Magellan Behavioral Health of Pennsylvania, Inc.

Member Handbook

Services for Pennsylvania HealthChoices Program members

**Bucks:** 1-877-769-9784

**Cambria:** 1-800-424-0485

**Delaware:** 1-888-207-2911

**Lehigh:** 1-866-238-2311

**Montgomery:** 1-877-769-9782

**Northampton:** 1-866-238-2312

MagellanofPA.com
Table of contents

Welcome .................................................. 3
   Introduction ............................................... 3
   Welcome to Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) ........ 3
Member Services ........................................ 3
Provider Services .......................................... 5
Member identification cards ....................... 5
Emergencies ................................................ 6
Statewide and national contact information .... 7
Contact information in Magellan’s counties of operation (Bucks, Cambria, Delaware, Lehigh, Montgomery and Northampton) .... 8
County transportation services .................... 10
Crisis intervention services ......................... 10
Medical Assistance Transportation Program ..... 12
Mental Health/Intellectual Disability services ... 13
Single County Authority (SCA) offices .......... 13
Statewide and national advocacy groups and other helpful resources ......... 14
Communication services ............................. 19
Enrollment ................................................. 19
Changes in coverage .................................... 19
Information about providers ....................... 20
Choosing or changing your provider ............. 20
Office visits .............................................. 21
After hours care ....................................... 21

Rights and Responsibilities .......................... 22
   Member rights and responsibilities ............... 22
   Consent to mental health care ...................... 24
   Privacy and confidentiality ........................ 24
   Billing information .................................... 26
   Third-party liability .................................. 26
   Coordination of benefits ............................ 26
   Reporting fraud and abuse ......................... 27
Behavioral Health Services ................................................................. 29
   Covered services .................................................................................. 29
   Services that are not covered .............................................................. 30
   Second opinions .................................................................................... 30
   What is prior authorization? ............................................................... 30
   Service descriptions ........................................................................... 32

Out-of-Network and Out-of-Plan Services ............................................ 34
   Out-of-network providers .................................................................... 34
   Getting care while outside of Magellan’s service area ........................ 34
   Out-of-plan services ............................................................................ 34

Mental Health Advance Directives ....................................................... 37
   Mental Health Declaration ................................................................. 37
   Mental Health Power of Attorney ....................................................... 37
   Help with creating Mental Health Declarations and Mental Health Powers of Attorney ......................................................... 38
   What to do if a provider does not follow your Mental Health Declaration or your Mental Health Power of Attorney ........................................... 38

Physical Health Services ....................................................................... 39
   Who covers your physical health services? ........................................ 39
   Your physical health needs .................................................................. 39
   Coordinating physical health and behavioral health care .................... 40
   HealthChoices physical health ............................................................. 40
   Community HealthChoices ................................................................. 40

Complaints, Grievances, and Fair Hearings .......................................... 41
   Complaints .......................................................................................... 41
   First Level Complaint .......................................................................... 41
   Second Level Complaint ..................................................................... 44
   External Complaint Review .................................................................. 45
   Grievances ........................................................................................... 46
   External Grievance Review .................................................................. 47
   Expedited Complaints and Grievances ................................................ 48
   What kind of help can I have with the Complaint and Grievance processes? ............................................................ 50
   Department of Human Services Fair Hearings ..................................... 51
   Expedited Fair Hearing ...................................................................... 53

Language Access Services ..................................................................... 54
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 39.

• 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 Bucks, Cambria, Delaware, Lehigh, Montgomery and Northampton 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:

Bucks County..................................1-877-769-9784
Cambria County............................1-800-424-0485
Delaware County......................... 1-888-207-2911
Lehigh County..............................1-866-238-2311

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
105 Terry Drive, Suite 103
Newtown, PA 18940
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 within the ‘For Members’ section:

• Find a provider
• Learn how to get help for a mental health, drug or alcohol concern
• Check out upcoming events
• Review an electronic version of this handbook
• Read the member newsletter
• Learn about recovery and resiliency
• Review member rights and responsibilities
• Opioid resources and support
• Find tobacco cessation resources
• Learn from the health & wellness library
Provider Services

Bucks County............................... 1-877-769-9779
Cambria County............................ 1-800-424-3711
Delaware County........................... 1-800-686-1356
Lehigh County.............................. 1-866-780-3368
Montgomery County...................... 1-877-769-9779
Northampton County..................... 1-866-780-3368

Member identification cards

You will get an ACCESS 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 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 on page 9.
Emergencies

Please see Section 3, Behavioral Health Services, beginning on page 29 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 room. 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 Prevention Lifeline is also an important resource to consider. Their toll-free phone number is 1-800-273-8255.

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:

Bucks County..........................1-877-769-9779       Lehigh County........................1-866-780-3368
Cambria County......................1-800-424-3711       Montgomery County................1-877-769-9779
Delaware County......................1-800-686-1356       Northampton County..............1-866-780-3368

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 room. 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact information: phone or website</th>
<th>Support provided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Childline</strong></td>
<td>1-800-932-0313</td>
<td></td>
</tr>
<tr>
<td><strong>Enrollment Services Consumer Support Center</strong></td>
<td>1-800-440-3989 TTY: 1-800-618-4225 <a href="http://www.enrollnow.net">www.enrollnow.net</a></td>
<td>Monday–Friday, 8 a.m. – 6 p.m.</td>
</tr>
<tr>
<td><strong>Fraud and Abuse Reporting Hotline, Department of Human Services</strong></td>
<td>1-844-DHS-TIPS (1-844-347-8477)</td>
<td>Report member or provider fraud or abuse in the Medical Assistance Program. See pages 27 of this handbook for more information.</td>
</tr>
<tr>
<td><strong>Insurance Department, Bureau of Consumer Services</strong></td>
<td>1-877-881-6388</td>
<td>Ask for a Complaint form, file a Complaint or talk to a consumer services representative.</td>
</tr>
<tr>
<td><strong>Legal Aid Office</strong></td>
<td>1-800-322-7572 <a href="http://www.palegalservices.org">www.palegalservices.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>National Suicide Prevention Lifeline</strong></td>
<td>1-800-273-8255</td>
<td></td>
</tr>
<tr>
<td><strong>Pennsylvania Department of Human Services/ COMPASS</strong></td>
<td>1-877-395-8930 or 1-800-451-5886 (TTY/TTD) or <a href="http://www.compass.state.pa.us">www.compass.state.pa.us</a> or myCOMPASS PA mobile app for smart phones</td>
<td>Change your personal information for Medical Assistance eligibility. See page 19 of this handbook for more information.</td>
</tr>
<tr>
<td><strong>Protective Services</strong></td>
<td>1-800-490-8505</td>
<td>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.</td>
</tr>
</tbody>
</table>
Contact information in Magellan’s counties of operation (Bucks, Cambria, Delaware, Lehigh, Montgomery and Northampton)

**Consumer/Family Satisfaction Teams**
Magellan wants you to be happy with the services you receive. Consumer/Family Satisfaction Teams (CFST) include individuals and families that have experience with services and then interview Magellan members about their services. These teams may contact you about the care you receive. The teams work to find out your experience with mental health, substance use and co-occurring services. The teams collect 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:

**Bucks County**
Voice and Vision, Inc.
600 Louis Drive, Suite 106
Warminster, PA 18974
1-800-734-5665
www.voiceandvisioninc.org

**Cambria County**
Peer Empowerment Network
514 Somerset Street
Johnstown, PA 15901
1-814-254-4342
www.pendropincenter.org

**Delaware County**
Voice and Vision, Inc., Satisfaction Team
Whetstone Run Office Complex
450 Parkway, Suite #104
Broomall, PA 19008
1-610-359-8800/1-800-734-5665
www.voiceandvisioninc.org

**Lehigh and Northampton Counties**
Lehigh Valley Recovery Partnership Team
70 West North Street, Suite 101
Bethlehem, PA 18018
1-610-861-2741
www.recoverypartnership.us

**Montgomery County**
Family Empowerment Satisfaction Team (FEST)
1210 Stanbridge Street, Suite 600
Norristown, PA 19401
1-267-850-5677

Hopeworx
1210 Stanbridge Street, Suite 600
Norristown, PA 19401
1-610-270-3685
www.hopeworxinc.org

PRO-ACT- The Council of Southeast Pennsylvania, Inc.
622 Swede Street
Norristown, PA 19401
1-484-383-0802
www.councilsepa.org
County Assistance Offices (CAO)
Pennsylvania residents can get assistance and services from county assistance offices.

*Bucks County Assistance Office*
1214 New Rodgers Road
Bristol, PA 19007-2593
1-215-781-3300
Toll-free: 1-800-362-1291
Fax: 1-215-781-3438
LIHEAP: 1-215-781-3339

*Cambria County Assistance Office*
625 Main Street
Johnstown, PA 15901
1-877-315-0389
Fax: 1-814-533-2214
LIHEAP: 1-814-533-2253

*Delaware County Assistance Offices*
Chester Office
701 Crosby Street, Suite A
Chester, PA 19013-6099
1-610-447-5500
Fax: 1-610-447-5399

Darby Office
845 Main Street
Darby, PA 19023
1-610-461-3800
Fax: 1-610-461-3900
LIHEAP: 1-610-447-3099

*Lehigh County Assistance Office*
555 Union Blvd, Suite 3
Allentown, PA 18109
1-610-821-6509
Fax: 1-610-821-6705
LIHEAP: 1-610-821-6702

*Montgomery County Assistance Offices*
Norristown District
1931 New Hope Street
Norristown, PA 19401-3191
1-610-270-3500
Fax: 1-610-270-1768
LIHEAP: 1-610-272-1572

Pottstown District
24 Robinson Street
Pottstown, PA 19464-5584
1-610-327-4280
Fax: 1-610-327-4350
LIHEAP: 1-610-272-1572

*Northampton County Assistance Office*
201 Larry Holmes Drive, P.O. Box 10
Easton, PA 18044-0010
1-610-250-1700
Fax: 1-610-250-1839
LIHEAP: 1-610-250-1785 or 1-610-250-1786
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.

**Bucks County (Bucks County Transport Inc.)**
1-215-794-5554 (Local)
1-888-795-0740 (Toll-free)
www.bctransport.org

**Cambria County CamTran**
1-814-535-5526 (Local)
www.camtranbus.com

**Delaware County (Community Transit)**
1-610-490-3977 (Local)
1-610-490-3990 (TTY)
www.ctdelco.org

**Lehigh and Northampton Counties (LANTA)**
1-610-776-7433 (Local)
1-610-432-8505 (TTY)
www.lantabus.com

**Montgomery County (TransNet)**
1-215-542-7433 (Local)
www.suburbantransit.org

Crisis intervention services

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.

**Bucks County**

*Lenape Valley Foundation Crisis Centers*

Lower Bucks Hospital
501 Bath Road
Bristol, PA 19007
1-215-785-9765

Doylestown Hospital
595 West State Street
Doylestown, PA 18901
1-215-345-2273

*Lenape Valley Foundation (Mobile Crisis)*

500 North West Street
Doylestown, PA 18901
1-877-435-7709

*Penn Foundation at Grand View Hospital*

700 Lawn Avenue
Sellersville, PA 18960
1-215-257-6551

**Cambria County**

*Cambria County Reach Line*
1-877-268-9463

*Meadows Psychiatric Center:*

Main Crisis Line is 1-800-641-7529
24/7, 365 days a year
Services for mental health interventions
**Delaware County**

*Crozer-Chester Medical Center*  
(Site Based Crisis & Inpatient)  
1 Medical Center Blvd.  
Upland, PA 19013  
1-610-447-7600

*Delaware County Crisis Connections Team (Mobile Crisis)*  
1-855-889-7827 (toll-free)

*Peer Warm Line*  
1-855-464-9342

**Lehigh and Northampton Counties**

*Easton Hospital*  
250 South 21st Street  
Easton, PA 18042  
1-610-250-4000

*Lehigh County Crisis Intervention Services*  
1-610-782-3127

*Northampton County Emergency Services*  
1-610-252-9060

*Lehigh Valley Health Network*  
1637 Chew Street  
Allentown, PA 18102  
1-610-402-8000

1200 Cedar Crest Blvd.  
Allentown, PA 18103  
1-610-402-8000

2545 Schoenersville Road  
Bethlehem, PA 18017  
1-484-884-2200

*Northampton County Peer Line*  
1-855-PA-PEERS (toll-free)  
* For Northampton County Only

*St. Luke’s Hospital*  
1736 Hamilton Blvd.  
Allentown, PA 18104  
1-610-628-8300

801 Ostrum Street  
Bethlehem, PA 18015  
1-484-526-4000

*St. Luke’s Hospital – Sacred Heart Campus*  
421 Chew Street  
Allentown, PA 18102  
1-610-776-4500

*Pinebrook Family Answers Warmline*  
1-610-820-8451  
* For Lehigh County Only

*Reflections: Whole-Life Recovery Community*  
1-610-748-1011  
24-hour peer-to-peer supportive environment
Montgomery County
Access Mobile Crisis Services
1-855-634-HOPE (4673)

Montgomery County Emergency Services
1-610-279-6100 or 1-844-455-7455

Peer Support Talk Line
Available 7 days a week, 1 – 9 p.m.
1-855-715-8255 (talk)
1-267-225-7785 (text)

Teen Talk Line
Available Monday – Friday, 3 – 9 p.m.
1-866-825-5856 (talk)
1-215-703-8411 (text)

Extended Assessment Services in Montgomery County
Central Behavioral Health
1201 Dekalb St.
Norristown, PA 19401
1-610-279-9270

Child and Family Focus
2935 Byberry Rd.
Hatboro, PA 19040
1-215-957-9771

11 Davis Rd.
Valley Forge, PA 19481
1-610-783-1788

Creative Health Services
1 Mennonite Church Rd.
Spring City, PA 19475
1-610-948-6490

Indian Creek Foundation
420 Cowpath Rd.
Souderton, PA 18964
1-215-256-1500

Medical Assistance Transportation Program
The Medical Assistance Transportation Program (MATP) covers transportation services under certain situations. Contact your local MATP provider by calling 1-888-647-4814. 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 35 for more information.
Mental Health/Intellectual Disability services

Bucks County Mental Health/Developmental Programs
1-215-444-2800

Cambria County Behavioral Health/Intellectual Disabilities/Early Intervention Program
1-814-535-8531

Delaware County Office of Intellectual and Developmental Disabilities
1-610-713-2400

Lehigh County Intellectual Disabilities Program
1-610-782-3126

Montgomery County Office of Mental Health/Developmental Disabilities/Early Intervention
1-610-278-3642

Northampton County Office of Developmental Programs
1-610-829-4750

Single County Authority (SCA) offices

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

Bucks County SCA
1-215-773-9313

Cambria County SCA
1-814-536-5388 (Weekday)
1-814-535-8531 (Weekend/evening)

Delaware County SCA
1-610-713-2365

Lehigh County SCA
1-610-782-3555

Montgomery County SCA
1-610-278-3642

Northampton County SCA
1-610-829-4725
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, 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.

Bucks County Community College
www.bucks.edu

Clubhouse of Lehigh County
Their mission is to offer persons with mental illness a safe and healing environment wherein each person is given the opportunity to explore their personal and vocational potentials to their fullest and to receive support in achieving their goals.
www.clubhouseoflehighcounty.org

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
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

Community Action Committee of the Lehigh Valley, Inc.
This organization oversees the OnTrack Program and Weatherization Program for Lehigh and Northampton Counties. Learn more about this organization’s energy assistance efforts by going to: www.caclv.org/energy-assistance

Community Action Committee of the Lehigh Valley, Inc.

Delaware County Community College
www.dccc.edu
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.
1315 Walnut Street, 4th Floor, Suite 400
Philadelphia, PA 19107-4714
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.
1315 Walnut Street, 4th Floor
Philadelphia, PA 19107
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)
They partner 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

Lehigh Carbon Community College (LCCC)
www.lccc.edu

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/citizens/
heatingassistance/liheap
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.

4105 Derry Street, Lower Level
Harrisburg, PA 17111
1-717-346-0549 or 1-866-578-3659
Email: info@mhapa.org

Mental Health Partnerships
They offer mental health services throughout the Greater Philadelphia region and beyond, including Bucks, Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania, and select locations in the state of Delaware.

1211 Chestnut Street, Suite 100
Philadelphia, PA 19107
1-215-751-1800

Montgomery County Community College
www.mc3.edu

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.

2149 N. 2nd Street
Harrisburg, PA 17110
1-717-238-1514
1-800-950-6264 (toll-free)
www.namipa.org

Bucks County Chapter
1432 Easton Rd., Suite 2D
Warrington, PA 18976
1-215-343-3055
www.namibuckspa.org

Delaware County Chapter
140 N. Lansdowne Ave.
Lansdowne, PA 19050
1-610-623-0071

Lehigh Valley Chapter
802 West Broad St.
Bethlehem, PA 18018
1-610-882-2102
www.nami-lv.org

Main Line Chapter
320 Woodley Road
Merion Station, PA 19066
1-267-251-6240
www.namipamainline.org

Montgomery County Chapter
100 West Main St., Suite 204
Lansdale, PA 19446
1-215-361-7784
www.namimontcopa.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
Network of Care
The Network of Care for Behavioral Health is provided in partnership with the National Association of County Behavioral Health & Developmental Disability Directors. Provide a comprehensive database to help individuals quickly locate local programs and services, and make informed choices about what they need.

www.lehigh.pa.networkofcare.org/mh
www.northampton.pa.networkofcare.org/mh

Northampton Community College
www.northampton.edu

Northampton County Drop-In Center
The Northampton County Drop-In Center is a unique social rehabilitation program. It is a place to come and relax and have some fun, meet new people and chat with friends, while having a snack and taking part in the various activities of the Drop-In Center.

www.recoverypartnership.us/drop-in-center

North Penn Legal Services
North Penn Legal Services is a nonprofit organization providing civil legal aid to low-income residents of Northeastern Pennsylvania. They provide legal assistance so that people can know their rights and receive free legal representation in non-criminal matters such as eviction from housing, discrimination, family law, and consumer protection issues.

559 Main Street, Suite 200
Bethlehem, PA 18018-5881.
P: 610-317-8757
F: 610-317-8778
www.northpennlegal.org/locations/lehigh-and-northampton-counties-bethlehem-office

Office of Vocational Rehabilitation (OVR)
The Pennsylvania Office of Vocational Rehabilitation (OVR) provides vocational rehabilitation services to help persons with disabilities prepare for, obtain, or maintain employment.

www.dli.pa.gov/Individuals/Disability-Services/ovr

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.

2325 E. Carson Street, Suite 100A
Pittsburgh, PA 15203
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
650 Smithfield Street
Suite 2130
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
www.pennhighlands.edu
Pennsylvania Recovery Organization – Achieving Community Together (PROACT)
This is a regional grassroots recovery support. They work to reduce the stigma of addiction and influence public opinion and policy regarding the value of recovery. Peer support and education programs are offered at each location. PRO-ACT membership consists of:
• Recovering individuals
• Family members and friends
• Professionals working in the field
• Others with a special interest in and knowledge of recovery—who wish to support recovery
Information, Intervention and Recovery Support Line: 1-800-221-6333
www.councilsepa.org/programs/pro-act

Rehabilitation and Community Providers Association (RCPA)
Their mission is to promote a community-based, responsive and viable system of agencies and to provide quality services for persons with mental illness, intellectual disabilities, or addictive disease.
777 E. Park Drive
Harrisburg, PA 17111
1-717-364-3280
www.paproviders.org

Second Harvest Food Bank
Their mission is to obtain food and distribute it to people in need through area non-profits, and to provide resources for education and advocacy to end hunger.
www.shfblv.org

The Arc
The Arc is the largest advocacy organization in the United States for persons with intellectual and developmental disabilities and their families. A group of parents founded the Arc of Pennsylvania with the following goals for individuals with intellectual disabilities:
• To promote the general welfare
• Further the advancement of research
• Develop a better understanding

The Arc of Cambria County
960 Bedford Street
Johnstown, PA 15902
1-814-535-1511

The Arc of Lehigh & Northampton Counties
2289 Avenue A
Bethlehem, PA 18017
1-610-849-8076

Turning Point of the Lehigh Valley
Turning Point is a safe place where victims of abuse and their children can find refuge.
24-hour Helpline: 1-610-437-3369
www.turningpointlv.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 your handbook and other information you need 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 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.

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 Magellan at Member Services 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 ‘Find a Provider’ from the homepage to locate the information. You may call Member Services at Magellan to ask that a copy of the provider directory be sent to you. 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 credentials and services offered by providers
• Whether or not the provider speaks languages other than English and, if so, which languages
• Whether or not the provider locations are wheelchair accessible

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 35 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.
SECTION 2

Rights and Responsibilities

Member rights and responsibilities

Magellan and its network of providers do not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, gender identity, or any other basis prohibited by law.

If you believe you have been discriminated in any way, you can file a grievance with:

Civil Rights Coordinator
Corporate Compliance Department
8621 Robert Fulton Drive
Columbia, MD 21046
1-800-424-7721
compliance@magellanhealth.com

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You may do this online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Or you may do this by mail or phone.

US Dept of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
TDD: 1-800-537-7697

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, 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 46).

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 41).

12. To ask for a Department of Human Services Fair Hearing (Information about the process can be found beginning on page 51).

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 request case files prior to any proceedings. There’s no cost to file.

17. To receive a list of advocacy organizations that can assist you.

**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.


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. All children can get help for alcohol or drug problems without their parent’s or legal guardian’s permission. 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. 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.

<table>
<thead>
<tr>
<th>If the child is</th>
<th>Then he or she</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 14 years of age</td>
<td>Must have parent’s or legal guardian’s permission to get mental health care</td>
</tr>
<tr>
<td>14 years of age or older</td>
<td>Can get mental health care without parent’s or legal guardian’s permission</td>
</tr>
<tr>
<td>Any age</td>
<td>Can get help for alcohol or drug problems without parent’s or legal guardian’s permission</td>
</tr>
</tbody>
</table>

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

Magellan must protect the privacy of your personal health information (PHI). 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. This information is included in Magellan’s Notice of Privacy Practices. To get a copy of Magellan’s Notice of Privacy Practices, visit www.MagellanofPA.com, or send your request in writing to:

  Magellan Behavioral Health of Pennsylvania, Inc.
  Attn: Privacy Officer
  105 Terry Drive, Suite 103
  Newtown, PA 18940
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 his/her behavioral health care records. As a general rule, where a minor has the authority to agree to his/her own treatment and the consent of the minor’s parent/guardian is not needed, the minor controls the release of his/her records regarding that treatment.

Contact Member Services at Magellan for more information about the AUD form or visit www.MagellanofPA.com under ‘Getting Care.’ You may submit the AUD form electronically or you may fax a signed and completed form to Magellan at 1-866-667-7744.

The form in full is required in order to be valid. 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 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.
- 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 services that Magellan covers. Even if your provider has not received payment or the full amount of his or her 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 and 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 it is helpful to show the provider or pharmacy your Medicare card and your ACCESS card. This helps make sure your health care bills are paid.

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 services

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) – Drug and Alcohol
- Assertive Community Treatment (ACT)
- Behavioral Health Rehabilitation Services (BHRS) / Intensive Behavioral Health Services (IBHS) (Child/Adolescent)
- Case Management Services (Includes Intensive Case Management, Resource Coordination, Blended Case Management and Recovery Coaching)
- Certified Recovery Services (CRS)
- Clinically Managed Residential WM (Detox) – Drug and Alcohol
- Clinically Managed High Intensity Residential – Drug and Alcohol
- Clinically Managed Low Intensity Residential – Drug and Alcohol
- Clozapine (Clozaril) Monitoring and Support
- Community Residential Rehabilitative (CRR) Host Home
- Family Based Mental Health Services for Child/Adolescent
- Inpatient Electroconvulsive Treatment
- Intensive Outpatient Program (IOP) Services – Drug and Alcohol
- 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 – Drug and Alcohol
- Medically Managed Residential WM (Detox) – Drug and Alcohol
- Medically Monitored Inpatient WM (Detox) – Drug and Alcohol
- Medically Monitored Intensive Inpatient – Drug and Alcohol
- Mental Health Crisis Intervention Services
- Mental Health Inpatient Hospitalization
- Methadone Maintenance – Drug and Alcohol
- Mobile Mental Health Treatment
- Outpatient Electroconvulsive Treatment
- Outpatient Services – Mental Health, Substance Use or Co-Occurring Services
- Partial Hospital Services for Mental Health, Substance Use or Co-Occurring Services
- Peer Support Services
- Psychiatric Rehabilitation Services (PRS)
- Psychological Testing
• Residential Treatment Facilities (Child/Adolescent)
• Dual Diagnosis Treatment Team (DDTT)*
• Early and Periodic Screening, Diagnostic and Treatment (EPSDT)*
• 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)*
• Multi Systemic Therapy (MST)*
• Residential Crisis*
• Residential Treatment Facilities (Adult)*
• Wellness Recovery Team (WRT)*

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 or 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?

If you or your provider are unsure about whether a service or medicine requires prior authorization, call Member Services at Magellan.

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. See Section 7, Complaints, Grievances, and Fair Hearings, starting on page 41 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 room, 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
Magellan 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 35 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 Member Services at Magellan.
Medication-Assisted Treatment
Medication-Assisted Treatment uses medications such as Methadone, Suboxone or Vivitrol to treat opioid dependence. Methadone is covered by Magellan. Suboxone, Vivitrol, and other medications used to treat opioid 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 talk to 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.
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 room 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. Contact your local MATP provider by calling 1-888-647-4814. 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)
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 or visit Magellan’s website at www.MagellanofPA.com.

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 as long as you are able to revoke or change it.

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 as long as you are able to revoke or change it.
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 41 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 Bucks County, Cambria County, Delaware County, Lehigh County, Montgomery County or Northampton 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 32 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 833-735-4416.

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. If you do not choose a CHC-MCO, a CHC-MCO will be chosen for you.

Bucks: 1-877-769-9784
Cambria: 1-800-424-0485
Delaware: 1-888-207-2911
Lehigh: 1-866-238-2311
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.

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
105 Terry Drive, Suite 103
Newtown, PA 18940
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. 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 41.*
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 10 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 51. For information about an External Complaint Review, see page 45. If you need more information about help during the Complaint process, see page 41.
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
  105 Terry Drive, Suite 103
  Newtown, PA 18940
  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 41.

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

You may ask for an external review by either the Department of Health or 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 either:

Pennsylvania Department of Health
Bureau of Managed Care
Health and Welfare Building, Room 912
625 Forster Street
Harrisburg, PA 17120-0701
Telephone Number: 1-888-466-2787

Pennsylvania Insurance Department
Bureau of Consumer Services
Room 1209, Strawberry Square
Harrisburg, Pennsylvania 17120
Telephone Number: 1-877-881-6388

If you ask, the Department of Health will help you put your Complaint in writing.

The Department of Health handles Complaints that involve the way a provider gives care or services. The Insurance Department reviews Complaints that involve Magellan’s policies and procedures. If you send your request for external review to the wrong Department, it will be sent to the correct Department.

What happens after I ask for an External Complaint Review?
The Department of Health or 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 your request for an external Complaint review is 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 10 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, the services will continue until a decision is made.
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
  105 Terry Drive, Suite 103
  Newtown, PA 18940
  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 10 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 51. For information about External Grievance Review, see below. If you need more information about help during the Grievance process, see page 46.

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
  105 Terry Drive, Suite 103
  Newtown, PA 18940
  Fax: 1-888-656-2380

Magellan will send your request for an external Grievance review to the Department of Health.

What happens after I ask for an External Grievance Review?
The Department of Health will notify you of the external Grievance reviewer’s name, address and phone number. You will also be given information about the external 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 ask for an external Grievance review verbally or in a letter that is postmarked or hand-delivered within 1 day of the date on the notice telling you Magellan’s Grievance decision that acute inpatient services you have been receiving are being reduced, changed or denied or within 10 days of the date on the notice telling you Magellan’s 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 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 Department of Health 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
105 Terry Drive, Suite 103
Newtown, PA 18940
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 Department of Health 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
105 Terry Drive, Suite 103
Newtown, PA 18940
Fax: 1-888-656-2380

Magellan will send your request to the Department of Health 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.

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 10 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.
SECTION 8
Language Access Services

English
ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call: 1-800-424-3515 (TTY: PA Relay 7-1-1).

Spanish
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-424-3515 (TTY: PA Relay 7-1-1).

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-424-3515 (TTY: PA Relay 7-1-1).

Chinese
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-424-3515 (TTY: PA Relay 7-1-1).

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-424-3515 (TTY: PA Relay 7-1-1).

Arabic

Nepali
ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निष्क्षेप भाषा सहायता सेवाहरू निश्चित भाषा सहायता सेवाहरू उपलब्ध छ । फोन गर्नुहोस्: 1-800-424-3515 (TTY: PA Relay 7-1-1)।
Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-424-3515 (TTY: PA Relay 7-1-1) 번으로 전화해 주십시오.

Cambodian/Khmer
ប្រយ័ត្នន៖ បើអ្នកនិយ័ត្នបានអានអំពីអំពីបុគ្គលសារមិនចុះបញ្ហាបំផុតអំពីគ្រប់គ្រងអាហ៍ឆ្លាស់ប្រ�ាក់ ឬជំនួយសំណាក់នៃសមត្ថភាព ឬការផ្ទៃក្សាដោយមិនត្រូវបានសុវត្ថិភាព ឬបំពាក់អាយុអំពីការផ្ទៃក្សាមិនយើងអាចសុវត្ថិភាពរបស់ឃ្លេងឬសុខភាពរបស់អ្នក។ ចូរទូរស័ព្ទទៅ 1-800-424-3515 (TTY: PA Relay 7-1-1)។

French
ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-800-424-3515 (TTY: PA Relay 7-1-1).

Burmese
အသေးစောင်းပါစေ။
အပါအဝင်လိုင်စင်ဘာသာအပေါ်မှာ သော့မှုအထွေထွေရက်နှစ်နွေရာမှာ ကျိုးကျောင်းကို မကျော်ကျော်ထားပါက အမှန်ဆိုဝိသေသနကြား မရှိပါက လို့ သွားရင်း သွားမှာ 1-800-424-3515 (TTY: PA Relay 7-1-1).

Haitian Creole
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-424-3515 (TTY: PA Relay 7-1-1).

Portuguese
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-424-3515 (TTY: PA Relay 7-1-1).