

Magellan Behavioral Health of Pennsylvania, Inc.

Member Handbook

Services for Pennsylvania HealthChoices Program members

Somerset and Bedford Counties: 1-800-424-5860



Table of contents

Welcome	3
Introduction.....	3
Welcome to Magellan Behavioral Health of Pennsylvania, Inc. (Magellan)	3
Member Services	3
Other Magellan numbers.....	5
Member identification cards	5
Important contact information	5
Communication services	13
Enrollment	13
Changes in coverage.....	13
Information about providers	14
Choosing or changing your provider	15
Office visits.....	15
After hours care	15
Member engagement	16
Rights and Responsibilities	17
Member rights and responsibilities	17
Consent to mental health care.....	20
Privacy and confidentiality	20
Billing information	22
Third-party liability	23
Coordination of benefits	23
Reporting fraud and abuse	24
Behavioral Health Services	25
Covered services	25
Services that are not covered.....	26
Second opinions.....	27
What is prior authorization?.....	27
Service descriptions	29
Out-of-Network and Out-of-Plan Services	31
Out-of-network providers	31
Getting care while outside of Magellan’s service area	31
Out-of-plan services	31

Mental Health Advance Directives	35
Mental Health Declaration	35
Mental Health Power of Attorney	35
Help with creating Mental Health Declarations and Mental Health Powers of Attorney	36
What to do if a provider does not follow your Mental Health Declaration or your Mental Health Power of Attorney	36
Physical Health Services.....	37
Who covers your physical health services?.....	37
Your physical health needs.....	37
Coordinating physical health and behavioral health care.....	38
HealthChoices physical health.....	38
Community HealthChoices	38
Complaints, Grievances, and Fair Hearings.....	39
Complaints.....	39
First Level Complaint	39
Second Level Complaint	42
External Complaint Review.....	43
Grievances	44
External Grievance Review	45
Expedited Complaints and Grievances	46
What kind of help can I have with the Complaint and Grievance processes?	48
Department of Human Services Fair Hearings	49
Expedited Fair Hearing.....	51

SECTION 1

Welcome

Introduction

What is HealthChoices?

HealthChoices is Pennsylvania's Medical Assistance managed care program. There are two main parts to HealthChoices: physical health care and behavioral health care.

- Physical health services are provided through Physical Health Managed Care Organizations (PH-MCOs) or through Community HealthChoices Managed Care Organizations (CHC-MCOs). PH-MCOs are overseen by the Department of Human Services' Office of Medical Assistance Programs and CHC-MCOs are overseen by the Department of Human Services' Office of Long-Term Living. For more information on physical health services, see page 37.
- Behavioral health services include mental health services and substance use disorder services. These services are provided through Behavioral Health Managed Care Organizations (BH-MCOs) that are overseen by the Department of Human Services' (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS).

Welcome to Magellan Behavioral Health of Pennsylvania, Inc. (Magellan)

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) welcomes you as a "member" in HealthChoices and to Magellan! You may never have behavioral health or substance use concerns. However, it is your right to know what services are available to you.

In Pennsylvania, Magellan works with county partners in Bedford, Bucks, Cambria, Lehigh, Montgomery, Northampton, and Somerset counties. As a BH-MCO, Magellan manages your benefits in coordination with network providers. Magellan does not provide direct care. Magellan helps to arrange your care. This makes it easier for you to get help for your mental health and drug or alcohol concerns.

Member Services

Staff at Magellan's Member Services can help you. Magellan's goal is to make behavioral health services easier to get for:

- Children and teens
- Adults
- Families

Magellan will help you:

- Learn about and get the services you need
- Find a provider
- Get answers to your questions
- Get a referral for care
- Coordinate your care (i.e. text messaging, etc.)

If you have concerns, Magellan can help you:

- Make a complaint
- Get a review of a decision made about your health complaint or concern

Magellan's Member Services are available 24 hours a day, seven days a week, and can be reached at:

Somerset and Bedford Counties: 1-800-424-5860

For members who are deaf, hard of hearing, or have difficulty speaking, you may call the Pennsylvania Relay Operator at 711 to get help communicating with Magellan.

Magellan can also be contacted in writing at:

Magellan Behavioral Health of Pennsylvania, Inc.
Attn: Member Services
790 Township Line Road, Suite 120
Yardley, PA 19067
Fax: 1-866-667-7744
Email: MBHofPA@MagellanHealth.com

And:

Magellan invites you to visit, www.MagellanofPA.com, to find county and statewide resources and the following information:

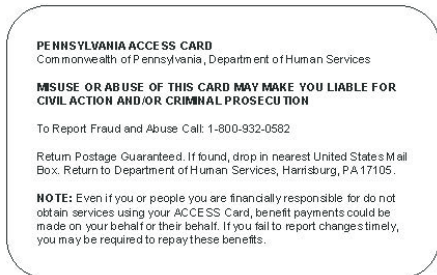
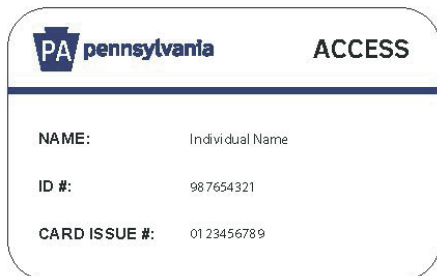
- Provider search and provider directories
- Learn how to get help for a mental health or substance use concern
- Check out upcoming events
- Review an electronic version of this handbook
- Member Advisory Work Group (MAWG) meetings
- Complaints and Grievances Panel Participation opportunities
- Read the member newsletters
- Learn about recovery and resiliency
- Review member rights and responsibilities
- Opioid resources and support
- Find tobacco cessation resources
- Learn from the health & wellness library

Other Magellan numbers

Provider Services for Somerset and Bedford Counties: 1-800-424-3711

Member identification cards

You will get an ACCESS or EBT card. You can show this card at appointments if you need to prove that you are enrolled in the Medical Assistance program. If you lose your ACCESS or EBT card, the services you are receiving will continue and all services will continue to be available while you wait for a new card to be delivered. In this situation, you will need to call your County Assistance Office (CAO). The phone numbers for the CAO in each county are listed under the Important Contact Information section on page 8. You will receive one of the following two cards.



Important contact information

The following is a list of important phone numbers you may need. If you are not sure who to call, please contact Member Services for help at 1-800-424-5860. For TTY services, call the Pennsylvania Relay Operator at 711.

Emergencies

Please see Section 3, Behavioral Health Services, beginning on page 25 for more information about emergency services. If you have an emergency, you can get help by **calling 911**. You do not need to call Magellan first. You do not need prior approval to receive emergency services. You may also go immediately to the nearest emergency department. You should act quickly if you or anyone in your family has a behavioral health emergency that you feel is life threatening. Especially if it will result in serious harm to you or a family member's health. The National Suicide & Crisis Lifeline is also an important resource to consider. Call, text, or chat 988, and you will be connected to a trained counselor.

You can use ANY hospital or emergency service for emergency care. Magellan will notify you at least 30 days before the effective date of any changes to procedures related to emergency services. Tell the hospital that you are a Magellan member. Ask them to call Magellan Provider Services:

Somerset and Bedford Counties: 1-800-424-3711

What if I have an emergency when I am away from home?

You or a family member may have a behavioral health emergency away from home. Your symptoms may suddenly get worse. If this happens, **call 911** or go to the closest hospital emergency department. You can use any hospital for emergency care. Tell the hospital that you are a Magellan member and provide the name of the county where you live.

What do I do after the emergency is over?

Call Magellan if you need follow-up care after an emergency. We will help you get an appointment with a provider. Magellan may need to provide approval first if you need additional care. If you are outside of the area and need treatment and it is not an emergency, call Magellan at your county's Member Services phone number. We will help you identify an in-network provider or discuss treatment options. You may plan to travel to another place within the United States. Please see your doctors (psychiatrist and physical health care doctor) before you leave home. Be sure to fill any medicine prescriptions before you travel. Talk to your doctors (psychiatrist and physical health care doctor) if you are planning to travel outside of the country. Ask if travel outside of the country is a good idea for you. Your benefits will not cover services outside of the country.

Statewide and national contact information

Name	Contact information: phone or website	Support provided
Childline	1-800-932-0313	
Enrollment Services Consumer Support Center	1-800-440-3989 TTY: 1-800-618-4225 www.enrollnow.net	Monday – Friday, 8 a.m. – 6 p.m.
Fraud and Abuse Reporting Hotline, Department of Human Services	1-844-DHS-TIPS (1-844-347-8477)	Report member or provider fraud or abuse in the Medical Assistance Program. See pages 24 of this handbook for more information.
Pennsylvania Insurance Department	1-877-881-6388	Ask for a Complaint form, file a Complaint or talk to a consumer services representative.
Legal Aid Office	1-800-322-7572 www.palegalservices.org	
National Suicide & Crisis Lifeline	988	Call, text, or chat 988, and you will be connected to a trained counselor.
Pennsylvania Department of Human Services/ COMPASS	1-877-395-8930 <i>or</i> 1-800-451-5886 (TTY/TTD) <i>or</i> www.compass.state.pa.us <i>or</i> myCOMPASS PA mobile app for smart phones	Change your personal information for Medical Assistance eligibility. See page 13 of this handbook for more information.
Protective Services	1-800-490-8505	Report suspected abuse, neglect, exploitation, or abandonment of an adult over age 60 and an adult between age 18 and 59 who has a physical or mental disability.

Local contact information

Consumer/Family Satisfaction Team

Magellan wants you to be happy with the services you receive. A Consumer/Family Satisfaction Team (CFST) includes individuals and families that have experience with services and then interview Magellan members about their services. This team may contact you about the care you receive. The team works to find out your experience with mental health, substance use and co-occurring services. The team collects members' answers or suggestions. Magellan, county partners and providers use this information to develop and implement services that are more effective. You can contact the local CFST as follows:

Somerset and Bedford Counties

The Center for Behavioral Health Data Research, Inc.
2921 Broad Avenue, Altoona, PA 16601
(814) 937-1475

County Assistance Offices

Pennsylvania residents can get assistance and services from county assistance offices.

Somerset County Assistance Office

164 Staybrook Street
Somerset, PA 15501
1-814-443-3681
Toll-free: 1-800-248-1607
Fax: 1-814-445-4352
LIHEAP: 1-814-443-3683

Bedford County Assistance Office

150 North Street
Bedford, PA 15522-1040
1-814-623-6127
Toll-free: 1-800-542-8584
Fax: 1-814-623-7310
LIHEAP: 1-814-624-4072

County transportation services

Call Magellan if you have difficulty getting to an appointment with a provider. Magellan will help you get a ride by giving you information about county transportation services.

Somerset County (Somerset County Transportation Services - Tableland Services)

1-814-701-3691 (Local)
1-800-452-0241 (Toll-free)
www.tableland.org

Bedford County (CART - Call-A-Ride- Transportation)

1-800-333-9004 (Toll-free)
www.hbfaaa.org

County resources (Crisis intervention)

Crisis is not simply the moment when things become intolerable. Crises build over time and often can be recognized and managed in advance. Local crisis programs provide not only immediate support for crisis situations, but also assistance with managing recurring or future crises.

Somerset and Bedford Counties

Dial 988 for the National Suicide Hotline

Medical Assistance Transportation Program

The Medical Assistance Transportation Program (MATP) covers transportation services under certain situations. Contact your local MATP provider at one of the county phone numbers listed below. A one-time MATP application must be completed and signed. The MATP provider will give you information about how to schedule transportation, use the local program and about your rights. See page 32 for more information.

Somerset County: 1-814-701-3691

Bedford County: 1-814-623-9129

Disability services

Bedford-Somerset Developmental & Behavioral Health Services

Somerset Office: 1-814-443-4891

Bedford Office: 1-814-623-5166

Single County Authority offices

Community substance use disorder programs are administered through county program offices called Single County Authorities (SCAs).

Somerset SCA for Drug and Alcohol

1-814-445-1530

Bedford SCA for Drug and Alcohol

1-814-623-5009

Statewide and national advocacy groups and other helpful resources

Many groups in Pennsylvania and across the country are available to help if you have a problem or concern with your services. They may give you information or advice. Some of these resources are below. You can check the Magellan website for other types of help at www.MagellanofPA.com, on the Members Page, and then under "Community" and click on "Community & Online Resources."

2-1-1

A nationwide service connecting millions of people to help every year. To get help, you can go to www.211.org and search for local resources through your local 2-1-1 provider, or simply call 2-1-1. Specialists are available 24/7 to help you access the best local resources and services to address any need.

ASERT

The Autism Services, Education, Resources, and Training Collaborative (ASERT) is a statewide initiative funded by the Office of Developmental Programs (ODP). The goal of the ASERT Collaborative is to provide streamlined access to information for Pennsylvanians living with autism.

Disabilities Law Project of Pennsylvania

The DLP provides free legal help. This is for children and adults who are developmentally disabled. This is also for those who have serious mental health challenges. This is in cases for people treated poorly because of their handicap.

1901 Law & Finance Building
429 Fourth Avenue, #1404
Pittsburgh, PA 15219
1-412-391-5225

801 Arch Street, Suite 610
Philadelphia, PA 19107
1-215-238-8070

Disability Rights PA (DRP)

DRP is a statewide, non-profit corporation designated as the federally mandated organization to advance and protect the civil rights of adults and children with disabilities.

301 Chestnut Street, Suite 300
Harrisburg, PA 17101
1-717-236-8110
1-800-692-7443
Fax: 1-717-236-0192
TTY: 1-877-375-7139
www.disabilityrightspa.org

Drug and Alcohol Service Providers Organization of Pennsylvania (DASPOP)

DASPOP assists those with commercial insurance or children's health insurance having difficulty accessing addiction treatment benefits.

3820 Club Drive
Harrisburg, PA 17110
www.daspop.org

Education Law Center (ELC)

The Education Law Center is a private, non-profit public interest law firm that advocates for the rights of public school students. ELC helps families of school-age youth needing support and information on legal rights concerning accommodations and the special education process.

1800 JFK Blvd., Suite 1900-A
Philadelphia, PA 19103
1-215-238-6970
www.elc-pa.org

Juvenile Law Center

The Juvenile Law Center is a national, non-profit public interest law firm. They advance and protect the rights and well-being of youth in the child welfare and justice systems. They do this by using legal advocacy, publications, projects, public education, and training to ensure those children receive the protection and services they need to become productive adults.

1800 JFK Blvd.
Philadelphia, PA 19103
1-215-625-0551
1-888-864-6393
www.jlc.org

Laurel Legal Services

Provides free civil legal services to low income individuals and families.

227 Franklin Street
Suite # 400
Johnstown, PA 15901
1-814-536-8917
1-800-253-9558
www.laurellegalservices.org

Legal Aid of Southeastern PA (LASP)

LASP partners with organizations, government agencies, and businesses to provide community programs and services, online help and advocacy.

625 Swede Street
Norristown, PA 19401
1-610-275-5400
1-877-429-5994 (Spanish)
www.lasp.org

Low-Income Home Energy Assistance Program (LIHEAP)

LIHEAP helps low-income families pay their heating bills. LIHEAP is a grant that offers assistance in the form of a cash grant, sent directly to the utility company, or a crisis grant for households in immediate danger of being without heat (this may include a problem with a heating system or furnace).

LIHEAP hotline for customer service:
1-877-395-8930
www.dhs.pa.gov

Mental Health Association in Pennsylvania (MHAPA)

MHAPA is a non-profit organization that reflects the ethnic and cultural diversity of the commonwealth. They work on behalf of the mental health of its citizens. They instill principles that facilitate recovery and resiliency of individuals and their families. They do this through advocacy, education, and public policy.

4075 Linglestown Road, PMB #203
Harrisburg, PA 17112
1-717-346-0549 or 1-866-578-3659
Email: info@mhapa.org

National Alliance on Mental Illness (NAMI)

NAMI is a self-help/advocacy group of consumers and family members. They work to increase public education and to remove the stigma of mental illness. NAMI offers educational programs and support groups for parents of youth, family members and friends of adults facing a mental health diagnosis.

2501 N. 3rd Street
Harrisburg, PA 17110
1-717-238-1514
1-800-950-6264 (toll-free)
www.namipa.org

NAMI Keystone Pennsylvania
105 Braunlich Drive, #200
Pittsburgh, PA 15237
1-412-366-3788
www.namikeystonepa.org

National Council on Aging

The National Council on Aging is the first charitable organization in the U.S. that provided a national voice for older Americans. The group acts as advocates for this population in dealing with service providers and policymakers.

251 18th Street South, Suite 500
Arlington, VA 22202
1-571-527-3900
www.ncoa.org

PA CareerLink

www.pacareerlink.pa.gov/jponline

Peal Center

Serves families of children with disabilities and special health care needs. They do this by providing information and training on education issues in Western and Central Pennsylvania. This also includes health care needs statewide.

1001 Liberty Avenue, 5th Floor
Pittsburgh, PA 15222
1-412-281-4404 or 1-866-950-1040
TTY: 1-412-281-4409
Fax: 1-412-281-4408
www.pealcenter.org

Pennsylvania Health Law Project (PHLP)

Provide free legal services and advocacy to Pennsylvanians having trouble accessing publicly funded health care coverage or services.

Pittsburgh Office
100 Fifth Avenue, Suite 900
Pittsburgh, PA 15222
1-412-434-5779 or 1-800-274-3258
TTY: 1-866-236-6310
Fax: 1-717-236-6311
www.phlp.org

Pennsylvania Highlands Community College

Pennsylvania Highlands Community College offers an inclusive, supportive, and affordable environment that empowers students to obtain the knowledge and skills necessary to be successful in work, life, and the pursuit of lifelong learning.

www.pennhighlands.edu

Pennsylvania Mental Health Consumers' Association (PMHCA)

A state-wide member organization dedicated to the support of all people who seek aid for recovery from a mental illness at any stage in their journey.

pmhca.wildapricot.org

Pennsylvania Peer Support Coalition (PAPSC)

A statewide network of people who use their own experiences with mental health and/or substance use to support others. All Coalition members are people who use peer support skills to inspire hope that recovery is possible.

papeersupportcoalition.org

United States Veterans Affairs Department (VA)

The VA administers a variety of benefits and services that provide financial and other forms of assistance to Service members, Veterans and their dependents.

Benefits: 1-800-827-1000
Health Care: 1-877-222-8387
Veterans Crisis Line: 1-800-273-8255

Communication services

Magellan can provide this handbook and other information you need in languages other than English at no cost to you. Magellan can also provide this handbook and other information you need that are important to obtaining or understanding your benefits in other formats such as compact disc, braille, large print, DVD, electronic communication, and other formats if you need them, at no cost to you. Please contact Member Services at Magellan at 1-800-424-5860 to ask for any help you need. Depending on the information you need, it may take up to 5 days for Magellan to send you the information.

Magellan will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call Member Services at Magellan and Member Services will connect you with the interpreter service that meets your needs. For TTY services, call the Pennsylvania Relay Operator at 711.



If you want to give consent to receive text messages from Magellan, scan the QR code to complete the form online or send an email to textconsent@magellanhealth.com to receive instructions on how to provide this consent.

Enrollment

In order to get services in HealthChoices, you need to stay eligible for Medical Assistance. You will get paperwork or a phone call about renewing your eligibility. It is important that you follow instructions so that your Medical Assistance does not end. If you have questions about any paperwork you get or if you are unsure whether your eligibility for Medical Assistance is up to date, call Member Services at Magellan or your CAO.

Changes in coverage

There are reasons why your eligibility for Medical Assistance or the HealthChoices program might change. The following sections tell you the reasons your eligibility might change and what you should do if it does.

Changes in the household

Call your CAO and Member Services at Magellan if there are any changes to your household.

For example:

- Someone in your household has a baby
- Your address or phone number changes
- You or a family member who lives with you gets other health insurance
- A family member moves in or out of your household
- There is a death in the family

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

What happens if I move?

If you are moving to a different county in Pennsylvania, please call Member Services at Magellan to let them know you are moving. Magellan can help make sure you get services in your new community. You should also call your CAO and give them your new address and phone number.

If you move out of state, you will no longer be able to get services through HealthChoices. You should let your CAO and Magellan know that you are leaving Pennsylvania. Your caseworker will end your benefits in Pennsylvania. You will need to apply for benefits in your new state.

Loss of benefits

If for any reason you lose your Medical Assistance benefits, you should call your CAO. The CAO will help you understand why your Medical Assistance benefits have ended and what must happen for you to be eligible for Medical Assistance benefits again.

Information about providers

Magellan's provider directory and provider search tool have information about the providers in Magellan's network. The provider directory and provider search tool are located online at www.MagellanofPA.com, and you should click on 'Provider Search' or 'Getting Care' under the Members Page to locate the information. You may call Member Services at Magellan to ask that a copy of the provider directory be sent to you or to request information about where a doctor went to medical school or their residency program. You may also call Member Services to get help finding a provider. The provider search tool has the most current information available to include the following about network providers:

- Name, address, website address, email address, telephone number
- Whether or not the provider is accepting new patients
- Days and hours of operation
- The provider's credentials and board certifications
- The provider's specialty and services offered by the provider
- Whether or not the provider speaks languages other than English and, if so, which languages
- Whether or not the provider locations are wheelchair accessible
- The information in the printed provider directory may change. You can call Member Services to check if the information in the provider directory is current. Magellan updates the printed provider directory monthly. The online directory is updated at least monthly.

Choosing or changing your provider

You can choose the providers you see.

- If you are starting a new service, changing the care you get, or want to change a provider for any reason, Magellan will help you choose your new provider. Call Member Services at Magellan for help.
- If you are a new member of Magellan and you are currently getting services, you may need to start getting your services from a provider in Magellan's network. If your current provider is enrolled in the Pennsylvania Medical Assistance Program but not in Magellan's network, you can continue to get your services from your current provider for up to 60 days. Magellan will pay your provider for these services. If your current provider is not enrolled in the Pennsylvania Medical Assistance Program, Magellan will not pay for services you receive from your provider. If you need help finding a provider in Magellan's network, call Member Services at Magellan.
- There may be times when a provider leaves Magellan's network. For example, a provider could close or move. When a provider you are receiving services from leaves Magellan's network, you will be notified. If the provider is enrolled in the Pennsylvania Medical Assistance Program, you can continue to get your services from the provider for up to 60 days. You will also need to choose a new provider.

Office visits

Making an appointment with your provider

To make an appointment with your provider, call your provider's office. If you need help making an appointment, please call Member Services at Magellan.

If you need help getting to your provider's appointment, please see the Medical Assistance Transportation Program (MATP) section on page 32 of this handbook or call Magellan's Member Services.

Appointment standards

Magellan providers must provide services within 1 hour for emergencies, within 24 hours for urgent situations, and within 7 days for routine appointments and specialty referrals. Emergencies are situations that are so severe that a reasonable person with no medical training would believe that there is an immediate risk to a person's life or long-term health. An urgent condition is an illness or condition which if not treated within 24 hours could rapidly become a crisis or emergency.

After hours care

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

Member engagement

Magellan's Quality Improvement (QI) Program includes monitoring of the quality and safety of services and care provided to the members of Magellan's customer organizations.

- The scope of the QI Program includes the objective and systematic monitoring of the quality, recovery and resiliency focused health care, and services provided to the members.
- The QI Program and the Culturally and Linguistically Appropriate Services (CLAS) activities are overseen by the Director of Quality, who is supported by the Magellan Care Management Centers (CMCs) and corporate staff.
- Questions pertaining to the quality program can be sent to HealthChoicesCG@magellanhealth.com.

SECTION 2

Rights and Responsibilities

Member rights and responsibilities

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) and its network of providers comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

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

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

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

Magellan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Magellan at 1-877-769-9784 (TTY/PA Relay 711).

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

Magellan Healthcare, Inc.
Civil Rights Coordinator
Corporate Compliance Department
8621 Robert Fulton Drive
Columbia, MD 21046

Civil Rights Hotline (for civil rights complaints):
800-424-7721

Magellan Customer Service (for all other inquiries): 877-769-9784

TTY: PA Relay 711, Fax: 866-667-7744, or
Email: compliance@magellanhealth.com

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

You can file a complaint in person, by mail, fax or email. If you need help filing a complaint, Magellan and the Bureau of Equal Opportunity are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)
OCRMail@hhs.gov

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

As a Magellan member, you have the following rights and responsibilities.

Member rights

You have the right:

1. To be treated with respect, recognizing your dignity and need for privacy, by Magellan staff and network providers.
2. To get information that you can easily locate and understand about Magellan, its services and the providers that treat you when you need it.
3. To pick any Magellan network provider that you want to treat you. You may change providers if you are unhappy.
4. To get emergency services when you need them from any provider without Magellan's approval.
5. To get information that you can easily understand from your providers and be able to talk to them about your treatment options, risks of treatment, and tests that may be self-administered without any interference from Magellan.
6. To make decisions about your treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or make decisions for you. You may refuse treatment or services unless you are required to get involuntary treatment under the Mental Health Procedures Act.
7. To talk with providers in confidence and to have your information and records kept confidential.
8. To see and get a copy of your medical records and to ask for changes or corrections to your records.
9. To ask for a second opinion.

10. To file a Grievance if you disagree with Magellan’s decision that a service is not medically necessary for you (Information about the process can be found beginning on page 44).
11. To file a Complaint if you are unhappy about the care or treatment you have received (Information about the process can be found beginning on page 39).
12. To ask for a Department of Human Services Fair Hearing (Information about the process can be found beginning on page 49).
13. Be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you.
14. To get information about services that Magellan or a provider does not cover because of moral or religious objections and about how to get those services.
15. To exercise your rights without it negatively affecting the way the Department of Human Services, Magellan, or network providers treat you.
16. To create advance directives. See Section 5 on page 35 for more information.
17. To make recommendations about the rights and responsibilities of Magellan’s members.
18. To medically-appropriate options for other behavioral health services that you may require instead of in-plan services. These services are called “In Lieu of Services” (ILOS). ILOS can help us give you more options for your care.

Member responsibilities

Members need to work with their providers of behavioral health services. Magellan needs your help so that you get the services and supports you need.

These are the things you should do:

1. Provide, to the extent you can, information needed by your providers.
2. Tell your provider the medicines you are taking. Include over-the-counter medicines, vitamins, and natural remedies.
3. Be involved in decisions about your health care and treatment.
4. Work with your providers to create and carry out your treatment plans.
5. Tell your providers what you want and need.
6. Take your medications as prescribed and tell your provider if there is a problem.
7. Keep your appointments.
8. Learn about Magellan coverage, including all covered and non-covered benefits and limits.
9. Use only network providers unless Magellan approves an out-of-network provider.
10. Respect other patients, provider staff and provider workers.
11. Report fraud and abuse to the Department of Human Services Fraud and Abuse Reporting Hotline.

Consent to mental health care

Children under 14 years of age must have their parent's or legal guardian's permission to get mental health care. Children 14 years or older do not need their parent's or legal guardian's permission to get mental health care. They can consent to mental health care and have the right to decide who can see their records if they consented to the mental health care. All children can get help for alcohol or drug problems without their parent's or legal guardian's permission. In addition, a parent or legal guardian can consent to mental health care for a child who is 14 years old or older, but under 18 years of age.

It is important for everyone that supports a child to work together and be part of the planning for the child's care. Everyone that supports a child should, whenever possible, share information necessary for the child's care.

The chart below explains who can consent to treatment.

If the child is	Then they:
Under 14 years of age	Must have parent's or legal guardian's permission to get mental health care
14 years of age or older	Can get mental health care without parent's or legal guardian's permission
Any age	Can get help for alcohol or drug problems without parent's or legal guardian's permission

To learn more about who can consent to treatment, you can call Member Services at Magellan. Sometimes it is hard to understand that a child has privacy rights and can consent to mental health care. Magellan can help you better understand these rights so that you can provide the best support for your child that you can.

Privacy and confidentiality

In Pennsylvania, Magellan works with your County (Bedford, Bucks, Cambria, Lehigh, Montgomery, Northampton, or Somerset) to provide HealthChoices benefits to you. Your County is considered the Primary Contractor to the Department of Human Services for the Behavioral Health HealthChoices program. Magellan manages your benefits, on behalf of your County.

Magellan must protect the privacy of your personal health information (PHI), including race, ethnicity and language information. If Magellan calls you, they will have to verify identity prior to disclosing where they are calling from. Magellan must tell you how your PHI may be used or shared with others. This includes sharing your PHI with providers who are treating you so that Magellan can pay your providers. It also includes sharing your PHI with the Department of Human Services.

If you have a question about how your PHI could be used or shared with others, send your request in writing to:

Magellan Behavioral Health of Pennsylvania, Inc.
Attn: Privacy Officer
790 Township Line Road, Suite 120
Yardley, PA 19067

Additionally, you may view the Department's Notice of Privacy Practices at www.magellanofpa.com/for-members under 'Getting Care' or www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/HIPPA%20Privacy.pdf.

Except as otherwise permitted or required by law, Magellan does not use or disclose your PHI without first obtaining a valid release/consent form (Authorization to Use and Disclose (AUD) Protected Health Information Form). In Pennsylvania, minors ages 14 – 17 may control the release of their behavioral health care records. As a general rule, where a minor has the authority to agree to their own treatment and the consent of the minor's parent/guardian is not needed, the minor controls the release of records regarding that treatment.

Contact Member Services at Magellan for more information about the AUD form or visit www.MagellanofPA.com under 'Release Forms and Member Access Portal.' You may submit the AUD form electronically or you may fax a signed and completed form to Magellan at 1-866-667-7744.

If you are signing an AUD form on behalf of a member, you may need to provide legal proof that you can act for that person. Magellan will always use the least amount of information necessary when giving or using your information. Magellan may need to use or disclose information in a way that is unlisted here. If so, Magellan will ask for your written approval before using or disclosing your information.

What are my other rights related to privacy?

- You have the right to request restrictions or limits on some uses and disclosures of your health information. Magellan will consider each request. Magellan does not have to agree to them. In some cases, limits set on the disclosure of your information may make it difficult for Magellan to pay for your services.
- You have the right to request to receive confidential communications. Magellan will send information to the most current address in our files. This is from the eligibility you used to apply for benefits. You have the right to ask to receive notices about your health information in another way or at a different address. Requests must be made in writing. Magellan does not have to approve the request.
- You have the right to receive a copy of your health information that is part of your records. This right does not apply to psychotherapy notes or information gathered to prepare for civil, criminal or administrative actions for proceedings. Sometimes the law does not permit the release. Magellan cannot release health information if it could harm you or another person. Magellan cannot release information created by your provider. Call your provider to get this information.

- You have the right to ask Magellan to change health information if something is missing or wrong.
- You have the right to ask for a list of who received your health information. This does not include situations:
 - When Magellan had your written permission.
 - Magellan disclosed your information for treatment, payment or health care operations.
 - Magellan disclosed information for law enforcement or national security purposes.
 - If the information was disclosed before April 14, 2003.

Billing information

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

When can a provider bill me?

Providers may bill you if:

- You received services from an out-of-network provider without approval from Magellan and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received services that are not covered by Magellan and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service.
- You received a service from a provider that is not enrolled in the Medical Assistance Program.

What do I do if I get a bill?

If you get a bill from a Magellan network provider and you think the provider should not have billed you, you can call Member Services at Magellan.

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

Third-party liability

You may have Medicare or other health insurance. Medicare or your other health insurance is your primary insurance. This other insurance is known as “third party liability” or TPL. Having other insurance does not affect your Medical Assistance eligibility. In most cases, Medicare or other insurance will pay your service provider before Magellan pays. Magellan can only be billed for the amount that Medicare or other health insurance does not pay.

You must tell both your CAO and Member Services at Magellan if you have Medicare or other health insurance. When you go to a provider or to a pharmacy you must tell the provider or pharmacy about all forms of medical insurance you have and show the provider or pharmacy your Medicare card, ACCESS or EBT card, or other insurance card. This helps make sure your health care bills are paid timely and correctly.

Coordination of benefits

If you have Medicare, and the service or other care you need is covered by Medicare, you can get care from any Medicare provider you pick. The provider does not have to be in Magellan’s network. You also do not have to get prior authorization from Magellan. Magellan will work with Medicare to decide if it needs to pay the provider after Medicare pays first, if the provider is enrolled in the Medical Assistance Program.

If you need a service that is not covered by Medicare but is covered by Magellan, you must get the service from a Magellan network provider. All Magellan rules, such as prior authorization and specialist referrals, apply to these services.

If you do not have Medicare but you have other health insurance and you need a service or other care that is covered by your other insurance, you must get the service from a provider that is in both the network of your other insurance and Magellan’s network. You need to follow the rules of your other insurance and Magellan, such as prior authorization and specialist referrals.

Magellan will work with your other insurance to decide if it needs to pay for the services after your other insurance pays the provider first.

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

Reporting fraud and abuse

How do you report member fraud or abuse?

If you think that someone is using your or another member's ACCESS card to get services, equipment, or medicines, is forging or changing their prescriptions, or is getting services they do not need, you can contact Magellan at the following phone numbers or by email.

- You can report potential fraud or abuse to Magellan's Special Investigations Unit (SIU)
 - Magellan's SIU hotline: 1-800-755-0850
 - Magellan's SIU email: SIU@MagellanHealth.com
- If you have a concern related to suspicious, illegal or unethical activity, you may report these concerns to Magellan's Corporate Compliance hotline. The hotline is available 24 hours a day, 7 days a week. An outside vendor receives the calls and callers can remain anonymous. All cases will be investigated and will remain confidential.
 - Magellan's Corporate Compliance hotline: 1-800-915-2108
 - Magellan's Corporate Compliance Unit email: Compliance@MagellanHealth.com

You may also report this information to the Department of Human Services Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

How do you report provider fraud or abuse?

Provider fraud is when a provider bills for services, equipment, or medicines you did not get or bills for a different service than the service you received. Billing for the same service more than once or changing the date of the service are also examples of provider fraud. To report provider fraud or abuse you can contact Magellan at the following phone numbers or by email.

- You can report potential fraud or abuse to Magellan's Special Investigations Unit (SIU)
 - Magellan's SIU hotline: 1-800-755-0850
 - Magellan's SIU email: SIU@MagellanHealth.com
- If you have a concern related to suspicious, illegal or unethical activity, you may report these concerns to Magellan's Corporate Compliance hotline. The hotline is available 24 hours a day, 7 days a week. An outside vendor receives the calls and callers can remain anonymous. All cases will be investigated and will remain confidential.
 - Magellan's Corporate Compliance hotline: 1-800-915-2108
 - Magellan's Corporate Compliance Unit email: Compliance@MagellanHealth.com

You may also report this information to the Department of Human Services Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

SECTION 3

Behavioral Health Services

Covered services¹

Read this chapter carefully so you know what services are covered. If you still have questions about which services are covered or need more information about a covered service, contact Member Services at Magellan.

The following services are covered by Magellan:

Note: If you see an asterisk next to a service, this means that this service is not offered in all Magellan counties. Please call Member Services to determine if a service is available in your county.

- 23-Hour Observation
- Ambulatory Withdrawal Management (WM) (Detox) – Substance Use
- Case Management Services (Includes Intensive Case Management, Resource Coordination, Blended Case Management and Recovery Coaching)
- Community Based Intensive Treatment (C-BIT)*
- Certified Peer Support Services (CPS)
- Certified Recovery Services (CRS)
- Clinically Managed Residential WM (Detox) – Substance Use
- Clinically Managed High Intensity Residential – Substance Use
- Clinically Managed Low Intensity Residential – Substance Use
- Clozapine (Clozaril) Monitoring and Support
- Community Residential Rehabilitative (CRR) Host Home
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- Family Based Mental Health Services for Child/Adolescent
- Federally Qualified Health Centers
- Inpatient Electroconvulsive Treatment
- Intensive Behavioral Health Services (IBHS) Individual and ABA (Child/Adolescent)
- Intensive Outpatient Program (IOP) Services – Substance Use
- Laboratory (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner under the practitioner’s scope of practice)
- Medically Managed Intensive Inpatient – Substance Use
- Medically Managed Residential WM (Detox) – Substance Use
- Medically Monitored Inpatient WM (Detox) – Substance Use
- Medically Monitored Intensive Inpatient – Substance Use
- Mental Health Crisis Intervention Services
- Mental Health Inpatient Hospitalization
- Methadone Maintenance – Substance Use
- Mobile Mental Health Treatment
- Multi Systemic Therapy (MST)
- Opioid Centers of Excellence
- Outpatient Electroconvulsive Treatment

- Outpatient Services – Mental Health, Substance Use or Co-Occurring Services
- Parent-Child Interaction Therapy
- Partial Hospital Programs for Substance Use Disorder
- Partial Hospital Services for Mental Health, Substance Use or Co-Occurring Services
- Psychiatric Rehabilitation Services (PRS)
- Psychological Testing
- Residential Treatment Facilities (Child/ Adolescent)
- Substance Use Assessment
- Dual Diagnosis Treatment Team (DDTT)*
- Extended Acute Care (EAC) – Hospital Based*
- Extended Acute Care (EAC) – Non-Hospital Based*
- Functional Family Therapy (FFT)*
- Mental Health Intensive Outpatient Services*
- Long Term Structured Residence (LTSR)*
- Residential Crisis*
- Residential Treatment Facilities (Adult)*
- Wellness Recovery Team (WRT)*

1. *Enrollee Rights & Protection - In lieu of service or setting (ILOS)*

ILOS is provided to a member as an immediate or longer-term substitute for a covered service or setting under the State plan. It can also be used when the ILOS is expected to reduce or prevent the future need to utilize the covered service or setting under the State plan.

You are not required by Magellan to use the ILOS offered to you under your benefit plan.

An enrollee who is offered or utilizes an ILOS offered as a substitute for a covered service or setting under the State plan retains all rights and protections afforded under the federal Medicaid regulation (including the right to file a grievance or appeal regarding ILOS). If an enrollee chooses not to receive an ILOS, they retain their right to receive the service or setting covered under the State plan on the same terms as would apply if an ILOS was not an option; and

An ILOS may not be used to reduce, discourage, or jeopardize an enrollee's access to services and settings covered under the State plan; and Magellan may not deny access to a service or setting covered under the State plan, on the basis that:

- *the enrollee has been offered an ILOS as an optional substitute for a service or setting covered under the State plan; or*
- *the enrollee is currently receiving an ILOS as a substitute for a service or setting covered under the State plan; or*
- *the enrollee has utilized an ILOS in the past.*

Services that are not covered

Magellan covers only your behavioral health services. Your physical health MCO will cover your physical health services, most medications, dental care, and vision care. If you have any questions about whether or not Magellan covers a service for you, please call Member Services at Magellan.

Second opinions

You have the right to ask for a second opinion if you are not sure about any medical treatment or service that is suggested for you. A second opinion may give you more information that can help you make important decisions about your treatment. A second opinion is available to you at no cost.

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

What is prior authorization?

Some services need approval from Magellan before you can get the service. This is called prior authorization. For services that need prior authorization, Magellan decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to Magellan for approval before you get the service.

What does medically necessary mean?

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

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

If you need any help understanding when a service or medicine is medically necessary or would like more information, please call Member Services at Magellan.

How to ask for prior authorization

Your Magellan provider will support you in requesting prior authorization for treatment services they recommend. Your Magellan provider will make sure you have received any necessary evaluations or assessments, help complete any forms, arrange for any team meetings if required, and contact Magellan on your behalf to request prior authorization in time for you to get the care you need.

If you need help to better understand the prior authorization process, talk to your service provider or call Member Services at Magellan.

If you or your provider would like a copy of the medical necessity guidelines or other rules that were used to decide your prior authorization request, call Member Services at Magellan.

What services or medicines need to be prior authorized?

The following list identifies some, but not all services and medicines that require prior authorization. If you or your provider are unsure about whether a service or medicine requires prior authorization, call Member Services at Magellan.

The following levels of care need preauthorization (or registration/notice of admission):*All higher levels of care including:*

- Inpatient for behavioral health, substance use and detox (notice of admission for the initial admission and preauthorization for continued stay)
- Residential Treatment for behavioral health and substance use
- Partial Hospitalization for behavioral health and substance use
- Crisis Residential Programs
- Long-Term Structured Residential (LTSR) / Adult Outpatient in an Alternative Setting (AOP)

All non-traditional outpatient services including:

- Psychological testing
- Electroconvulsive therapy (ECT, inpatient and outpatient)
- Dual Diagnosis Treatment Team
- Family Based Services
- Intensive Behavioral Health Services (Individual Services, Applied Behavior Analysis, Group, and Assessment)
- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)

For services that require prior authorization, providers need to obtain the preauthorization before services begin. Magellan also requires preauthorization for services to continue. Providers can ask for a review for more days before the last covered date for ongoing care.

Prior authorization of a service

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

If Magellan does not have enough information to decide the request, Magellan must tell your provider within 48 hours of receiving the request that Magellan needs more information to decide the request and allow 14 days for the provider to give Magellan more information. Magellan will tell you of Magellan's decision within 2 business days after Magellan receives the additional information.

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

What if I receive a denial notice?

If Magellan denies a request for a service or medicine or does not approve it as requested, you can file a Complaint or a Grievance. If you file a Complaint or Grievance for denial of an ongoing service or medicine, Magellan must authorize the service or medicine until the Complaint or Grievance is resolved unless the pharmacist thinks the medicine will harm you. See Section 7, Complaints, Grievances, and Fair Hearings, starting on page 39 of this handbook for detailed information on Complaints and Grievances.

Service descriptions

Emergency services

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

If you are unsure if your condition requires emergency services, call Member Services at Magellan, 24 hours a day, 7 days a week.

Emergency medical transportation

Your physical health plan covers emergency medical transportation by an ambulance for emergency medical conditions. If you are in need of an ambulance, **call 911** or your local ambulance provider. Do not call the Medical Assistance Transportation Program (described on page 32 of this handbook) for emergency medical transportation.

Outpatient services

Magellan covers outpatient services for behavioral health needs and substance use disorders. Outpatient services do not require an overnight stay at a hospital. Magellan will help arrange for these services at one of our network providers.

Inpatient hospital services

Magellan covers inpatient hospital services for behavioral health needs and substance use disorders. You must use a hospital in Magellan's network. To find out if a hospital is in Magellan's network, call Member Services at Magellan. You may also go to Magellan's website at www.MagellanofPA.com, and click on 'Find a Provider' from the homepage, to use the provider directory and provider search tool to check if a hospital is in Magellan's network.

It is important to follow up with your doctor after you are discharged from the hospital. You should go to all your appointments after you leave the hospital. You will usually have a doctor's appointment within 7 days of your discharge from the hospital.

Outpatient medications

Your physical health plan covers most of the outpatient medications you need for your behavioral health care. Outpatient medications are medications that you do not get in the hospital. If you have any questions about outpatient medications, you can call your physical health plan.

Medication-Assisted Treatment

Medication-Assisted Treatment uses medications such as Methadone, Suboxone or Vivitrol to treat substance use dependence. Methadone is covered by Magellan. Suboxone, Vivitrol, and other medications used to treat substance use dependence are prescribed by Magellan's network providers and covered by your physical health plan. If you have any questions about Medication-Assisted Treatment, you can call Member Services at Magellan.

Telehealth

Some services may be provided to you through videoconferencing technology (you see your doctor or other provider on an electronic screen). This is called telehealth. The use of telehealth helps members receive hard to schedule services more quickly. If you are offered a service through telehealth, you will be given a choice between telehealth services or face-to-face services. Your provider must give you the option to receive services in-person.

SECTION 4

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

Out-of-network providers

An out-of-network provider is a provider that does not have a contract with Magellan to provide services to Magellan's members. There may be a time when you need to use a provider or hospital that is not in Magellan's network. If this happens, you can call Member Services at Magellan. Magellan will check to see if there is another provider in your area that can give you the same type of care you need. If Magellan cannot give you a choice of at least two providers in your area, Magellan will cover the treatment by the out-of-network provider that has enrollment with Medical Assistance.

Getting care while outside of Magellan's service area

If you are outside of Magellan's service area and have a medical emergency, go to the nearest emergency department or **call 911**. For emergency medical conditions, you do not have to get approval from Magellan to get care.

If you need care for a non-emergency condition while outside of the service area, call Member Services at Magellan who will help you to get the most appropriate care.

Magellan will not pay for services received outside of the United States.

Out-of-plan services

You may be eligible to get services other than those provided by Magellan. Below are some services that are available but not covered by Magellan. If you would like help in getting these services, please call Member Services at Magellan.

Non-emergency medical transportation

Magellan does not cover non-emergency medical transportation for HealthChoices members. Magellan can help you arrange transportation to covered service appointments through programs such as Shared Ride or the Medical Assistance Transportation Program described on the next page.

If you have questions about non-emergency medical transportation, please call Member Services at Magellan.

Medical Assistance Transportation Program

The Medical Assistance Transportation Program (MATP) provides non-emergency transportation to medical appointments and pharmacies, at no cost to you if you need help to get to your appointment or to the pharmacy. The MATP in the county where you live will determine your need for the program and provide the right type of transportation for you. Transportation services are typically provided in the following ways:

- Where public transportation is available, the MATP provides tokens or passes or reimburses you for the fare for public transportation.
- If you can use your own or someone else's car, the MATP may pay you an amount per mile plus parking and tolls with valid receipts.
- Where public transportation is not available or is not right for you, the MATP provides rides in paratransit vehicles, which include vans, lift-equipped vans, or taxis. Usually the vehicle will have more than one rider with different pick-up and drop-off locations.

If you need transportation to a medical appointment or to the pharmacy, contact the MATP to get more information and to register for services. Find your local MATP provider on page 9. A one-time MATP application must be completed and signed. The MATP provider will give you information about how to schedule transportation, use the local program and about your rights. Or visit the Department of Human Services MATP website at <http://matp.pa.gov/CountyContact.aspx>.

MATP will work with Magellan to confirm that the medical appointment you need transportation for is a covered service. Magellan works with MATP to help you arrange transportation. You can also call Member Services at Magellan for more information.

Women, Infants, and Children Program

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

Domestic violence crisis and prevention

Everyone knows a victim of domestic violence. They could be your neighbors, your co-workers, or members of your family. Most victims of domestic violence are women, but men can be victims too. Domestic violence happens in a family or an intimate relationship as a way for one person to control another.

Domestic violence includes physical abuse such as hitting, kicking, choking, shoving, or using objects like knives and guns to injure the victim. It also includes harming someone emotionally by threats, name-calling, or putting someone down. Victims may be raped or forced into unwanted sexual acts. A spouse or partner may steal money and other items, destroy personal belongings, hurt pets, threaten children, or not allow someone to leave the home, work, or see their friends and family.

If any of these things are happening to you, or you are afraid of your partner, you may be in an abusive relationship. Domestic violence is a crime and legal protections are available to you. Support is also available for you.

Where to get help:

National Domestic Violence Hotline

1-800-799-7233 (SAFE)

1-800-787-3224 (TTY)

Pennsylvania Coalition Against Domestic Violence (PCADV)

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

1-800-932-4632 (in Pennsylvania)

1-800-537-2238 (national)

Sexual violence and rape crisis

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

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

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

Where to get help:

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

- Free and confidential crisis counseling 24 hours a day.
- Services for a survivor's family, friends, partners or spouses.
- Information and referrals to other services in your area and prevention education programs.
- Call 1-888-772-7227 or visit the link below to reach your local rape crisis center.
- Pennsylvania Coalition Against Rape (www.pcar.org)

SECTION 5

Mental Health Advance Directives

A mental health advance directive is a document that allows you to state the mental health care you want if you become physically or mentally unable to decide for yourself. There are two types of mental health advance directives: Mental Health Declarations and Mental Health Powers of Attorney. If you have either a Mental Health Declaration or a Mental Health Power of Attorney, you should give it to your mental health care providers and a trusted family member or friend so that they know your wishes.

If the laws regarding Mental Health Declarations and Mental Health Powers of Attorney are changed, Magellan will tell you in writing what the change is within 90 days of the change. For information on Magellan's policies on Mental Health Declarations and Mental Health Powers of Attorney, call Member Services at Magellan.

Mental Health Declaration

A Mental Health Declaration is a document that you create. It can include:

- What kind of treatment or care you prefer.
- Where you would like to have your care take place.
- Any specific instructions you may have about your mental health treatment.

Your provider must have a copy of your Mental Health Declaration in order to follow it. Your Mental Health Declaration will be used if you are physically or mentally unable to make decisions for yourself. You may revoke or change a Mental Health Declaration.

Mental Health Power of Attorney

A Mental Health Power of Attorney is a document in which you give someone else the power to make mental health treatment decisions for you if you are physically or mentally unable to make decisions for yourself. It also states what must happen for the Power of Attorney to take effect. To create a Mental Health Power of Attorney, you may but do not have to get legal help. You may revoke or change a Mental Health Power of Attorney.

Help with creating Mental Health Declarations and Mental Health Powers of Attorney

If you would like to have a Mental Health Declaration or a Mental Health Power of Attorney, or both, and need help creating one, you can contact an advocacy organization such as the Mental Health Association in Pennsylvania toll-free at 1-866-578-3659, or email info@mhapa.org. They will provide you with forms and answer any questions. You can also contact Member Services at Magellan for more information or to find resources near you.

What to do if a provider does not follow your Mental Health Declaration or your Mental Health Power of Attorney

Providers do not have to follow your Mental Health Declaration or Mental Health Power of Attorney if, as a matter of conscience, your decisions are against clinical practice and medical standards, because the treatment you want is unavailable, or because what you want the provider to do is against the provider's policies. If your provider cannot follow your Mental Health Declaration or Mental Health Power of Attorney, Magellan will help you find a provider that will carry out your wishes. Please call Member Services at Magellan.

If a provider does not follow your Mental Health Declaration or Mental Health Power of Attorney, you may file a Complaint. Please see page 39 in Section 7 of this handbook, for information on how to file a Complaint; or call Member Services at Magellan.

SECTION 6

Physical Health Services

Who covers your physical health services?

Physical health services are available through your HealthChoices Physical Health Managed Care Organization (PH-MCO) or your Community HealthChoices Managed Care Organization (CHC-MCO). If you have questions about physical health services, you will need to contact the managed care organization (MCO) that provides these services. If you are unsure if you are enrolled in a PH-MCO or a CHC-MCO, contact your local CAO.

PH-MCOs have Special Needs Units that help coordinate members' physical health services with their behavioral health needs. If a CHC-MCO participant is eligible for long-term services and supports, the participant's service coordinator will work with the participant to create a care plan that addresses the participant's physical and behavioral health needs. If a CHC-MCO participant is not eligible for long-term services and supports and needs additional assistance with services, the participant can receive assistance from a service coordinator.

No matter which MCO plan covers your physical health services, you will be a member of Magellan as long as you are enrolled in a HealthChoices program and live in Bedford County, Bucks County, Cambria County, Lehigh County, Montgomery County, Northampton County or Somerset County.

Your physical health needs

If you need any of the following services, the services will be provided by your PH-MCO or CHC-MCO:

- Check-ups.
- Services for a physical health condition or illness.
- Most medications. Please see Section 3, Outpatient Medications and Medication-Assisted Treatment, beginning on page 29 for more information about which MCO covers medications.
- An ambulance.

Coordinating physical health and behavioral health care

Your overall health can be improved greatly when your providers consider both your physical health and behavioral health needs at the same time and coordinate your care. Actions you can take to help your providers better coordinate your health needs include:

- Signing release forms that will allow your providers to share information with each other about the treatment you are getting.
- Telling your physical health provider
 - About all of the medications you take for your behavioral health diagnosis.
 - About any changes in your behavioral health diagnosis or treatment.
- Telling your behavioral health provider
 - About all of the medications you take for your physical health diagnosis.
 - About any changes in your physical health diagnosis or treatment.

HealthChoices physical health

Selecting Your PH-MCO

If you are new to HealthChoices and have not yet selected a PH-MCO, you may contact PA Enrollment Services to help you choose a health plan that best meets your needs. If you do not choose a PH-MCO, a PH-MCO will be chosen for you. If you want to change your PH-MCO, you may also contact PA Enrollment Services.

To contact PA Enrollment Services, call 1-800-440-3989 or 1-800-618-4225 (TTY), Monday – Friday, 8:00 a.m. to 6:00 p.m.

Community HealthChoices

Community HealthChoices (CHC) is Pennsylvania's Medical Assistance managed care program that includes physical health benefits and long-term services and supports (LTSS). The Office of Long-Term Living (OLTL) in the Department of Human Services oversees the physical health benefits and LTSS of Community HealthChoices. Those services are provided through the Community HealthChoices Managed Care Organizations (MCOs).

CHC serves individuals who also have Medicare coverage, and disabled adults age 21 and over.

If you have questions regarding CHC, call 1-844-824-3655 or 1-833-254-0690 (TTY).

Selecting your CHC-MCO

If you are new to HealthChoices and need help choosing your CHC-MCO, you may visit www.enrollchc.com or call 1-844-824-3655 or 1-833-254-0690 (TTY). If you do not choose a CHC-MCO, a CHC-MCO will be chosen for you.

SECTION 7

Complaints, Grievances, and Fair Hearings

If a provider or Magellan does something that you are unhappy about or do not agree with, you can tell Magellan or the Department of Human Services what you are unhappy about or that you disagree with what the provider or Magellan has done. This section describes what you can do and what will happen. A member will not incur a fee for filing a complaint or grievance.

Complaints

What is a Complaint?

A Complaint is when you tell Magellan you are unhappy with Magellan or your provider or do not agree with a decision by Magellan.

Some things you may complain about:

- You are unhappy with the care you are getting.
- You cannot get the service you want because it is not a covered service.
- You have not received services that Magellan has approved.
- You were denied a request to disagree with a decision that you have to pay your provider.

First Level Complaint

What should I do if I have a Complaint?

To file a First Level Complaint:

- Call Magellan at Member Services and tell Magellan your Complaint, or
- Write down your Complaint and send it to Magellan by mail or fax.

Magellan Behavioral Health of Pennsylvania, Inc.

Attn: Complaints/Grievances

790 Township Line Road, Suite 120

Yardley, PA 19067

Fax: 1-888-656-2380

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

When should I file a First Level Complaint?

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

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

You must file a Complaint **within 60 days of the date you should have gotten a service** if you did not get a service. The time by which you should have received a service is listed below:

- If you need services because of an emergency, services must be provided within 1 hour.
- If you need services because of an urgent situation, services must be provided within 24 hours.
- If you need a routine appointment or specialty referral, your appointment must be within 7 days.

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

What happens after I file a First Level Complaint?

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

You may ask Magellan to see any information Magellan has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to Magellan.

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

A committee of 1 or more Magellan staff who were not involved in and do not work for someone who was involved in the issue you filed your Complaint about will meet to make a decision about your Complaint. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. Magellan will mail you a notice within 30 days from the date you filed your First Level Complaint to tell you the decision on your First Level Complaint. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 39.

What to do to continue getting services:

If you have been getting the services that are being reduced, changed or denied and you file a Complaint verbally, or that is faxed, postmarked, or hand-delivered within 1 day of the date on Magellan's notice telling you that the acute inpatient services you have been receiving are not a covered service for you or within 15 days of the date on Magellan's notice telling you that any other services you have been receiving are not covered services for you, the services will continue until a decision is made.

What if I do not like Magellan's decision?

You may ask for an external Complaint review, a Fair Hearing, or an external Complaint review and a Fair Hearing if the Complaint is about one of the following:

- Magellan's decision that you cannot get a service you want because it is not a covered service.
- Magellan's decision to not pay a provider for a service you got.
- Magellan's failure to decide a Complaint or Grievance you told Magellan about within 30 days from when Magellan got your Complaint or Grievance.
- You not getting a service within the time by which you should have received it.
- Magellan's decision to deny your request to disagree with Magellan's decision that you have to pay your provider.

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

You must ask for a Fair Hearing within **120 days from the date on the notice** telling you the Complaint decision.

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

For information about Fair Hearings, see page 49. For information about an External Complaint Review, see page 43. If you need more information about help during the Complaint process, see page 39.

Second Level Complaint

What should I do if I want to file a Second Level Complaint?

To file a Second Level Complaint:

- Call Magellan at Member Services and tell Magellan your Second Level Complaint, or
- Write down your Second Level Complaint and send it to Magellan by mail or fax.

Magellan Behavioral Health of Pennsylvania, Inc.

Attn: Complaints/Grievances

790 Township Line Road, Suite 120

Yardley, PA 19067

Fax: 1-888-656-2380

What happens after I file a Second Level Complaint?

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

You may ask Magellan to see any information Magellan has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to Magellan.

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

A committee of 3 or more people, including at least 1 person who does not work for Magellan, will meet to decide your Second Level Complaint. The Magellan staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. Magellan will mail you a notice within 45 days from the date you filed your Second Level Complaint to tell you the decision on your Second Level Complaint. The letter will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 39.

What if I do not like Magellan's decision on my Second Level Complaint?

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

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

External Complaint Review

How do I ask for an External Complaint Review?

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

Pennsylvania Insurance Department
1209 Strawberry Square
Harrisburg, Pennsylvania 17120
Telephone Number: 1-877-881-6388
Fax Number: 1-717-785-8585

You can also go to the 'File a Complaint Page' at insurance.pa.gov/Consumers/Pages/default.aspx

If you ask, the Pennsylvania Insurance Department will help you put your complaint in writing.

What happens after I ask for an External Complaint Review?

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

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

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

What to do to continue getting services:

If you have been getting the services that are being reduced, changed or denied and you want to continue getting services, you must ask for an external Complaint review verbally or in a letter that is faxed, postmarked, or hand-delivered within 1 day of the date on the notice telling you Magellan's First Level Complaint decision that you cannot get acute inpatient services you have been receiving because they are not covered services for you or within 15 days of the date on the notice telling you Magellan's First Level Complaint decision that you cannot get any other services you have been receiving because they are not covered services for you, for the services to continue until a decision is made. If you will be asking for both an external review and a Fair Hearing, you must request both the external Complaint review and the Fair Hearing within 1 day of the date on the notice telling you Magellan's First Level Complaint decision about acute inpatient services or within 15 days of the date of the notice telling you Magellan's First Level Complaint decision for any other services. If you wait to request a Fair Hearing until after receiving a decision on your external Complaint, services will not continue.

Grievances

What is a Grievance?

When Magellan denies, decreases, or approves a service different than the service you requested because it is not medically necessary, you will get a notice telling you Magellan's decision.

A Grievance is when you tell Magellan you disagree with Magellan's decision.

What should I do if I have a Grievance?

To file a Grievance:

- Call Magellan at Member Services and tell Magellan your Grievance, or
- Write down your Grievance and send it to Magellan by mail or fax.

Magellan Behavioral Health of Pennsylvania, Inc.
Attn: Complaints/Grievances
790 Township Line Road, Suite 120
Yardley, PA 19067
Fax: 1-888-656-2380

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

When should I file a Grievance?

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

What happens after I file a Grievance?

After you file your Grievance, you will get a letter from Magellan telling you that Magellan has received your Grievance, and about the Grievance review process.

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

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

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

What to do to continue getting services:

If you have been getting services that are being reduced, changed, or denied and you file a Grievance verbally, or that is faxed, postmarked, or hand-delivered within 1 day of the date on the notice telling you that acute inpatient services you have been receiving are being reduced, changed or denied or within 15 days of the date on the notice telling you that any other services you have been receiving are being reduced, changed, or denied, the services will continue until a decision is made.

What if I do not like Magellan's decision?

You may ask for an external Grievance review or a Fair Hearing, or you may ask for both. A Fair Hearing is your appeal presented at the DHS, Bureau of Hearings and Appeals to make a decision regarding your complaint. An external Grievance review is a review by a doctor who does not work for Magellan.

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

You must ask for a Fair Hearing from the Department of Human Services **within 120 days from the date on the notice** telling you the Grievance decision.

For information about Fair Hearings, see page 49. For information about External Grievance Review, see below. If you need more information about help during the Grievance process, see page 44.

External Grievance Review

How do I ask for an External Grievance Review?

To ask for an external Grievance review:

- Call Magellan at Member Services and tell Magellan your Grievance, or
- Write down your Grievance and send it to Magellan by mail or fax.

Magellan Behavioral Health of Pennsylvania, Inc.

Attn: Complaints/Grievances

790 Township Line Road, Suite 120

Yardley, PA 19067

Fax: 1-888-656-2380

Magellan will send your request for external Grievance review to the Pennsylvania Insurance Department, Bureau of Managed Care.

What happens after I ask for an External Grievance Review?

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

Magellan will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within 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 all the reason(s) for the decision and what you can do if you do not like the decision.

What to do to continue getting services:

If you have been getting the services that are being reduced, changed or denied and you want to continue getting services, you must ask for an external Grievance review verbally or in a letter that is faxed, postmarked, or hand-delivered within 1 day of the date on the notice telling you Magellan's Grievance decision about the acute inpatient services you have been receiving or within 15 days of the date on the notice telling you Magellan's Grievance decision about any other services you have been receiving, for the services to continue until a decision is made. If you will be asking for both an external review and a Fair Hearing, you must request both the external Grievance review and the Fair Hearing within 1 day of the date on the notice telling you Magellan's Grievance decision about your acute inpatient services or within 15 days of the date of the notice telling you Magellan's Grievance decision about any other services. If you wait to request a Fair Hearing until after receiving a decision on your external Grievance, services will not continue.

Expedited Complaints and Grievances

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

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

- You must ask Magellan for an early decision by calling Magellan at Member Services or faxing a letter to 1-888-656-2380.
- Your doctor should fax a signed letter to 1-888-656-2380 within 72 hours of your request for an early decision that explains why Magellan taking 30 days to tell you the decision about your Complaint or Grievance could harm your health.

If Magellan does not receive a letter from your doctor and the information provided does not show that taking the usual amount of time to decide your Complaint or Grievance could harm your health, Magellan will decide your Complaint or Grievance in the usual time frame of 30 days from when Magellan first got your Complaint or Grievance.

Expedited Complaint and Expedited External Complaint

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

You may attend the expedited Complaint review if you want to attend it. You can attend the Complaint review in person, but may have to appear by phone because Magellan has a short amount of time to decide an expedited Complaint. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

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

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

- Call Magellan at Member Services and tell Magellan your Complaint, or
- Write down your Complaint and send it to Magellan by mail or fax.

Magellan Behavioral Health of Pennsylvania, Inc.

Attn: Complaints/Grievances

790 Township Line Road, Suite 120

Yardley, PA 19067

Fax: 1-888-656-2380

Expedited Grievance and Expedited External Grievance

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

You may attend the expedited Grievance review if you want to attend it. You can attend the Grievance review in person, but may have to appear by phone because Magellan has a short amount of time to decide the expedited Grievance. If you decide that you do not want to attend the Grievance review, it will not affect the decision.

Magellan will tell you the decision about your Grievance within 48 hours of when Magellan gets your doctor's letter explaining why the usual time frame for deciding your Grievance will harm your health or within 72 hours from when Magellan gets your request for an early decision, whichever is sooner, unless you ask Magellan to take more time to decide your Grievance. You can ask Magellan to take up to 14 more days to decide your Grievance. You will also get a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

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

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

- Call Magellan at Member Services and tell Magellan your Grievance, or
- Write down your Grievance and send it to Magellan by mail or fax.

Magellan Behavioral Health of Pennsylvania, Inc.

Attn: Complaints/Grievances

790 Township Line Road, Suite 120

Yardley, PA 19067

Fax: 1-888-656-2380

Magellan will send your request to the Pennsylvania Insurance Department within 24 hours after receiving it.

You must ask for a Fair Hearing within **120 days from the date on the notice** telling you the expedited Grievance decision.

What kind of help can I have with the Complaint and Grievance processes?

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

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

At any time during the Complaint or Grievance process, you can have someone you know represent you or act for you. If you decide to have someone represent or act for you, tell Magellan, in writing, the name of that person and how Magellan can reach him or her. Magellan may also need an AUD or other legal paperwork such as a Power of Attorney to share your health information with that person.

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

You may call Member Services at Magellan if you need help or have questions about Complaints and Grievances, you can contact your local legal aid office at 1-800-322-7572 or call the Pennsylvania Health Law Project at 1-800-274-3258.

Persons whose primary language is not English

If you ask for language services, Magellan will provide the services at no cost to you. These services may include:

- Providing in-person language interpreters.
- Providing language interpreters over the phone.
- Providing document translation.

Persons with disabilities

Magellan 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 Magellan at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review.
- Providing someone to help copy and present information.

Department of Human Services Fair Hearings

In some cases you can ask the Department of Human Services to hold a hearing because you are unhappy about or do not agree with something Magellan did or did not do. These hearings are called "Fair Hearings." You can ask for a Fair Hearing after Magellan decides your First Level Complaint or decides your Grievance.

What can I request a Fair Hearing about and by when do I have to ask for a Fair Hearing?

Your request for a Fair Hearing must be postmarked within **120 days from the date on the notice** telling you Magellan's decision on your First Level Complaint or Grievance about the following:

- The denial of a service you want because it is not a covered service.
- The denial of payment to a provider for a service you got and the provider can bill you for the service.
- Magellan's failure to decide a First Level Complaint or Grievance you told Magellan about within 30 days from when Magellan got your Complaint or Grievance.
- The denial of your request to disagree with Magellan's decision that you have to pay your provider.
- The denial of a service, decrease of a service, or approval of a service different from the service you requested because it was not medically necessary.
- You're not getting a service within the time by which you should have received a service.

You can also request a Fair Hearing within 120 days from the date on the notice telling you that Magellan failed to decide a First Level Complaint or Grievance you told Magellan about within 30 days from when Magellan got your Complaint or Grievance.

How do I ask for a Fair Hearing?

Your request for a Fair Hearing must be in writing.

Your Fair Hearing request needs to include the following information:

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

You may mail your request for a Fair Hearing to the following address:

Department of Human Services
Office of Mental Health Substance Abuse Services
Division of Quality Management
Commonwealth Towers, 12th Floor
P.O. Box 2675
Harrisburg, PA 17105-2675

Or

You may fax your request for a Fair Hearing to the following fax number: 717-772-7827

What happens after I ask for a Fair Hearing?

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

You may come to where the Fair Hearing will be held or be included by phone. A family member, friend, lawyer or other person may help you during the Fair Hearing. You **MUST** participate in the Fair Hearing.

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

You may ask Magellan to give you any records, reports and other information about the issue you requested your Fair Hearing about at no cost to you.

When will the Fair Hearing be decided?

The Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with Magellan, not including the number of days between the date on the written notice of the Magellan's First Level Complaint decision or Grievance decision and the date you asked for a Fair Hearing.

If you requested a Fair Hearing because Magellan did not tell you its decision about a Complaint or Grievance you told Magellan about within 30 days from when Magellan got your Complaint or Grievance, your Fair Hearing will be decided within 90 days from when you filed your Complaint

or Grievance with Magellan, not including the number of days between the date on the notice telling you that Magellan failed to timely decide your Complaint or Grievance and the date you asked for a Fair Hearing.

The Department of Human Services will send you the decision in writing and tell you what to do if you do not like the decision.

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

What to do to continue getting services:

If you have been getting the services that are being reduced, changed or denied and you ask for a Fair Hearing and your request is postmarked or hand-delivered within 1 day of the date on the notice telling you Magellan's First Level Complaint or Grievance decision that acute inpatient services you have been receiving are being reduced, changed or denied or within 15 days of the date on the notice telling you Magellan's First Level Complaint or Grievance decision that any other services you have been receiving are being reduced, changed or denied, the services will continue until a decision is made.

Expedited Fair Hearing

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

If your doctor believes that waiting the usual time frame for deciding a Fair Hearing could harm your health, you may ask that the Fair Hearing take place more quickly. This is called an expedited Fair Hearing. You can ask for an early decision by calling the Department at 1-800-798-2339 or by faxing a letter to 717-772-6328. Your doctor must fax a signed letter to 717-772-6328 explaining why taking the usual amount of time to decide your Fair Hearing could harm your health. If your doctor does not send a letter, your doctor must testify at the Fair Hearing to explain why taking the usual amount of time to decide your Fair Hearing could harm your health.

The Bureau of Hearings and Appeals will schedule a telephone hearing and will tell you its decision within 3 business days after you asked for a Fair Hearing.

If your doctor does not send a written statement and does not testify at the Fair Hearing, the Fair Hearing decision will not be expedited. Another hearing will be scheduled and the Fair Hearing will be decided using the usual time frame for deciding a Fair Hearing.

You may call Member Services at Magellan if you need help or have questions about Fair Hearings, you can also contact your local legal aid office at 1-800-322-7572 or call the Pennsylvania Health Law Project at 1-800-274-3258.

