Geisinger Gold

2020 Things You Should Know About Your Health Plan
Introduction

Geisinger Gold is committed to keeping members informed about the benefits available to them. We work hard to provide you with quality healthcare coverage and believe that you as a member have a right to know how Geisinger Gold works.

Most of the information contained in these pages covers a variety of Geisinger Gold policies and procedures. If you have any questions about the information contained in this, or any other Geisinger Gold publication, please feel free to call the customer service team telephone number printed on the back of your member ID card. Please note, references throughout this document to prescription drug coverage and pharmacy procedures/policies are applicable only to members who have prescription drug coverage with Geisinger Gold.

Customer service team 800-498-9731 (TDD: 711)
8 a.m. to 8 p.m. (7 days a week, Oct. 1 - Mar. 31)
8 a.m. to 8 p.m. Mon. - Fri., and Saturdays 8 a.m. to 2 p.m. (Apr. 1 - Sept. 30)
GeisingerGold.com

Not sure if it's 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 all emergencies, require medical attention right away. Geisinger Gold offers a variety of services to members at any time, day or night, to assist you with these circumstances.

Tel-A-Nurse

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

Urgent and Convenient Care Clinics

These facilities offer extended hours with no appointments necessary. Visit GeisingerGold.com and click 'Find a Doctor, Drug, or Location' to find an in-network clinic near you. Your PCP or specialist copay may apply.

Your primary care physician

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

1) Identify yourself as a Geisinger Gold member.

2) Provide sufficient information: how urgent you think the problem is, specific information about your health or condition and any treatment that has already been attempted.

3) Any of the following recommendations may be made:
   - continued home care
   - that you go to or call the doctor’s office
   - that you go to the emergency room

If you need to change your PCP, you may do so at any time by calling the Geisinger Gold customer service team or visiting the member section of our website. Geisinger Gold encourages you to select any PCP you would like, without interference from the plan. Referrals are no longer needed. Please consult your benefit documents for details.
Member rights

1. Members have the right to be treated with fairness and respect.
2. Members have the right to privacy of their medical records and personal health information.
3. Members have the right to see Plan providers, get covered services, and get their prescriptions filled within a reasonable period of time.
4. Members have the right to know their treatment choices, regardless of cost or benefit coverage and participate in decisions about their healthcare.
5. Members have the right to use advance directives (such as a living will or power of attorney).
6. Members have the right to make complaints.
7. Members have the right to get information about their healthcare coverage and costs.
8. Members have the right to get information about Geisinger Health Plan, Geisinger Gold, Plan providers, their drug coverage and costs.
9. Members have the right to make recommendations regarding Geisinger Gold’s rights and responsibilities policies.

Member responsibilities

To get the most out of your health plan, take the following steps:

1. Members have a responsibility to become familiar with their coverage and the rules they must follow to get care as a member.
2. Members have a responsibility to give their doctor and other providers the information they need to care for them, and to follow the treatment plans and instructions that the member and the provider agree upon.
3. Members have a responsibility to act in a way that supports the care given to other patients and helps the smooth running of the provider’s office, hospitals and other offices.
4. Members have a responsibility to pay their Plan premiums and any copayments, coinsurance, and deductibles they may owe for the covered services they receive.
5. Members have a responsibility to let Geisinger Gold know if they have any questions, concerns, problems, or suggestions.
6. Members have a responsibility to immediately report any change of address.
7. Members have a responsibility to keep Geisinger Gold up-to-date on any other health insurance coverage they have.
8. Members have a responsibility to understand their health problems and participate in developing mutually agreed upon treatment goals to the extent possible.

Technology assessment

Geisinger Gold 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 or treatments.

Geisinger Gold’s Technology Assessment Committee is made up of physicians and lay members who
evaluate technology and non-covered medical procedures and treatments. After thorough evaluation, the Technology Assessment Committee provides recommendations to Geisinger Gold. Geisinger Gold then determines if the technology or procedure should be a covered benefit.

Medical management

Geisinger Gold is a not-for-profit organization that follows these guidelines when making decisions about healthcare services:

- Decision making is based only on appropriateness of care, service and existence of coverage (as defined in the member’s Evidence of Coverage).
- Geisinger Gold does not compensate practitioners or other individuals conducting these reviews for denials of coverage or service.
- Geisinger has no financial incentives for these decision makers that would encourage the denial of coverage or service.
- Geisinger Gold reviews utilization carefully to ensure appropriate care and service are provided to meet the member’s medical needs.

Continuing your care

New Classic (HMO) or Secure (HMO SNP) members who wish to continue an ongoing course of treatment with a non-participating provider must contact the Gold customer service team prior to receiving treatment.

Geisinger Gold will talk with the provider to determine if he or she will accept the plan’s terms and conditions for payment. If the provider agrees, the plan will pay for covered services for the first 60 days of enrollment.

In certain cases, a member may also be considered for coverage of ongoing treatment for a transitional period of time when a provider leaves the network. If this occurs, Geisinger Gold will notify you about the process to exercise your continuity of care option.

Generally, members in a Preferred (PPO) plan have the same cost-share both in and out of network, although some costs may be higher for specific services.

Quality improvement

Geisinger Gold is committed to providing quality healthcare to our members. One way we can ensure that we are holding ourselves to the highest standards is to review our performance against accepted care and service measures. For example, the Healthcare Effectiveness Data and Information Set (HEDIS®)* provides a set of measures against which we can judge our effectiveness.

Quality indicators, such as HEDIS and other initiatives, are set forth by the National Committee for Quality Assurance (NCQA) to ensure that Gold members receive high quality care.

Geisinger Gold conducts an aggressive preventive health program, geared toward members most at risk for a variety of preventable illnesses, ailments and diseases.

Quality and accreditation staff work directly through personal and automated telephone calls and mailings to reinforce the importance of preventive measures and suggested screenings.

If you would like information on Geisinger Gold’s Quality Improvement (QI) program, call the quality and accreditation department at 866-847-1216.
The QI program includes information on clinical guidelines, health management programs and other initiatives intended to improve service to Geisinger Gold members.

* HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Behavioral health services
Members who wish to use their behavioral health benefits, which include mental health and substance abuse services, can do so by calling 888-839-7972. We have a fully trained staff to assist you in locating a participating provider who is right for you. We have detailed information about participating providers and can help you find the one who meets your specific needs. For your routine behavioral health services, you can go directly to a participating provider. However, for services such as inpatient treatment, partial hospitalization or intensive outpatient therapy, your mental health provider must contact Geisinger Health Plan first for pre-authorization. A referral from your PCP is not required, although we strongly encourage you to involve your PCP in your treatment.

Copay reminder
Before you visit your PCP or a specialist, be sure to check whether you will have a copay due. This information can be found on your ID card or by calling the Geisinger Gold customer service team. When office visit services are provided by a physician, nurse practitioner, physician assistant (PA) or nurse specialist, you will pay a copay. If you receive additional services during an office visit, such as an injection or diagnostic test, those services will also have a copay. If several departments provide medical services, you will be charged a copay for each office visit, even if those visits occur in the same day. In addition to copayments, coinsurances and deductibles may apply, depending on your benefit package. Please note: If you are placed in an observation bed, this is not the same as an inpatient hospital admission. If you are not sure if you are an inpatient, you should ask the hospital staff. Your costs will vary based on your admission status.

Medication safety
When it comes to taking medications, you can never be too careful. Always take all medications exactly as your physician prescribes them. To ensure proper dosage, follow all the instructions on your prescription bottle. If you feel that these instructions differ from the directions your doctor gave you, always double check with your physician or pharmacist. Also, be sure to have your prescriptions refilled on time so you can continue to take the correct dose of medications. In addition, it is important to store your medications properly. Do not keep them in places prone to high humidity such as a bathroom, and always store them in air-tight containers. To avoid any interactions between drugs it is very important that you communicate with all of your physicians about all of the medications you take, including over-the-counter medications. If you cannot remember, ask your pharmacist for a list in writing.

Checking credentials
Geisinger Gold is proud of our provider network. Our standards help to ensure that participating providers are skilled and knowledgeable so that members receive quality care. Physicians who want to be added to the network of Geisinger Gold’s participating providers must first undergo a review to verify hospital affiliation, board certification, training, licensure, and professional liability insurance coverage. Geisinger Gold recredentials 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 GeisingerHealthPlan.com. Profiles include languages spoken, training information and board certification. For more about providers or the credentialing process, or to request a copy of the provider directory, call the customer service team.
Services for members with special communication needs
Geisinger Gold can accommodate members who have special communication needs.

Hearing impaired members can contact Geisinger Gold with questions or concerns via the TDD/TTY telephone line at 711, 8 a.m. to 8 p.m. (7 days a week, Oct. 1 - Mar. 31) or 8 a.m. to 8 p.m. Mon. - Fri., Saturdays 8 a.m. to 2 p.m. (Apr. 1 - Sept. 30).

Upon request, Geisinger Gold will provide visually and reading impaired members with audio cassettes of important member material.

When Geisinger Gold receives phone calls from non-English speaking members, communication occurs via a special third party telephone line known as “Language line.”

Health and case management
Geisinger Gold actively helps members stay healthy and assists those with chronic health conditions. Specially trained nurse case managers, social workers and community health workers are available to work with members who have any of the following health conditions: asthma, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), heart failure (HF), diabetes, hypertension or osteoporosis. The case managers can also assist members with lifestyle changes including weight management and tobacco cessation. A nurse case manager may also contact the member if he or she has recently been hospitalized, depending on the reason for hospitalization. The case manager will monitor the member’s progress, make sure the member is taking medications correctly and review other important issues.

Pharmaceutical management (for both Part B and Part D covered drugs)
Information on pharmaceutical management procedures, including a list of covered drugs, is available online at GeisingerGold.com, or by calling 800-988-4861.

Appeals and grievances

For more detailed information on how to make an appeal or grievance, please refer to your Evidence of Coverage.

This section gives the rules for making complaints in different types of situations. Federal law guarantees your right to make complaints if you have concerns or problems with any part of your medical care as a Geisinger Gold member. The Medicare program has helped set the rules about what you need to do to make a complaint and what we are required to do when we receive a complaint. If you make a complaint, we must be fair in how we handle it. You cannot be disenrolled from Geisinger Gold or penalized in any way if you make a complaint.

What are appeals and grievances?
You have the right to make a complaint if you have concerns or problems related to your coverage or care. Appeals and grievances are two different types of complaints you can make.

An appeal is the type of complaint you make when you want us to reconsider and change a decision we have made about what services or benefits are covered for you or what we will pay for a service or benefit.

- For example, if we refuse to cover or pay for services or benefits you think we should cover, you can file an appeal. If Geisinger Gold or one of our providers refuses to give you a service or benefit you think should be covered, you can file an appeal. If Geisinger Gold or one of our providers reduces or cuts back on services or benefits you have been receiving, you can file an appeal. If you think we are
A grievance is the type of complaint you make if you have any other type of problem with Geisinger Health Plan, Geisinger Gold or one of our providers.

- For example, you would file a grievance if you have a problem with things such as the quality of your care, waiting times for appointments or in the waiting room, the way your doctors or others behave, being able to reach someone by phone or get the information you need, or the cleanliness or condition of the doctor’s office.

This section tells how to make complaints in different situations.

- **Complaints about what we will cover for you or what we will pay for.** If Geisinger Gold or your doctor or another provider has refused to give you a service or benefit you think is covered, you can make a complaint called an appeal. If we have refused to pay for a service or benefit you think is covered for you, you can make an appeal. If you have been receiving a covered service, and you think that service is being reduced or ending too soon, you can make an appeal. When you file an appeal, you are asking us to reconsider and change a decision we have made about what services or benefits we will cover for you (which includes whether we will pay for your care or how much we will pay).

- **Complaints about your Part D prescription drug benefits that we will cover or pay for.** If you are enrolled in a Geisinger Gold Medicare Prescription Drug Plan, please refer to your Geisinger Gold Medicare Prescription Drug Plan document for information regarding complaints about your Part D prescription drug benefits that we will cover or pay for.

- **Complaints if you think you are being discharged from the hospital too soon.** There is a special type of appeal that applies only to hospital discharges. If you think our coverage of your hospital stay is ending too soon, you can appeal directly and immediately to Livanta by calling 866-815-5440 (TTY 866-868-2289). Livanta is a group of health professionals that is paid to handle this type of Appeal from Medicare patients. If you make this type of appeal, your stay may be covered during the time period Livanta uses to make its determination. You must act very quickly to make this type of appeal, and it will be decided quickly.

- **Complaints if you think your coverage for a skilled nursing facility (SNF), home health agency (HHA) or comprehensive outpatient rehabilitation facility (CORF) services is ending too soon.** There is another special type of Appeal that applies only when coverage will end for SNF, HHA or CORF services. If you think your coverage is ending too soon, you can appeal directly and immediately to Livanta by calling 866-815-5440 (TTY 866-868-2289). If you make this type of appeal, your stay may be covered during the time period Livanta uses to make its determination. You must act very quickly to make this type of appeal, and it will be decided quickly.

- **Complaints about any other type of problem you have with Geisinger Gold or one of our providers.** If you want to make a complaint about any type of problem other than those that are listed above, a grievance is the type of complaint you would make. For example, you would file a grievance to complain about problems with the quality or timeliness of your care, waiting times for appointments or in the waiting room, the way your doctors or others behave, being able to reach someone by phone or get the information you need, or the cleanliness or condition of the doctor’s office. Generally, you would file the grievance with Geisinger Gold. But for many problems related to quality of care you get from providers, you can also complain to Livanta by calling 866-815-5440 (TTY: 866-868-2289)
What if I want to make an appeal?
You have the right to appeal. To exercise it, file your appeal in writing within 60 calendar days after the date of the notice. We can give you more time if you have a good reason for missing the deadline.

Who may file an appeal?
You or someone you name to act for you (your authorized representative) may file an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to act for you. Others may already be authorized under state law to act for you. You can call us at: 800-498-9731 to learn how to name your authorized representative. If you have a hearing or speech impairment, please call us at TTY/TDD 711. If you want someone to act for you, you and your authorized representative must sign, date and send us a statement naming that person to act for you.

How do I file an appeal?
You or your authorized representative should mail or deliver your written appeal to the address(es) below:

Write: Appeal Department
Geisinger Gold
100 North Academy Avenue
Danville, PA 17822-3220

Fax: 570-271-7225
Attention: Appeal Department

Walk –In: Geisinger Health Plan
Appeal Department
108 Woodbine Lane
Danville, PA 17821

We must give you a decision no later than 60 calendar days after we receive your appeal.

What do I include with my appeal?
You should include: your name, address, member ID number, reasons for appealing, and any evidence you wish to attach. You may send in supporting medical records, doctors’ letters, or other information that explains why we should pay for the service. Call your doctor if you need this information to help you with your appeal. You may send in this information or present this information in person if you wish.

What happens next?
If you appeal, we will review our decision. After we review our decision, if payment for any of your claims is still denied, Medicare will provide you with a new and impartial review of your case by a reviewer outside of Geisinger Gold. If you disagree with that decision, you will have further appeal rights. You will be notified of those appeal rights if this happens.

If you need information or help, call the Geisinger Gold customer service team toll-free at 800-498-9731 (TTY/TDD: 711) from 8 a.m. to 8 p.m. (7 days a week, Oct. 1 - Mar. 31) or 8 a.m. to 8 p.m. Mon. - Fri., Saturdays 8 a.m. to 2 p.m. (Apr. 1 - Sept. 30). Other resources to help you:

- Medicare Rights Center: Toll-free 888-HMO-9050
- Elder Care Locator: Toll-free: 800-677-1116
- 1-800-MEDICARE (800-633-4227) TTY/TDD: 877-486-2048
Geisinger Gold Policies and Procedures

Privacy of Consumer Financial Information Annual Notice

This notice contains important information about our privacy policies and practices. Please read it carefully.

Geisinger Gold is committed to protecting your privacy. This notice summarizes our policies and practices for protecting, collecting and handling personal financial information about our members. Geisinger Gold will inform new subscribers of these policies when they enroll in our health benefit programs and will annually reiterate our privacy policy to all current subscribers. Geisinger Gold regularly reviews its privacy policy and monitors business practices to help ensure the security of our members’ personal financial information. If changes to our privacy policy are required in the future, Geisinger Gold will provide you with written notice of the change via a letter, newsletter notice or a revised Evidence of Coverage.

How Geisinger Gold protects information
Access to your nonpublic personal financial information is restricted to those employees, agents, consultants and healthcare providers who need to know that information to provide health products or services. Geisinger Gold maintains physical, electronic and procedural safeguards that comply with state and federal regulations to guard nonpublic personal financial information from unauthorized access, use and disclosure.

Information Geisinger Gold collects and maintains
To administer our health benefit programs effectively, Geisinger Gold must collect, use and disclose nonpublic personal financial information. Nonpublic personal financial information is data that identifies you as a member of Geisinger Gold. It may include your name, address, telephone number and Social Security number or it may relate to your participation in the plan, your use of healthcare services, or our payments for those services. Publicly available information or statistical information that does not identify individuals is not considered nonpublic personal financial information. Geisinger Gold collects nonpublic personal financial information about our members from the following sources:

• The members themselves, either directly or through their employers or group administrators, provide personal financial information to Geisinger Gold. This information includes facts such as name, address, Social Security number, date of birth, marital status, dependent and employment information provided on applications, surveys or other forms. It may also include information submitted to us in writing, in person, by telephone or electronically in connection with inquiries or complaints.
• Personal financial information about our members’ transactions with Geisinger Gold, our affiliates, our agents and healthcare providers is collected and used as part of our business operations. Examples include information on healthcare claims such as the name of the healthcare provider, diagnosis codes and the services provided; explanations of benefits, including the reasons for a claim decision, the amount charged by the provider and the amount paid by Geisinger Gold; payment history; utilization review; appeals and grievances.

Information Geisinger Gold may disclose and the purpose
Geisinger Gold does not sell any personal financial information about current or former members for marketing purposes. Geisinger Gold uses and discloses the personal financial information collected (as described above) only as necessary to deliver healthcare products and services to our members or to comply with legal requirements. Some examples of how Geisinger Gold shares this information are:

• Personal financial information is used internally for enrollment, claims processing, quality reviews, fraud prevention and auditing purposes.
• Personal financial information is shared with our affiliated companies, healthcare providers, agents, other insurers, peer review organizations, auditors, attorneys or consultants who assist us in administering our programs and delivering health services to our members. Our contracts with such
service providers require them to protect the confidentiality of our members’ personal financial information.

- Geisinger Gold may disclose personal financial information to government agencies or accrediting organizations that monitor our compliance with applicable laws and standards.

- Personal financial information may be shared with other insurers that cooperate with us to jointly market or administer health insurance products or services. Geisinger Gold’s contracts with other insurers require them to protect the confidentiality of our members’ personal financial information.

- Geisinger Gold may disclose personal financial information under a subpoena or summons to government agencies that investigate fraud or other violations of law.

- Personal financial information may be disclosed by Geisinger Gold when required by law in connection with a legal proceeding.

Geisinger Health Plan Privacy Notice

This Notice of Privacy Practices applies to all products offered by Geisinger Health Plan, Geisinger Quality Options, Inc. d/b/a Geisinger Choice, and Geisinger Indemnity Insurance Company, (collectively referred to herein as “GHP”).

This notice describes how medical information about you may be used and 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 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 on the last page of this Notice.

To be successful, GHP* 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 Protected Health Information (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 Health Information

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
- A GHP “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 for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- 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; and
• 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 telephone number indicated on the back of your member identification 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”, occurs that may cause you financial, reputational, or other significant harm. This will be done by mail and other means if necessary.

GHP’s Duties
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 listed below. 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
For questions or additional information regarding our Notice of Privacy Practices, please call, write or email our Privacy Office at:

Geisinger System Privacy Office
100 N. Academy Avenue
Danville, PA 17822
Mail Code 30-03
Telephone: 570-271-7360 *(This number is for privacy and HIPAA related questions. For general customer service questions, please refer to the customer service phone number on page 2.)*
Email: 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. This notice was most recently revised on September 1, 2013.

Footnote
* 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 its Geisinger Shamokin Area Community Hospital Campus)
  - Geisinger Wyoming Valley Medical Center
  - Geisinger Community Health Services
  - Geisinger Bloomsburg Hospital
  - Geisinger Lewistown Hospital
  - Geisinger Bloomsburg Health Care Center
  - Geisinger Community Medical Center
  - Mountain View Nursing Home, Inc.
  - Family Health Associates of Geisinger-Lewistown Hospital
  - Lewistown Ambulatory Care Corporation
  - Holy Spirit Hospital of the Sisters of Christian Charity
  - West Shore Advanced Life Support Services, Inc.
  - Spirit Physician Services, Inc.
  - SUN Home Health Services, Inc.
  - AtlantiCare Health System Inc.
  - AtlantiCare Physician Group, PA (Captive PC)(all sites)
  - AtlantiCare Urgent Care Physicians LLC (all sites)
  - AtlantiCare Regional Health Services Inc.
  - AtlantiCare Behavioral Health, Inc. (all sites)
  - AtlantiCare Regional Medical Center Inc. (all sites)
  - Cooperative Home Health Care of Atlantic County Inc.
  - Acuity Hospital of New Jersey LLC
  - AMI AtlantiCare LLC (all sites)
  - AtlantiCare Surgery Center LLC (all sites)
  - AtlantiCare Health Solutions Inc. (all sites)
  - AtlantiCare Health Engagement Inc. (all sites)
  - English Creek Assurance
  - AtlantiCare Foundation
  - Geisinger Indemnity Insurance Company
  - Geisinger Quality Options Inc.
  - Geisinger Health Plan

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.
Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the “Health Plan”) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The 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)
• 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, call the Health Plan at 800-447-4000 or TTY: 711.

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

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 North Academy Avenue, Danville, PA 17822-3220
Phone: 866-577-7733, TTY: 711
Fax: 570-271-7225
GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is 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
Phone: 800-368-1019, 800-537-7697 (TDD)


ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 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（TTY: 711）。


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


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


ضعيف: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 800-447-4000 (TTY: 711).

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


सूचना: जब तभी गुरुजी को बोलता है, तो हिंदी वाला सपथ सेवाओं तथा मात्रा उपलब्ध है. तो हैल 800-447-4000 (TTY: 711).


पुष्पक: पूर्ण स्वतंत्र शब्दकोष है, जिसमें अमृत के बारे में जानकारी है. फोन करें 800-447-4000 (TTY: 711) के.
