



# Geisinger

**GHP Family  
Things You Should Know  
About Your Health Plan**

# Introduction

Geisinger Health Plan Family (GHP Family) is your Medical Assistance managed healthcare plan. We are licensed by the Pennsylvania Department of Health and the Pennsylvania Insurance Department. We have contracted with the Department of Human Services (DHS) to offer coverage to eligible Medical Assistance recipients living in 22 Pennsylvania counties. We have been providing managed care to rural Pennsylvania for over 30 years and our mission is to provide high-quality care to everyone enrolled in this plan.

GHP Family is committed to keeping you informed about the benefits available to you. We work hard to provide you with quality healthcare coverage and believe that as a member, you have a right to know how we work. Most of the information in this book covers a variety of policies and procedures for members, but the GHP Family Member Handbook contains all important information regarding your health care coverage and is available at [GHPFamily.com](http://GHPFamily.com). You can also request a hard copy of the member handbook by calling GHP Family Member Services at 855-227-1302 (PA Relay 711), Monday, Tuesday, Thursday and Friday, 7 a.m. – 7 p.m., Wednesday, 7 a.m. – 8 p.m. and Saturday 8 a.m. – 2 p.m. If you have any questions about the information contained in this, or any other publication, feel free to call GHP Family Member Services or visit [GHPFamily.com](http://GHPFamily.com).

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# Geisinger Health Plan Family information

## Medical management

GHP Family informs providers that medical management decisions are based upon appropriateness of care and that over- or under-utilization of care and services have potential negative effects on quality.

Decision making is based only on appropriateness of care, service and existence of coverage. GHP Family does not specifically reward practitioners or other individuals conducting utilization review for issuing approvals or denials of coverage or services. GHP does not offer incentives for medical management decision makers that encourage decisions that might result in under-utilization.

## Quality improvement

Our quality improvement (QI) program includes information on clinical guidelines, health management programs, cervical cancer screenings and other initiatives intended to improve service to our members. As a member, you have the right to give us input on this program.

If you would like information or have a suggestion regarding our QI program, please call the QI department at 570-271-5108.

## Technology assessment

GHP Family makes every effort to remain up-to-date on the latest and most effective treatment options and preventive health measures.

This process, known as “technology assessment or evaluation,” includes the review of medical data, regulatory status, assessment of published, peer-reviewed, controlled clinical trial outcomes, results and evaluation of scientific evidence to determine the status and/or effectiveness of equipment, procedures and treatments.

GHP Family’s technology assessment committee is made up of physicians and members who volunteer their participation. After thorough evaluation, the technology assessment committee provides recommendations to GHP Family. GHP Family then determines if the technology or procedure should be a covered benefit.

*Geisinger Health Plan Family (GHP Family) is a Medical Assistance (Medicaid) insurance program offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.*



# Member rights

As a GHP member:

1. You have the right to quick and effective response to complaints, appeals and grievances.
2. You have the right to health information and material about GHP and its services, practitioners and providers. The information will be true and correct. A person of average intelligence should be able to understand the information.
3. You have the right to be treated with respect and dignity. You have the right to privacy.
4. You have the right to current and easy to understand information about your care. This includes information about your diagnosis, treatment and prognosis, unless it is not medically advisable.
5. You have the right to know who provides your care. This includes their name, professional status and job role.
6. You have the right to give your informed consent before the start of any procedure or treatment.
7. You have the right to an open discussion of medically-needed treatment options, no matter the cost or benefit coverage.
8. You have the right to make decisions about your healthcare.
9. You have the right to know if a healthcare facility or any of the providers caring for you want to perform human experimentation or research that affects your care or treatment. A legally responsible party on your behalf may refuse this at any time. They can also refuse for you to continue in any experimentation or research program even if you already gave informed consent.
10. You have the right to refuse any drugs, treatment or other procedure offered by GHP or its providers, if it is allowed by law. You have the right to be told by a physician what may

medically happen if you refuse.

11. You have the right to keep all your medical care records private unless they are needed to understand the application of your contract to your care or unless they are needed by law.
12. You have the right to see all information in your medical records unless it is not allowed by the attending physician for medical reasons.
13. You have the right to get required emergency services without unnecessary delay.
14. You have the right to make suggestions about the member rights and responsibilities policies.
15. You have the right to know these rights and responsibilities.

## Member responsibilities

To get the most of your GHP coverage, you have the responsibility to:

1. Know your PCP and primary care site, and your nearest participating hospital
2. Contact your PCP for all medical care except in the case of emergencies
3. Be prepared when talking with the doctor
4. Attempt to schedule appointments with the same primary care team each time
5. Contact GHP or your PCP to arrange for transport when your condition has stabilized, if admitted to a non-participating hospital
6. Identify yourself as a GHP member whenever you call or visit your doctor
7. Offer information your doctor or other healthcare providers need to care for you and to follow the instructions or guidelines you receive from your PCP, such as taking prescriptions as directed
8. Participate in understanding your health problems and developing mutually agreed upon treatment goals

## Primary care physician information

Your PCP can be a very important person in your life. Your PCP is usually the first person you see when you require medical attention and the person who coordinates all your medical care, from specialist referrals to medications. He or she should be your good-health partner, working with you to fulfill your healthcare needs. For these reasons, it is important that you develop a relationship with your PCP. You should feel comfortable discussing any type of health problem you may have with your doctor.

### How to choose your PCP

Select a PCP for yourself and each covered family member in a town near you. If you have a specific PCP in mind, check the index in the back of the provider directory or online at [GeisingerHealthPlan.com](http://GeisingerHealthPlan.com). If you would like additional information about a PCP, including his or her educational background, affiliations at participating hospitals, availability of weekend or evening office hours, and languages spoken, log onto our website at [GeisingerHealthPlan.com](http://GeisingerHealthPlan.com) and click on “Find a Doctor, Drug or Location” then “Search our network” in the blue box. To request a provider directory call the number on the back of your ID card.

On your application form, list your chosen PCP’s name, provider number and the town where the practice is located. (Please include the complete address if the provider has multiple practice sites in the town you choose.)

### Changing your PCP

There are three ways you can change your PCP: visit [GeisingerHealthPlan.com](http://GeisingerHealthPlan.com), contact the customer service team at the number on your member ID card or complete a Subscriber Application Change Form from your employer. We recommend that you limit these changes to no more than twice a year to develop an ongoing

relationship with your PCP. If your PCP retires or decides to discontinue participation with GHP Family, we will notify you and help arrange care with another PCP. If you are currently seeing a specialist for an ongoing health condition, it may be possible to have a specialist serve as your PCP.

### Contacting your PCP

The identifying number, name and telephone number of your primary care site is printed on your member ID card. Remember, if you receive services from a primary care site other than the one we have designated for you, these will not be covered. Your PCP or a representative from your primary care site is required to be available 24 hours a day, seven days a week. If you require non-emergency care during non-business hours, call your primary care site for further instruction.

### Checking credentials

GHP Family is proud of our provider network. Our standards help to ensure that participating providers are skilled and knowledgeable so members receive quality care.

Physicians who want to join our network must first undergo a review to verify hospital affiliation, board certification, training, licensure and professional liability insurance coverage.

We recredential providers at least every three years. These reviews take many factors into account, including member satisfaction surveys, performance data and on-site visits.

Information about participating providers can be found in the provider search section of our website. Profiles include languages spoken, training information and board certification. For more information about providers or the credentialing process, please call the customer service team.

# How to obtain services

## Understanding referrals

If your PCP recommends you see a specialist, he or she will refer you and fill out the necessary form. Be sure to request a copy of your referral. It is one of your responsibilities as a member to confirm that the specialist to whom you are referred is part of the GHP Family network. For maximum coverage, a referral from your PCP is required before receiving specialty services, except in emergency or for direct access services such as obstetrics and gynecology.

To be sure all of your specialty visits are covered, you should note how many visits your PCP has allowed for the specialist and when your referral expires. If your PCP has not specified the number of visits, your referral will be valid for 18 months. If you need care beyond these visits or expiration date, you or your specialist must contact your PCP for a new referral.

Please remember that if you see the specialist without a PCP referral, you may not ask your PCP to issue an “after-the-fact” referral. If the specialist you are seeing retires or discontinues participation with GHP Family, you will be notified and urged to work with your PCP to arrange service with another specialist. If your PCP or specialist determines that you require hospitalization, he or she will precertify your admission through GHP Family’s utilization management department.

## Self-referrals

There are some specialists you can self-refer to. This means you can see these specialists without a referral from your PCP. You must make sure the specialist is part of the GHP Family network. The below specialists accept self-referrals:

- Obstetrician – you can self-refer to an obstetrician if you think you might be pregnant or if you are pregnant. Your right to self-referral includes a nurse mid-wife.
- Gynecologist – you can self-refer for your yearly well-woman examination. This exam includes a Pap smear, a breast exam and depending on your age, a routine mammogram. You can also self-refer for any

women’s health problems, such as abnormal bleeding, possible infection or sexually transmitted disease.

- Family planning provider – you can self-refer for family planning services. You can choose doctors and clinics that are not in the GHP Family network.
- Dentist – you can self-refer for routine dental services.
- Vision provider – you can self-refer for routine eye exams.
- Chiropractor – you can self-refer for your first visit.
- Behavioral Health Service – you can self-refer for treatment.

## Is it an emergency?

If you are experiencing an emergency, call 911 or an emergency information center in your area, or safely proceed immediately to the nearest hospital emergency department. Fortunately, emergencies are rare. Far more common are situations which, although not emergencies, require medical attention right away. GHP Family offers a variety of services to members at any time, day or night, to assist you with these circumstances.

If your PCP or specialist determines that you require hospitalization, he or she will precertify your admission through GHP Family utilization management department.

## Contact your PCP

Medical direction is available 24 hours a day, seven days a week. Simply call your PCP and take the following steps:

- Identify yourself
- Provide sufficient information: how urgent you think the problem is, specific information about health or condition and any treatment that has already been attempted

Your PCP’s office may recommend any of the following:

- Continued home care
- Visit or call the doctor’s office

- Go to the emergency room

Your PCP or GHP Family should be notified of the emergency as soon as possible, preferably within 48 hours, so they can provide post-emergency care and coordinate follow-ups.

In the emergency room, you are required to pay any applicable emergency room copayments. These copays are waived if you are directly admitted to the hospital or admitted within 72 hours for the same condition.

## Urgent care

Far more common than emergencies are situations that, although not emergencies, require medical attention right away.

### Considerations for care during urgent situations:

- Your PCP should be your first contact when sick or in need of medical treatment. When you call:
  - Identify yourself
  - Provide sufficient information (how urgent you think the problem is, specific information about the patient's health or condition and your phone number)
  - You may be connected to a doctor right away, or the doctor may have to call you back.
- Your doctor may recommend any of the following:
  - Steps you can take at home to avoid a trip to an emergency room or doctor's office.
  - That you come to the office for care.
  - That you go to the emergency room.
- All follow-up services after that visit must be provided, or authorized in advance, by a doctor or primary care site
- If your PCP isn't readily available, medical direction is available 24 hours a day, seven days a week via Tel-A-Nurse

- Convenient care and urgent care facilities can be cost effective and convenient when immediate medical attention is needed. No appointments are necessary. Check our provider list on [GeisingerHealthPlan.com](http://GeisingerHealthPlan.com) to find participating facilities near you
- Note: Urgent care and convenient care facilities require PCP copays.
- Please find the nearest emergency room for any life-threatening conditions

## Tel-A-Nurse

Tel-A-Nurse is available 24 hours a day, seven days a week to offer members support and healthcare advice. Just call toll-free at 877-543-5061 and choose from the voice menu.

Tel-A-Nurse also provides a live chat service offering medical information. It is available through our website, [GeisingerHealthPlan.com](http://GeisingerHealthPlan.com).

## Submitting claims

Participating providers first bill GHP Family for your medical care, so with some exceptions, you will not receive a bill for covered services.

If you have a deductible or coinsurance for certain services, your provider may ask you to pay an estimated amount at the time of service, or they may wait and bill you after we have processed the claim for services.

Providers will often bill you and GHP Family at the same time. If you get a second bill, submit it to us or call the customer service team. Please provide your member ID number and a contact phone number with the bill. For an emergency care bill, you will also need to explain the situation that led to the services.

If you paid anything other than a copayment, deductible, coinsurance or fees for non-covered services, request a claim form from the customer service team at the number on the back of your member ID card. Submit the claim form along with receipts and instructions to pay you, not the

doctor. Claims must be received by GHP Family within 180 days of the date of treatment.

## Availability of post-stabilization services

Post-stabilization services are services related to an emergency medical condition. They are provided after the person's immediate medical problems are stabilized. They may be used to stabilize, improve or fix your condition.

- You do not need an authorization or prior approval for post-stabilization services. If you can, show your GHP Family ID card and ask a member of the staff to call your provider.
- You must be allowed to remain at the hospital, even if the hospital is not part of GHP Family's provider network, until your condition is stable and you can safely be transferred to a hospital within our network.

## Hospice services

Hospice care provides medical services, emotional support, and spiritual resources for people who are in the last stages of a serious illness, such as cancer or heart failure. Hospice care also helps family members manage the practical details and emotional challenges of caring for a dying loved one. The goal is to keep you comfortable and improve your quality of life.

Hospice programs offer services in your own home or in a hospice center. Some hospices also offer services in nursing homes, long-term care facilities, or hospitals.

- Hospice care is covered for adults and children by a certified hospice provider
- A prior authorization is needed

## Coordinating care

### Continuity of care

New members who wish to continue an on-going course of treatment with a non-participating provider must contact the customer service team

prior to receiving treatment. We will confer with the provider to determine if they will accept our terms and conditions for payment. If the provider agrees, GHP Family will pay for covered services for the first 60 days of enrollment. (If a member is in her second or third trimester of pregnancy, services will be covered through delivery and postpartum care).

In certain cases, a member may also be considered for coverage of on-going treatment during a transitional period when a provider participation agreement is discontinued. If this occurs, GHP Family will notify you and outline the process you should follow to exercise your continuity of care option.

### Coordination of benefits

If you are covered by another type of insurance, you will be asked to inform us about that coverage (name of plan, your ID number, etc.). We will cooperate with the other insurer to be sure you receive all benefits to which you are entitled.

We work with other insurers to avoid double payments for claims, which helps keep down the cost of health insurance for you and your dependents, while ensuring that you receive the maximum benefit allowed.

If you have a worker's compensation claim, you must use a doctor who participates with both your employer's worker's compensation insurance and GHP Family. If worker's compensation rejects your claims, they will be considered for coverage by GHP Family.

Even if you are covered by another insurance plan, you must follow GHP Family coverage guidelines for us to cover services.

### Remember your copays

Before you visit your PCP or specialist, check to see if you have a copay due. Your copay amounts are listed on your member ID card.

### Visiting non-participating providers

If you choose to see a non-participating provider,



you may be billed for any charges over our allowed amount for the out-of-network service, in addition to your deductible and coinsurance. Seeing a non-participating provider can possibly make your out-of-pocket costs significant and unpredictable. Before you choose a non-participating provider, please call the customer service team at the number on the back of your member ID card for specific cost sharing information.

Urgent and emergent care are covered no matter where you are

If you are traveling outside of the GHP Family service area, certain services will still be covered. GHP Family will pay for medical emergency care, urgently needed care, renal dialysis and any care that has been pre-approved by GHP Family.

If you have any questions about coverage of treatment please refer to your Subscription Certificate or contact the customer service team at the number on the back of your ID card.

## Health management

GHP's health management programs help members stay healthy and assists those with chronic health conditions. Our case managers/health managers, who are specially trained nurses, work with you in one-on-one sessions, by phone or via the web to set personal goals and complete an action plan to better your health.

Programs offered include asthma, heart failure, chronic obstructive pulmonary disease (COPD), diabetes, hypertension, osteoporosis, coronary artery disease (CAD), weight management and tobacco cessation. A health manager can also help you transition back home after a hospital visit, including coordination of medications, follow-up appointments and home health services.

If you are interested in learning more, please call our health management department at 800-883-6355, Monday through Friday 8:00 a.m. to 5:00 p.m.

## Preventive health guidelines

Our Preventive Health Guidelines book is available online at [GeisingerHealthPlan.com](http://GeisingerHealthPlan.com) (member section). If you'd like a hard copy of this book, please call our customer service team at the number on the back of your member ID card.

## Women's Health Act

The Women's Health and Cancer Rights Act of 1998, or Women's Health Act, requires GHP to cover post-mastectomy and reconstructive services for members with breast cancer. GHP has always viewed the services outlined in the Women's Health Act as essential covered benefits and is in full compliance with this law.

If a member elects reconstructive surgery following a mastectomy, GHP will cover:

- All stages of reconstruction of the breast on which a mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas

Your participating provider will work with GHP's medical director to determine how covered services will be provided.

## Special communication services

GHP Family can accommodate members who have special communication needs.

- Hearing impaired members can contact GHP Family via the TDD/TTY phone line at PA Relay 711, Monday to Friday, 8 a.m. to 6 p.m.
- GHP can provide visually and reading impaired members with audio cassettes of important member material upon request
- GHP uses a third party phone line known as "Language Line" to communicate with non-English speaking members
- Non-English printed materials can be produced upon request

## Provider access and availability standards

Your PCP must schedule your first appointment within three weeks of your enrollment. Urgent medical conditions must be scheduled within 24 hours of the request. Wellness appointments (physicals, wellness exams) must be scheduled within 10 business days of your request. All other appointments must be scheduled within three weeks of when you call to make the appointment. Your PCP must be available to you 24 hours a day, each day of the week and every day of the year (including holidays). They may have an answering service that will take your call and contact your PCP who will call you back. Your PCP must have at least 20 hours of office hours each week. For detailed appointment standards see below.

Condition	Member(s)	Provider types	Standards
Emergency	All	PCP	Recipients must be seen immediately, or referred to an emergency facility
		Specialist Care Provider (SCP)	Appointments immediately upon referral
Urgent	All	PCP	Appointments within 24 hours
		SCP	Appointments within 24 hours of referral
Routine	All	PCP	Appointments must be scheduled within 10 business days
		Specialist: <ul style="list-style-type: none"> <li>• Otolaryngology</li> <li>• Dermatology</li> <li>• Pediatric endocrinology</li> <li>• Pediatric general surgery</li> <li>• Pediatric infectious disease</li> <li>• Pediatric neurology</li> <li>• Pediatric pulmonology</li> <li>• Pediatric rheumatology</li> <li>• Dentist</li> <li>• Orthopedic surgery</li> <li>• Pediatric allergy</li> <li>• Pediatric immunology</li> <li>• Pediatric gastroenterology</li> <li>• Pediatric hematology</li> <li>• Pediatric oncology</li> <li>• Pediatric rehab medicine</li> <li>• Pediatric urology</li> </ul>	Appointments must be scheduled within 15 business days
		All other specialty	Appointments must be scheduled within 10 business days
Health assessment	All	PCP	Appointments must be scheduled within three weeks of enrollment
General physical examination	All	PCP	Appointments must be scheduled within three weeks

First physical examination	All	PCP	Appointments must be scheduled within three weeks
Initial appointment	Members with HIV/AIDS	PCP or SCP	Must be scheduled within seven days of enrollment unless the member is already in active care with a PCP or specialist
	Members with SSI	PCP or SCP	Must be scheduled within 45 days of enrollment unless the member is already in active care with a PCP or specialist
Initial prenatal care appointment	Pregnant members	OB/GYN or certified nurse midwife (CNM)	
	First trimester		Must be scheduled within 10 business days of the member being identified as pregnant
	Second trimester		Within five business days of being identified
	Third trimester		Within four business days of being identified
	High risk pregnancy		Within 24 hours of identification or immediately if an emergency exists
EPSDT screens	All under the age of 21	PCP	Appointments must be scheduled within 45 days of enrollment unless the child is already under the care of a PCP and current with screens

GHP Family has a large network of hospitals, physicians, pharmacies and other health care providers. GHP Family members should receive services from a participating provider, unless it is an emergency or there is an urgent need for care while out of the GHP Family service area. You can find information about GHP Family providers in the GHP Family provider directory.

The provider directory gives you the providers' names, what medical group they belong to (if any), addresses of their offices, phone numbers, any specific information about the provider (for example, if they see only children), hospitals they admit patients to, their specialty, any board certifications, the languages they speak, the gender of the doctor, and whether they are taking new patients. There is also information about hospitals.

You can request a copy of the provider directory from Member Services at 855-227-1302 (PA Relay 711) or view online at [GeisingerHealthPlan.com](http://GeisingerHealthPlan.com). You have the right to request the directory in a different format or language at no cost to you.

*Please note: the information in the provider directory is subject to change without notice as it is updated often by GHP Family.*

## Prescription drug coverage

Your benefits may include prescription drug coverage. Keep in mind:

- All prescriptions must be filled at a participating pharmacy
- You will pay the applicable copay, if required. You can still get your covered medications even if you can't pay the copay at the time of service.
- GHP Family follows the Statewide Preferred Drug List (PDL) developed by DHS. There are additional medications that you are eligible to receive that are part of GHP Family's formulary.
- Some medications on the Statewide PDL and formulary require prior authorization which your provider may request through our pharmacy department
- If you require drugs or medications not listed on the Statewide PDL or formulary, your provider may request an exception through our pharmacy department, except for those items listed as specific exclusions.
- If you do not see a diabetic supply included in the Statewide PDL or Supplemental Formulary it may require prior authorization, or it may be covered under your Medical Benefit. Please call GHP Family Pharmacy Services at (855) 552-6028 for additional information.
- Quantity limits may apply to certain drugs

formulary is constantly updated due to the high number of drugs on the market, as well as the introduction of new drugs. Therefore, the Statewide PDL and formulary is subject to change.

There are certain medications that GHP will not cover under any circumstance. These medications are called exclusions. Some examples of exclusions are medications used for experimental, investigational or unproven drug therapies, medications used for weight loss, lifestyle medications, and medications used for cosmetic purposes. The exclusion list is also updated continually. If you are unsure if a medication is covered, it is always best to inquire before going to your pharmacy.

For more information or to review pharmaceutical lists on any limitations for prescribing or accessing pharmaceuticals please call the pharmacy customer service team. You can view the formulary online at [GHPFamily.com](http://GHPFamily.com) and view the Statewide PDL at [papdl.com/preferred-drug-list](http://papdl.com/preferred-drug-list). For a hard copy of the entire formulary, including the Statewide PDL, please contact our pharmacy customer service team at 855-552-6028, 8 a.m. to 5 p.m., Monday, Tuesday, Thursday and Friday or Wednesday from 8 a.m. to 8 p.m. You can also visit [GHPFamily.com](http://GHPFamily.com) to view or print a copy.

## Specialty Drug Program

Certain medications require the use of a contracted specialty pharmacy. Please contact the pharmacy customer service team or visit [GHPFamily.com](http://GHPFamily.com) for additional information on the program and a complete list of the medications included.

## Preferred Drug List and Formulary

The purpose of a preferred drug list and drug formulary is to promote high-quality healthcare for members like you. The preferred drug list and drug formulary is a list of medications currently preferred by GHP. The Statewide PDL and



## Special needs unit

The GHP Family Special Needs Unit (SNU) can help you understand the services and benefits available to you. The SNU can also help you find programs and agencies in the community that can help you.

The Special Needs Unit can help with the following:

- Assist you in filing a complaint or requesting a fair hearing
- Connect you with GHP Family health programs like the Right From the Start maternity program
- Connect you with providers that speak languages other than English or set up interpreter services
- Coordinate services for children who are in the custody of the Office of Children, Youth and Families or a Juvenile Probation Office
- Coordinate your healthcare with community agencies and GHP Family providers
- Find a behavioral health provider
- Find community agencies that offer services not covered by GHP Family, such as support groups and transportation assistance
- Help you schedule dental appointments

For more information, call 855-214-8100, Monday through Friday from 8 a.m. to 5:00 p.m.

## Opioid awareness and abuse resources

If you have a medical emergency, call 911 immediately. If you need immediate help or guidance concerning opioid abuse, call the Substance Abuse and Mental Health Services Administration (SAMHSA) hotline at 800-662-HELP (4357).

### Treatment programs and guides\*

- Geisinger's Addiction Medicine webpage  
Visit Geisinger's Addiction Medicine webpage to access key information and tools for treatment options: [geisinger.org/patient-care/conditions-treatments-specialty/addiction-treatment](https://www.geisinger.org/patient-care/conditions-treatments-specialty/addiction-treatment)
- Geisinger Marworth – Alcohol and Chemical Dependency Treatment Center  
Geisinger Marworth provides highly-specialized addiction treatment programs – inpatient and outpatient. For more information, visit [marworth.org](https://www.marworth.org) or call 800-442-772.
- Geisinger Medication Assisted Treatment Programs  
Patients may be referred by a physician or may self-refer by calling the clinics directly.  
Bloomsburg: 570-387-2055 or Geisinger South Wilkes-Barre: 570-808-3700.
- The Wright Center  
Located in Scranton, Pa, The Wright Center was recently named an opioid Center of Excellence. For more information, visit: [thewrightcenter.org/patient-care-2/coe/](https://thewrightcenter.org/patient-care-2/coe/) or call 570-230-0019.
- CleanSlate Addiction Treatment Centers  
Three outpatient centers in Pennsylvania located in Scranton, Wilkes-Barre and Williamsport. For more information, visit: [cleanslatecenters.com](https://cleanslatecenters.com) or call 413-341-1787.

*\*The programs listed here accept GHP Family insurance.*

## Fraud and Abuse

There may be times when you need to report fraud or abuse you have seen. This could be fraud and abuse by a member or a provider.

What are some examples of fraud and abuse?

- Some examples of fraud and abuse are:
- If a provider offers to give you free equipment or services or supplies in exchange for your ACCESS or GHP Family member number.

If a member gives their ACCESS or GHP Family identification cards to another person to get services using the member's name.

What should I do if I suspect fraud or abuse is or has happened?

GHP Family has a hotline to report suspected fraud and abuse. The hotline number is 1-800-292-1627. You can also report fraud and abuse to the Department of Human Services through any of the following:

- Call the Medical Assistance Provider Compliance hotline at: 1-866-379-8477
- Visit to the website: [www.dhs.state.pa.us](http://www.dhs.state.pa.us)
- Or send an email to <http://www.dhs.state.pa.us>

If you report fraud or abuse to any of the above, you don't have to give your name. If you do give your name, the provider or member will not be told it was you that reported them. Your report is kept completely confidential.

## Geisinger Health Plan Family privacy notice

This notice describes how medical information about you may be disclosed and how you can get access to this information. Please review it carefully.

We are required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

If you have questions about this notice, you may contact our privacy officer at 570-271-7360.

You may obtain our most current notice by visiting our website at [GeisingerHealthPlan.com](http://GeisingerHealthPlan.com) or by calling or writing to our privacy officer to request that a copy be sent to you in the mail. The address for our privacy officer is provided at the end of this notice.

To be successful, we must uphold the trust of our members and those with whom we interact. This

trust, in turn, is built on honoring our commitment to respect your privacy. GHP has a policy that assures the confidentiality of your PHI. PHI is any individually identifiable health information that is created or received by GHP that relates to your past, present or future physical or mental health or condition, the provision of healthcare to you, or the past, present, or future payment for the provision of healthcare to you. GHP is required to provide you this notice about its legal duties and privacy practices, and must follow the privacy practices described in this notice while it is in effect.

## Uses and disclosures of PHI

GHP uses and discloses PHI in connection with your treatment, to make payment for your healthcare and for GHP's healthcare operations. Except as stated below, GHP will not use or disclose your PHI unless you have signed a form that allows GHP to do so.

**Treatment:** GHP may disclose your PHI to doctors, dentists, pharmacies, hospitals and other caregivers who request it in connection with your treatment. GHP may also disclose your protected health information to healthcare providers in connection with preventive health, early detection and disease and case management programs.

**Payment:** GHP will use and disclose your PHI to administer your health benefits policy or contract. This may involve verifying eligibility, claims payment, subrogation, utilization review and management, medical necessity review, care coordination, and responding to complaints, appeals and external requests.

**Healthcare operations:** GHP will use and disclose your PHI as necessary, and as permitted by law, for its healthcare operations. These healthcare operations include, but are not limited to, credentialing healthcare providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, enrollment, rating and underwriting, reinsurance, compliance, auditing and other functions related to your health benefits plan.

**Business associates:** Certain aspects and components of GHP's services are performed through contracts with outside persons or organizations, such as identification card printing, subrogation, accreditation, etc. At times it may be necessary for GHP to provide PHI to one or more of these outside persons or organizations who assist GHP with healthcare operations. GHP will give out as little information as possible to allow our business associates to complete these tasks and GHP requires these business associates to appropriately safeguard the privacy of your information.

**Family and friends involved in your care:** With your approval, GHP may disclose your PHI to designated family, friends, and others involved in your care. You may designate another person to act on your behalf in signing forms or making decisions when you are unable to do so. GHP recognizes the following documentation for member representation in certain circumstances:

- Applicable durable Power of Attorney

- Legal guardian
- An authorized representative form

If a member wishes to designate an authorized representative, he or she must complete and sign an authorized representative form. This form can be obtained by calling the customer service team at the telephone number indicated on the back of the member identification card.

If you are unavailable, incapacitated or facing an emergency medical situation and GHP determines that a limited disclosure may be in your best interest, GHP may share limited PHI with such individuals without your authorization.

Certain state/federal laws limit our uses and disclosures even in the case of treatment, payment or healthcare operations of those medical records of a sensitive nature, including HIV related records, records of alcohol or substance abuse treatment, mental health records, and records of sexual abuse/assault counseling. We will use and disclose your health information only in compliance of these more restrictive laws that provide greater protection for records in these categories of care.

Special authorizations are required by Pennsylvania laws to permit disclosures of certain highly sensitive personal information. In certain situations, consistent with applicable regulations or laws, GHP will ask for your written authorization before using or disclosing identifiable health information about you. If you sign an authorization to disclose specific information, you can later revoke that authorization to stop future uses and disclosures.

Unless authorized by you, GHP will not use or disclose genetic protected health information for underwriting purposes.

## Additional uses and disclosures of health information

GHP may also contact its members to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services available to its members.

Also, GHP may use or disclose your PHI in the following situations without an authorization:

- GHP may release your PHI for any purpose required by law
- GHP may release your PHI as required by law if we suspect child abuse or neglect; we may also release your PHI as required by law if we believe you to be a victim of abuse, neglect, or domestic violence
- GHP may release your PHI to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls
- GHP may release your PHI to your plan sponsor (employer), provided, however, your plan sponsor must certify that the information provided will be maintained in a confidential manner and not used for employment related decisions or for other employee benefit determinations or in any other manner not permitted by law
- GHP may release your PHI if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings
- GHP may release your PHI if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release
- GHP may release your PHI to law enforcement officials as required by law to report wounds and injuries and crimes
- GHP may release your PHI to coroners and/or funeral directors consistent with law
- GHP may release your PHI if necessary to arrange an organ or tissue donation from you or a transplant for you
- GHP may release your PHI for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy
- GHP may release your PHI if you are a member of the military as required by armed forces services; we may also release your

PHI if necessary for national security or intelligence activities

- GHP may release your PHI to workers' compensation agencies if necessary for your workers' compensation benefit determination

## Individual member rights regarding privacy

The Health Insurance Portability and Accountability Act (HIPAA) provides specific rights to all individuals about their PHI. You may request in writing that GHP not use or disclose your PHI for payment, health management or other healthcare operational purposes except when specifically authorized by you, when required by law, or in emergency circumstances. GHP will consider your request but GHP is not legally required to accept it. GHP will not sell your PHI or share it for marketing purposes unless you give us written permission. *To find out more about any of the following rights or request the necessary form(s), call the customer service team at the number on the back of your member ID card or contact the designated privacy officer as noted in the "Contacts" section of this notice.*

Communications that you receive from GHP containing your health information will be conveyed in a confidential manner. You have the right to request in writing and GHP will process reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations.

Unless GHP is given an alternative address, GHP will mail explanation of benefit forms and other mailings containing protected health information to the address that GHP has on record for the subscriber.

In most cases, you have the right to look at or get a copy of your PHI in a designated record set. Generally a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your healthcare benefits. However, you may not inspect or copy psychotherapy notes or certain



other information that may be contained in a designated record set. If you request copies, GHP may charge reasonable copying and postage fees.

You may also request a copy of your protected health information in electronic format or direct us to transmit it to another entity or individual you choose.

If you believe that information in your GHP records is incorrect or incomplete, you have the right to request in writing that GHP correct or add to the existing information. GHP is not obligated to make all requested corrections but will give careful consideration to each request. Requests for amendment(s) must be in writing, signed by you or your representative, and must state the reasons for the request. If GHP makes a correction that you request, GHP may also notify others who work with us and have copies of the uncorrected record if GHP believes that the notification is necessary.

You also have the right to receive a list of instances after April 14, 2003 where GHP has disclosed PHI about you for reasons other than claims payment or related administrative purposes. If you request this accounting more than once in a 12-month period, GHP may charge you a reasonable fee.

We are required to notify you, should certain unpermitted uses and disclosures, a “breach,” occur that may cause you financial, reputational, or other significant harm. This will be done by mail and other means if necessary.

## GHP’s duties

As stated above, GHP is required by law to maintain the privacy of your PHI, provide this notice about its information practices and follow the information practices that are described in this notice. GHP may change its policies at any time. If GHP makes a significant change in its policies, GHP will provide notice of the change to you via a letter, newsletter notice or a revised Subscription Certificate. You may request a copy of GHP’s Privacy & Confidentiality policy on uses and disclosures of health information at any time.

For more information on GHP’s privacy practices, please contact the person listed below.

GHP has procedures in place to prevent unauthorized access to your PHI, which include employee training in the importance of maintaining member confidentiality and privacy.

## Complaints

If you are concerned that GHP has violated your privacy rights or you disagree with a decision GHP has made about access to your GHP records, please follow the complaint procedures described in your plan documents. You can also call the customer service team or contact the person on the next page. You also may send a written complaint to the U.S. Department of Health and Human Services. Individuals will not be retaliated against for filing a complaint with either GHP or the U.S. Department of Health and Human Services.

## Contacts

If you have any questions or need additional information, please contact your customer service team at the number indicated on the back of your member identification card or GHP’s designated privacy officer as follows:

Designated Privacy Officer  
Geisinger Health Plan  
100 N. Academy Avenue  
Danville, PA 17822  
Mail Code 28-74  
Telephone: 570-271-7360  
Email: [systemprivacyoffice@geisinger.edu](mailto:systemprivacyoffice@geisinger.edu)

The address for the Department of Health and Human Services is:

The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

## Effective Date

This notice went into effect April 14, 2003, in accordance with the privacy regulations of the Health Insurance Portability and Accountability

Act (HIPAA). The notice was most recently revised September 2013.

## Footnote to privacy notice

The below-listed separate corporate entities are among those that are participating in an Organized Healthcare Arrangement:

- Geisinger Clinic (all sites)
- Geisinger Medical Center (Including Geisinger-Shamokin Area Community Hospital Campus)
- Geisinger Wyoming Valley Medical Center
- Marworth
- Community Medical Center
- Community Medical Center Healthcare System
- Mountain View Care Center
- Community Medical Care, Inc.
- Geisinger-Bloomsburg Health Care Center
- Columbia-Montour Home Health Services/Visiting Nurses Association, Inc. d/b/a Geisinger-Columbia-Montour Home Health Services/Visiting Nurses Association, Inc.
- Geisinger-Bloomsburg Hospital
- Bloomsburg Physician Services d/b/a Geisinger-Bloomsburg Physicians Services
- Geisinger System Services
- Geisinger Assurance Company, Ltd.
- Geisinger Medical Management Corporation
- Geisinger Health Plan
- Geisinger Indemnity Insurance Company
- Geisinger Insurance Corporation-Risk Retention Group
- Geisinger Quality Options

The legally separate corporate parent, Geisinger Health System Foundation, is also participating in such organized healthcare arrangement. These separate legal entities may share protected health information with each other as necessary to carry out treatment, payment or healthcare operations relating to the organized healthcare arrangement unless otherwise limited by law, rule or regulation. Unless we provide you with a different Notice of Privacy Practices and except as provided above, this Notice of Privacy Practices will apply to all entities that we may purchase or affiliate with in the future.

### Affiliated Covered Entity Designation

As of October 1, 2019, the following Geisinger covered entities, under common control, designate themselves as a single covered entity known as the “Geisinger Affiliated Covered Entities” for purposes of the HIPAA privacy rule. The Geisinger Affiliated Covered Entities are:

- Geisinger Clinic (all sites)
- Geisinger Medical Center (including its Geisinger Shamokin Area Community Hospital Campus)
- Geisinger Wyoming Valley Medical Center (including Geisinger South Wilkes-Barre Campus)
- Geisinger Community Health Services
- Geisinger Bloomsburg Hospital
- Geisinger Health Plan (Added January 23, 2020)
- Geisinger Lewistown Hospital
- Community Medical Center d/b/a Geisinger Community Medical Center
- Family Health Associates of Geisinger-Lewistown Hospital
- West Shore Advanced Life Support Services, Inc.
- Spirit Physician Services, Inc.

# Complaint, appeal, and fair hearing processes

## For GHP Family members

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

## Complaints

A complaint is when you tell us you are unhappy with GHP Family or your provider or do not agree with a decision by GHP Family. Some things you may complain about:

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

## First Level Complaint

To file a complaint, you can:

Call GHP Family at 855-227-1302 and tell us your complaint, or write down your complaint and send it to us at:

GHP Family ATTN: Appeals Department  
100 North Academy Ave.  
Danville, PA 17822-3220

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?

You must file a complaint within 60 days of getting a letter telling you that:

- GHP Family has decided that you cannot get a service or item you want because it is not a covered service or item.
- GHP Family will not pay a provider for a service or item you got.
- GHP Family did not decide a complaint or grievance you told us about within 30 days.
- You were denied a request to disagree with a decision that you have to pay your provider.

You must file a complaint within 60 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 GHP Family telling you that we have received your complaint, and about the first level complaint review process.

You may ask GHP Family to see any relevant information we have about your complaint. You may also send information that may help with your complaint to GHP Family.

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

A committee of one or more GHP Family's staff who have not been involved in the issue you filed your complaint about will review your complaint and make a decision. Your complaint will be decided no later than 30 days after we receive your complaint.

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

## What to do to continue getting services

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

## Second Level Complaint

### What if I don't like GHP Family'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:

- GHP Family's decision that you cannot get a service or item you want because it is not a covered service or item.
- GHP Family's decision to not pay a provider for a service or item you got.
- GHP Family's failure to decide a Complaint or Grievance you told GHP Family about within 30 days from when GHP Family got your Complaint or Grievance.
- You not getting a service or item within the time by which you should have received it
- GHP Family's decision to deny your request to disagree with GHP Family's decision that you must 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 mail 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. To file a second level complaint, you can:

Call GHP Family at 1-866-577-7733, Option "0"

and tell us your second level complaint, or write down your second level complaint and send it to us at:

GHP Family ATTN: Appeals Department  
100 North Academy Ave.  
Danville, PA 17822-3220

### What happens after I file a second level complaint?

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

You may ask GHP Family to see any relevant information we have about your complaint. You may also send information that may help with your complaint to GHP Family.

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

A committee made up of three or more people, including at least one person who is not an employee of GHP Family who have not been involved in the issue you filed your complaint about, will review your complaint and make a decision. Your complaint will be decided no later than 45 days after we receive your complaint.

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

### What to do to continue getting services

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



# External Complaint Review

What can I do if I still don't like GHP Family's decision?

If you do not agree with GHP Family's second level complaint decision, you may ask for an external review by either the Department of Health or the Insurance Department. The Department of Health handles complaints that involve the way a provider gives care or services. The Insurance Department reviews complaints that involve GHP Family policies and procedures. You must ask for an external review within 15 days of the date you received the second level complaint decision letter. If you ask, the Department of Health will help you put your complaint in writing.

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

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

Or

Pennsylvania Insurance Department  
Bureau of Customer Service  
1321 Strawberry Square  
Harrisburg, Pennsylvania 17120  
Telephone: 1-877-881-6388

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

The Department of Health or the Insurance Department will get your file from GHP Family. You may also send them any other information that may help with the external review of your complaint. You may be represented by an attorney or another person during the external review.

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

What to do to continue getting services

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

## Grievances

What is a grievance?

When GHP Family denies, decreases, or approves a service or item different than the service or item you requested because it is not medically necessary, you will get a letter (notice) telling you GHP Family's decision. A grievance is when you tell us you disagree with GHP Family's decision.

## Grievance

What should I do if I have a grievance?

To file a grievance, you can call GHP Family at 855-227-1302 and tell us your grievance, or write down your grievance and send it to us at:

GHP Family ATTN: Appeals Department  
100 North Academy Ave.  
Danville, PA 17822-3220  
Fax: 570-271-7225

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

When should I file a grievance?

You have 60 days from the date you receive the letter (notice) that tells you about the denial, decrease, or approval of a different service or item, to file your grievance.

What happens after I file a grievance?

After you file your grievance, you will get a letter from GHP Family telling you that we have received your grievance, and about the grievance review process.

You may ask GHP Family to see any relevant information we have about your grievance. You may also send information that may help with your grievance to GHP Family.

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

A committee of one or more GHP Family staff, including a licensed doctor, who has not been involved in the issue you filed your grievance about, will review your grievance and make a decision. Your grievance will be decided no later than 30 days after we received your grievance.

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

#### What to do to continue getting services

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

What can I do if I still don't like GHP Family's decision?

If you do not agree with GHP Family's grievance decision, you may ask for an external grievance review, or a Fair Hearing or you may ask for both an external Grievance review and a Fair Hearing.

You must call or send a letter to GHP Family asking for an external grievance review within 15 days of the date you received our grievance decision letter. 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.

To ask for an external grievance review, you can

call GHP Family at 866-577-7733, Option "0" and tell us your grievance, or write down your second level grievance and send it to us at:

GHP Family ATTN: Appeals Department  
100 North Academy Ave.  
Danville, PA 17822-3220  
Fax: 570-271-7225

We will then send your request to the Pennsylvania Department of Insurance, Bureau of Managed Care . We 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.

GHP Family 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 review 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 don't like the decision.

#### What to do to continue getting services

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

## Expedited Complaints and Grievances

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

If your doctor or dentist believes that the usual timeframes for deciding your complaint or grievance will harm your health, you or

your doctor or dentist can call GHP Family at 1-855227-1320 or Pennsylvania Relay at 7-1-1 and ask that your complaint or grievance be decided faster. You will need to have a letter from your doctor or dentist faxed to 570-271-7225 explaining how the usual timeframe for deciding your complaint or grievance will harm your health. If your doctor or dentist does not send GHP Family this letter, your complaint or grievance will be decided within the usual timeframes.

## Expedited Complaint

The expedited complaint will be decided by a licensed doctor who has not been involved in the issue you filed your complaint about. GHP Family will call you with a decision within 48 hours of when we receive the letter from your doctor or dentist explaining how the usual timeframe for deciding your complaint will harm your health or within 3 business days of your request for an expedited (faster) complaint review, whichever is sooner. You will also receive a letter telling you the reason(s) for the decision and how to file an external complaint, if you don't like the decision.

## Expedited Grievance and Expedited External Grievance

A committee of three or more people, including a licensed doctor and at least one GHP Family member, will review your grievance. The licensed doctor will decide your expedited grievance with help from the other people on the committee. No one on the committee will have been involved in the issue you filed your grievance about. GHP Family will call you with our decision within 48 hours of when we receive the letter from your doctor or dentist explaining how the usual timeframe for deciding your grievance will harm your health or within 3 business days of your request for an expedited (faster) grievance review, whichever is sooner. You will also receive

a letter telling you the reason(s) for the decision and how to file an expedited external grievance if you don't like the decision.

If you want to ask for an expedited external grievance review by the Pennsylvania Department of Insurance, Bureau of Managed Care, you must call GHP Family at 1-866-577-7733, Option "0" or Pennsylvania Relay at 7-1-1 within 2 business days from the date you get the expedited grievance decision letter. GHP Family will send your request to the Department of Health within 24 hours after receiving it.

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 GHP Family did or did not do. These hearings are called "fair hearings". You can ask for a fair hearing at the same time you file a complaint or grievance or you can ask for a fair hearing after GHP Family decides your first or second level complaint or grievance.

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

If you are unhappy because...

1. GHP Family decided to deny a service or item because it is not a covered service or item; you must ask for a fair hearing within 120 days of getting a letter from GHP Family telling you of this decision.
2. GHP Family decided to not pay a provider for a service or item you got and the provider can bill you for the service or item; you must ask for a fair hearing within 120 days of getting a letter from GHP Family telling you of this decision.
3. GHP Family did not decide within 30 days, a complaint or grievance you told GHP Family about before; you must ask for a fair hearing within 120 days of getting a letter from GHP

Family telling you that we did not decide your complaint or grievance within the time we were supposed to.

4. GHP Family decided to deny, decrease or approve a service or item different than the service or item you requested because it was not medically necessary; you must ask for a fair hearing within 120 days of getting a letter from GHP Family telling you of this decision or within 30 days of getting a letter from GHP Family telling you its decisions after you filed a complaint or grievance about this issue.

5. GHP Family did not provide a service or item by the time you should have received it. (The time by which you should have received a service or item is listed.); you must ask for a fair hearing within 120 days from the date you should have received the service or item.

How do I ask for a fair hearing?

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

Department of Human Services  
Office of Medical Assistance Programs –  
HealthChoices Program  
Complaint, Grievance and Fair Hearings  
PO Box 2675  
Harrisburg, PA 17105-2675

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

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

What happens after I ask for a fair hearing?

You will get a letter from the Department of Human Service's Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time for the hearing. You will receive this letter at least 10 days before the date of the hearing. You may come to where the fair hearing will be held or be included by phone. A family member, friend, lawyer or other person may help you during the fair hearing. GHP Family will also go to your fair hearing to explain why we made the decision or explain what happened. If you ask, GHP Family must give you (at no cost to you) any records, reports and other information we have that is relevant to your fair hearing.

When will the fair hearing be decided?

If you ask for a fair hearing after a first level complaint or grievance decision, the fair hearing will be decided no more than 60 days after the Department of Human Services gets your request. If you ask for a fair hearing and did not file a first level complaint or grievance, or if you ask for a fair hearing after a second level complaint or grievance decision, the fair hearing will be decided within 90 days from when the Department of Human Services gets your request. 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 receiving services or items that are being reduced, changed or stopped and your request for a fair hearing is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that GHP Family has reduced, changed or denied your services or items or telling you GHP Family decision about your



first or second level complaint or grievance, your services or items will continue until a decision is made.

## Expedited Fair Hearing

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

If your doctor or dentist believes that using the usual timeframes to decide your fair hearing will harm your health, you or your doctor or dentist can call the Department of Human Services at 1-800-7982339 and ask that your fair hearing be decided faster. This is called an expedited fair hearing. You will need to have a letter from your doctor or dentist Faxed to 1-717-772-6328 explaining why using the usual timeframes to decide your fair hearing will harm your health. If your doctor or dentist does not send a written statement, your doctor or dentist may testify at the fair hearing to explain why using the usual timeframes to decide your fair hearing will harm your health.

The Bureau of Hearings and Appeals will contact you to schedule the expedited fair hearing. The expedited fair hearing will be held by telephone within 3 business days after you ask for the fair hearing. If your doctor does not send a written statement and does not testify at the fair hearing, the fair hearing decision will not be expedited. Another hearing will be scheduled, and the time frame for the fair hearing decision will be based on the date you asked for the fair hearing. If your doctor sent a written statement or testifies at the hearing, the decision will be made within 3 business days after you asked for the fair hearing. You may call the GHP Family toll-free number at 866-577-7733, Option "0" or Pennsylvania Relay at 7-1-1 if you need help or have questions about fair hearings. You can also contact your local legal aid office at 1-800-322-7572 on line at [www.palegalaid.net](http://www.palegalaid.net) or call the Pennsylvania Health Law Project at 1-800-274-3258, online at [www.phlp.org](http://www.phlp.org).

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

If you need help filing your complaint or grievance, a staff member of GHP Family will help you. This person can also represent you during the complaint or grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your complaint or grievance. You may also have a family member, friend, lawyer or other person help you file your complaint or grievance. This person can also help you if you decide you want to appear at the complaint or grievance review. For legal assistance you can contact your local legal aid office at 1-800322-7572, visit ([www.palegalaid.net](http://www.palegalaid.net)) or call the Pennsylvania Health Law Project at 1-800-274-3258 ([www.phlp.org](http://www.phlp.org)).

At any time during the complaint or grievance process, you can have someone you know represent you or act on your behalf. If you decide to have someone represent or act for you, tell GHP Family, in writing, the name of that person and how we can reach him or her. You or the person you choose to represent you may ask GHP Family to see any relevant information we have about your complaint or grievance.

Persons whose primary language is not English

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

Persons with disabilities

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

- Providing sign language interpreters;
- Providing information submitted by GHP Family at the complaint or grievance review in an alternative format. The alternative format version will be given to you before the review; and
- Providing someone to help copy and present information.



# Discrimination is against the law

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

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

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

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

Geisinger Health Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Geisinger Health Plan at 800-447-4000.

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

Civil Rights Grievance Coordinator  
Geisinger Health Plan Appeals Department  
100 North Academy Avenue,  
Danville, PA 17822-3220  
Phone: (866) 577-7733, PA Relay 711,  
Fax: (570) 271-7225, or  
Email: [GHPCivilRights@thehealthplan.com](mailto:GHPCivilRights@thehealthplan.com)

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

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

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

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

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

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call: 800-447-4000 (PA RELAY 711).

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (PA RELAY: 711).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (PA RELAY: 711).

**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 800-447-4000 (PA RELAY: 711)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (PA RELAY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-447-4000 (رقم هاتف الصم والبكم: PA RELAY: 711).

**ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ ।  
**फोन गर्नुहोस्** 800-447-4000 (PA RELAY: 711) ।

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (PA RELAY: 711). 번으로 전화해 주십시오.

**ប្រយ័ត្ន៖** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (PA RELAY: 711)។

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (PA RELAY: 711).

**သတိပြုရန် -** အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 800-447-4000 (PA RELAY: 711) သို့ ခေါ်ဆိုပါ။

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (PA RELAY: 711).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (PA RELAY: 711).

**লক্ষ্য করুন:** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 800-447-4000 (PA RELAY: 711)।

**KUJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-447-4000 (PA RELAY: 711).

**सुचना:** જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (PA RELAY: 711).

# Geisinger

100 North Academy Avenue  
Danville, PA 17822-3220