



Your Personal Guide to Better Health

# Member Handbook

Cumberland, Dauphin, Franklin, Fulton, Lancaster,  
Lebanon, and Perry Counties

[pa.performcare.org](http://pa.performcare.org)

PerformCARE<sup>®</sup>





## **Member Handbook**

### **Capital Area**

Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties

**1-888-722-8646**

### **NorthCentral Region**

Franklin and Fulton counties

**1-866-773-7917**

### **Deaf or hard of hearing**

**1-800-654-5984 TTY or 711 PA Relay**

Need a translation? Call the **PerformCare Member Services** telephone number for your county.

The Member Handbook is also available in Spanish, large print, and Braille.

Este manual también se encuentra disponible en letra grande, en Braille, y en español.

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# Section 1: Welcome

## Introduction

### What Is HealthChoices?

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

- Physical health services are provided through Physical Health Managed Care Organizations (PH-MCOs) or through Community HealthChoices Managed Care Organizations (CHC-MCOs). PH-MCOs are overseen by the Department of Human Services' Office of Medical Assistance Programs. CHC-MCOs are overseen by the Department of Human Services' Office of Long-Term Living. For more information on physical health services, see page 33.
- Behavioral health services include mental health services and substance use disorder services. These services are provided through Behavioral Health Managed Care Organizations (BH-MCOs) overseen by the Department of Human Services' Office of Mental Health and Substance Abuse Services (OMHSAS).

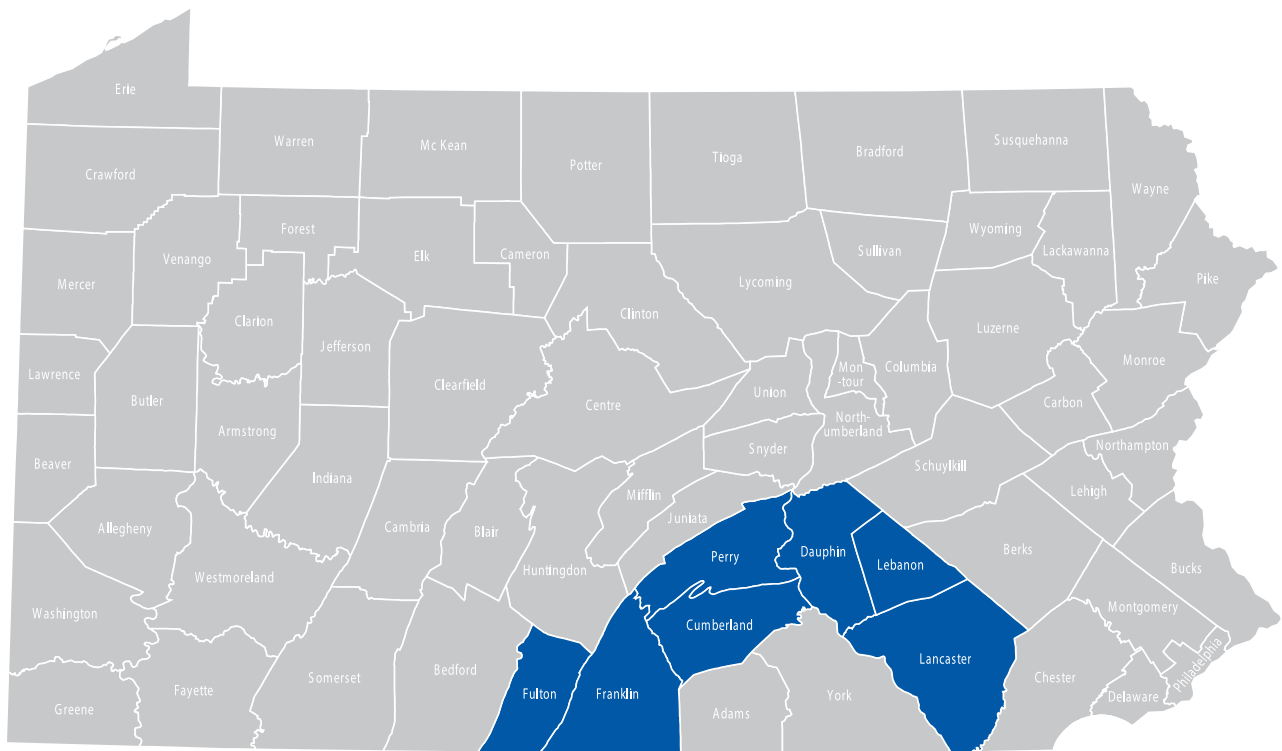


## Welcome to PerformCare

**PerformCare** welcomes you as a “member” in HealthChoices! **In HealthChoices, you have a Physical Health Plan and a Behavioral Health Plan.**

**PerformCare** is your behavioral health plan. We pay for covered behavioral health services. These services help our members who are challenged with mental health or drug and alcohol (substance use) issues. We are here to help when you or your covered loved ones need us.

We serve members who live in Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, and Perry counties.



Remember: In HealthChoices, you have coverage for your physical health and behavioral health needs. **PerformCare** pays for your covered behavioral health (mental health, alcohol, and other drug treatment) services.

Good health isn't just about the physical body. Emotions and behaviors have a lot to do with overall health and well-being. It's very important to us that our members know about the types of treatment services available to help them with mental health or substance use challenges. That's why you are receiving this Member Handbook.

Please take time to read this Member Handbook. It has all of the latest information about **PerformCare** and how we can help members get behavioral health care. Please call us toll free to ask for help with understanding any part of your handbook.

## Welcome to PerformCare

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Our **Member Services** staff is here to help you! They are available 24 hours a day, seven days a week. They are here to answer questions you may have about **PerformCare**, behavioral health services, or the handbook. They will help you get services and give you the addresses and telephone numbers of providers. This way you can choose a provider close to where you live who provides the service you need.

If you are already getting behavioral health treatment and are already enrolled in the HealthChoices Program, you will probably not need to go to a different provider. Ask your provider if they are part of **PerformCare**'s provider network. (A provider network is a group of individuals, agencies, and facilities that provide services to **PerformCare** members.)

If your provider is in the network, you do not need to do anything else. If they are not in the network, call **PerformCare** at our toll-free number and tell us. We will work with the provider to try to add them to our network.

You can find the **PerformCare** number for your county throughout the handbook and on your cut-out telephone card found on the back cover of the handbook.

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**Provider: The individuals, agencies, and facilities that provide your mental health, alcohol, and other drug treatment services. Providers are paid by your insurance for the health care services they provide.**

**A provider network is a list of the individuals, agencies, and facilities that provide your mental health, alcohol, and other drug treatment services. Your behavioral health plan has contracted with them to provide care to its members. These providers are called “network providers” or “in-network providers.”**

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Providers in **PerformCare**'s network may not bill you for services that **PerformCare** approves. Even if your provider has not received payment or the full amount of their charge from **PerformCare**, the provider may not bill you. If you get services (without prior permission) from a provider who is not in our network, you might be billed! We encourage you to use providers who are in our network. You can call us to find out if a provider is in our network. You can also ask the provider if they are in our network.

For more information on using in-network or out-of-network providers, please go to Section 4 of this handbook. You can also call **Member Services** (24/7) to learn more about in-network and out-of-network providers.



## Member Services

Staff at **PerformCare's Member Services** can help you:

- When you have a problem
- Get the treatment and support that will meet your behavioral health needs
- With your questions
- Find out what services are covered
- Decide what kind of service you need
- Choose a provider near you
- Get treatment for your children
- Learn about services for people with special needs
- Learn more about behavioral health education programs
- Resolve problems with getting care
- Set up an appointment

**PerformCare's Member Services** are available:

**24 hours a day, seven days a week**

Member Services can be reached at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties. Members who are deaf, hard of hearing, or have difficulty speaking may call the Pennsylvania Relay Operator at 711 to get help communicating with **PerformCare**.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call: PerformCare at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties (TTY/TDD: **1-800-654-5984**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al PerformCare en **1-888-722-8646** para los condados de Cumberland, Dauphin, Lancaster, Lebanon y Perry, o en **1-866-773-7917** para los condados de Franklin y Fulton (TTY/TDD: **1-800-654-5984**).

**PerformCare's Member Services** can also be contacted in writing at:

**PerformCare**  
**8040 Carlson Road**  
**Harrisburg, PA 17112**

And:

**<https://pa.performcare.org/index.aspx>**

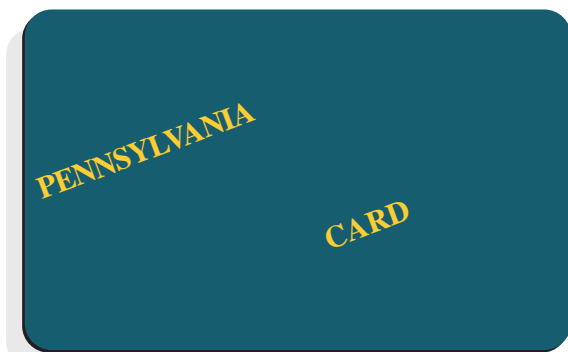
## Other PerformCare Numbers

While you can always call **Member Services** for help or for answers to questions, **PerformCare** has other staff available who help members and families better understand how things work — especially if there are problems or concerns. The staff is available to come and speak with your group or with anyone interested in knowing more about behavioral health care services or about **PerformCare** and what we offer. They can also let you know ways to become involved in helping to make things better for people recovering from mental illness or drug or alcohol problems.

Call the **Member Services** telephone number for your county and ask to be connected to these **PerformCare** staff.

## Member Identification Cards

You will get an ACCESS card. You can show this card at appointments if you need to prove that you are enrolled in the Medical Assistance program. If you lose your ACCESS card, call your County Assistance Office (CAO). The telephone number for the CAO is listed under the Important Contact Information section.



You will find the **Member Services** number for your county throughout the **Member Handbook**. This number will connect you to our **Member Services** line 24 hours a day, seven days a week.

The number for your county is also found on a card on the back cover of the **Member Handbook**. It's a good idea for members to cut out the card and carry it with them at all times.

### PerformCARE®

#### Member Services Hotline

Call us for help with a mental health or substance abuse problem, to ask questions, or to make a complaint.

If you are a HealthChoices recipient who lives in the Capital Area or the NorthCentral Region, call the toll-free number listed at right for your area or county:

#### CAPITAL AREA

**1-888-722-8646**

Cumberland, Dauphin,  
Lancaster, Lebanon, and Perry

#### NORTHCENTRAL REGION

**1-866-773-7917**

Franklin and Fulton

#### DEAF OR HARD OF HEARING

**1-800-654-5984**

TTY or 711 PA Relay

## Important Contact Information

The following is a list of important telephone numbers you may need. If you are not sure who to call, please contact **PerformCare** for help: **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties. For TTY services, call the Pennsylvania Relay Operator at **711**.

### Emergencies

Please see Section 3: Behavioral Health Services, beginning on page 23, for more information about emergency services. An emergency situation is a situation that is so severe that a reasonable person with no medical training would believe there is an immediate risk to a person's life or long-term health. If you have an emergency situation, go to the nearest emergency room, dial **911**, or call your local ambulance provider. You do not have to get prior approval from PerformCare to get emergency services and you may use any hospital or other setting for emergency care.

For suicidal crisis or emotional distress, call the National Suicide Prevention Hotline at **1-800-273-8255**. You can also call **911** or go to the nearest emergency room when in crisis.

Examples of an emergency situation might include the following:

- The person is an immediate danger to themselves or to others.
- The person is immediately unable to provide or use food, shelter, or clothing, due to the behavioral health disorder.

If you are unsure if your condition requires emergency services, call Member Services at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties or at **1-866-773-7917** for Franklin and Fulton counties 24 hours a day, seven days a week.



**Important Contact Information — At a Glance**

Name	Contact Information: Phone or Website	Support Provided
<b>Pennsylvania Department of Human Services Phone Numbers</b>		
County Assistance Office/COMPASS	<b>1-877-395-8930</b> or <b>1-800-451-5886</b> (TTY/TTD) or <b>www.compass.state.pa.us</b> or myCOMPASS PA mobile app for smartphones	Change your personal information for Medical Assistance eligibility. See page 14 of this handbook for more information.
Fraud and Abuse Reporting Hotline, Department of Human Services	<b>1-844-DHS-TIPS</b> <b>(1-844-347-8477)</b>	Report member or provider fraud or abuse in the Medical Assistance Program. See page 22 of this handbook for more information.
<b>Other Important Phone Numbers</b>		
Insurance Department, Bureau of Consumer Services	<b>1-877-881-6388</b>	Ask for a Complaint form, file a Complaint, or talk to a consumer services representative.
Protective Services	<b>1-800-490-8505</b>	Report suspected abuse, neglect, exploitation, or abandonment of an adult over age 60 or an adult between ages 18 and 59 who has a physical or mental disability.

**Other Phone Numbers**

**For your convenience, we have included an Important Phone Numbers section on page 48. Here, you can find contact information for local organizations that can help you.**

**Examples of the organizations within your county that you can connect with include your local or county:**

- Consumer/Family Satisfaction Team
- County Assistance Office
- Crisis Intervention Services
- Legal Aid
- Medical Assistance Transportation Program
- Mental Health/Intellectual Disability Services

**Call the Member Services number for your county if you have questions about this list or need further assistance.**

### Advocacy Groups

There are a number of statewide advocacy organizations that may be able to assist you with information, advice, or representation if you have a problem with services. They can refer you to other organizations that may exist in your immediate area.

Here are some organizations that may be able to help you.

#### State of Pennsylvania Advocacy Organizations

ASERT (Autism Services, Education, Resources, and Training): **1-877-231-4244**

Bureau of Supports for Autism and Special Populations (BSASP): **1-866-539-7689**

Childline: **1-800-932-0313**

Disability Rights PA: **1-717-236-8110** or toll free at **1-800-692-7443**

Mental Health Association in Pennsylvania: **1-717-346-0549** or toll free at **1-866-578-3659**

National Alliance on Mental Illness (NAMI Keystone PA): **1-412-366-3788** or toll free at **1-888-264-7972**

Parents Involved Network of PA (Call and ask for the Parents Involved Network of PA): **1-215-751-1800** or **1-800-688-4226**

Pennsylvania Health Law Project: **1-800-274-3258**

Pennsylvania Mental Health Consumers' Association: **1-717-564-4930** or **1-800-887-6422**

Pennsylvania Recovery Organizations Alliance (PROA): **1-717-545-8929** or **1-800-858-6040**

### Communication Services

**PerformCare** can provide this handbook and other information you need in languages other than English at no cost to you. **PerformCare** can also provide your handbook and other information you need in other formats such as DVD, braille, large print, electronic communication, and other formats if you need them, at no cost to you. Please contact **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties to ask for any help you need. Depending on the information you need, it may take up to five days for **PerformCare** to send you the information.

**PerformCare** will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties and **Member Services** will connect you with the interpreter service that meets your needs. For TTY services, call the Pennsylvania Relay Operator at **711**.



### Enrollment

To get services in HealthChoices, you need to stay eligible for Medical Assistance. You will get paperwork or a telephone call about renewing your eligibility. It is important that you follow the instructions so that your Medical Assistance does not end. If you have questions about any paperwork you get or if you are unsure whether your eligibility for Medical Assistance is up to date, call **PerformCare** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties or your County Assistance Office.

### Changes in Coverage

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

#### Changes in the Household

Call your County Assistance Office and **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties if there are any changes to your household.

For example:

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

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

#### What Happens If I Move?

If you are moving to a different county in Pennsylvania, please call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties or at **1-866-773-7917** for Franklin and Fulton counties to let us know you are moving. We can help make sure you get services in your new community. You should also call your County Assistance Office and give them your new address and telephone number.

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

### Loss of Benefits

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

### Information About Providers

The **PerformCare** provider directory has information about the providers in **PerformCare's** network. The provider directory is located online at <http://pa.performcare.org/members/find-a-provider>. You may call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties, to ask for a copy of the provider directory. The provider directory includes the following information about network providers:

- Name, address, website address, email address, and telephone number
- Whether or not the provider is accepting new patients
- Days and hours of operation
- The credentials and services offered by providers
- Whether or not the provider speaks languages other than English and, if so, which languages
- Whether or not the provider locations are wheelchair accessible

### Choosing or Changing Your Provider

You can choose the providers you see.

- If you are starting a new service, changing the care you get, or want to change a provider for any reason, **PerformCare** will help you choose your new provider. Call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties or at **1-866-773-7917** for Franklin and Fulton counties for help.
- If you are a new member of **PerformCare** and you are currently getting services, you may need to start getting your services from a provider in our network. If your current provider is enrolled in the Pennsylvania Medical Assistance Program but not in **PerformCare's** network, you can continue to get your services from your current provider for up to 60 days. **PerformCare** will pay your provider for these services. If your current provider is not enrolled in the Pennsylvania Medical Assistance Program, **PerformCare** will not pay for services you receive from your provider. If you need help with finding a provider in **PerformCare's** network, call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.

## Welcome to PerformCare

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- There may be times when a provider leaves **PerformCare's** network. For example, a provider could close or move. When a provider you are receiving services from leaves **PerformCare's** network, you will be notified. If the provider is enrolled in the Pennsylvania Medical Assistance Program, you can continue to get your services from the provider for up to 60 days. You will also need to choose a new provider.

## Office Visits

### Making an Appointment With Your Provider

To make an appointment with your provider, call your provider's office. If you need help with making an appointment, please call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.

If you need help with getting to your provider's appointment, please see the Medical Assistance Transportation Program (MATP) section on page 29 of this handbook or call **PerformCare's Member Services** at the telephone number above.

### Appointment Standards

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

## After-Hours Care

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



## Section 2: Rights and Responsibilities

### Member Rights and Responsibilities

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

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

#### Member Rights

You have the right:

1. To be treated with respect, recognizing your dignity and need for privacy, by **PerformCare** staff and network providers.
2. To get information that you can easily locate and understand about **PerformCare**, its services, and the providers who treat you when you need it.
3. To pick any **PerformCare** network providers that you want to treat you. You may change providers if you are unhappy.
4. To get emergency services when you need them from any provider without **PerformCare**'s approval.

## Welcome to PerformCare

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5. To get information that you can easily understand from your providers and to be able to talk to them about your treatment options, without any interference from **PerformCare**.
6. To make decisions about your treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or to make decisions for you. You may refuse treatment or services unless you are required to get involuntary treatment under the Mental Health Procedures Act.
7. To talk with providers in confidence and to have your information and records kept confidential.
8. To see and get a copy of your medical records and to ask for changes or corrections to your records.
9. To ask for a second opinion.
10. To file a Grievance if you disagree with **PerformCare**'s decision that a service is not medically necessary for you. Information about this process can be found beginning on page 40.
11. To file a Complaint if you are unhappy about the care or treatment you have received. Information about this process can be found beginning on page 35.
12. To ask for a Department of Human Services Fair Hearing. Information about this process can be found beginning on page 45.
13. Be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you.
14. To get information about services that **PerformCare** or a provider does not cover because of moral or religious objections and about how to get those services.
15. To exercise your rights without it negatively affecting the way the Department of Human Services, **PerformCare**, or network providers treat you.

### Member Responsibilities

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

These are things you should do:

1. Provide, to the extent that you can, information needed by your providers.
2. Tell your provider the medicines you are taking. Include over-the-counter medicines, vitamins, and natural remedies.
3. Be involved in decisions about your health care and treatment.
4. Work with your providers to create and carry out your treatment plans.
5. Tell your providers what you want and need.
6. Take your medications as prescribed and tell your provider if there is a problem.



## Welcome to PerformCare

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7. Keep your appointments.
8. Learn about **PerformCare** coverage, including all covered and non-covered benefits and limits.
9. Use only network providers unless **PerformCare** approves an out-of-network provider.
10. Respect other patients, provider staff, and provider workers.
11. Report fraud and abuse to the Department of Human Services Fraud and Abuse Reporting Hotline.

### Consent to Mental Health Care

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

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

The chart below explains who can consent to treatment.

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

To learn more about who can consent to treatment, you can call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties. Sometimes it is hard to understand that a child has privacy rights and can consent to mental health care. **PerformCare** can help you better understand these rights so that you can provide the best support for your child that you can.

## Privacy and Confidentiality

**PerformCare** must protect the privacy of your personal health information (PHI). **PerformCare** must tell you how your PHI may be used or shared with others. This includes sharing your PHI with providers who are treating you so that **PerformCare** can pay your providers. It also includes sharing your PHI with the Department of Human Services. This information is included in **PerformCare's** Notice of Privacy Practices. To get a copy of **PerformCare's** Notice of Privacy Practices, please call **Member Services** or visit <https://pa.performcare.org/assets/pdf/members/privacy.pdf>.

## Billing Information

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

### When Can a Provider Bill Me?

Providers may bill you if:

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

### What Do I Do If I Get a Bill?

If you get a bill from a **PerformCare** network provider and you think the provider should not have billed you, you can call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.

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

### Third-Party Liability

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

You must tell both your CAO and **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties or at **1-866-773-7917** for Franklin and Fulton counties if you have Medicare or other health insurance. When you go to a provider or to a pharmacy, it helps to show the provider or pharmacy your Medicare card and your ACCESS card. This helps make sure your health care bills are paid.

### Coordination of Benefits

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

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

If you do not have Medicare but you have other health insurance and you need a service or other care that is covered by your other insurance, you must get the service from a provider who is in both the network of your other insurance and **PerformCare**'s network. You need to follow the rules of your other insurance and **PerformCare**, such as prior authorization and specialist referrals. **PerformCare** will work with your other insurance to decide if it needs to pay for the services after your other insurance pays the provider first.

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

## Reporting Fraud and Abuse

### How Do You Report Member Fraud or Abuse?

If you think that someone is using your or another member's **PerformCare** card to get services, equipment, or medicines; is forging or changing their prescriptions; or is getting services they do not need, you can call the **PerformCare** Fraud and Abuse Hotline at **1-866-833-9718** to give **PerformCare** this information. You may also report this information to the Department of Human Services Fraud and Abuse Reporting Hotline at **1-844-DHS-TIPS (1-844-347-8477)**.

### How Do You Report Provider Fraud or Abuse?

Provider fraud is when a provider bills for services, equipment, or medicines you did not get or bills for a different service than the service you received. Billing for the same service more than once or changing the date of the service are also examples of provider fraud. To report provider fraud, you can call the **PerformCare** Fraud and Abuse Hotline at **1-866-833-9718**. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at **1-844-DHS-TIPS (1-844-347-8477)**.



## Section 3: Behavioral Health Services

### Covered Services

Read this chapter carefully so you know what services are covered. If you still have questions about which services are covered or need more information about a covered service, contact **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.

The following services are covered by **PerformCare**:

- Intensive Behavioral Health Services (IBHS) (Child/Adolescent)
- Clozapine (Clozaril) Support Services
- Drug and Alcohol Outpatient Services
- Drug and Alcohol Methadone Maintenance Services
- Family-Based Mental Health Services
- Laboratory (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner under the practitioner's scope of practice)
- Medically Managed Intensive Inpatient Services (formerly Drug and Alcohol Inpatient Hospital-based Rehabilitation Services) (Adolescent and Adult)
- Medically Managed Intensive Inpatient Withdrawal Management (formerly Drug and Alcohol Inpatient Hospital-based Detoxification Services) (Adolescent and Adult)
- Medication-Assisted Treatment (MAT): MAT uses medications such as methadone, Suboxone®, or Vivitrol® to treat opioid dependence.
- Mental Health Crisis Intervention Services
- Mental Health Inpatient Hospitalization
- Mental Health Outpatient Services
- Mental Health Partial Hospitalization Services
- Peer Support Services
- Residential Treatment Facilities (Child/Adolescent)
- Targeted Case Management Services
- Telehealth: Services provided to you through videoconferencing technology (you talk to your doctor or other provider on an electronic screen).

### Other Services

**PerformCare** may cover additional services that may not be specifically listed above. For example, Drug and Alcohol Non-Hospital Detoxification, Rehabilitation, and Halfway House are services available in all county contracts. Other additional services are not available in every county. You can call **PerformCare** to find out if a service is covered in your county. As a rule, however, services that are not listed are not paid for by **PerformCare**.



### Services That Are Not Covered

**PerformCare** covers only your behavioral health services. Your physical health MCO will cover your physical health services, most medications, dental care, and vision care. If you have any questions about whether or not **PerformCare** covers a service for you, please call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.

### Second Opinions

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

Call your **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties or at **1-866-773-7917** for Franklin and Fulton counties to ask for the name of another **PerformCare** network provider to get a second opinion. If there are not any other providers in **PerformCare**'s network, you may ask **PerformCare** for approval to get a second opinion from an out-of-network provider.

### What Is Prior Authorization?

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

#### What Does Medically Necessary Mean?

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

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

If you need any help understanding when a service or medicine is medically necessary or you would like more information, please call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.

#### How to Ask for Prior Authorization

**Some PerformCare services require prior authorization. You may go directly to a PerformCare in-network provider who will help you to get prior authorization for the service, or you may call PerformCare Member Services at 1-888-722-8646 for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at 1-866-773-7917 for Franklin and Fulton counties.**

## Welcome to PerformCare

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If you need help to better understand the prior authorization process, talk to your service provider or call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.

If you or your provider would like a copy of the medical necessity guidelines or other rules that were used to decide your prior authorization request, contact **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.

### What Services or Medicines Need to Be Prior Authorized?

The following list identifies services and medicines that require prior authorization.

- All in-home services for children, such as Intensive Behavioral Health Services (IBHS) (Child/Adolescent) and Family-Based Mental Health Services.
- Drug and Alcohol Rehabilitation and Halfway House and Partial Hospitalization.
- Mental Health Partial Hospitalization.
- Mental Health Inpatient Service (you should go directly to an ER if you feel you need this service).

If you or your provider is unsure about whether a service or medicine requires prior authorization, call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.

### Prior Authorization of a Service

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

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

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

### What If I Receive a Denial Notice?

If **PerformCare** denies a request for a service or medicine or does not approve it as requested, you can file a Complaint or a Grievance. If you file a Complaint or Grievance for denial of an ongoing service or medicine, **PerformCare** must authorize the service or medicine until the Complaint or Grievance is resolved. See Section 7: Complaints, Grievances, and Fair Hearings starting on page 35 of this handbook for detailed information on Complaints and Grievances.

## Service Descriptions

### Emergency Services

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

If you are unsure if your condition requires emergency services, call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties or at **1-866-773-7917** for Franklin and Fulton counties 24 hours a day, seven days a week.

### Emergency Medical Transportation

**PerformCare** covers emergency medical transportation by an ambulance for emergency medical conditions. If you need an ambulance, call **911** or your local ambulance provider. Do not call the Medical Assistance Transportation Program (described on page 29 of this handbook) for emergency medical transportation.

### Outpatient Services

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

Most outpatient services do not require prior authorization. However, some specific services, including psychological testing, partial hospitalization programs, intensive outpatient programs, and most children's services (such as IBHS and Family-Based Mental Health Services) require prior authorization. Other outpatient services require an initial registration by the provider, including peer-support services and targeted case management.

### Inpatient Hospital Services

**PerformCare** covers inpatient hospital services for behavioral health needs and substance use disorders. You must use a hospital in **PerformCare's** network. To find out if a hospital is in **PerformCare's** network, call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties. You may also go to the provider directory on **PerformCare's** website at <http://pa.performcare.org/members/find-a-provider.aspx> to check if a hospital is in **PerformCare's** network.

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

## Welcome to PerformCare

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If you are having a mental health or drug or alcohol emergency, go to the nearest emergency room. (The emergency room will call PerformCare.) Call or have someone else call the Crisis Intervention number for your county. To find the crisis numbers for your county, go to the Important Phone Numbers section on page 48 in this handbook.

If you have a life-threatening situation, you must act quickly. Call 911.

You may also go to an emergency room at a hospital. You do not need to call PerformCare first.

### Outpatient Medications

Your physical health plan covers most of the outpatient medications you need for your behavioral health care. Outpatient medications are medications that you do not get in the hospital. If you have any questions about outpatient medications, you can call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.

### Medication-Assisted Treatment

Medication-Assisted Treatment uses medications such as Methadone, Suboxone, or Vivitrol to treat opioid dependence. Methadone is covered by **PerformCare**. Suboxone, Vivitrol, and other medications used to treat opioid dependence are prescribed by **PerformCare's** network providers and covered by your physical health plan. If you have any questions about Medication-Assisted Treatment, you can call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.

### Telehealth

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



## Section 4: Out-of-Network and Out-of-Plan Services

### Out-of-Network Providers

An out-of-network provider is a provider who does not have a contract with **PerformCare** to provide services to **PerformCare's** members. There may be a time when you need to use a provider or hospital that is not in **PerformCare's** network. If this happens, you can call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties. **PerformCare** will check to see if there is another provider in your area who can give you the same type of care you need. If **PerformCare** cannot give you a choice of at least two providers in your area, **PerformCare** will cover the treatment by the out-of-network provider.

### Getting Care While Outside of PerformCare's Service Area

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

If you need care for a non-emergency condition while outside of the service area, call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties or at **1-866-773-7917** for Franklin and Fulton counties who will help you to get the most appropriate care.

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

### Out-of-Plan Services

You may be eligible to get services other than those provided by **PerformCare**. Below are some services that are available but are not covered by **PerformCare**. If you would like help in getting these services, please call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.

#### Non-Emergency Medical Transportation

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

If you have questions about non-emergency medical transportation, please call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.



### Medical Assistance Transportation Program

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

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

If you need transportation to a medical appointment or to the pharmacy, contact the MATP to get more information and to register for services. You can find the telephone number for the MATP serving your county in the Important Phone Numbers section found at the back of your handbook. You can also visit the Department of Human Services MATP website at <http://matp.pa.gov/CountyContact.aspx>.

MATP will work with **PerformCare** to confirm that the medical appointment you need transportation for is a covered service. **PerformCare** works with MATP to help you arrange transportation. You can also call **Member Services** for more information at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties or at **1-866-773-7917** for Franklin and Fulton counties.



### **Women, Infants, and Children Program**

The Women, Infants, and Children Program (WIC) provides healthy foods and nutrition services to infants; children under the age of 5; and women who are pregnant, have given birth, or are breastfeeding. WIC helps you and your baby eat well by teaching you about good nutrition and giving you food vouchers to use at grocery stores. WIC helps babies and young children eat the right foods so they can grow up healthy. You can ask your maternity care provider for a WIC application at your next visit or call **1-800-WIC-WINS (1-800-942-9467)**.

For more information, visit the WIC website at **[www.pawic.com](http://www.pawic.com)**.

### **Domestic Violence Crisis and Prevention**

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

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

If any of these things is happening to you, or you are afraid of your partner, you may be in an abusive relationship. Domestic violence is a crime and legal protections are available to you. Leaving a violent relationship is not easy, but you can get help.

#### **Where to get help:**

##### **National Domestic Violence Hotline**

**1-800-799-7233** (SAFE)

**1-800-787-3224** (TTY)

##### **Pennsylvania Coalition Against Domestic Violence**

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

**1-800-932-4632** (in Pennsylvania)

**1-800-537-2238** (national)

# Section 5

## Mental Health Advance Directives

### Mental Health Advance Directives

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

If the laws regarding Mental Health Declarations and Mental Health Powers of Attorney are changed, **PerformCare** will tell you in writing what the change is within 90 days of the change. For information on **PerformCare**'s policies on Mental Health Declarations and Mental Health Powers of Attorney, call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties or at **1-866-773-7917** for Franklin and Fulton counties, or visit the **PerformCare** website at [pa.performcare.org](http://pa.performcare.org).

### Mental Health Declaration

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

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

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

### Mental Health Power of Attorney

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



## Help With Creating Mental Health Declarations and Mental Health Powers of Attorney

If you would like to have a Mental Health Declaration or a Mental Health Power of Attorney, or both, and need help creating one, you can contact an advocacy organization, such as:

- The Mental Health Association in Pennsylvania toll free at **1-866-578-3659**, or by email to **info@mhapa.org**.
- Pennsylvania Health Law Project at **1-717-236-6310** or **1-800-274-3258**.
- Pennsylvania Mental Health Consumers' Association at **1-717-564-4930** or **1-800-887-6422**.

They will provide you with forms and answer any questions. You can also contact **Member Services** for more information or direction to resources near you.

## What to Do If a Provider Does Not Follow Your Mental Health Declaration or Your Mental Health Power of Attorney

Providers do not have to follow your Mental Health Declaration or Mental Health Power of Attorney if, as a matter of conscience, your decisions are against clinical practice and medical standards, because the treatment you want is unavailable, or because what you want the provider to do is against the provider's policies. If your provider cannot follow your Mental Health Declaration or Mental Health Power of Attorney, **PerformCare** will help you find a provider that will carry out your wishes. Please call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.

If a provider does not follow your Mental Health Declaration or Mental Health Power of Attorney, you may file a Complaint. Please see page 35 in Section 7: Complaints, Grievances, and Fair Hearings of this handbook for information on how to file a Complaint, or call **Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties, or at **1-866-773-7917** for Franklin and Fulton counties.



## Section 6: Physical Health Services

### Who Covers Your Physical Health Services?

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

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

No matter which MCO plan covers your physical health services, you will be a member of **PerformCare** as long as you are enrolled in a HealthChoices program and live in **Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, or Perry county**.

### Your Physical Health Services

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

- Check-ups
- Services for a physical health condition or illness
- Most medications. Please see Outpatient Medications and Medication-Assisted Treatment on page 27 for more information about which MCO covers medications
- An ambulance

### Coordinating Physical Health and Behavioral Health Care

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

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



## HealthChoices Physical Health

### Selecting Your PH-MCO

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

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

## Community HealthChoices

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

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

If you have questions regarding CHC, call **1-833-735-4416**.

### Community HealthChoices Implementation Timeline

The CHC program is being phased in across the state over three years. The table below includes the dates of CHC program implementation in each geographic HealthChoices zone.

Southwest Region	Southeast Region	Lehigh/Capital, Northwest, and Northeast Regions
January 2018	January 2019	January 2020
Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, Westmoreland	Bucks, Chester, Delaware, Montgomery, Philadelphia	Adams, Berks, Bradford, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Forest, Franklin, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Wayne, Wyoming, York

### Selecting Your CHC-MCO

If you are new to CHC and need help choosing your CHC-MCO, you may visit **[www.enrollchc.com](http://www.enrollchc.com)** or call **1-844-824-3655**. If you do not choose a CHC-MCO, a CHC-MCO will be chosen for you.

# Section 7: Complaints, Grievances, and Fair Hearings

## Complaints, Grievances, and Fair Hearings

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

### Complaints

#### What Is a Complaint?

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

Some things you may complain about:

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

### First-Level Complaint

#### What Should I Do If I Have a Complaint?

To file a First-Level Complaint:

- Call **PerformCare Member Services** at **1-888-722-8646** for Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties or at **1-866-773-7917** for Franklin and Fulton counties and tell **PerformCare** your Complaint.
- Write down your Complaint and send it to **PerformCare** by mail or fax.

**PerformCare's** address and fax number for Complaints:

**PerformCare**

**Attention: Complaint and Grievance Department**

**8040 Carlson Road**

**Harrisburg, PA 17112**

**Fax: 1-717-671-6555**

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

### When Should I File a First-Level Complaint?

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

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

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

- If you need services because of an emergency, services must be provided within one hour.
- If you need services because of an urgent situation, services must be provided within 24 hours.
- If you need a routine appointment or specialty referral, your appointment must be within seven 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 **PerformCare** telling you that **PerformCare** has received your Complaint, and about the First-Level Complaint review process.

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

You may attend the Complaint review if you want to attend it. You may appear at the Complaint review in person or by phone. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

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

If you need more information about help during the Complaint process, see page 44.
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### **What to do to continue getting services:**

If you have been getting services that are being reduced, changed, or denied and you file a Complaint verbally, or that is faxed, postmarked, or hand-delivered within one day of the date on **PerformCare's** notice telling you that the acute inpatient services you have been receiving are not a covered service for you, or within 10 days of the date on **PerformCare's** notice telling you that any other services you have been receiving are not covered services for you, the services will continue until a decision is made.

### **What If I Do Not Like PerformCare'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:

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

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

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

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

For information about Fair Hearings, see page 45.

For information about external Complaint review, see page 39.

If you need more information about help during the Complaint process, see page 44.

## Second-Level Complaint

### What Should I Do If I Want to File a Second-Level Complaint?

To file a Second-Level Complaint:

- Call **PerformCare Member Services** for the Capital Area at **1-888-722-8646** or for Franklin and Fulton counties at **1-866-773-7917** and tell **PerformCare** your Second-Level Complaint.
- Write down your Second-Level Complaint and send it to **PerformCare** by mail or fax.

**PerformCare's** address and fax number for Second-Level Complaints:

**PerformCare**

**Attention: Complaint and Grievance Department**

**8040 Carlson Road**

**Harrisburg, PA 17112**

**Fax: 1-717-671-6555**

### What Happens After I File a Second-Level Complaint?

After you file your Second-Level Complaint, you will get a letter from **PerformCare** telling you that **PerformCare** has received your Complaint, and describing the Second-Level Complaint review process.

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

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

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

If you need more information about help during the Complaint process, see page 44.

### What If I Do Not Like PerformCare's Decision on My Second-Level Complaint?

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

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



## External Complaint Review

### How Do I Ask for an External Complaint Review?

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

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

or

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

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

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

### What Happens After I Ask for an External Complaint Review?

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

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

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

#### **What to do to continue getting services:**

If you have been getting services that are being reduced, changed, or denied and your request for an external Complaint review is postmarked or hand-delivered within one day of the date on the notice telling you **PerformCare's** First-Level Complaint decision that you cannot get acute inpatient services you have been receiving because they are not covered services for you or within 10 days of the date on the notice telling you **PerformCare's** First-Level Complaint decision that you cannot get any other services you have been receiving because they are not covered services for you, the services will continue until a decision is made.

## Grievances

### What Is a Grievance?

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

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

### What Should I Do If I Have a Grievance?

To file a Grievance:

- Call **PerformCare Member Services** for the Capital Area at **1-888-722-8646** or for Franklin and Fulton counties at **1-866-773-7917** and tell **PerformCare** your Grievance.
- Write down your Grievance and send it to **PerformCare** by mail or fax.

**PerformCare's address and fax number for Grievances:**

**PerformCare**

**Attention: Complaint and Grievance Department**

**8040 Carlson Road**

**Harrisburg, PA 17112**

**Fax: 1-717-671-6555**

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

### When Should I File a Grievance?

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

### What Happens After I File a Grievance?

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

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

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

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

## Welcome to PerformCare

**PerformCare** will mail you a notice within 30 days from the date you filed your Grievance to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Grievance process, see page 44.

### **What to do to continue getting services:**

If you have been getting services that are being reduced, changed, or denied and you file a Grievance verbally, or that is faxed, postmarked, or hand-delivered within one day of the date on the notice telling you that acute inpatient services you have been receiving are being reduced, changed, or denied, or within 10 days of the date on the notice telling you that any other services you have been receiving are being reduced, changed, or denied, the services will continue until a decision is made.

### **What If I Do Not Like PerformCare's Decision?**

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

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

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

For information about Fair Hearings, see page 45.

For information about external Grievance review, see below.

If you need more information about help during the Grievance process, see page 44.

## **External Grievance Review**

### **How Do I Ask for External Grievance Review?**

To ask for an external Grievance review, you can do one of the following:

- Call **PerformCare Member Services** for the Capital Area at **1-888-722-8646** or for Franklin and Fulton counties at **1-866-773-7917** and tell **PerformCare** your Grievance.
- Write down your Grievance and mail it to **PerformCare** at:  
**PerformCare**  
**Attention: Complaint and Grievance Department**  
**8040 Carlson Road**  
**Harrisburg, PA 17112**  
or fax it to: **1-717-671-6555**

**PerformCare** will send your request for external Grievance review to the Department of Health.

### What Happens After I Ask for an External Grievance Review?

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

**PerformCare** will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within 15 days of filing the request for an external Grievance review.

You will receive a decision letter within 60 days of the date you asked for an external Grievance review. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

#### **What to do to continue getting services:**

If you have been getting services that are being reduced, changed, or denied and you ask for an external Grievance review verbally, or in a letter that is postmarked or hand-delivered within one day of the date on the notice telling you **PerformCare's** Grievance decision that acute inpatient services you have been receiving are being reduced, changed, or denied, or within 10 days of the date on the notice telling you **PerformCare's** Grievance decision that any other services you have been receiving are being reduced, changed, or denied, the services will continue until a decision is made.

## Expedited Complaints and Grievances

### What Can I Do If My Health Is at Immediate Risk?

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

- You must ask **PerformCare** for an early decision by calling **PerformCare Member Services** for the Capital Area at **1-888-722-8646** or for Franklin and Fulton counties at **1-866-773-7917**, or by faxing a letter to **1-717-671-6555**.
- Your doctor should fax a signed letter to **PerformCare** within 72 hours of your request for an early decision that explains why **PerformCare** taking 30 days to tell you the decision about your Complaint or Grievance could harm your health.

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

### Expedited Complaint and Expedited External Complaint

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

You may attend the expedited Complaint review if you want to attend it. You can attend the Complaint review in person, but may have to attend by telephone because **PerformCare** has only a short time to decide an expedited Complaint. If you decide you do not want to attend the Complaint review, it will not affect the decision.

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

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

- Call **PerformCare Member Services** for the Capital Area at **1-888-722-8646** or for Franklin and Fulton counties at **1-866-773-7917** and tell **PerformCare** your Complaint.
- Write down your Complaint and send it to **PerformCare** by mail or fax:  
**PerformCare**  
**Attention: Complaint and Grievance Department**  
**8040 Carlson Road**  
**Harrisburg, PA 17112**  
**Fax: 1-717-671-6555**

### Expedited Grievance and Expedited External Grievance

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

You may attend the expedited Grievance review if you want to attend it. You can attend the Grievance review in person, but may have to attend by phone because **PerformCare** has only a short time to decide the expedited Grievance. If you decide you do not want to attend the Grievance review, it will not affect our decision.

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



## Welcome to PerformCare

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

You must ask for expedited external Grievance review by the Department of Health within **two business days from the date you get the expedited Grievance decision notice**. To ask for expedited external review of a Grievance, you can do one of the following:

- Call **PerformCare** at **Member Services**: Capital Area **1-888-722-8646**; Franklin/Fulton **1-866-773-7917** and tell **PerformCare** your Grievance.
- Write down your Grievance and send it to **PerformCare** by mail or fax:  
**PerformCare**  
**Attention: Complaint and Grievance Department**  
**8040 Carlson Road**  
**Harrisburg, PA 17112**  
**Fax: 1-717-671-6555**

**PerformCare** will send your request to the Department of Health within 24 hours after receiving it.

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

## What Kind of Help Can I Have With the Complaint and Grievance Processes?

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

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

At any time during the Complaint or Grievance process, you can have someone you know represent you or act for you. If you decide to have someone represent or act for you, tell **PerformCare**, in writing, the name of that person and how **PerformCare** can reach them.

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

You may call **PerformCare's Member Services** toll-free telephone number for the Capital Area at **1-888-722-8646** and for Franklin and Fulton counties at **1-866-773-7917** if you need help or have questions about Complaints and Grievances. You can also contact your local legal aid office at **1-800-322-7572** or call the Pennsylvania Health Law Project at **1-800-274-3258**.

### Persons Whose Primary Language Is Not English

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

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

### Persons With Disabilities

**PerformCare** will provide persons with disabilities with the following help in presenting Complaints or Grievances at no cost, if needed. This help includes:

- Providing sign language interpreters.
- Providing information submitted by **PerformCare** at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review.
- Providing someone to help copy and present information.

## Department of Human Services Fair Hearings

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

### What Can I Request a Fair Hearing About and By When Do I Have to Ask for a Fair Hearing?

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

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

## Welcome to PerformCare

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

### How Do I Ask for a Fair Hearing?

Your request for a Fair Hearing must be in writing.

Your Fair Hearing request needs to include all of the following information:

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

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

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

Or you may fax your request for a Fair Hearing to **1-717-772-7827**.

### What Happens After I Ask for a Fair Hearing?

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

You may attend the Fair Hearing in person or by telephone. A family member, friend, lawyer, or other person may help you during the Fair Hearing. You **must** participate in the Fair Hearing.

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

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

### When Will the Fair Hearing Be Decided?

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

## Welcome to PerformCare

If you requested a Fair Hearing because **PerformCare** did not tell you its decision about a Complaint or Grievance you told **PerformCare** about within 30 days from when **PerformCare** got your Complaint or Grievance, your Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with **PerformCare**, not including the number of days between the date on the notice telling you that **PerformCare** failed to timely decide your Complaint or Grievance and the date you asked for a Fair Hearing.

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

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

### What to do to continue getting services:

If you have been getting services that are being reduced, changed, or denied and you ask for a Fair Hearing and your request is postmarked or hand-delivered within one day of the date on the notice telling you **PerformCare's** First-Level Complaint or Grievance decision that acute inpatient services you have been receiving are being reduced, changed, or denied, or within 10 days of the date on the notice telling you **PerformCare's** First-Level Complaint or Grievance decision that any other services you have been receiving are being reduced, changed, or denied, the services will continue until a decision is made.

## Expedited Fair Hearing

### What Can I Do If My Health Is at Immediate Risk?

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

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

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

You may call **PerformCare's** toll-free telephone number for the Capital Area at **1-888-772-8646** or for Franklin and Fulton counties at **1-866-773-7917** if you need help or have questions about Fair Hearings. You can also contact your local legal aid office at **1-800-322-7572** or call the Pennsylvania Health Law Project at **1-800-274-3258**.

# Important Phone Numbers

PerformCare offers this list of contacts to help you find services that are right for you. Contact information is listed by county.

Call the Member Services Number for your county if you have questions about this list or need further assistance.

**Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1-888 are toll free!**

## National Hotlines

Childline.....	1-800-932-0313
National Suicide Prevention Lifeline.....	1-800-273-8255

## County Contact Information

### Cumberland County Services

Advocacy Organizations..... See the State of Pennsylvania section.

**PerformCare Consumer and Family Affairs Specialist..... 1-717-671-6541 or 1-888-722-8646**

### **PerformCare Member Services**

(24 hours a day, seven days a week)..... 1-888-722-8646  
..... TTY/TDD 711 or 1-800-654-5988

**Crisis Intervention (24 hours a day, seven days a week)..... 1-866-350-HELP (4357)**  
**or UPMC/Carlisle Crisis..... 1-717-243-6005**  
**or Geisinger Holy Spirit Hospital Crisis..... 1-717-763-2222**

Consumer/Family Satisfaction Team..... 1-717-651-1070

County Assistance Office (CAO)..... 1-717-240-2700 or 1-800-269-0173

Drug and Alcohol Program..... 1-717-240-6300

Legal Aid..... 1-717-243-9400 or 1-800-822-5288

Medical Assistance Transportation Program (MATP)..... 1-800-315-2546 or 1-717-846-RIDE (7433)  
..... or 1-800-632-9063

MH/IDD/EI Case Management..... 1-717-240-6320 or 1-717-240-6325 or 1-866-240-6320

**Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1-888 are toll free!**



**Dauphin County Services**

Advocacy Organizations.....	See the State of Pennsylvania section.
<b>PerformCare</b> Consumer and Family Affairs Specialist.....	<b>1-717-671-6541</b> or <b>1-888-722-8646</b>
<b>PerformCare Member Services</b> (24 hours a day, seven days a week).....	<b>1-888-722-8646</b> ..... <b>TTY/TDD 711</b> or <b>1-800-654-5988</b>
<b>Crisis Intervention</b> (24 hours a day, seven days a week).....	<b>1-717-232-7511</b> or <b>1-888-596-4447</b>
Consumer/Family Satisfaction Team.....	<b>1-717-651-1070</b>
County Assistance Office (CAO).....	<b>1-717-787-2324</b> or <b>1-800-788-5616</b>
Drug and Alcohol Program.....	<b>1-717-635-2254</b>
Legal Aid.....	<b>1-717-232-0581</b> or <b>1-800-932-0356</b>
Medical Assistance Transportation Program (MATP).....	<b>1-717-232-7009</b> or <b>1-800-309-8905</b>
MH/IDD/EI Case Management Unit.....	<b>1-717-232-8761</b> or <b>1-866-820-3516</b> for Upper Dauphin County..... <b>1-717-362-1212</b>

**Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1-888 are toll free!**

**Franklin County Services**

Advocacy Organizations.....	See the State of Pennsylvania section.
MH Association of Franklin and Fulton Counties.....	<b>1-717-264-4301</b> or <b>1-717-485-4642</b>
<b>PerformCare</b> Consumer and Family Affairs Specialist.....	<b>1-866-773-7917</b>
<b>PerformCare Member Services</b> (24 hours a day, seven days a week).....	<b>1-866-773-7917</b> ..... <b>TTY/TDD 711</b> or <b>1-800-654-5984</b>
<b>Crisis Intervention</b> (24 hours a day, seven days a week).....	<b>1-717-264-2555</b> ..... <b>or 1-866-918-2555</b>
Consumer/Family Satisfaction Team.....	<b>1-717-264-4301</b>
PA Relay.....	<b>711</b>
County Assistance Office (CAO).....	<b>1-717-264-6121</b> or <b>1-800-921-8839</b>
Drug and Alcohol Program.....	<b>1-717-263-1256</b> or <b>1-800-662-4357</b>
Legal Aid.....	<b>1-717-264-5354</b> or <b>1-800-372-4737</b>
Medical Assistance Transportation Program (MATP).....	<b>1-717-846-RIDE (7433)</b> or <b>1-800-632-9063</b>
MH/IDD/EI Case Management.....	<b>1-717-264-5387</b> or <b>1-800-841-3593</b>

**Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1-888 are toll free!**

**Fulton County Services**

Advocacy Organizations.....	See the State of Pennsylvania section.
MH Association of Franklin and Fulton Counties .....	<b>1-717-485-4642</b>
<b>PerformCare</b> Consumer and Family Affairs Specialist .....	<b>1-866-773-7917</b>
<b>PerformCare Member Services</b> (24 hours a day, seven days a week).....	<b>1-866-773-7917</b> .....TTY/TDD <b>711</b> or <b>1-800-654-5984</b>
<b>Crisis Intervention</b> (24 hours a day, seven days a week).....	<b>1-866-918-2555</b>
Consumer/Family Satisfaction Team.....	<b>1-717-485-4642</b>
PA Relay.....	<b>711</b>
County Assistance Office (CAO).....	<b>1-717-485-3151</b> or <b>1-800-222-8563</b>
Drug and Alcohol Program.....	<b>1-717-263-1256</b>
Legal Aid.....	<b>1-717-264-5354</b> or <b>1-800-372-4737</b>
Medical Assistance Transportation Program (MATP).....	<b>1-717-485-3171</b> or <b>1-888-329-2376</b>
MH/IDD/EI Case Management.....	<b>1-717-264-5387</b> or <b>1-800-841-3593</b>

**Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1-888 are toll free!**

**Lancaster County Services**

Advocacy Organizations.....	See the State of Pennsylvania section.
<b>PerformCare</b> Consumer and Family Affairs Specialist.....	<b>1-717-671-6541</b> or <b>1-888-722-8646</b>
<b>PerformCare Member Services</b> (24 hours a day, seven days a week).....	<b>1-888-722-8646</b> .....TTY/TDD <b>711</b> or <b>1-800-654-5988</b>
<b>Crisis Intervention</b> (24 hours a day, seven days a week).....	<b>1-717-394-2631</b>
Consumer/Family Satisfaction Team.....	<b>1-717-651-1070</b>
County Assistance Office (CAO).....	<b>1-717-299-7411</b>
Drug and Alcohol Program.....	<b>1-717-299-8023</b>
Legal Aid.....	<b>1-717-299-0971</b> or <b>1-800-732-0025</b>
Medical Assistance Transportation Program (MATP).....	<b>1-717-291-1243</b> or <b>1-800-892-1122</b>
MH/IDD/EI.....	<b>1-717-393-0421 (MH), 1-717-399-7355 (IDD), 1-717-399-7323 (EI)</b>

**Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1-888 are toll free!**

**Lebanon County Services**

Advocacy Organizations.....	See the State of Pennsylvania section.
<b>PerformCare Consumer and Family Affairs Specialist.....</b>	<b>1-717-671-6541 or 1-888-722-8646</b>
<b>PerformCare Member Services (24 hours a day, seven days a week).....</b>	<b>1-888-722-8646</b> <b>TTY/TDD 711 or 1-800-654-5988</b>
<b>Crisis Intervention (24 hours a day, seven days a week).....</b>	<b>1-717-274-3363</b>
Consumer/Family Satisfaction Team.....	1-717-651-1070
County Assistant Office (CAO).....	1-717-270-3600 or 1-800-229-3926
Drug and Alcohol Program.....	1-717-274-0427
Legal Aid.....	1-717-274-2834
Medical Assistance Transportation Program (MATP).....	1-717-273-9328 or 1-717-274-3514
MH/IDD/EI.....	1-717-274-3415

**Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1-888 are toll free!**

**Perry County Services**

Advocacy Organizations.....	See the State of Pennsylvania section.
<b>PerformCare Consumer and Family Affairs Specialist.....</b>	<b>1-717-671-6541 or 1-888-722-8646</b>
<b>PerformCare Member Services (24 hours a day, seven days a week).....</b>	<b>1-888-722-8646</b> <b>TTY/TDD 711 or 1-800-654-5988</b>
<b>Crisis Intervention (24 hours a day, seven days a week).....</b>	<b>1-866-350-HELP (4357)</b>
Consumer/Family Satisfaction Team.....	1-717-651-1070
County Assistance Office (CAO).....	1-717-582-2127 or 1-800-991-1929
Drug and Alcohol Program.....	1-717-240-6300
Legal Aid.....	1-717-232-0581 or 1-800-932-0356
Medical Assistance Transportation Program (MATP).....	1-717-846-RIDE (7433)
MH/IDD/EI.....	1-717-240-6320 or 1-717-240-6325 or 1-866-240-6320

**Note: All numbers listed that begin with 1-800, 1-866, 1-877, and 1-888 are toll free!**

## Discrimination is against the law

PerformCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PerformCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PerformCare:

- Provides no-cost 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 no-cost language services to people whose primary language is not English, such as:
  - Qualified interpreter services.
  - Information written in other languages.

If you need these services, contact the PerformCare Member Services number for your county.

Capital Area (Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties)

Member Services: **1-888-722-8646**

TTY/TDD: **1-800-654-5984** or PA Relay **711**

North Central Area (Franklin and Fulton counties)

Member Services: **1-866-773-7917**

TTY/TDD: **1-800-654-5984** or PA Relay **711**

We are available 24 hours a day, 7 days a week.

If you believe that PerformCare has failed to provide these services or discriminated in any way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with PerformCare and send it to us at:

- PerformCare, 8040 Carlson Road, Harrisburg, PA 17112.
- You can file a complaint by mail, fax, or phone. If you need help filing a complaint, PerformCare Member Services is available to help you. Call the Member Services number for your county located above or fax to PerformCare at **717-671-6555**.

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 [ocrportal.hhs.gov/ocr/portal/lobby.jsf](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, 1-800-537-7697 (TDD)**

Complaint forms are available at

[www.hhs.gov/ocr/office/file/index.html](https://www.hhs.gov/ocr/office/file/index.html).

Multi-language interpreter services

**English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call: 1-888-722-8646 (1-800-654-5984 (TTY) or PA Relay 711).**

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-722-8646 (1-800-654-5984 (TTY)/PA Relay 711)**.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-722-8646 (1-800-654-5984 (TTY)/PA Relay 711)**.

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-888-722-8646 (1-800-654-5984 (TTY)/PA Relay 711)**。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-722-8646 (1-800-654-5984 (TTY)/PA Relay 711)**.

Arabic:

انتباه: إذا كنت تتحدث العربية، فإن خدمات مساعدة اللغة، مجاناً، متوفرة لك. اتصل بالرقم: **(1-800-654-5984 (TTY)/PA Relay 711) 1-888-722-8646**.

Nepali: ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने, भाषा सहायता सेवाहरू, नि: शुल्क, तपाईंलाई उपलब्ध छ। सम्पर्क गर्नु: **1-888-722-8646 (1-800-654-5984 (TTY)/PA Relay 711)**।

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-722-8646 (1-800-654-5984 (TTY)/PA Relay 711)** 번으로 전화해 주십시오.

Cambodian/Khmer: ការប្រុងប្រយ័ត្ន: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរដើម្បីជួយភាសាខ្មែរដើម្បីជួយសម្រាប់អ្នក។ ទូរស័ព្ទ: **1-888-722-8646 (1-800-654-5984 (TTY)/PA Relay 711)**។

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-722-8646 (1-800-654-5984 (TTY)/PA Relay 711)**.

Burmese: အထူးဂရုပြုရန်: သင်အင်္ဂလိပ်ထက်အခြားဘာသာစကားတစ်ခုကိုမပြောတတ်လျှင်, တာဝန်ခံအခမဲ့ဘာသာစကားအကူအညီများဝန်ဆောင်မှုများ, သင်တို့အားရရှိနိုင်ပါသည်။ ခေါ်ဆိုခ: **1-888-722-8646 (1-800-654-5984 (TTY)/PA Relay 711)**.

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-722-8646 (1-800-654-5984 (TTY)/PA Relay 711)**.

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-722-8646 (1-800-654-5984 (TTY)/PA Relay 711)**.

Bengali: সতর্কতা: যদি আপনি বাঙালি, বিনামূল্যে ভাষা সহায়তা সেবা, আপনার জন্য উপলব্ধ। কল করুন: **1-888-722-8646 (1-800-654-5984 (TTY)/PA Relay 711)**.

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-888-722-8646 (1-800-654-5984 (TTY)/PA Relay 711)**.

Gujarati: સાવધાન: જો તમે ગુજરાતી બોલતા હોવ તો ભાષા સહાય સેવાઓ મફતમાં ઉપલબ્ધ છે. કોલ કરો: **1-888-722-8646 (1-800-654-5984 (TTY)/PA Relay 711)**.

# PerformCARE<sup>®</sup>

## **Member Services Hotline**

Call us for help with a mental health or substance abuse problem, to ask questions, or to make a complaint.

If you are a HealthChoices recipient who lives in the Capital Area or the NorthCentral Region, call the toll-free number listed at right for your area or county:

CAPITAL AREA

**1-888-722-8646**

Cumberland, Dauphin,  
Lancaster, Lebanon, and Perry

NORTHCENTRAL REGION

**1-866-773-7917**

Franklin and Fulton

DEAF OR HARD OF HEARING

**1-800-654-5984**

TTY or 711 PA Relay



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[pa.performcare.org](http://pa.performcare.org)