



Member Handbook

THE MEDICAID HEALTH PLAN THAT CARES

Member Services **1-888-991-7200**

www.amerihealthmercyhp.com

Need Translations? Call 1-888-991-7200

The information in this notice is available in other languages and formats by calling Member Services at **1-888-991-7200** or **1-888-987-5704** (TTY).

Esta información también se ofrece en otros idiomas y formatos. Llame a Servicios para Miembros al **1-888-991-7200** o al **1-888-987-5704** (TTY).

Muốn đọc thông tin trong thông báo này dưới hình thức và ngôn ngữ khác, xin gọi Ban Dịch Vụ Hội Viên số **1-888-991-7200** hay số dành cho người khiếm thính giác **1-888-987-5704** (TTY).

ព័ត៌មាននៅក្នុងសំបុត្រនេះមានជាភាសានិងទម្រង់ផ្សេងៗទៀត ដោយទូរស័ព្ទទៅក្រសួងជំនួយសមាជិកលេខ **1-888-991-7200** ឬ **1-888-987-5704** (TTY) សំរាប់អ្នកច្រាំង។

Для получения сведений, содержащихся в данном уведомлении, на других языках звоните в Отдел обслуживания по телефону **1-888-991-7200** или **1-888-987-5704** (TTY).

此通知的资料包括其他语言及格式，如需要提供，请致电 **1-888-991-7200** 或 **1-888-987-5704** (TTY) 联系会员服务处。

List of Helpful Numbers

My AmeriHealth Mercy ID Number _____
(fill in your number)

Other Family Members' AmeriHealth Mercy ID Numbers

_____	_____
_____	_____
_____	_____

My PCP/Medical Home _____

My Child's PCP/Medical Home _____

My Dentist _____ My Child's Dentist _____

My AmeriHealth Mercy Care Manager _____

PA Enrollment Services **1-800-440-3989**

PA Enrollment Services **TTY 1-800-618-4225**

Customer Service Center (Department of Public Welfare)..... **1-877-395-8930**

AmeriHealth Mercy Nurse Call Line..... **1-866-566-1513**

Medical Assistance Transportation Program (MATP) _____
(fill in your county number from the list provided)

Mental Health/Drug & Alcohol Agency _____

(fill in your county number from the list provided)

DPW CONNECT 1-800-692-7288

(Early Intervention program (page 43))

Pennsylvania Tobacco Cessation Information..... 1-800-QUIT-NOW (page 51)

AmeriHealth First Family Planning 1-800-541-4560 (page 38)

Clinical Sentinel Hotline 1-800-426-2090 (page 79)

AmeriHealth Mercy Member Services..... 1-888-991-7200

AmeriHealth Mercy Member Services..... TTY 1-888-987-5704

You can write to Member Services at:**AmeriHealth Mercy Health Plan
200 Stevens Drive
Philadelphia, PA 19113-1570**



Get Information from the Internet

AmeriHealth Mercy also communicates to members through our Web site www.amerihealthmercyhp.com. The Member Center on our Web site is available in Spanish. You can also find this handbook on our Web site in English, Spanish, Russian, Chinese, Cambodian and Vietnamese.

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Welcome to AmeriHealth Mercy Health Plan

About Us

- AmeriHealth Mercy Health Plan has been dedicated to quality health care in your community for more than 25 years. We are a program of AmeriHealth First and Mercy Health Plan.
- AmeriHealth Mercy 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 to 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 AmeriHealth Mercy Health Plan 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 **1-8888-991-7200** to talk to a Member Services Representative 24 hours a day, 7 days a week, or

Go to the Member Center at **www.amerihealthmercyhp.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 AmeriHealth Mercy providers?

How You Can Help Us

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

- Let AmeriHealth Mercy 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 one of your children has other health insurance
 - you have a special medical condition
 - your family size changes, or
 - you move out of the county or state



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.

- ☑ 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 AmeriHealth Mercy and our health care providers. This means following the guidelines given to you about AmeriHealth Mercy and following your health care provider's instructions about your care. This includes:
 - making appointments with your health care provider
 - canceling appointments when you cannot make your appointment
 - calling AmeriHealth Mercy 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.

Getting Information

On the Web

We have made it easy for you to find what you are looking for on our Web site. Go to **www.amerihhealthmercyhp.com** to find out:

- How to find a provider
- Medical, dental and vision benefits and services
- Pharmacy benefits and the formulary
- Member newsletters
- Health and wellness programs
- Health education information on “Health Education from A to Z”
- How to get behavioral health services
- HIPAA Notice of Privacy Practices
- Member Rights and Responsibilities
- Complaint, grievance and fair hearings
- Community services
- Member resources
- Frequently asked questions
- Contact information
- Co-pay 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.

Our Web site Member Center is available in English and Spanish. You will also find this handbook on our Web site in English, Spanish, Russian, Chinese, Cambodian and Vietnamese, and in large print.

Getting Information

In Other Languages and Formats

AmeriHealth Mercy has written member materials in languages other than English and in other formats for the visually impaired. These materials do not cost you any money. Please call AmeriHealth Mercy Member Services at **1-888-991-7200** to ask for member materials in another language or in other formats.

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

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

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



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 AmeriHealth Mercy Health Plan. 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 Public Welfare 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 AmeriHealth Mercy, you will get a Welcome Kit. The information in this kit tells you about all of your benefits and services.

Getting Started

Your ID Cards

AmeriHealth Mercy ID Card

After you are enrolled in AmeriHealth Mercy Health Plan, you will get a AmeriHealth Mercy 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 AmeriHealth Mercy ID card is very important; keep it with you at all times.

Pennsylvania ACCESS Card

You will also get a Pennsylvania ACCESS card from the Department of Public Welfare. 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:

- AmeriHealth Mercy 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 63 for more information.
- Behavioral health treatment (mental health/drug and alcohol services) — see page 62 for more information.

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

 A Program of AmeriHealth First and Mercy Health Plan		PRIMARY DOCTOR
DOE, JOHN		PHONE
AMHP ID		COPAYS
SEX	DOB	ER PCP SPEC
STATE ID		RX(G) RX(B)
Not Transferable		Limits may apply to some services.

200 Stevens Drive, Philadelphia, PA 19113	Member Services: 1-888-991-7200 TTY: 1-888-987-5704
• Always carry your AMHP card and your ACCESS card. You'll need both to get your benefits. Go to your AMHP Primary Care Physician (PCP) for medical care.	
• Emergency Room: Go to an Emergency Room near you when you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP.	
• Out-of-Area Care: Report out-of-area care to AMHP and your PCP within 48 hours.	
• Mental Health, Drug & Alcohol Services: Call the toll free number for your county. If you don't know the number, call Member Services at 1-888-991-7200.	
• Pharmacy: Limits may apply. For questions about your pharmacy benefits call 1-888-991-7200.	
In-area Providers: To verify member eligibility and coverage1-800-521-6007 For pre-certification1-800-521-6622	
Out-of-area Providers: To verify member eligibility, coverage and pre-certification1-800-521-6007	
Pharmacies: Argus Health System PC#: 01940000 Bin # 6004281-800-522-7487 Pharmacists with questions:1-866-610-2774	
All other insurance payors must be billed before AmeriHealth Mercy Health Plan, Payor of last resort.	

AmeriHealth Mercy Benefits and Services

The Pennsylvania Medical Assistance program determines the covered benefits and services for people on Medical Assistance. Your benefits and services depend on your age and the type of assistance you get. You must use a AmeriHealth Mercy network provider to get these benefits and services, unless:

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

Getting Care, Staying Healthy

When you join AmeriHealth Mercy Health Plan, 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.

AmeriHealth Mercy Benefits and Services

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, or
- 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 our 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 107 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.

AmeriHealth Mercy Benefits and 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
- 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 56 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 42 for more information.
- Provide preventive treatment for conditions like: diabetes, high blood pressure, asthma and allergies

PCP Office Visits

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

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.

AmeriHealth Mercy Benefits and Services

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 check-ups

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 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 81.

Check-ups

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

AmeriHealth Mercy Benefits and Services

Is it time for your check-up?	
If your child is 0 to 12 years old	<i>See your PCP regularly for shots and screenings</i>
If you or your child are 11 to 20 years old	<i>See your PCP once every year</i>
If you are a female 18 years or older or sexually active	<i>See your GYN for a pap test every year, or as directed by your doctor</i>
If you have learned you are pregnant	<i>See your OB/GYN right away and make regular appointments – see page 38 for more information</i>
If you are a woman 40 years old or older	<i>Get your mammogram once every year or as directed by your doctor</i>
If you are a man 50 years old or older	<i>Talk to your doctor about screenings for prostate cancer</i>
If you are 50 years old or older	<i>Talk to your doctor about screenings for colon and rectal cancer</i>

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. AmeriHealth Mercy also has health information online.

AmeriHealth Mercy Benefits and Services



Go to **www.amerihealthmercyhp.com** and click on “Health Education Resource” to find out more.



The Nurse Call Line is there for you 24 hours a day, 7 days a week.
Call **1-866-566-1523**.

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

Getting Care from Specialists

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

- Heart doctors (Cardiologists)
- Skin doctors (Dermatologists)
- Doctors for women’s issues (Gynecologists)
- Doctors for pregnant women (Obstetricians)
- Doctors for blood problems (Hematologists)
- Foot doctors (Podiatrists)
- Eye Doctors (Ophthalmologists)
- Cancer Doctors (Oncologists)
- Surgeons

A referral is not a prescription. You will probably need a referral to see a specialist. Talk to your PCP.

In most cases, you will need to get a referral from your PCP to see a specialist. Please see the “Referrals” section on page 56 for more information. Your PCP can help you choose a specialist and make an appointment. You can get a list of AmeriHealth Mercy specialists by going to **www.amerihealthmercyhp.com** and click on “Find a Provider,” or by calling Member Services.

AmeriHealth Mercy Benefits and Services

If you would like to have more information about our AmeriHealth Mercy 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

AmeriHealth Mercy 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 if one is needed from your PCP before you visit a specialist. There may be co-pays for your visits to some specialists. Please see the “Member Co-Payment Schedule” on the separate sheet that came with this handbook.

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 for a referral to another specialist in a different practice within the AmeriHealth Mercy network.

Out-of-Network Specialists

Visits to specialists who are not in the AmeriHealth Mercy network will need to have prior authorization (prior approval) from AmeriHealth Mercy. 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 58 for more information.**

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

AmeriHealth Mercy Benefits and Services

Laboratory Services

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

If You Cannot Reach Your Doctor

Nurse Call Line

Our Nurse Call Line is a confidential service that you can call 24 hours a day, 7 days a week. 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. AmeriHealth Mercy also has health information online.

AmeriHealth Mercy Benefits and Services



Go to **www.amerihealthmercyhp.com** and click on “Health Education Resource” to find out more.



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

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

Hospital Care

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

Except when there is an emergency (see page 25 for what an “Emergency” is), you should call your PCP first before going to the hospital. Your PCP will make sure you get the care you need.

There may be co-pays or limits to hospital services. Please see the “Member Co-payment Schedule” on the separate sheet that came with this handbook and the “Benefit Limits” section on page 65 for more information.

AmeriHealth Mercy Benefits and Services

Urgent Care

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

If you need urgent care, but you are not sure if it is an emergency, call your PCP first. If you cannot reach your PCP, call the AmeriHealth Mercy Nurse Call Line. 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 Web site at:
www.amerihealthmercyhp.com

Examples of Urgent Care Conditions

- Coughing
- Earache
- Toothache - *see Dental Care on page 33. If you have an urgent dental issue, call your dentist.*
- Colds
- Rashes
- Vomiting
- Sore throat
- Pink eye
- Bruises
- Diarrhea
- Stomachache

AmeriHealth Mercy Benefits and Services

Emergencies

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

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

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

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

You do not need approval from AmeriHealth Mercy 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/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

AmeriHealth Mercy 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. Your PCP or specialist will ask AmeriHealth Mercy for prior authorization.

Durable Medical Equipment (DME) and Medical Supplies

AmeriHealth Mercy 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 by AmeriHealth Mercy. Some DME also has a co-payment. Please see the “Prior Authorization” section on page 58 and “Member Co-payment Schedule” on the separate sheet that came with this handbook for more information.

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, etc. 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, etc.

Nursing Facility Services

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

Pharmacy Services

AmeriHealth Mercy provides pharmacy benefits but, not all AmeriHealth Mercy members have pharmacy benefits. The Department of Public Welfare makes that determination.

Am I covered?

- All AmeriHealth Mercy members younger than 21 years of age have pharmacy benefits.
- Some members 21 years of age or older may have pharmacy benefits.

Call Member Services to find out if you have pharmacy benefits.

☞ If you do not have pharmacy benefits, you can go to any of the following Web sites for help:

- www.parxpricefinder.com
- www.padrugcard.com
- www.pparx.org

For members over the age of 18, co-pays may apply to some prescriptions. Please see the “Member Co-payment Schedule” on the separate sheet that came with this handbook.

Pharmacy Services



If you are pregnant, make sure you call your County Assistance Office (CAO) or the Customer Service Center at **1-877-395-8930**. Let them know you are pregnant. When you are pregnant:

- You will have pharmacy benefits during your pregnancy
- You will not have co-pays during your pregnancy.

CALL TODAY!

How the Prescription Benefit Works

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 are going on vacation and have questions about getting your medicine, call Member Services to get help.

Prescription Medicine

AmeriHealth Mercy covers medicines that are:

- medically necessary,
- approved by the Food and Drug Administration (FDA), and
- prescribed by your health care provider.

Drug Formulary

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

Both brand name and generic medicines are on the drug formulary. AmeriHealth Mercy requires that generic medicines be used when available. If a certain medicine is not listed on the drug formulary, your health care provider or pharmacist may ask for it through AmeriHealth Mercy's prior authorization process (see page 58).

Pharmacy Services

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 Web site at www.amerihealthmercyhp.com.

You will be able to find:

- The formulary
- Which pharmacies accept AmeriHealth Mercy

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. In order 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. In order 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.

Pharmacy Services

Reimbursement for Medicine (Other than Co-pay Amounts)

There may be times when you pay for your medicine. AmeriHealth Mercy may reimburse you, or pay you back.

This reimbursement process does not apply to co-payments. Please see page 68 for more information about how you are reimbursed for co-pays.

Generally, reimbursement is NOT made for medicines that:

- Need prior authorization
- Are not covered by either AmeriHealth Mercy or the Pennsylvania Medical Assistance program
- Are not medically necessary
- Go over certain dose and supply limits set by the FDA
- Are re-filled too soon

You cannot be reimbursed if:

- you were not eligible for pharmacy benefits when you paid for the medicine.
- you were not a AmeriHealth Mercy 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 must send a detailed receipt from the pharmacy that includes:

- Date you bought the medicine
- Member's name

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

Pharmacy Services

- 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

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.

Write your name, address, phone number, and AmeriHealth Mercy ID number on your receipt or another piece of paper.

Send the above information to:

Pharmacy Reimbursement Department
AmeriHealth Mercy Health Plan
200 Stevens Drive
Philadelphia, PA 19113-1570

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

NOTE: A receipt that does not have all of the above information will **NOT** be reimbursed and will be returned to you. Receipts should be sent to AmeriHealth Mercy 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.

Pharmacy Services

Over-the-Counter Medicine

AmeriHealth Mercy covers over-the-counter medicine for members who are eligible for pharmacy benefits. You must have a prescription from a health care provider for your over-the-counter medicine.

Some examples of over-the-counter medicines covered by AmeriHealth Mercy 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, co-pays may apply. Please see the “Member Co-payment Schedule” on the separate sheet that came with this handbook.

Vitamins

In some instances, AmeriHealth Mercy covers generic vitamins for members eligible for pharmacy benefits. 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, co-pays may apply. Please see the “Member Co-payment Schedule” on the separate sheet that came with this handbook.

Dental Care

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

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

 Call your dentist today for a check up if:

- Your baby's first tooth has come in, or your baby is 12 months old
- You have learned you are pregnant
- You have not been to the dentist in more than 6 months

You can find a dentist in your area by going to

www.amerihealthmercyhp.com and clicking on "Find a Provider."

You will find a link there just for dentists. You can also call Member Service for help.

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.

Dental Care

Dental Care for Adults (21 Years of Age and Older)

If you are eligible for dental benefits under the Medical Assistance program and you are 21 years of age and older, you may be eligible for these services:

- check-ups
- x-rays
- extractions
- help for dental emergencies
- cleanings
- fillings

Members must meet certain criteria to get the following services:

- anesthesia
- crowns
- dentures
- root canals
- surgical procedures
- periodontal services

There may be co-pays for some dental services. Please see the “Member Co-payment Schedule” on a separate sheet that came with this handbook.

Dental care may not be covered for all members age 21 and older. Please call Member Services for more information about your dental benefits.

Dental Care

Dental Care for Children (Younger than 21 Years of Age)

Children under the age of 21 are eligible to receive all medically necessary dental services. Your child can go to any dentist that is a part of AmeriHealth Mercy's network. You can find a dentist in your area by using our online provider directory at www.amerihealthmercyhp.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 3 and above to a dental home as part of their regular EPSDT well child screens.

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

- Anesthesia
- Orthodontics (braces)*
- Check-ups
- Periodontal services
- Cleanings
- Fluoride Treatments (topical fluoride varnish can also be done by a PCP or CRNP)
- Root canals
- Crowns
- Sealants
- Dentures
- Dental surgical procedures
- Dental emergencies
- X-rays
- Extractions (tooth removals)
- Fillings

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

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

Eye Care

Regular eye exams are important. Call your eye doctor 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 a routine eye exam every calendar year, or more often if medically necessary. No referral is needed for routine eye exams.

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

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

Eyeglass Frames	
Eligible members may:	The provider will charge:
Choose from a special group of eyeglass frames	No charge
<i>or</i>	
Choose a Designer frame from the "Tower Collection"	A co-pay of \$15.00
<i>or</i>	
Choose a Premium frame from the "Tower Collection"	A co-pay of \$35.00
<i>or</i>	
For eyeglass frames that are not part of these select groups, AmeriHealth Mercy will pay for the cost of the frames or \$30.00, whichever is less.	

Eye Care

If you need help finding an eye doctor, go to www.amerihealthmercyhp.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.

If prescription contact lenses are chosen, AmeriHealth Mercy will pay for the cost of the prescription contact lenses or \$60.00, whichever is less.

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

“You may choose a special lens type for an additional co-payment.”

Eye Care Benefits for Adults (21 Years of Age and Older)

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

You may have additional eye exams (up to 3 additional exams per calendar year) if the eye doctor completes a form.

You are also eligible to get prescription eyeglasses, once every 12 months. You may choose prescription contact lenses instead of glasses. If prescription contact lenses are chosen instead of glasses, AmeriHealth Mercy will pay a portion of the cost, up to \$60.00.

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

You may choose a special lens type for an additional co-payment.

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

Getting Care for Your Family


Family Planning Services

Family planning services are provided through AmeriHealth First. AmeriHealth Mercy does not provide family planning services.

 Call the AmeriHealth First Family Planning Coordinator at **1-800-541-4560** for help.

You can go to any doctor or clinic you choose for family planning services. You can choose doctors and clinics not in the AmeriHealth Mercy 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).

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.

Getting Care for Your Family

If you are pregnant, remember to:

- Call the Customer Service Center or your County Assistance Office to update your information – you will not have co-pays 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 WeeCare program by calling **1-877-364-6797**.

WeeCare Program for Pregnant Members

The WeeCare program helps you stay healthy when you are pregnant and have a healthy baby. The WeeCare 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. Women with gum disease can get an infection that can cause the baby to be born too early. A baby that is born too early is more likely to have health problems and disabilities that can last a lifetime.

Getting Care for Your Family

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

We have information to help with other services, like:

- Food and clothes
- Transportation
- Quitting smoking
- The WIC (Women, Infants and Children) program. You can also call **1-800-WIC-WINS (1-800-942-9467)**
- Drug, alcohol or mental health issues
- 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 WeeCare toll free at **1-877-364-6797**.

It is important to choose a doctor for your baby before your baby is born. If you need help 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 AmeriHealth Mercy 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

Getting Care for Your Family

Post Partum 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 breastfeed 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 WeeCare.

During this post partum time, please make sure you:

- Call your OB to make an appointment for your post partum check up. Try to get an appointment for 4 to 6 weeks after you have your baby, unless your doctor wants to see you sooner.
- Call your County Assistance Office (CAO) or the Customer Service Center at **1-877-395-8930**. Tell them about your new baby. This is very important. They will make sure you get the benefits and services your baby needs.

Getting Care for Your Family

Post Partum Home Visit *(continued)*

- ☑ Call AmeriHealth Mercy's 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/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, I have often been bothered by feeling down, depressed or hopeless?
- During the past month, I have often been bothered by little interest or pleasure in doing things?

If you answered "yes" to one or both of these questions, please call our WeeCare department at our toll free number, **1-877-364-6797**.

Getting Care for Your Family

Care For Your Children

AmeriHealth Mercy 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, a Family Practice doctor, or a 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 than 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
- 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
- Referral 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.

Getting Care for Your Family

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.

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 check-up.
- Make appointments for the whole family to see the dentist every 6 months.
- Have my children’s eyes checked
- Get my check-up so I can stay healthy for my children!

AmeriHealth Mercy Special Programs

AmeriHealth Mercy 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 one of the health care conditions listed below, you could become a part of one of our special programs.

- 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 one 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.
- You can just ask! Call Member Services and ask about any one 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 AmeriHealth Mercy member, you have the right to say you do not want to be a part of one of these programs. You can tell us on the phone or in writing. If you do not want to be a part of one of these programs, it will not change your AmeriHealth Mercy benefits in any way. It also will not change the way you are treated by AmeriHealth Mercy and our providers or the Department of Public Welfare.

If you have any questions about our special programs, or do not want to be a part of these programs, call the Care Coordination Program at **1-877-693-8271, option 2** or write to:

**Care Coordination Program
AmeriHealth Mercy Health Plan
8040 Carlson Road, Suite 500
Harrisburg, PA 17112**

AmeriHealth Mercy Special Programs

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 or 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, AmeriHealth Mercy 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.

AmeriHealth Mercy Special Programs

Diabetes

People with diabetes have too much sugar in their blood and/or not enough insulin to help change the sugar in food into energy. AmeriHealth Mercy 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.

AmeriHealth Mercy Special Programs

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.

AmeriHealth Mercy Special Programs

HIV/AIDS – Pathways Program

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

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

If you choose NOT to tell us about your HIV status, you can still have Care Management services through AmeriHealth Mercy. 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 not a normal shape. 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.

AmeriHealth Mercy Special Programs

Breast Cancer Screening

AmeriHealth Mercy 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. Talk to your doctor.

Need to know how to do a breast self exam?

🔗 Go to www.amerihealthmercyhp.com and click on “Health Education from A to Z” for more information. It could help save your life!

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 57 for more information on “Self-Referral” services.

AmeriHealth Mercy Special Programs

Tobacco Cessation Program – To Help You Quit

AmeriHealth Mercy wants you to quit smoking cigarettes or using other tobacco products, like cigars, pipes or chew.

All AmeriHealth Mercy members are eligible for 70 tobacco cessation counseling sessions per calendar year. (Each session is a 15-minute, face-to-face counseling session, in either individual or group settings.) You do not need a referral or prior authorization to go to a counseling session. The tobacco cessation counselor must be a part of the Medical Assistance program. The counselor must also be approved by the Department of Health. Call Member Services to find the approved providers near you.

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

Members who are eligible for pharmacy services can get tobacco cessation drug medicines. These are medicines like bupropion and the generic nicotine patch. You need a prescription from your health care provider for these medicines.

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

For more information about Tobacco Cessation programs and medicines, you can:



Call Member Services



Go to www.determinedtoquit.com



Call the Pennsylvania Free Quitline, **1-800 QUIT NOW (1-800-784-8669)** (a partnership between the Pennsylvania Department of Health and the American Cancer Society).

AmeriHealth Mercy Special Programs

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, please call the Special Needs Unit at **1-800-684-5503**.

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 AmeriHealth Mercy. 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 **1-866-566-1513**

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

AmeriHealth Mercy's licensed doctors and nurses monitor the services given to all members. They also make decisions about medically necessary care and services. They make these decisions using:

- Nationally accepted clinical guidelines approved by the Department of Public Welfare
- All of the medical information they are aware of
- Your Medical Assistance benefits
- Your personal medical needs

AmeriHealth Mercy 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 to provide less health care coverage and services.

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

Dedication to Quality Care

AmeriHealth Mercy 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 AmeriHealth Mercy's preventive health and clinical practice guidelines, call Member Services or go to **www.amerihealthmercyhp.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

Quality Care for You

(immunizations). When PCPs meet other quality, service and performance standards set by AmeriHealth Mercy, they can also get additional payments.

AmeriHealth Mercy 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 AmeriHealth Mercy's 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. AmeriHealth Mercy 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 one 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 sends you to see a specialist, this is called a “referral.” In most cases, you will need to get a referral from your PCP to see a specialist. It may take a couple of days for your PCP to get the referral to the specialist. Always check with your PCP before going to see a specialist. For a list of services that do not need a referral, please see the next section, “Self Referrals.”

Remember, there is a difference between a referral and a prescription.

Examples:

- You would get a referral when you need to go to a specialist or outpatient facility. Your PCP will give you the referral.
- A prescription can come from any of your doctors or a Nurse Practitioner. You would need a prescription for things like medicine, equipment or special medical tests.

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.

Referrals

Self Referrals to AmeriHealth Mercy Network Providers

Self-referrals are services you can arrange for yourself without first calling your PCP. You must see a AmeriHealth Mercy 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 38)
- Routine dental services, if you are eligible for dental services under the Medical Assistance program*
- Routine eye exams*
- Prescription eyeglasses for members under 21 years of age
- Tobacco cessation counseling sessions** (see page 51)
- 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 58 for exceptions that require prior authorization)

****You may need to get a referral or prior auth-orization 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 AmeriHealth Mercy network.***

Prior Authorization

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

Prior Authorization Process

1. Your PCP or other health care provider must give AmeriHealth Mercy information to show that the service or medication is medically necessary.
2. AmeriHealth Mercy nurses review the medical information. The nurses use clinical guidelines approved by the Department of Public Welfare to see if the service or medication is medically necessary.
3. If the request cannot be approved by a AmeriHealth Mercy nurse, a AmeriHealth Mercy 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 80 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 AmeriHealth Mercy network (*except: tobacco cessation counseling sessions; emergency services; family planning services provided through AmeriHealth First; and any Medicare-covered services from a Medicare provider if you have Medicare coverage*)
- Non-emergency admission to a hospital

Prior Authorization

- 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
- 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 AmeriHealth Mercy network provider
- Home Health services, including infusion therapy, skilled nursing visits, home health aide visits, physical therapy, occupational therapy and speech therapy
- All DME rentals
- All DME purchases that cost more than \$500 and:
 - Tube feedings and nutritional supplements (Enterals)
 - when the member is age 21 and over, or
 - 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 200 generic diapers and/or pull-up diapers per month
 - brand specific diapers, or
 - diapers supplied by a DME provider

Prior Authorization

- Any service/product not covered by the Medical Assistance program
- Some outpatient diagnostic tests and procedures
- Chiropractic services with a AmeriHealth Mercy 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 non-formulary prescription drugs, some over-the-counter non-prescription drugs, and some DME supplies obtained through a AmeriHealth Mercy network pharmacy (e.g., glucometers)
- All transplant evaluations and consultations
- Air Ambulance transportation

As a AmeriHealth Mercy member, you are not responsible to pay for medically necessary, covered services. You may, however, be responsible for a co-pay.

You may have to pay when:

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

Your health care provider can also bill you for co-pays that were not paid at the time you received the service. See page 71 for information about “If You Get a Bill or Statement” and page 69 for “Co-payment Information.”

Services Not Covered

Services Not Covered*

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

- Services that are not medically necessary
- Services given by a provider who is not in the AmeriHealth Mercy provider network, except for:
 - Emergency services
 - Family planning services
 - When there is prior approval from AmeriHealth Mercy
 - 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 AmeriHealth Mercy. However, Medicare covered services do not require prior authorization.
- Services provided outside the United States and its territories, with limited exceptions in Canada, Mexico and U.S. territorial waters
- 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 non-covered services.**

AmeriHealth Mercy may not cover all of your health care expenses. You may be responsible to pay for services if you have been told ahead of time that AmeriHealth Mercy does not cover the services. It is important to check with your PCP or AmeriHealth Mercy Member Services to find out which health care services are covered.

Getting Other Benefits and Services

The following benefits and services are available to AmeriHealth Mercy members. ***AmeriHealth Mercy 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 AmeriHealth Mercy 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.



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 Co-payment Schedule that came with this handbook).

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

AmeriHealth Mercy, your health care providers and your Behavioral Health Plan all work together to help you get the services you need. You can ask to have a special meeting with AmeriHealth Mercy, 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.

Go to our Web site at www.amerihealthmercyhp.com. Click on “Members” then “Important Numbers.” You will find the phone numbers for each county Behavioral Health Treatment program. You will also find the phone numbers for each county Medical Assistance Transportation Program.

Getting Other Benefits and Services

Medical Assistance Transportation Program

The Medical Assistance Transportation Program (MATP) is a special service to and from health care appointments 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 Co-payment Schedule that came with this handbook.
- 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 will 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

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 DPW's **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

Limits and Exceptions

Benefit Limits

Benefit limits for AmeriHealth Mercy members are:

- For adult members, you are limited to one Inpatient Medical Rehabilitation Hospital admission each year.
- For adult members in the General Assistance category, you are also limited to one Acute Care Inpatient Hospital admission each year.

These limits do not apply if you are under age 21 or if you are pregnant.

The limit period starts again on July 1 of every year.

Exception Process

You or your provider may ask AmeriHealth Mercy to approve services above these 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.

(Continued on next page)

Limits and Exceptions

Benefit Limits *(Continued from page 65)*

To ask for an exception before you receive the service:

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

**Benefit Limit Exceptions
Member Services Department
AmeriHealth Mercy Health Plan
8040 Carlson Drive, Suite 500
Harrisburg, PA 17112
Fax: 717-657-3591**

3. Your provider can call AmeriHealth Mercy's Patient Care Management Department at **1-877-693-8271, option 2.**

AmeriHealth Mercy 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, unless additional information is needed. If additional information is needed, AmeriHealth Mercy 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 80 for information on your right to appeal or to have a Fair Hearing.

Limits and Exceptions

To ask for an exception after you receive the service:

1. You can call AmeriHealth Mercy 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 AmeriHealth Mercy Patient Care Management at **877-693-8271, option 2.**
3. Your provider can mail the request to AmeriHealth Mercy's Provider Appeals Department at:
**Attention: Research Specialist
Provider Appeals Department
AmeriHealth Mercy Health Plan
P.O. Box 398
Philadelphia, PA 19029-0398**

AmeriHealth Mercy will approve or deny the exception request within 30 days after AmeriHealth Mercy receives the exception request. Please see the "Complaints, Grievances and Fair Hearings" section on page 80 for information on your right to appeal or to have a Fair Hearing.

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

- Your name
- Your address and telephone number
- Your AmeriHealth Mercy 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

Co-Payment Information

If you are 18 years of age or older and are in either a General Assistance or a Medical Assistance category, you may have to pay a small amount (co-pay) for some services (*please see the “Member Co-payment Schedule” on the separate sheet that came with this handbook for services and co-pay amounts.*)

You will **not** have to pay co-pays 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 Intermediate Care Facility for Mental Retardation (ICF/MR), or
- are pregnant (you will not pay a co-pay during the time you are getting post partum care either).

There are no co-pays for:

- services given in an emergency situation
- services or items costing less than \$2.00
- certain drugs that do not have co-pays

Please see the “Member Co-payment Schedule” on the separate sheet that came with this handbook for examples of drugs with no co-pays.

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

Please see the “Member Co-payment Schedule” on the separate sheet that came with this handbook for co-pay amounts and exceptions.

Co-Payment Information

Is there a limit on how much I will pay in co-pays?

Yes. We ask health care providers to put a special code on the bills they send to us to show if you paid any required co-pays. Then we check all the bills we paid between January and June and between July and December each year to see how much you paid in co-pays.

If the bills show that you (not your household) paid more than the maximum in co-pays in that six-month period, we will send you a refund for the amount over the maximum.

- Medical Assistance maximum is \$90.00 in a six month period
- General Assistance maximum is \$180.00 in a six month period

What if I disagree with the co-pay the health care provider charges me?

If you believe your health care provider charged you a wrong co-pay amount, you can file a complaint with AmeriHealth Mercy. Please see the “Complaints, Grievances and Fair Hearings” section on page 80 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 AmeriHealth Mercy and your health care providers.



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

Unless you have Medicare, you must see a AmeriHealth Mercy network provider in order for AmeriHealth Mercy 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.

Ask your health care provider:

- Are you a AmeriHealth Mercy provider?
- Does this service need prior authorization?

These two questions could save you from getting a bill.

Other Insurance and Bills

If You Get a Bill or Statement

As a AmeriHealth Mercy Member, you are not responsible to pay for medically necessary, covered services.

Even if your AmeriHealth Mercy provider does not get a payment for the service, you are not responsible for the payment. However, you may have to pay a co-pay.

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

You can be billed if:

- You get a service that needed prior authorization, but AmeriHealth Mercy did not give prior authorization; or
- You get a service from a provider who is not in AmeriHealth Mercy's network and prior authorization was not given to see that provider (*except for emergency services; family planning services provided through AmeriHealth First; and any Medicare-covered services from a Medicare provider if you have Medicare coverage*); or
- You get a service that is not covered by AmeriHealth Mercy 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 co-pays that were not paid at the time you got the service.

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

Disenrollment

Loss of Benefits

You can be disenrolled from AmeriHealth Mercy 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 six months, you will be re-enrolled into AmeriHealth Mercy.*
- 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 Public Welfare (DPW) have been completed.
- You are admitted to a nursing facility outside of the state of Pennsylvania.

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

- you become eligible for Medicare and are 21 years of age and older.
- you are in a nursing facility for more than 30 days. You may be re-enrolled in AmeriHealth Mercy after you leave the nursing facility.

Disenrollment

- you are admitted to a juvenile detention center for more than 35 days in a row. You may be re-enrolled in AmeriHealth Mercy after you leave the juvenile detention center.
- you are enrolled in the Pennsylvania Department of Aging (PDA) Waiver program for more than 30 days.

When You Want to Change Your Health Plan

You may decide you want to leave AmeriHealth Mercy. 📞 Before you make your final decision, please call us at **1-888-991-7200**. We may be able to help in some way with your decision. If you decide to leave, you need to talk to an Enrollment Specialist by calling the HealthChoices Hotline at **1-800-440-3989**. If you are deaf or hard of hearing, you can call using the TTY system at **1-800-618-4225**.

Important!

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

📞 Call your caseworker at your County Assistance Office right away. If you do not, you could lose your eligibility and medical insurance. If you need help, call Member Services at **1-888-991-7200**.

Member Rights and Responsibilities

AmeriHealth Mercy is committed to treating members with respect and dignity. AmeriHealth Mercy, 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 about AmeriHealth Mercy Health Plan and its health care providers.
- get information about AmeriHealth Mercy, its health care providers, and member rights and responsibilities.
- get information and know about your benefits and services.
- get information about the cost of health care services.
- have your medical records and care kept confidential.
- expect that AmeriHealth Mercy will give you a copy of its Notice of Privacy Practices without your requesting it.
- privacy of your personal and health information.
- approve or deny the release of identifiable medical or personal information, except when the release is required by law.
- be treated with dignity and respect by your health care providers and AmeriHealth Mercy.
- talk with your health care provider about treatment plans.
- get information from a health care provider on available treatment options and alternatives, given in a way you understand.

Member Rights and Responsibilities

Member Rights (continued)

You have the right to:

- talk to your health care provider about the kinds of care you can choose to meet your medical needs regardless of cost or benefit coverage.
- voice complaints about and/or appeal decisions made by AmeriHealth Mercy and its health care providers.
- file for a Fair Hearing with the Department of Public Welfare.
- get materials and/or help in alternate languages and formats, if necessary.
- make an “Advance Directive” - see page 78 for more details.
- ask for and receive a copy of your medical records in accordance with applicable federal and state laws.
- be given an opportunity to make suggestions for changes in AmeriHealth Mercy’s policies and procedures.
- be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- be a part of the decisions about your health care, including the right to refuse treatment. Your decision to do so will not negatively affect the way you are treated by AmeriHealth Mercy, its health care providers or the Department of Public Welfare.
- ask that any communication that has protected health information in it from AmeriHealth Mercy be sent to you by alternative means or to an alternative address.
- ask that AmeriHealth Mercy amend certain protected health information.
- ask for a list of disclosures of protected health information.

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

Member Rights and Responsibilities

Member Responsibilities

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

- ☑ Let AmeriHealth Mercy 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 one of your children has other health insurance
 - you have a special medical condition
 - your family size changes, or
 - you move out of the county or state

 **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.

- ☑ Keep your benefits up to date with your caseworker at your County Assistance Office. Find out when your benefits will end. Make sure all your information is up to date so you can keep your benefits.
- ☑ Work with AmeriHealth Mercy and our health care providers. This means you must follow the guidelines given to you about AmeriHealth Mercy and you must follow your health care provider's instructions about your care. This includes:
 - making appointments with your health care provider
 - canceling appointments when you cannot make your appointment
 - calling AmeriHealth Mercy 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.

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

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

- Treatment of the Patient - Example - Health care providers talking about a patient's treatment.
- Making a Payment - Example - Our claims processing department using medical information to make payments to providers.
- Health Care Operations - Example - Identifying members with certain chronic illnesses so we can send treatment information to them or their providers.

Some other examples of how AmeriHealth Mercy 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 cancelled at any time unless the information has already been shared. You may get a copy of your PHI 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 Web site at **www.amerihealthmercyhp.com**.

Advance Directives

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

We will let you know within 90 days of any changes in Pennsylvania's advance directive law. AmeriHealth Mercy has no limit on implementing advance directives based on our beliefs. AmeriHealth Mercy will honor your advance directive to the fullest extent allowed by law. See the "Complaints, Grievances and Fair Hearings" section on page 80 for information on how to file a complaint with AmeriHealth Mercy or the Department of Health about an advance directive.

There are two 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 Power of Attorney

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

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

For more information on advance directives go to  www.aging.state.pa.us, and follow this path through the site. Click on:

- Long Term Living in Pennsylvania, then
- Planning Your Future, then
- 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 Public Welfare (DPW) to make sure that your requests for medically necessary care and services sent to AmeriHealth Mercy 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 DPW. If you or your health care provider request medical care or services, and AmeriHealth Mercy or your Behavioral Health Plan has not responded in time to meet your needs, call the CSH. You can also call the CSH if AmeriHealth Mercy 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 AmeriHealth Mercy.

You can call the CSH Monday through Friday between 9:00 a.m. and 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 AmeriHealth Mercy benefits or services, please call Member Services. Our Member Services representatives can resolve most questions and concerns. If we cannot immediately resolve your questions or concerns, we will investigate the issue and respond to you within 30 days. You also have the right to file a formal complaint at any time.

Complaints, Grievances and Fair Hearings

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

Complaints

What is a complaint?

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

Some things you may complain about:

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

What should I do if I have a complaint?

FIRST LEVEL COMPLAINT

To file a complaint, you can:

- Call AmeriHealth Mercy at **1-888-991-7200** and tell us your complaint, or
- Write down your complaint and send it to us at:
Member Appeals Department
Attention: Member Advocate
AmeriHealth Mercy Health Plan
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 You Need Help

When should I file a first level complaint?

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

- AmeriHealth Mercy has decided that you cannot get a service or item you want because it is not a covered service or item.
- AmeriHealth Mercy will not pay a provider for a service or item you received.
- AmeriHealth Mercy did not decide within 30 days about a complaint or grievance you told us about before.

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:

Appointment Standards	
New member appointment for your first examination for...	We will make an appointment for you...
members with HIV/AIDS	with a PCP or specialist no later than 7 days after you become a member in AmeriHealth Mercy, unless you are already being treated by a PCP or specialist.
members who receive Supplemental Security Income (SSI)	with a PCP or specialist no later than 45 days after you become a member in AmeriHealth Mercy, unless you are already being treated by a PCP or specialist.
members under the age of 21	with a PCP for an EPSDT screen no later than 45 days after you become a member in AmeriHealth Mercy, unless you are already being treated by a PCP or specialist.

Complaints, Grievances and Fair Hearings

Appointment Standards (continued)	
Members who are pregnant...	We will make an appointment for you...
pregnant women in their first trimester	with an OB/GYN provider within 10 business days of AmeriHealth Mercy learning you are pregnant.
pregnant women in their second trimester	with an OB/GYN provider within 5 business days of AmeriHealth Mercy learning you are pregnant.
pregnant women in their third trimester	with an OB/GYN provider within 4 business days of AmeriHealth Mercy learning you are pregnant.
pregnant women with high-risk pregnancies	with an OB/GYN provider within 24 hours of AmeriHealth Mercy learning you are pregnant.
Appointment with Primary Care Practitioner (PCP)	We will make an appointment for you...
urgent medical condition	within 24 hours
routine appointment	within 10 business days
health assessment/general physical examination	within 3 weeks
Appointment with Specialists (when referred by PCP)	We will make an appointment for you...
urgent medical condition	within 24 hours of referral

Complaints, Grievances and Fair Hearings

Appointment Standards (continued)	
Appointment with Specialists (when referred by PCP)	We will make an appointment for you...
routine appointment with one of the following Specialists: <ul style="list-style-type: none"> • Otolaryngology • Orthopedic Surgery • Dermatology • Pediatric Endocrinology • Pediatric General Surgery • Pediatric Infectious Disease • Pediatric Neurology • Pediatric Pulmonology • Pediatric Rheumatology • Dentist • Pediatric Allergy and Immunology • Pediatric Gastroenterology • Pediatric Hematology • Pediatric Nephrology • Pediatric Oncology • Pediatric Rehab Medicine • Pediatric Urology 	within 15 business days of referral
routine appointment with all other Specialists	within 10 business days of referral

You may file all other complaints at any time.

Complaints, Grievances and Fair Hearings

What happens after I file a first level complaint?

After you file your complaint, you will get a letter from AmeriHealth Mercy telling you that we have received your complaint, and about the first level complaint review process.

You may ask AmeriHealth Mercy to see and ask for a copy of any information we have about your complaint. You may also send information to AmeriHealth Mercy 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 one or more AmeriHealth Mercy 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, go to page 95 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.

Complaints, Grievances and Fair Hearings

What if I do not like AmeriHealth Mercy's decision?

SECOND LEVEL COMPLAINT

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

When should I file a second level complaint?

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

To file a second level complaint, you can:

- Call AmeriHealth Mercy at 1-888-671-5276 and tell us your second level complaint, or
- Write down your second level complaint and send it to us at:

AmeriHealth Mercy Health Plan

Member Appeals Unit

P.O. Box 41820

Philadelphia, PA 19101-1820

What happens after I file a second level complaint?

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

You may ask AmeriHealth Mercy to see and ask for a copy of any information we have about your complaint. You may also send information to AmeriHealth Mercy 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.

Complaints, Grievances and Fair Hearings

A committee made up of three or more people (including at least one person who is not an employee of AmeriHealth Mercy 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, go to page 95 of this Member Handbook.

What to do to continue getting services:

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

What can I do if I still do not like AmeriHealth Mercy's decision?

EXTERNAL COMPLAINT REVIEW

If you do not agree with AmeriHealth Mercy's 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 AmeriHealth Mercy's policies and procedures.

Complaints, Grievances and Fair Hearings

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 (717) 705-0947, or**

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

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

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

You may be represented by an attorney or another person during the external review.

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.

Complaints, Grievances and Fair Hearings

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.

Complaints, Grievances and Fair Hearings

Grievances

What is a grievance?

When AmeriHealth Mercy 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 AmeriHealth Mercy's decision.

A grievance is when you tell us you disagree with AmeriHealth Mercy's decision.

What should I do if I have a grievance?

FIRST LEVEL GRIEVANCE

To file a grievance, you can:

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

Member Appeals Department
Attention: Member Advocate
AmeriHealth Mercy Health Plan
200 Stevens Drive
Philadelphia, PA 19113-1570, or

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

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

When should I file a first level grievance?

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

What happens after I file a first level grievance?

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

Complaints, Grievances and Fair Hearings

You may ask AmeriHealth Mercy to see and ask for a copy of any information we have about your grievance. You may also send information to AmeriHealth Mercy 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 one or more AmeriHealth Mercy 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, go to page 95 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 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 being reduced, changed or stopped, the services or items will continue until a decision is made.

Complaints, Grievances and Fair Hearings

Grievances (continued)

What if I do not like AmeriHealth Mercy's decision?

SECOND LEVEL GRIEVANCE

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

When should I file a second level grievance?

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

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

AmeriHealth Mercy Health Plan

Member Appeals Unit

P.O. Box 41820

Philadelphia, PA 19101-1820

What happens after I file a second level grievance?

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

You may ask AmeriHealth Mercy to see and ask for a copy of any information we have about your grievance. You may also send information to AmeriHealth Mercy 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.

Complaints, Grievances and Fair Hearings

A committee of three or more people (including a doctor and at least one person who is not an employee of AmeriHealth Mercy 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, go to page 95 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 AmeriHealth Mercy's decision?

EXTERNAL GRIEVANCE REVIEW

If you do not agree with AmeriHealth Mercy's second level grievance decision, you may ask for an external grievance review.

You must call or send a letter to AmeriHealth Mercy asking for an external grievance review within 15 days of the date you received our grievance decision letter. The address is:

AmeriHealth Mercy Health Plan

Member Appeals Unit

External Grievance Review

P.O. Box 41820

Philadelphia, PA 19101-1820

1-888-671-5276

Complaints, Grievances and Fair Hearings

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.

AmeriHealth Mercy 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.

What to do to continue getting services:

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

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

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

Expedited Complaints and Grievances

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

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

Complaints, Grievances and Fair Hearings

Expedited Complaint

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

AmeriHealth Mercy 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 a second level complaint, if you do not like the decision.

For information on how to file a second level complaint see page 85 of this Member Handbook.

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

Complaints, Grievances and Fair Hearings

Expedited Grievance and Expedited External Grievance

A committee of three or more people, including a licensed doctor, will review your grievance. The licensed doctor will decide your expedited grievance with help from the other people on the committee. No one on the committee will have been involved in the issue you filed your grievance about.

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

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

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

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

If you need help filing your complaint or grievance, a staff member from AmeriHealth Mercy 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**.

Complaints, Grievances and Fair Hearings

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

You or the person you choose to represent you may ask AmeriHealth Mercy 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, AmeriHealth Mercy will provide the services at no cost to you.

Persons with Disabilities

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

- Providing sign language interpreters,
- Providing information submitted by AmeriHealth Mercy 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 Public Welfare in addition to or instead of filing a complaint or grievance with AmeriHealth Mercy.

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

Department of Public Welfare Fair Hearings

In some cases, you can ask the Department of Public Welfare to hold a hearing because you are unhappy about or do not agree with something AmeriHealth Mercy did or did not do. These hearings are called **FAIR HEARINGS**. You can ask for a fair hearing at the same time you file a complaint or grievance or you can ask for a fair hearing after AmeriHealth Mercy 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?

If you are unhappy because ...	You must ask for a fair hearing ...
AmeriHealth Mercy decided to deny a service or item because it is not a covered service or item	within 30 days of getting a letter from AmeriHealth Mercy telling you of this decision
AmeriHealth Mercy decided to not pay a provider for a service or item you got and the provider can bill you for the service or item	within 30 days of getting a letter from AmeriHealth Mercy telling you of this decision
AmeriHealth Mercy did not decide within 30 days, a complaint or grievance you told AmeriHealth Mercy about before	within 30 days of getting a letter from AmeriHealth Mercy telling you that we did not decide your complaint or grievance within the time we were supposed to

Complaints, Grievances and Fair Hearings

If you are unhappy because...	You must ask for a fair hearing...
AmeriHealth Mercy decided to deny, decrease or approve a service or item different than the service or item you requested because it was not medically necessary	within 30 days of getting a letter from AmeriHealth Mercy telling you of this decision or within 30 days of getting a letter from AmeriHealth Mercy telling you our decision after you filed a complaint or grievance about this
AmeriHealth Mercy 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 55.)	within 30 days of the date you should have received the service or item

How do I ask for a fair hearing?

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

Department of Public Welfare

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; and
- any letter you may have received about the issue you are requesting your fair hearing for.

Complaints, Grievances and Fair Hearings

What happens after I ask for a fair hearing?

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

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

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

If you ask, AmeriHealth Mercy 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 Public Welfare gets your request.

If your appeal is not decided within 90 days from the date that the Department of Public Welfare receives your request, you may be able to get interim assistance until the decision is made.

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 Public Welfare 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 AmeriHealth Mercy has

Complaints, Grievances and Fair Hearings

reduced, changed or denied your services or items or telling you AmeriHealth Mercy's decision 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 Public Welfare 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 AmeriHealth Mercy's toll-free telephone number at 1-888-991-7200; you can contact Legal Aid at 1-800-322-7572; or you can contact the Pennsylvania Health Law Project at 1-800-274-3258 if you need help or have questions about complaints and grievances.

Overuse and Abuse

Fraud and Abuse

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

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

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

Some examples of fraud and abuse by a member are:

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

You can report fraud and abuse by calling the AmeriHealth Mercy Hotline number at **1-866-833-9718**. You can also report fraud and abuse to the Department of Public Welfare through any of the following:

- Call the MA Provider Compliance hotline number: **1-866-DPW-TIPS (1-866-379-8477)**
- Go to the web site: **www.dpw.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.

Overuse and Abuse

Recipient Restriction

Member Lock-In Program

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

There are times when we find overuse of medicine or medical services. AmeriHealth Mercy, with the approval of DPW, 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 five years. You will get a letter from AmeriHealth Mercy outlining the restriction. You also have a right to appeal. This restriction will follow you, even if you leave AmeriHealth Mercy.

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

When you are restricted to a provider, you must still use your AmeriHealth Mercy ID card to get services.

Special Situations

Continuing Care

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

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

When this happens	AmeriHealth Mercy will allow:
You are a new AmeriHealth Mercy member.	You can get ongoing treatment from a health care provider who is not in the AmeriHealth Mercy network. You can continue treatment for up to 60 days from the date you were enrolled in AmeriHealth Mercy.
You are a new AmeriHealth Mercy member and you are pregnant on the effective date of enrollment in AmeriHealth Mercy.	You can get ongoing treatment from an Obstetrician (OB) or midwife who is not in the AmeriHealth Mercy network. You can continue with this OB or midwife until the end of your postpartum care related to your delivery.

Special Situations

When this happens	AmeriHealth Mercy will allow:
<p>You are a current AmeriHealth Mercy member. You are getting ongoing treatment from a health care provider (doctor, midwife or CRNP) whose contract has ended with AmeriHealth Mercy.</p>	<p>You can continue treatment for up to 90 days from the date you are notified by AmeriHealth Mercy that the health care provider will not be in the AmeriHealth Mercy network, or for up to 60 days from the date the provider's contract with AmeriHealth Mercy ends – whichever is longer.</p>
<p>You are a current AmeriHealth Mercy member. You are getting ongoing treatment from a health care provider <i>other than a doctor or midwife or CRNP</i>, such as a health care facility or health care agency whose contract has ended with AmeriHealth Mercy.</p>	<p>You can continue treatment for up to 60 days from the date you are notified by AmeriHealth Mercy that the health care provider will not be in the AmeriHealth Mercy network, or for up to 60 days from the date the provider's contract with AmeriHealth Mercy ends – whichever is longer.</p>
<p>You are a current AmeriHealth Mercy member. You are getting ongoing treatment from an OB or midwife whose contract has ended with AmeriHealth Mercy during your second or third trimester of pregnancy.</p>	<p>You can continue treatment from that OB or midwife until the end of your postpartum care related to your delivery.</p>

Special Situations

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

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

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

Call Member Services for help with continuing care; or

Ask your health care provider to call AmeriHealth Mercy’s Utilization Management Department at **1-800-521-6622**.

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

You must get approval from AmeriHealth Mercy to continue care.

AmeriHealth Mercy will not cover continuing care when:

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

Special Situations

Changing Your Primary Care Practitioner (PCP)

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

How to change your PCP:

If you have access to the Internet:


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


If you do not have access to the Internet:

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

Once you change your PCP:

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

 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.

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.

Special Situations

If Your PCP is Leaving the AmeriHealth Mercy Network

There are times when PCPs leave AmeriHealth Mercy Health Plan. There are also times when a PCP may not be able to be a PCP anymore. When we find this out, we will let you know so you can choose a new PCP. You will have at least 10 days to choose a new AmeriHealth Mercy 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.

Medical Appointments

Appointment is with	Appointment date and time	Questions for my appointment	Co-pays paid

Medicines

Name of Medicine	Date filled	Date to get it refilled	Co-pays paid

Member Handbook

THE MEDICAID HEALTH PLAN THAT CARES

Our Mission

- We help people:
- Get care
 - Stay well
 - 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



A Program of AmeriHealth First and Mercy Health Plan



Member Services: 1-888-991-7200
www.amerihalthmercyhp.com