Customer Service Center at 1-877-395-8930 to let them know of your changes. If you live in Philadelphia, please call 1-215-560-7226.

- Work with Keystone First and our health care providers. This means you must follow the guidelines given to you about Keystone First and you must follow your health care provider's instructions about your care. This includes:
  - Making appointments with your health care provider.
  - Canceling appointments when you cannot make your appointment.
  - Calling Keystone First when you have questions.
- Treat your health care providers and staff with respect and dignity.
- Talk with your health care provider to agree on goals for your treatment, to the degree you are able to do so.
- Talk with your health care provider so you can understand your health problems, to the degree you are able to do so.

If you have any questions about your responsibilities or for more information, please call Member Services.
Summary Notice of Privacy Practices

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

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

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

- **Treatment of the patient.**
  Example — Health care providers talking about a patient’s treatment.

- **Making a payment.**
  Example — Our claims processing department using medical information to make payments to providers.

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

Some other examples of how Keystone First may use or share your PHI include:

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

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

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

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

There are 2 kinds of advance directives in Pennsylvania:

**Living will**

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

**Durable health care power of attorney**

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

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

For more information on advance directives, go to [http://www.longtermcare.state.pa.us/portal/server.pt/community/long_term_living_home/3950](http://www.longtermcare.state.pa.us/portal/server.pt/community/long_term_living_home/3950), and follow this path through the site. Click on:

- Planning Your Future.
- Advance Care Planning.

There you will find helpful information about advance directives.

You can also call the Long Term Living Helpline at 1-866-286-3636 for more information.
When You Need Help

Clinical Sentinel Hotline
The Clinical Sentinel Hotline (CSH) is operated by the Department of Human Services (DHS) to make sure that your requests for medically necessary care and services sent to Keystone First and your behavioral health plan are responded to in a timely manner. The CSH helps all Medical Assistance consumers who are enrolled in the HealthChoices Program.

The CSH allows members to speak to nurses who work for DHS. If you or your health care provider request medical care or services, and Keystone First or your behavioral health plan has not responded in time to meet your needs, call the CSH. You can also call the CSH if Keystone First or your behavioral health plan has denied you medically necessary care or services and will not accept your request to file a grievance. You can also call the CSH if you are having trouble getting shift home health services that have been authorized by Keystone First.

You can call the CSH Monday through Friday, 9:00 a.m. to 5:00 p.m. To reach the CSH, call 1-800-426-2090. The CSH cannot provide or approve urgent or emergency medical care. If you believe you need urgent or emergency care, you should call your PCP or go to your local hospital.

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

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

Complaints

What is a complaint?

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

Some things you may complain about:

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

What should I do if I have a complaint?

First level complaint

To file a complaint, you can:

- Call Keystone First at **1-800-521-6860** and tell us your complaint; or
- Write down your complaint and send it to us at:
  
  **Member Appeals Department**  
  **Attention: Member Advocate**  
  **Keystone First**  
  **200 Stevens Drive**  
  **Philadelphia, PA 19113-1570**; or
  
  - Your provider can file a complaint for you if you give the provider your consent in writing to do so. (Note: If your provider files a complaint for you, you cannot file a separate complaint on your own.)

This is called a **first level** complaint.

When should I file a first level complaint?

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

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

You must file a complaint within **45 days of the date you should have gotten a service or item** if you did not get a service or item. The time by which you should have received a service or item is listed below:

<table>
<thead>
<tr>
<th>Appointment standards</th>
<th>We will make an appointment for you...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New member appointment for your first examination for...</strong></td>
<td></td>
</tr>
<tr>
<td>Members with HIV/AIDS</td>
<td>With a PCP or specialist no later than 7 days after you become a member in Keystone First unless you are already being treated by a PCP or specialist.</td>
</tr>
<tr>
<td>Members who receive Supplemental Security Income (SSI)</td>
<td>With a PCP or specialist no later than 45 days after you become a member in Keystone First, unless you are already being treated by a PCP or specialist.</td>
</tr>
<tr>
<td>Members under the age of 21</td>
<td>With a PCP for an EPSDT screen no later than 45 days after you become a member in Keystone First, unless you are already being treated by a PCP or specialist.</td>
</tr>
<tr>
<td>All other members</td>
<td>With a PCP, no later than 3 weeks after you become a member in Keystone First.</td>
</tr>
<tr>
<td><strong>Members who are pregnant...</strong></td>
<td></td>
</tr>
<tr>
<td>Pregnant women in their first trimester</td>
<td>With an OB/GYN provider within 10 business days of Keystone First learning you are pregnant.</td>
</tr>
<tr>
<td>Pregnant women in their second trimester</td>
<td>With an OB/GYN provider within 5 business days of Keystone First learning you are pregnant.</td>
</tr>
<tr>
<td>Pregnant women in their third trimester</td>
<td>With an OB/GYN provider within 4 business days of Keystone First learning you are pregnant.</td>
</tr>
<tr>
<td>Pregnant women with high-risk pregnancies</td>
<td>With an OB/GYN provider within 24 hours of Keystone First learning you are pregnant.</td>
</tr>
<tr>
<td><strong>Appointment with primary care practitioner (PCP)</strong></td>
<td></td>
</tr>
<tr>
<td>Urgent medical condition</td>
<td>Within 24 hours</td>
</tr>
<tr>
<td>Routine appointment</td>
<td>Within 10 business days</td>
</tr>
<tr>
<td>Health assessment/general physical examination</td>
<td>Within 3 weeks</td>
</tr>
</tbody>
</table>
## Appointment standards

<table>
<thead>
<tr>
<th>Appointment with specialists (when referred by PCP)</th>
<th>We will make an appointment for you...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent medical condition</td>
<td>Within 24 hours of referral</td>
</tr>
<tr>
<td>Routine appointment with 1 of the following specialists:</td>
<td></td>
</tr>
<tr>
<td>• Otolaryngology.</td>
<td></td>
</tr>
<tr>
<td>• Orthopedic surgery.</td>
<td></td>
</tr>
<tr>
<td>• Dermatology.</td>
<td></td>
</tr>
<tr>
<td>• Pediatric endocrinology.</td>
<td></td>
</tr>
<tr>
<td>• Pediatric general surgery.</td>
<td></td>
</tr>
<tr>
<td>• Pediatric infectious disease.</td>
<td></td>
</tr>
<tr>
<td>• Pediatric neurology.</td>
<td></td>
</tr>
<tr>
<td>• Pediatric pulmonology.</td>
<td>Within 15 business days of referral</td>
</tr>
<tr>
<td>• Pediatric rheumatology.</td>
<td></td>
</tr>
<tr>
<td>• Dentist.</td>
<td></td>
</tr>
<tr>
<td>• Pediatric allergy and immunology.</td>
<td></td>
</tr>
<tr>
<td>• Pediatric gastroenterology.</td>
<td></td>
</tr>
<tr>
<td>• Pediatric hematology.</td>
<td></td>
</tr>
<tr>
<td>• Pediatric nephrology.</td>
<td></td>
</tr>
<tr>
<td>• Pediatric oncology.</td>
<td></td>
</tr>
<tr>
<td>• Pediatric rehab medicine.</td>
<td></td>
</tr>
<tr>
<td>• Pediatric urology.</td>
<td></td>
</tr>
<tr>
<td>Routine appointment with all other specialists</td>
<td>Within 10 business days of referral</td>
</tr>
</tbody>
</table>

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 telling you that we have received your complaint, and about the first level complaint review process.

You may ask Keystone First to see and ask for a copy of any information we have about your complaint. You may also send information to Keystone First that may help with your complaint.

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

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

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

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

What to do to continue getting services:

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

What if I do not like the decision made by Keystone First?

Second level complaint

If you do not agree with our first level complaint decision, you may file a second level complaint with Keystone First.

When should I file a second level complaint?

You must file your second level complaint within 45 days of the date you receive the first level complaint decision letter.

To file a second level complaint, you can:

- Call Keystone First at 1-800-521-6860 and tell us your second level complaint; or
- Write down your second level complaint and send it to us at:
  
  Member Appeals Department
  Attention: Member Advocate
  Keystone First
  200 Stevens Drive
  Philadelphia, PA 19113-1570
What happens after I file a second level complaint?
You will receive a letter from Keystone First telling you that we have received your complaint, and telling you about the second level complaint review process.

You may ask Keystone First to see and ask for a copy of any information we have about your complaint. You may also send information to Keystone First that may help with your complaint.

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

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

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

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

What can I do if I still do not like the decision made by Keystone First?
External complaint review
If you do not agree with the Keystone First second level complaint decision, you may ask for an external review by either the Department of Health or the Insurance Department.

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

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

You must send your request for external review in writing to either:
Pennsylvania Department of Health
Bureau of Managed Care
Room 912 Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
1-888-466-2787
Fax: 1-717-705-0947, or

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

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

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

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

External complaint review (continued)
You may be represented by an attorney or another person during the external review.

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

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

Grievances
What is a grievance?
When Keystone First denies, decreases, or approves a service or item different than the service or item you requested because it is not medically necessary, you will get a letter (notice) telling you the decision made by Keystone First.

A grievance is when you tell us you disagree with the decision made by Keystone First.

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

- Call Keystone First at 1-800-521-6860 and tell us your grievance; or
- Write down your grievance and send it to us at:
  Member Appeals Department
  Attention: Member Advocate
  Keystone First
  200 Stevens Drive
  Philadelphia, PA 19113-1570; or
- Your provider can file a grievance for you if you give the provider your consent in writing to do so.

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

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

What happens after I file a first level grievance?

After you file your grievance, you will get a letter from Keystone First telling you that we have received your grievance and about the first level grievance review process.

You may ask Keystone First to see and ask for a copy of any information we have about your grievance. You may also send information to Keystone First that may help with your grievance.

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

A committee of 1 or more Keystone First staff (including a licensed doctor) who have not been involved in the issue you filed your grievance about, will review your grievance and make a decision.

Your grievance will be decided no later than 30 days after we received your grievance.

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

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

What if I do not like the decision made by Keystone First?

Second level grievance

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

When should I file a second level grievance?

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

- Call Keystone First at 1-800-521-6860 and tell us your second level grievance; or
- Write down your second level grievance and send it to us at:

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

What to do to continue getting services:

If you have been receiving services or items that are being reduced, changed or stopped and you file a first level grievance that is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that the services or items you have been receiving are not covered services or items for you, the services or items will continue until a decision is made.
What happens after I file a second level grievance?

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

You may ask Keystone First to see and ask for a copy of any information we have about your grievance. You may also send information to Keystone First that may help with your grievance.

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

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

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

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

What to do to continue getting services:

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

What can I do if I still do not like the decision made by Keystone First?

External grievance review

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

- Call Keystone First at 1-888-671-5276 and tell us your grievance; or
- Write down your grievance and send it to us at:

  Keystone First
  Member Appeals Unit
  External Grievance Review
  P.O. Box 41820
  Philadelphia, PA 19101-1820

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

Keystone First will send your grievance file to the reviewer. You may provide additional information to the reviewer that may help with the external review of your grievance, within 15 days of filing the request for an external grievance review.

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

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

What to do to continue getting services:

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

You may call the Keystone First toll-free telephone number at 1-800-521-6860; you can contact Legal Aid at 1-800-322-7572; or you can contact the Pennsylvania Health Law Project at 1-800-274-3258 if you need help or have questions about complaints and grievances.

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

Expedited complaints and grievances

If your doctor or dentist believes that the usual timeframes for deciding your complaint or grievance will harm your health, you or your doctor or dentist can call Keystone First at 1-800-521-6860 and ask that your complaint or grievance be decided faster. You will need to have a letter from your doctor or dentist faxed to 1-215-937-5367 explaining how the usual timeframe for deciding your complaint or grievance will harm your health.

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

Expedited complaint

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

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

For information on how to file an external complaint, see page 52 of this Member Handbook.

Expedited grievances and expedited external grievances

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

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

If you want to ask for an expedited external grievance review by the Department of Health, you must call Keystone First at 1-800-521-6860 within 2 business days from the date you get the expedited grievance decision letter. Keystone First will send your request to the Department of Health within 24 hours after receiving it.

An expedited grievance decision may not be requested after a second level grievance decision has been made on the same issue.
Complaints, Grievances and Fair Hearings

What kind of help can I have with the complaint and grievance processes?

If you need help filing your complaint or grievance, a staff member from Keystone First will help you. This person can also represent you during the complaint or grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your complaint or grievance.

You may also have a family member, friend, lawyer or other person help you file your complaint or grievance. This person can also help you if you decide you want to appear at the complaint or grievance review. For legal assistance you can contact Legal Aid at 1-800-322-7572.

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

You or the person you choose to represent you may ask Keystone First to see and ask for a copy of any information we have about your complaint or grievance.

Persons whose primary language is not English

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

Persons with disabilities

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

- Providing sign language interpreters;
- Providing information submitted by Keystone First at the complaint or grievance review in an alternative format. The alternative format version will be given to you before the review; and
- Providing someone to help copy and present information.
Complaints, Grievances and Fair Hearings

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

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

**Department of Human Services fair hearings**

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

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

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

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

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

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

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

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

**What happens after I ask for a fair hearing?**

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

You may come to where the fair hearing will be held or be included by phone or video conference, if available. A family member, friend, lawyer or other person may help you during the fair hearing.

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

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

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

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

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

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

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

If you have been receiving services or items that are being reduced, changed or stopped and your request for a fair hearing is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that Keystone First has reduced, changed or denied your services or items or telling you the decision made by Keystone First about your first or second level complaint or grievance, your services or items will continue until a decision is made.
What can I do if my health is at immediate risk?

**Expedited fair hearing**

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

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

If your doctor or dentist does not send a written statement and does not testify at the fair hearing, the fair hearing decision will not be expedited. Another hearing will be scheduled, and the time frame for the fair hearing decision will be based on the date you asked for the fair hearing.

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

You may call the Keystone First toll-free telephone number at **1-800-521-6860**; you can contact Legal Aid at **1-800-322-7572**; or you can contact the Pennsylvania Health Law Project at **1-800-274-3258** if you need help or have questions about complaints and grievances.
Fraud and abuse

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

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

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

Some examples of fraud and abuse by a member are:

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

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

- Call the MA Provider Compliance hotline number: **1-866-DHS-TIPS (1-866-347-8477)**.
- Go to the website: **www.dhs.state.pa.us/omap**.
- Or send an email to **omaptips@state.pa.us**.

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

Recipient Restriction program

Member lock-in program

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

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

If you do not agree with the restriction, you can file a fair hearing with DHS. Please see page 58 for more information about how to file a fair hearing.

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

When you are restricted to a provider, you must still use your Keystone First ID card to get services.
**Special Situations**

### Continuing care

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

- You are a new Keystone First member and you are getting ongoing treatment from a health care provider who is not in the Keystone First network.

- You are a current Keystone First member and you are getting ongoing treatment from a health care provider whose contract has ended with Keystone First for reasons that are “not-for-cause.”

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

<table>
<thead>
<tr>
<th>When this happens:</th>
<th>Keystone First will allow:</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are a new Keystone First member.</td>
<td>You can get ongoing treatment from a health care provider who is not in the Keystone First network. You can continue treatment for up to 60 days from the date you were enrolled in Keystone First.</td>
</tr>
<tr>
<td>You are a new Keystone First member and you are pregnant on the effective date of enrollment in Keystone First.</td>
<td>You can get ongoing treatment from an obstetrician (OB) or midwife who is not in the Keystone First network. You can continue with this OB or midwife until the end of your postpartum care related to your delivery.</td>
</tr>
<tr>
<td>You are a current Keystone First member. You are getting ongoing treatment from a health care provider (doctor, midwife or CRNP) whose contract has ended with Keystone First.</td>
<td>You can continue treatment for up to 90 days from the date you are notified by Keystone First that the health care provider will not be in the Keystone First network, or for up to 60 days from the date the provider's contract with Keystone First ends — whichever is longer.</td>
</tr>
<tr>
<td>You are a current Keystone First member. You are getting ongoing treatment from a health care provider other than a doctor or midwife or CRNP, such as a health care facility or health care agency whose contract has ended with Keystone First.</td>
<td>You can continue treatment for up to 60 days from the date you are notified by Keystone First that the health care provider will not be in the Keystone First network, or for up to 60 days from the date the provider's contract with Keystone First ends — whichever is longer.</td>
</tr>
<tr>
<td>You are a current Keystone First member. You are getting ongoing treatment from an OB or midwife whose contract has ended with Keystone First during your second or third trimester of pregnancy.</td>
<td>You can continue treatment from that OB or midwife until the end of your postpartum care related to your delivery.</td>
</tr>
</tbody>
</table>
Requests for ongoing treatment or services are reviewed case-by-case. Treatment or services are “ongoing” if you were treated during the past 12 months for a condition where you need to get follow-up care or additional treatment. Services are also considered to be “ongoing” if they have been prior authorized. The treatment and services include, but are not limited to:

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

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

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

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

You must get approval from Keystone First to continue care.

Keystone First will not cover continuing care when:

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

**Changing your primary care practitioner (PCP)**

If you move or want to change your PCP for any reason, we will help you choose another PCP in your area.

**How to change your PCP**

If you have access to the Internet:

- Go to [www.keystonefirstpa.com](http://www.keystonefirstpa.com) and click on Find a Provider to choose a provider in your area.
- Call Member Services at 1-800-521-6860 to make the change.

If you do not have access to the Internet:

- Call Member Services at 1-800-521-6860. We will help you find a PCP in your area.
- We can also send you a Provider Directory.

Once you change your PCP:

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

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

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

**Call your new PCP to make an appointment.**
Special Situations

If your PCP is leaving the Keystone First network

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

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

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

### Medical appointments

<table>
<thead>
<tr>
<th>Appointment is with</th>
<th>Appointment date and time</th>
<th>Questions for my appointment</th>
<th>Copays paid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medicines

<table>
<thead>
<tr>
<th>Name of medicine</th>
<th>Date filled</th>
<th>Date to get it refilled</th>
<th>Copays paid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# List of Helpful Numbers

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Keystone First member ID number (fill in your number):</td>
<td></td>
</tr>
<tr>
<td>Other family members' Keystone First ID numbers:</td>
<td></td>
</tr>
<tr>
<td>My primary care practitioner (PCP) or medical home:</td>
<td></td>
</tr>
<tr>
<td>My child's PCP or medical home:</td>
<td></td>
</tr>
<tr>
<td>My dentist:</td>
<td></td>
</tr>
<tr>
<td>My child's dentist:</td>
<td></td>
</tr>
<tr>
<td>Medical Assistance Transportation Program (MATP)</td>
<td></td>
</tr>
<tr>
<td>(fill in your county number from the list provided in your new member welcome kit):</td>
<td></td>
</tr>
<tr>
<td>Mental Health/Drug and Alcohol Agency</td>
<td></td>
</tr>
<tr>
<td>(fill in your county number from the list provided in your new member welcome kit):</td>
<td></td>
</tr>
<tr>
<td>My Keystone First care manager:</td>
<td></td>
</tr>
<tr>
<td>Change Center in Philadelphia</td>
<td>1-215-560-7226</td>
</tr>
<tr>
<td>Clinical Sentinel Hotline (see page 48)</td>
<td>1-800-426-2090</td>
</tr>
<tr>
<td>Customer Service Center, Department of Human Services (DHS)</td>
<td>1-877-395-8930</td>
</tr>
<tr>
<td>DHS CONNECT (Early Intervention program, see page 39)</td>
<td>1-800-692-7288</td>
</tr>
<tr>
<td>Keystone First Member Services</td>
<td>1-800-521-6860</td>
</tr>
<tr>
<td>TTY: 1-800-684-5505</td>
<td></td>
</tr>
<tr>
<td>You can write to Member Services at</td>
<td>Keystone First</td>
</tr>
<tr>
<td>200 Stevens Drive</td>
<td>Philadelphia, PA 19113-1570</td>
</tr>
<tr>
<td>Keystone First Nurse Call Line</td>
<td>1-866-431-1514</td>
</tr>
<tr>
<td>PA Enrollment Services</td>
<td>1-800-440-3989</td>
</tr>
<tr>
<td>TTY: 1-800-618-4225</td>
<td></td>
</tr>
<tr>
<td>Pennsylvania Tobacco Cessation program (see page 29)</td>
<td>1-800-QUIT-NOW</td>
</tr>
</tbody>
</table>

Get information from the Internet: Keystone First also communicates to members through our website, www.keystonefirstpa.com. The Member Center on our website is available in Spanish. You can also find this handbook on our website in English, Spanish, Russian, Chinese, Cambodian, Vietnamese and large print.
Our mission
We help people get care, stay well and build healthy communities.
We have a special concern for those who are poor.

Our values
- Advocacy.
- Care of the poor.
- Compassion.
- Competence.
- Dignity.
- Diversity.
- Hospitality.
- Stewardship.

Call Member Services at 1-800-521-6860.
www.keystonefirstpa.com

Revised October 2015
© 2015 Keystone First