CoventryCares Member Handbook

Welcome to CoventryCares! You are now a member of a health care plan, called a managed care plan, for HealthChoices consumers.

We are glad you joined our family! It is a smart move. CoventryCares is the health care plan that really puts you in control. You can choose from a large network of great doctors and hospitals.

This is your *Member Handbook*. It tells you how your CoventryCares Health Plan works. Please read it. Keep it in a safe place. That way, you can find it when you need it.

If you have any problems reading or understanding this or any other CoventryCares information, call Member Services . If you are hearing or speech impaired, use your TTY, or dial 711 on your telephone. We can help to explain the information. We can tell it to you in English or in your own language. We can print the information in other languages or in other ways. If you have trouble seeing or hearing, we can give you special help. We do all this at no cost to you.

We have friendly staff trained to answer all your questions. You can also visit our web site at *www.mycoventrycares.com*. The web provides an easy way for you to learn more about your benefits and us. And it is there for you 24 hours a day.

As you work with us, you will see that CoventryCares puts you and your family first. That way you get better health care. We will treat you with respect. We care about your dignity and privacy.

Again, welcome to CoventryCares. We wish you good health!

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CoventryCares HealthChoices Member Handbook

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How to Get Information and Answers

If you are hearing or speech impaired, use your TTY, or dial 711 on your telephone.
Website: www.mycoventrycares.com

Call Member Services or Visit Our Website for Information Like:

- Your medical benefits.
- How you get medical care.
- Your doctor's training and office hours.
- Finding a doctor that speaks your language.
- Finding a doctor with an office that has wheelchair access.
- How to choose or change your doctor or other health care provider.
- How to get a list of our network providers.
- What to do if you get a medical bill.
- Rules that we apply to your benefits (utilization review and practice guidelines).
- How to get a translation in your language or get information in other formats.

Member Services or Our Website Has Answers to Questions Like:

- How do I solve a problem about my health care?
- How do I solve problems about CoventryCares or my providers?
- How do I find out about Special Needs services?
- How do I get my medical records from my health care provider?
- How do I make suggestions on improving health care services for me?

Visit *www.mycoventrycares.com* Any Time Day or Night for Information on:

- How to find a provider
- Medical benefits and services
- Drug store benefits
- Member newsletters
- Health and wellness programs
- How we protect your privacy (Notice of Privacy Practices)
- Member Rights and Responsibilities
- Complaints, Grievances and Fair Hearings
- Community services
- Member resources
- Questions and answers
- Contract information
- Copay sheet

Get Information in Other Languages and Formats

You can get this member handbook and our list of providers and drug stores printed in other languages. We can also print it in different ways or record it so that you can listen to it. We have handbooks and provider lists in English, Spanish, Russian, Chinese, Cambodian and Vietnamese. You can ask for another language too. Call Member Services. We will help you get what you need. You don't have to pay for these services.

Hearing and Sight Problems

If you are hearing or speech impaired, use your TTY, or dial 711 on your telephone.

You can get this handbook and other CoventryCares information in large print, Braille, on cassette tape, or computer diskette at no cost to you. Call Member Services at 1-866-903-0748 to ask for these other formats.

Non-English Speaking Members

If you do not speak English, call Member Services at 1-866-903-0748 (TTY 711). An interpreter can help you. Please also call if you need your CoventryCares information translated. You will not need to pay for the translation. Call Member Services. We will help you get what you need.

Spanish
Si usted no habla inglés, por favor llame al servicio al miembro al 1-866-903-0748 (TTY 711), y le proveeremos un interprete. Si usted le pide a los servicios al miembro también le podemos dar este folleto y otra información en otros idiomas y formatos.

Chinese
若您不会说英语，请致电“会员服务”专线：1-866-903-0748 (TTY 711)，我们会为您提供一名口译人员。同时，您还可向“会员服务”索取本手册及其它资料的其它语言以及其它格式版本。

Croatian
Ako ne govorite engleski, molimo vas nazovite servis za usluge prema članovima na broj 1-866-903-0748 (TTY 711), i mi ćemo vam osigurati tumača. Također mi vam možemo dati ovaj priručnik i ostale informacije na drugim jezicima i formatima ako budete zahtijevali od servisa za usluge prema članovima.

Khmer (Cambodian)

ព័ត៌មាននៅក្នុងលិខិតនេះមានជាភាសា និងទម្រង់ ផ្សេងៗទៀត ដោយទូរស័ព្ទទៅក្រុមជំនួយសមាជិក CoventryCares លេខ ១-៨៦៦-៩០៣-០៧៤៨។ បើសិនជាលោកអ្នក ស្តាប់មិនឮ ឬនិយាយមិនច្បាស់ សូមប្រើ TTY របស់លោកអ្នក ឬចុចលេខ៧១១ នៅលើទូរស័ព្ទរបស់លោកអ្នក ដើម្បីឲ្យគេបន្តតាមការប្រើឧបករណ៍ សម្រាប់អ្នកស្តាប់មិនឮ និងអ្នកនិយាយមិនច្បាស់ ឲ្យទាក់ទងគ្នាបានតាមការសរសេរ។

Russian

Если вы не говорите по-английски, позвоните в отдел обслуживания членов по телефону 1-866-903-0748 (телефон с текстовым индикатором – TTY/телекоммуникационный прибор для глухих – TTY 711), и мы предоставим переводчика. Мы также можем дать вам этот справочник и другую информацию на других языках и в других формах, если вы попросите об этом представителя отдела обслуживания членов.

Vietnamese

Nếu quý vị không nói tiếng Anh, vui lòng gọi cho Bộ phận Dịch vụ Thành viên theo số 1-866-903-0748 (TTY 711) và chúng tôi sẽ cung cấp một phiên dịch. Chúng tôi cũng có thể đưa cho quý vị cuốn sổ tay hướng dẫn này và thông tin khác bằng các ngôn ngữ và định dạng khác nếu quý vị hỏi Bộ phận Dịch vụ Thành viên.

CoventryCares provides translation services for routine (nonemergent) medical visits. Call Member Services at 1-866-903-0748 and ask to speak to special needs case manager. You will need to tell us the date, time and place of the visit and give your member information from your ID card. We need 72 hours' notice to provide these services for medical appointments.

Getting Started

It is easy! Just follow these steps. You will be on your way to getting the health care you need with CoventryCares.

1. Identification (ID) Cards—Always Keep Your ID Cards with You

You need 2 ID cards to get your benefits under your plan. One is your CoventryCares ID card. The other is your ACCESS card. We mail you an ID card when you join. Each member of your family who joins gets their own card. You will also get an ACCESS card from the Department of Public Welfare (DPW). Your CoventryCares ID card does not replace your ACCESS card.

You need both cards for all your doctor visits, prescriptions and other health care services.

You need your ACCESS card to use the Medical Assistance Transportation Program (MATP). You also need it for behavioral health treatment (mental health or drug and alcohol services). See the *Special Needs Services* section to find out more about these services.

Call CoventryCares Member Services as soon as possible if:

- You did not get your CoventryCares ID card.
- The information on your CoventryCares ID card is wrong.
- You lose your CoventryCares ID card.

Call your caseworker at your local county assistance office if you lose your ACCESS card.

Some of the things on the front of the CoventryCares ID card:

- Member's name
- CoventryCares Member ID number
- Primary Care Provider name (PCP)
- PCP's phone number

Some things on the back of the card:

- CoventryCares' Member Services phone number
- Personal 24-Hour Nurse Helpline phone number

2. Choosing a Primary Care Provider (PCP)

You can choose your own primary care provider (PCP). CoventryCares' provider directory lists your choices. You can choose one PCP for the entire family. Or you can

have a different PCP for each family member. You can choose one of these to be your PCP:

- General provider (general doctor).
- Family provider (family doctor).
- Nurse practitioner.
- Physician assistant.
- Internist (general doctor who only treats members older than 18).
- Pediatrician (general doctor who only treats members younger than 21).
- If you are pregnant, you can choose a doctor trained in obstetrics (an OB doctor) or a nurse midwife.

Your PCP will get to know your health history. He or she will take care of all your basic medical needs (like checkups and shots). Your PCP can even admit you to the hospital.

Always call your PCP when you have a question about your health or medical care. Your PCP's name and telephone number are on your CoventryCares ID card. Your PCP's office will answer the phone 24 hours a day every day. He or she can help you get the services you may need. Your PCP can even help you decide if you need to go to the emergency room.

Your PCP can help to keep you and your family healthy. Read more in the *Primary Care Provider* sections in this handbook.

3. Changing Your PCP

You can change your PCP at any time. If you want to change your PCP, call Member Services first. You can see your new PCP right after you make the change with Member Services.

When you change your PCP, we will send you a new ID card with the name of your new PCP.

Look in your provider directory or on our website at *www.mycoventrycares.com* for the names of CoventryCares' PCPs. You call the CoventryCares Member Services for help. You can ask them for an updated provider list.

4. Out-of-Network Providers and Services

CoventryCares has many doctors and hospitals that agree to care for our members. They are called the "network." An out-of-network provider is a provider who is not in our network. You should always try to see a provider in our network. You may have to pay for services from a non-network provider. If there are no specialists in the network,

members can go to an out-of-network provider, and CoventryCares will cover the cost of the visit until a specialist becomes available in network.

CoventryCares must approve requests for services outside of our network before you can get them. Your provider should call us for approval. This does not include services for family planning and emergencies.

Sometimes we will pay for services from an out-of-network provider. If our network does not have at least 2 specialists who can help you, your PCP can send you to an out-of-network provider.

Your PCP must call CoventryCares to get an approval. He or she must do this before you can see an out-of-network provider. You may file a complaint or grievance, if we do not approve the request. To do this, call Member Services. They will help you.

5. Call CoventryCares Member Services if You Need Any Help

If you are hearing or speech impaired, use your TTY, or dial 711 on your telephone.

Call us with any questions you have. You can ask about how we compare to other plans in quality and member satisfaction. You can give us ideas for how to better serve you. We want to hear what you think of CoventryCares. How you feel is very important to us. Just call. Member Services can help. Call toll-free to:

- Request ID cards.
- Change your PCP.
- Get a list of doctors, dentists and hospitals in the network.
- Get a list of drug stores in the network.
- Get information in a different language.
- Get information in a special format.
- Get help with your benefits.

6. Use Your Personal 24-Hour Nurse Helpline

1-888-900-2215, 24 hours a day, 7 days a week
CoventryCares has a Personal Nurse Helpline to answer your health care questions. Call if you have a question about a medicine or how you are feeling. Call if you are not sure what kind of medical care you need. It doesn't cost you anything for the call!

Trained nurses are available to you any time, any day. Call your Personal Nurse Helpline, toll-free, at 1-888-900-2215, 24 hours a day, 7 days a week.

7. Learn How to Use Your Health Care Benefits—It's Easy!

It is easy to use your CoventryCares benefits. For things that are not an emergency, call your PCP at the number on your ID card. Your PCP will work with you to direct your health care. Your PCP will do your checkups and shots. He or she will treat you for most of your health care needs. If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital.

8. In an Emergency

For a MEDICAL EMERGENCY, go to the nearest emergency room or call 911. The *Emergency Services* section of this handbook lists examples of a real medical emergency. Read about it in the *Emergencies* section in this handbook.

9. Fraud and Abuse

Fraud happens when your health plan gets billed for a service that costs more than the one you actually got. Fraud also happens when your health care plan pays for a service that you never used. Some examples of fraud and abuse are:

- Providers who bill for services they did not provide.
- Providers who bill for same service more than once.
- Providers who perform services that are not needed.
- Pharmacists who pay doctors for referrals.
- Members who sell their ID cards or numbers.
- Members who sell medicine they receive through CoventryCares.

If you know that fraud happened, tell us. Call CoventryCares' Fraud Hotline at 1-866-806-7020.

You can also report fraud and abuse to the Department of Public Welfare. There are many ways to do this.

- Call the MA Provider Compliance hotline: 1-866-DPW-TIPS.
- Go to the web site: www.dpw.state.pa.us/omap.
- Send an e-mail to omaptips@state.pa.us.

You do not have to give your name. If you do give your name, we will not tell the provider or member you called.

10. CoventryCares Members Have Certain Rights and Responsibilities

Pennsylvania law requires that your health care providers recognize your rights. It also says you must respect the rights your providers have. Please read the summary of your rights and responsibilities included in this handbook.

New Member Information

New members should call Member Services **right away** (today or as soon as possible). This is important. If you are hearing or speech impaired, use your TTY, or dial 711 on your telephone.

Some New Members May Keep Seeing A Provider Who Is Not In CoventryCares' Network

This is for new members who need to see an out-of-network provider to finish their treatment. We do this to make sure you keep getting the care that you need. It does not matter which providers you see or which services you need.

New members who join CoventryCares when they are pregnant may keep seeing the same OB doctor through their whole pregnancy.

Please call Member Services if you would like to keep a certain doctor after you join CoventryCares.

Find Out if Your Medicine Needs Our Approval

CoventryCares may have different rules about prior authorization (approval) for medicine than your old health plan. **It is very important that you find out if your medicine needs our approval**. C**all Member Services or look on our website at www.mycoventrycares.com.** If you take medicine now that needs our approval, ask your provider to call CoventryCares.

If you ever disagree with what CoventryCares decides, we will tell you how to start the grievance process and how to ask for a fair hearing. Just call Member Services.

Your Primary Care Provider (PCP)

Your PCP, or an on-call doctor, is available 24 hours a day, 7 days a week, for whenever you need medical care.

You should always call your PCP's office when you have a question about your health or medical care. He or she can help you get other services you may need.

Selection of certain PCP sites may result in physician assistants, medical residents and nurse practitioners providing care**.**

Provider is word we use in this handbook. The word **provider** means a person who practices medicine. A **primary care provider** (PCP) can be a:

- Doctor
- Physician's Assistant
- Medical Resident
- Nurse Practitioner
- Nurse Midwife

If you are having an emergency and must get medical care right away, go to the nearest emergency room. If you do not need emergency attention, call your primary care doctor first. Your doctor will tell you what to do. If your doctor is not in, someone will answer and will have your doctor call you back.

Getting Care from Your PCP – Appointment Standards

You should call for an appointment to see your PCP right away. If you cannot keep an appointment, call right away to let the office know. When you call to cancel your appointment, you can make another one. Please be on time for your appointment. Be sure to have your CoventryCares ID card and your ACCESS card with you.

The following tells how soon you can expect an appointment with your PCP or specialist:

New member appointment for your first visit …	**You should have an appointment …**
if you have HIV/AIDS	with a **PCP or specialist** – no later than 7 days after you become a CoventryCares member, unless you are already being treated by a PCP or specialist
if you receive Supplemental Security Income (SSI)	with a **PCP or specialist** – no later than 45 days after you become a CoventryCares member, unless you are already being treated by a PCP or specialist
if you are younger than 21	with a **PCP for an EPSDT screen** – no later than 45 days after you become a CoventryCares member, unless you are already being treated by a PCP or specialist
all other members	with a **PCP** – no later than 3 weeks after you become a CoventryCares member

Members who are pregnant and	You should have an appointment …
in the first 3 months of pregnancy	with an **OB doctor** – in 7 business days of telling us you are pregnant
in the months 4-6 of pregnancy	with an **OB doctor** – in 7 business days of telling us you are pregnant
in the months 7-9 of pregnancy	with an **OB doctor** – in 3 business days of telling us you are pregnant
are having a high-risk pregnancy	with an **OB doctor** – in 24 hours of telling us you are pregnant
Appointment with...	**You should have an appointment …**
Primary care provider (PCP) for urgent medical care	in 24 hours
for a routine appointment	in 10 business days
for a wellness visit or a general physical exam	in 3 weeks
Specialists (when referred by PCP) for an urgent medical condition	in 24 hours of referral
for a routine appointment	in 10 business days of referral

What to Expect from Your PCP

Your PCP is there to make sure you get the medical care you need. He or she will always be your number one advocate (support) in getting proper treatment and staying healthy. Below are some things your PCP will do for you:

- Give you the medical services you need or set them up for you.
- Keep your medical records up-to-date.
- Give you regular physical exams as needed. This includes EPSDT services for members under 21. See the *Special Needs Services* section in this handbook to read about EPSDT services
- Give you regular immunizations (shots) as needed.
- Help you stay healthy with screenings (mammograms, pap smears, etc.), immunizations (shots) and check-ups.
- Make sure you can talk to him or her or another provider after hours.
- Refer you to a specialist, if you need one. The specialist must be part of CoventryCares' network.

- Set up medical care at hospitals, if needed. The hospitals must be part of CoventryCares' network.
- Give you information about your health.
- Talk with you about advance medical directives. See the *Advance Directives* section in this handbook.
- Prescribe medicines when you need them.
- Be your patient advocate.

If You Want More Information About Your Provider

If you would like to know about your provider's education, board certification or training, please call Member Services. We will get this information to you. We can also tell you what languages your provider speaks. We know if the office is wheelchair accessible. We can tell you if a provider is accepting new patients.

If Your PCP Leaves CoventryCares

If your primary care provider (PCP) leaves our network, we will tell you. We will help you choose a new PCP. If you do not choose a new PCP, we will choose one for you. We will send you an ID card with the name of your new PCP.

If you do not want the PCP we picked for you, you can pick a different one. Just call Member Services.

If your PCP leaves the network, but is still treating you, you may be approved to keep seeing your PCP for up to 90 days. This gives you time to finish your treatment. If you are pregnant and your OB doctor leaves our network, you can see that doctor for your whole pregnancy.

Translation Services at the Provider's Office

CoventryCares provides translation services for routine (nonemergent) medical visits. Call Member Services and ask to speak to a special needs case manager. You will need to tell us the date, time and place of the visit and give your member information from your ID card. We need 72 hours' notice to provide these services for medical appointments.

Benefits – How To Get Your Medical Services

What Is Covered

CoventryCares covers all medically necessary services that Medicaid covers.

A service or benefit is medically necessary if it is covered under Medicaid and meets one of the following standards:

- The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition, or disability.
- The service or benefit will, or is reasonably expected to reduce or ameliorate the physical, mental, or developmental effects of an illness, condition, injury, or disability.
- The service or benefit will assist the member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the member and those functional capacities that are appropriate for the members of the same age.

Below are some services CoventryCares covers. Unless you have a copay and your plan covers these services, you do not have to pay for them. Be sure to show your CoventryCares ID card and your ACCESS ID card to get these services. Please call Member Services if you have any questions.

Some benefits have limits or copays.
The benefits with limits are marked with a star ***.** Check the *Copay Sheet* that came with this handbook. It will tell you if your benefits have limits or copays.

- PCP office visits – routine, urgent and emergency care.
- Ÿ Medical care during pregnancy.
- Ÿ Hospital services when you are not a patient overnight.*
- Ÿ Overnight hospital stays including a semi-private room, medical services, surgery, anesthesia, and drugs.*
- Ÿ Basic vision care and eyeglasses or contact lenses.*
- Ÿ Basic hearing care.*
- Ÿ Basic dental care.*
- Ÿ Family planning (birth control).
- Ÿ Chiropractic care.*
- Ÿ X-rays and lab tests.*
- Ÿ Immunizations (shots).*
- Ÿ Prescription drugs.*
- Ÿ Home health services – such as home health aides.*

- Durable medical equipment (DME) and supplies – such as wheelchairs or crutches.*
- Hospice care (end-of-life care).
- Disease screenings and treatment for things like tuberculosis, HIV, AIDS, HPV, and diseases passed on by having sex.
- Ambulance transportation for emergencies and when medically necessary.
- Specialty care.*
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) – health checkups, screening, and immunizations for children up to age 21.
- Rehabilitation care like physical, occupation and speech therapy.*
- Short-term care in a nursing home.*

What Is Not Covered (Exclusions)

CoventryCares does not cover some services. They include, but are not limited to:

- Acupuncture.
- Care for mental health and drug or alcohol abuse problems. (These are covered by the county or your behavioral health plan.)
- Hearing aids for anyone 21 and older.
- For most members 21 and older, fixing crooked teeth and teeth not in the right place (orthodontia)
- Services, medicine and equipment that are not medically necessary.
- Cosmetic surgeries and medicines.
- Long-term care in a nursing home.
- Experimental procedures or drug treatments.
- Hysterectomy (surgery to remove the female organs), if preformed for hygiene only or so that you cannot have a baby.
- Treatments to help you get pregnant or to find out why you cannot have a baby (infertility treatment).
- Surgery of the mouth that is cosmetic.
- Paternity testing (test to determine the father of a baby).
- Personal care items such as hairbrushes, shampoo, toothpaste, and feminine hygiene products.
- Personal items or services while you are in the hospital, such as television and telephone.

- Changes to your home – such as chair lift.
- Reversing (changing back) surgeries, like having your tubes tied or vasectomy.
- Surgery to make mentally ill patients or persons in a hospital unable to have a baby.
- Services not covered by Medicaid.
- Prescription drugs for members 21 and older who are not eligible for Medical Assistance drug benefits.
- For members 21 and older: EPSDT, private duty nursing, hearing testing and hearing aids.
- Clinical trials.

Most Limits Do Not Apply to Members under Age 21

There may be other services CoventryCares does not cover. Check the *Copay Sheet* that came with this handbook. **You may have to pay for services that CoventryCares does not cover. You also may have to pay for services if you do not use a network provider**. Call Member Services:

- If you are not sure if CoventryCares covers a service.
- If you need a list of network providers.

CoventryCares must approve requests for services that we do not cover and Medicaid does not cover. Your provider should call us for approval. This does not include family planning and emergencies.

Self-Referral Services

You may get some services without seeing your PCP first. These services are called self-referral services. You should make sure you get these services from CoventryCares participating providers. Call Member Services to find a participating provider.

Here is a list of services you may get without seeing your PCP:

- Chiropractic care.
- Cancer treatment (radiation and chemotherapy)
- Dental care.
- Diabetes eye test and diabetes education.
- EPSDT, if covered in your plan.
- Family planning (birth control). You can see any provider, even one not in the network.
- Maternity care.

- Childbirth classes.
- Immunizations (shots).
- Routine women's care (GYN – gynecology).
- Breast cancer screening (mammogram).
- Pap smears (cervical cancer screening).
- Basic vision care.
- Sexually transmitted diseases (STDs).
- Stop-smoking classes.
- Treatment when your kidneys do not work (dialysis), if covered in your plan.
- Emergency services and emergency ambulance transportation.
- Specialty Care. Make sure you have a specialist who is signed up with CoventryCares. If you do not, you may have to pay for the service. It is a good idea to call and check with Member Services to make sure the specialist in our network.

Specialist Care

How to Get a Second Opinion

You have the right to get a second opinion about your medical care. If you want one, tell your primary care provider (PCP). He or she will send you to another CoventryCares specialist. CoventryCares covers the cost of the visit. Always check with your PCP before going to another specialist for a second opinion.

Sometimes Specialists Can Be Primary Care Providers (PCPs)

Members with special needs can request that a specialist be PCP. To do this, the specialist must agree to serve as your PCP. CoventryCares must approve this request. Call Member Services to make this request.

Continued Care with a Non-Network Specialist

If a specialist leaves our network while he or she is taking care of you, you have the right to see him or her for some time. This way your care can continue without a break. Call Member Services. They will help you.

Services That Need Prior Authorization

CoventryCares must okay some services before you can get them. This is called **prior authorization**. Your PCP or specialist will do this for you.

If CoventryCares does not approve your provider's prior authorization request, we will tell you. We will also tell you how to follow the grievance process and about your right to a fair hearing.

CoventryCares must approve the following services if they are covered under your benefit plan before you can get them. They include, but are not limited to:

- Services from providers not in the CoventryCares network. This does not include family planning, obstetrical care and emergency care services or rental of durable medical equipment (DME).
- Ambulance transportation when is not an emergency.
- Staying in a hospital, nursing home or rehabilitation hospital when it is not an emergency and in a skilled nursing home.
- Surgeries in a hospital or surgery center. Some surgeries in a doctor's office.
- Rehabilitation services. Examples are heart (cardiac) and lung (pulmonary) therapy, outpatient and home care physical, occupation, audiology and speech therapy.
- Home health care services like IV drug therapy, skilled nursing visits and home health aide, medical social worker and dietician visits.
- Buying or renting DME, like wheelchairs.
- Corrective appliances and prosthetics, like artificial limbs and orthopedic shoes
- Any service or product not covered by Medical Assistance.
- Some outpatient tests and procedures, like MRI, MRA, MRS, CT/CAT, PET, CTA, SPECT and bone density scans, infusions, plasmapheresis and hyperbaric oxygen therapy.
- Radiation therapy, chemotherapy, pain management and hospice (end-of-life) services.
- Some prescription drugs, injectables and specialty drugs, some over-the-counter (nonprescription) drugs, and some DME supplies like diapers, ostomy supplies and tube feeding and nutritional supplements.
- All organ transplant tests and appointments.
- Genetic testing.
- Experimental treatments and investigational procedures, services and drugs.
- Specialty dental services, including anesthesia and surgical procedures.
- Chiropractic care after the first visit.

Personal 24-Hour Nurse Helpline
1-888-900-2215

Your Personal 24-Health Nurse Helpline is there for you 24 hours a day, 7 days a week, every day of the year. This service doesn't cost you anything. Call anytime someone in your family is sick or hurt or in need of medical advice. You can ask questions about your health or medicine.

You will get friendly, helpful advice. The nurse will ask you some questions about your problem. Tell him or her where it hurts, what it looks like and what it feels like. The nurse can help you decide if you need to:

- Care for yourself at home
- Go to the doctor
- Go to the hospital

Call the 24-Hour Nurse Helpline anytime – any day
1-888-900-2215

You can get help with problems like:

• Back pain	• Burns	• Colds, flu	• Coughing
• Crying baby	• Cuts	• Dizziness	• Feeling sick

If you think it is an emergency, call 911 or your local emergency services first.

Dental Care

Some dental care is covered for adults and children. You must use a dentist in CoventryCares' network. You do not have to see your PCP first. Be sure to show your CoventryCares ID and ACCESS cards.

Dental benefits include:

Exams	Extractions (pulling teeth)
Cleanings	Fillings
X-rays	

Check the *Copay Sheet* that came with this handbook. It will show you if your benefits have limits or copays. Children under 21 years old and some other members also have benefits for fixing crooked teeth and teeth not in the right place (orthodontia).

If medically necessary, children and teens can get more dental visits and services under EPSDT (Early Periodic Screening, Diagnosis and Treatment) Expanded Services.

Call Member Services with questions or to get a list of CoventryCares dentists.

Dental Services for Children under 21

Children under the age of 21 are eligible to receive all medically necessary dental services. Your child can go to any dentist who is part of CoventryCares' network. You can find a dentist in your area by using our online provider directory on our website or by calling Member Services. Your child does not need a referral for a dental visit. But, your child's PCP may refer children age 3 and above to a dental home as part of their regular EPSDT well child screens.

Dental services that are covered for children under the age of 21 include the following, when medically necessary:

- Anesthesia
- Orthodontics (braces)*
- Check-ups
- Periodontal services
- Cleanings
- Fluoride treatments**
- Root canals
- Crowns
- Sealants
- Dentures
- Dental surgical procedures
- Dental emergencies
- X-rays
- Extractions (tooth removals)
- Fillings

* If braces were put on before the age of 21, services will be covered, until they are completed, or age 23, whichever comes first, as long as the patient remains eligible for Medical Assistance.

**For children under the age of five topical fluoride varnish treatment is also covered when administered by enrolled and certified physicians and certified registered nurse practitioners.

For more information on your child's dental benefits, please call Member Services.

Vision Care

Your vision benefit starts as soon as you become a member. There is no waiting period. You must use an eye doctor from CoventryCares' network. You do not need to see your PCP first. Be sure to show your CoventryCares ID and ACCESS cards.

Call Member Services. We will help you find an eye doctor. Then you can call your doctor for an eye exam. If you need specialty eye care (for example, treatment of

accidental injury or trauma to the eyes or treatment of disease to the eyes), you must go to your PCP first. Your PCP will refer you to a specialist.

All members can get eye exams. There may be limits. Check the *Copay Sheet* that came with this handbook. It will show you if your benefits have limits or copays. Children under 21 years old can also get eyeglasses - lenses and basic frames. We also cover the cost to fix and replace children's glasses if they are lost, broken or stolen.

If medically necessary, children and teens can get more vision services and eyeglasses under EPSDT (Early Periodic Screening, Diagnosis and Treatment) Expanded Services.

Adults over age 21 are covered for one routine eye exam every year and one pair of glasses or contact lenses every two years.

Care When You're Away from Home – Out-of-Area Care

Here's what to do if you get sick or need care when you are away from home in the United States:

- If you are sick or hurt, but do not think it's an emergency, call your PCP. He or she will tell you what to do.
- If you need urgent care, but do not think it's an emergency, call your PCP. He or she will tell you what to do.
- If you think it's an emergency, call 911 or go to the nearest emergency room. If you are not sure it's an emergency, call your PCP. He or she will tell you what to do.

If you get services in the emergency room and stay in the hospital while you are away from home, ask the hospital to call CoventryCares at the number listed on back of your ID card to let us know.

Urgent or Emergency Care

Urgent Care

You should use the urgent care center for something that is not a threat to your life, but needs to be looked at right away. Anytime you think your situation needs urgent care, you should always call your PCP first. Your PCP will try to see you within 24 hours. If you call your PCP after the office has closed, someone will have a doctor call you back. If your PCP cannot see you, you should go to the urgent care center. If you are not sure if your situation needs urgent care, your PCP or your Personal Nurse Helpline can help you decide what to do.

For a list of urgent care centers, log onto our web site at *www.mycoventrycares.com*.

Examples of Urgent Care Conditions:

Coughing	Colds
Throwing up	Pink eye
Diarrhea	Stomachache
Earache	Rashes
Sore throat	Bruises

Looking for your primary care doctor's phone number?

Check the back of your ID card, or Call Member Services.

Emergency Care

For emergencies, call 911 for an ambulance or go directly to the nearest emergency room.

You should go the hospital emergency room for emergency care. An emergency is a sudden, serious medical condition or severe pain that a person who has an average knowledge of health and medicine (prudent layperson), could reasonably expect the absence of immediate medical attention will result in:

1. Placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
2. Serious impairment of bodily functions.
3. Serious dysfunction of any bodily organ or part.

Here are some examples of when you might go to the emergency room:

- Miscarriage (losing a baby) or pregnancy with vaginal bleeding
- Head or eye injuries
- Danger of loss of life or limb (such as an arm or a leg)
- Blackouts
- A car accident with an injury

- Chest pain
- High fever
- Choking
- A physical attack or rape
- Difficulty breathing
- Heavy bleeding
- Loss of speech
- Taking too much medicine or drugs (overdose)
- Paralysis (unable to move)
- Poisoning
- Possible broken bones
- Convulsions (seizures)

There are times when it is hard to know if your situation if an emergency. Usually, something your PCP can treat in his office is not an emergency. If you are unsure, here are some ways to help you decide if the situation is emergency:

1. **Call your primary care provider (PCP). Your PCP's phone number is on the front of your CoventryCares ID card. Someone can call for you.**

   Your PCP can help you decide if you need emergency care. Be ready to tell your PCP as much as you know about the medical problem. Be sure to tell him or her:

   - What the problem is.
   - How long the problem has lasted.
   - What you have done for the problem so far.

   Your PCP may ask other questions. He or she can help you decide:

   - If you need an appointment.
   - If you should go to the urgent care center.
   - If you should go to the emergency room.

   Write the names of all your family's PCPs and their telephone numbers in the back of this handbook. Keep it in a handy place in case you need it.

2. **Call CoventryCares' Personal 24-Hour Nurse Helpline**

   If you cannot reach your PCP, call your 24-Hour Nurse Helpline to speak with a registered nurse. A nurse is always available, every day. Be ready to tell the nurse

as much as you know about the medical problem. He or she may ask other questions. The nurse can help you decide what to do.

24-Hour Nurse Helpline
24-hours/7 days a week
1-888-900-2215

If you go to the emergency room, call your PCP for follow-up care. Do not go to the emergency room for follow-up care.

3. Out-of-Area Emergencies

You may have an emergency when you are outside of CoventryCares' service area. If this happens, go to the nearest hospital or health care provider. Call your PCP within 48 hours or as soon as you can. If you are in a hospital that is not signed up with CoventryCares, we may ask you to move to network hospital. We will do this after you are well enough to move.

Family Care

Care During Pregnancy

Care during pregnancy is called prenatal care. Pregnant women who get early care have healthier babies.

If you are pregnant, you should get prenatal care from an OB doctor (obstetrician) in the CoventryCares network. You do not need a referral from your PCP to see an OB doctor when you are pregnant. Call an OB doctor and make an appointment as soon as you know you are pregnant. You can also call CoventryCares Member Services. We can set up the appointment for you.

CoventryCares covers the services you need to help you have a healthy pregnancy and healthy baby.

How Soon You Can Get Prenatal Care from an OB Doctor

It is important to see your OB doctor the whole time you are pregnant. You should try not to change your OB doctor during your pregnancy. By keeping the same doctor, you and your baby will get the best possible care. You can expect to see your OB doctor for an appointment in:

- **The first 3 months of pregnancy** – your visit will be scheduled within 7 days after we find out you are pregnant.
- **The second 3 months of pregnancy** – your visit will be scheduled within 7 days after we find out you are pregnant.
- **The last 3 months of pregnancy** – your visits will be scheduled within 3 days after we find out you are pregnant.
- **If you are high-risk – your visit will be scheduled within 24 hours after you ask for it.**

We want to make sure you are getting the care you need for a healthy baby. This will be easier to do if you stay with CoventryCares the whole time you are pregnant.

Bright Expectations - Prenatal Care Program

The more you know about your pregnancy, the better you will feel. You will know that you are doing everything you can to give your baby a healthy start in life.

CoventryCares has a special program for pregnant women. The program is called *Bright Expectations*. It helps moms-to-be care for themselves and their babies.

When you join *Bright Expectations*, a nurse will work with you during your pregnancy. We help make sure you and your baby get the right care.

You or your doctor can call Member Services to tell us you are pregnant. We will enroll you in *Bright Expectations* right away. If we know you are having a high-risk pregnancy, a Prenatal Care case manager may call you to sign you up.

Our Prenatal Care case manager will send you a welcome packet with important information on how to stay healthy while you are pregnant.

Your Prenatal Care case manager can answer questions about:

- Your pregnancy.
- Transportation to appointments and childbirth education classes.
- Clothes, food and other things you and your baby need.
- Nutrition and vitamins.
- Caring for and feeding your baby.
- Dealing with the stress of being pregnant.
- Getting help with an alcohol or drug problem.
- WIC program that provides you with food and vouchers.
- Things that could be harmful to your unborn baby.
- Community resources and services you may need.

Program for Women, Infants and Children (WIC)

- Available to you at no extra cost.
- Provides food and nutrition services for pregnant women, women who just had a baby and infants and children under 5 years old.
- Call to find out more toll-free at 1-800-WIC-WINS.

For a high-risk pregnancy, a Prenatal Care case manager can help you and your OB doctor plan the care you need for your pregnancy.

CoventryCares Benefits for Your Newborn

If you want your baby to get CoventryCares benefits right away, you need to do the following as soon as possible:

- First, tell your county assistance office caseworker that you had a baby. You must do this as soon as possible. If not, your baby may <u>not</u> be enrolled or get benefits.

- Second, call Member Services to tell us you had a baby. You can pick a primary care provider (PCP) for your baby before you call, or we can help you choose one. Member Services will need to know:
    - Your baby's full name.
    - If your baby is a boy or a girl.
    - Your baby's date of birth.
    - Your mailing address.
    - Your phone number.
    - Your baby's PCP, if you have already picked one.

After Your Baby Is Born

Make an appointment with your OB doctor 3 to 8 weeks after your baby is born.
If you had a C-section (cesarean) or if you had any problems, your OB doctor will want to see you within the first or second week after the birth.

If you had a normal delivery, your OB doctor will want to see you in 4 to 6 weeks. At this important visit after delivery, your OB doctor can make sure your body is healing. At this visit, you should also talk about your future plans for having babies.

Family Planning Services (Birth Control)

You can get help with family planning from your primary care provider (PCP). You can also get help from any family planning providers or clinics you choose. They do not have to be part of CoventryCares' network. You do not need a referral from your PCP for family planning.

There is no cost for these services. You can get pregnancy tests, tests and medicines for diseases passed on by having sex, basic birth control supplies and counseling.

EPSDT Program (Children and Teens)

Preventive Health Care for Your Child or Teen

The Early Periodic Screening, Diagnosis and Treatment (EPSDT) program can give your child a healthy start in life.

EPSDT is a preventive health program for children and teens younger than the age of 21. Preventive health means visiting the doctor and dentist regularly instead of waiting until you are sick. Any member under the age of 21 can and should get EPSDT medically necessary services.

Your child's primary care provider (PCP) will help make sure your child gets these free EPSDT benefits.

EPSDT includes:

- Medical history and physical exams.
- Growth and development checks.
- Vision screens.
- Hearing screens.
- Dental screens – 2 visits.
- Nutrition counseling.
- Lab tests such as blood lead level.
- Mental health and risk behavior tests – like safety, drugs and alcohol.
- Immunizations (shots).

- Health education for parent and teens.
- Referrals for diagnosis and treatment, when needed.
- Topical fluoride treatment.*

* For children under the age of five topical fluoride varnish treatment is also covered when administered by enrolled and certified physicians and certified registered nurse practitioners.

EPSDT checkups are suggested at these ages:

- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 8 years
- Every year from ages 10 through 20

Call your child's PCP to schedule an EPSDT visit for your child as soon as possible. When you call, be sure to ask for an EPSDT exam. If you need help setting up a visit time or you need a ride, call Member Services.

If your child's PCP finds a problem that needs more care, he or she may suggest a specialist. Some extra services may be paid for under **EPSDT Expanded Services**. These services may include more dental and vision care, health education and other special care and supplies when medically necessary.

Call an EPSDT Case Manger for Help
If you have questions or want to find out more about this program, call Member Services and ask for an EPSDT case manager.

An EPSDT case manager can:

- Help you understand the EPSDT program.
- Answer your questions.
- Remind you to schedule EPSDT appointments with your PCP.
- Help you make an appointment.
- Work with your child's PCP.
- Help you arrange transportation.

Immunizations (Shots)

At some check-ups, your child may need immunizations. Immunizations are shots that help the body fight disease. Each shot fights a different disease like chickenpox, measles or mumps. Children must have all the needed shots before they can start school.

What You Can Do to Stay Healthy at Every Age

The personal choices we make have a big impact on our health. Bad choices, like smoking, increase our risk of a serious disease. A disease that can affect your health is diabetes. Healthful choices like eating fruit or getting exercise can help you get and stay healthy. We want you to know ways to be well. CoventryCares will help you learn more about how to stay healthy.

Thanks to tests and visits to your provider, you can find health problems early. The first step is to see your provider at least once a year. Working with your provider, you both can decide which tests or shots are right for you. Seeing your provider regularly, you can better protect yourself against disease.

Health problems can become bad if not taken care of. You may need to go to the hospital or need surgery. Keeping you healthy is a joint effort. You, your provider and health plan work together. You and your provider remain in charge. CoventryCares supports you by:

- Giving you helpful information about your disease.
- Helping you to stay on your treatment plan.
- Updating your provider on your disease between office visits.

We help you learn about your disease. Make informed health care decisions and stay healthy. This chart shows you the least number of wellness visits you have:

Age	**Number of Well Visits**
0 to 15 months	7 visits for the 15 months
2 to 5 years	1 visit each year
6 to 20 years	1 visit each year
21 to 64 years	1 visit every 2 years
65 and older	1 visit each year

Some of the preventive health services for adults are:

- Regular check-ups.
- Asthma check-ups.
- Immunizations (shots).
- Diabetes check-ups.
- Advice on healthy eating habits.
- Cancer screenings.
- High blood pressure screenings.
- Routine women’s health services such as Pap tests and breast exams.

When You Get Sick

Hospital Care

If you need to go to a hospital, your PCP will send you to a network hospital. He or she will follow your care even if you see other doctors. CoventryCares needs to approve hospital services. Your PCP will do this for you.

Outpatient Services

Outpatient services are things done when you are not in the hospital overnight. Outpatient services such as x-rays and laboratory tests are covered. When CoventryCares needs to approve them, your PCP will do it for you. He or she will arrange for these services at one of the hospitals or outpatient centers in our network.

Home Health Care

If you become sick or hurt, you may be able to get medical care in your home. These are called home health care services. CoventryCares needs to approve home health care services. CoventryCares will talk to your PCP or specialist. Together we will make sure you get the right care. You can call the Clinical Sentinel Hotline (CSH) at **1-800-426-2090** if you are having trouble getting shift home health services that have been authorized by CoventryCares. You can read more about the CSH in the "Other Things You Should Know" section in this handbook.

24-Hour Medical Services

As a CoventryCares member, you can get medical care 7 days a week, 24 hours a day. If you have a serious medical problem after office hours, call your PCP. The number is on your CoventryCares ID card. Someone will talk with you and tell you how to treat your problem. If necessary, he or she will tell you where to go for the services you need. You can also call your 24-Hour Nurse Helpline. This number is also on your CoventryCares ID card.

Ambulance Services

CoventryCares covers all emergency transportation. You do not need prior approval in an emergency. If it is medically necessary, CoventryCares also covers ambulance transportation when it is not an emergency. Your CoventryCares provider sets this up through an ambulance service. CoventryCares must approve this service before you use it. **Remember: If it is a life-threatening situation, call 911 right away.**

Prescription Drugs

Getting Medicines

How do you get your medicine?

- Make sure you are eligible for prescription drug coverage and see if benefits are limited under your plan.
  - You can do this by looking at the *Copay Sheet* that came with this handbook. You can call Member Services to find out what drug store benefits you have.
- Go to a network drug store and give them your prescription. You can call Member Services for a list of network drug stores in your area.
- Show them your CoventryCares ID card and ACCESS ID card.
- Pay the copay if you have one. See the *Copay Sheet* that came with this handbook to see if you have one.

We Cover Medicines on Our Formulary

CoventryCares covers the medicines on our formulary. A formulary is a list of drugs that we will cover when they are medically necessary. Call Member Services to get a drug list or a list of network drug stores. You can also search for your medicine or a network drug store on our website at *www.mycoventrycares.com*.

Some Medicines Need to Be Approved - Prior Authorization

CoventryCares must approve some medicines on our drug list before we will cover them. We do this through prior authorization or step therapy. Prior authorization is when we must approve the medicine before you can get it. Step therapy is a step-by-step way to find which medicine works for you.

When you get a new prescription, ask your provider or specialist if we need to approve the medicine before you can get it. If we do, ask if there is another medicine you can use that we do not need to approve. When we need to approve your medicine, your provider must call CoventryCares for you.

We will review the request to approve your medicine. This takes 24 hours. If we cannot meet this deadline, the pharmacist can give you a five-day temporary supply for a new prescription or a 15-day supply for an ongoing prescription – as long as the medicine is covered by Medicaid and the pharmacist says it's safe for members to take.

The pharmacist will not give you your medicine if your provider does not get it approved. The pharmacist will tell your provider to call us first.

We will tell you in writing if we do not approve the request. We will also tell you how to start the grievance process and how to ask for a fair hearing if needed.

Quantity Limits

Sometimes you can only get a certain dose of your medicine at one time. This is because there is a quality limit on this medicine. The Food and Drug Administration (FDA) tells us what the quality limit is. Your plan may also have a quantity limit for the number of prescriptions you can receive in a month. Check the *Copay Sheet* that came with this handbook.

The pharmacist will fill your prescription according to the quantity limits by the FDA. He or she will do this even if your provider wrote the prescription for more. The pharmacist will not give you more medicine if your provider does not get it approved. The pharmacist will tell your provider to call us first.

Medical Exceptions

A **medical exception** is when your provider asks CoventryCares if you can use a medicine not on our drug list. If your medicine is not on our drug list, ask your provider if there is a medicine from the drug list you can use.

If your provider thinks he or she cannot switch your medicine, he or she must ask us for a medical exception. If your provider does not do this, CoventryCares may not pay for it.

We will try to review the medical exception request within 24 hours. If we cannot meet this deadline, the pharmacist can give you a 72-hour supply of the drug. If we do not okay your medical exception, we will tell you in writing. We will also tell you how to start the grievance process and how to ask for a fair hearing.

Brand-Name Drugs Instead of Generic Alternatives

Generic drugs are just as good as brand-name medicines. CoventryCares will pay for a generic drug when it is available. If your provider wants you to have a brand-name drug, he or she must ask CoventryCares for a medical exception. We will review the request. If we do not approve the request for a brand-name drug, we will tell you in writing. We will also tell you how to start the grievance process and how to ask for a fair hearing.

If Your Medicines Are Not on Our Drug List When You Join CoventryCares

If your drugs are not on our drug list, you can still take your medicine for 15 days after you enroll with us. During this time, your provider must call CoventryCares. He or she should change your medicine to a medicine on our drug list. Or your provider can ask CoventryCares for a medical exception. If we do not approve the exception, we will tell you in writing. We will also tell you how to start the grievance process and how to ask for a fair hearing.

Over-the-Counter Medicines

Sometimes your provider may say you need to have over-the-counter items. Your provider will give you a prescription for them. Take the prescription to the drug store. You may have to pay a copay if the item is covered under your benefit plan. Please see *the Copay Sheet* that came with this handbook.

Some of the over-the-counter items covered under you drug store benefit are:

- Tylenol or aspirin.
- Vitamins.
- Cough medicines.
- Sinus and allergy medicines.

What If You Have to Pay for a Medicine?

Sometimes you may have to pay for your medicine. CoventryCares may pay you back if you were covered for the medicine at the time you paid for it. We may not pay you back for medicines that:

- Need to be approved and your provider did not get them approved.
- Are not covered.
- Are not medically necessary.
- Go over the dose and supply limits set by the U. S. Food and Drug Administration (FDA) or the guidelines we follow.
- Are refilled too soon.

For us to pay you back, ask for a refund in writing. Please attach a drug store receipt that includes:

- Date you bought the medicine.
- Member's name.
- Drug store name, address (city, state, zip code), and phone number.
- Name, strength, and amount of medicine.
- NDC number or UPC code (for over-the-counter medications only). If you are not sure about this, ask the pharmacist to help you.
- Amount you paid for each medicine including tax.

If the receipt does not include all these things, we will not pay you back. We will mail the receipt back to you. Turn in your receipts as soon as you get them. We will not pay receipts older than 6 months.

Send the receipt, member's name, member's CoventryCares ID number and contact information to:

CoventryCares
ATTN: Pharmacy Department
3721 TecPort Drive
P.O. Box 67103
Harrisburg, PA 17106-7103

It may take 6 to 8 weeks before you get your money back.

Special Needs Services

Case Management Programs

If you or your child has special health needs or are disabled, case management may be able to help you. CoventryCares' case managers are nurses or social workers. They can help you understand major health problems. They can arrange care with your providers.

A case manager will help you get the care you need from providers. They will also find community services to help you. A case manager can help you if:

- You need help with more than one health problem.
- You need help getting community resources such as housing and heating assistance.
- You have cancer.
- You are HIV positive or have AIDS.
- You have any special need and would like help.

If you think a case manager can help you, call Member Services . If you are hearing or speech impaired, use your TTY, or dial 711 on your telephone. Ask to speak to case manager.

Sometimes one of our case managers may call you first if they think they can help you. They may have heard about your condition from your PCP or specialist. They also may have checked to see the types of services and medicines you are using.

Remember, having a case manager is your choice.

Services for Members with HIV/AIDS

CoventryCares has a special program for members with HIV/AIDS. A case manager in CoventryCares' Special Needs Unit works with members with HIV/AIDS. We always keep information about you private.

Your case manager can:

- Help you understand your condition.
- Help you set up care with your providers.
- Work with you and your provider to help you get the care you need.
- Find community services that will help you.
- Help you find local AIDS services organizations to meet your special needs.
- Work with the local AIDS organization to make sure you get the medically necessary services you deserve.

If you have questions, call Member Services and ask to speak to a case manager.

Asthma Program

CoventryCares has a special program for members with asthma (trouble breathing). An asthma case manager can answer your questions. He or she can work with you and your PCP to help you control your asthma. Members with asthma get information in the mail about:

- Things that make asthma worse and how to avoid them.
- Supplies that will help control asthma (peak flow meter and asthma action plans).
- Asthma medicines.

The Asthma Program tells providers about your asthma benefits. If you have questions about the program, call Member Services and ask to speak to an asthma case manager.

Diabetes Program

CoventryCares has a special program for members with diabetes (blood sugar problems). A diabetes case manager can:

- Answer questions about your diabetes.
- Help you understand what you can do to control it.
- Help you get the supplies you may need.
- Help you get diabetes education classes.
- Remind you about tests related to your diabetes.

A diabetes case manager will work with you and your PCP to help you control your diabetes. If you have questions, call Member Services and ask to speak to a diabetes case manager.

Heart Program (Cardiac Care)

If you had a heart attack or heart surgery or have congestive heart failure, CoventryCares' heart program can help you. This program helps you understand how to take care of your heart. That way you can live a healthy life.

The program will:

- Help you understand your medicines.
- Explain why it is important to take them.
- Teach you why it is important to weigh yourself and avoid certain foods.

To find out more about our heart program, call Member Services and ask to speak to a cardiac care case manager.

Healthy Lungs Program

Quitting smoking is hard. CoventryCares can help you quit with the Healthy Lungs Stop Smoking program. We have classes about how to quit smoking. The classes are in your community and easy to get to. You don't have to pay to go to these classes. Call Member Services to find out more about the classes and where they are.

Here are ways to get more help to quit:

- CoventryCares pays for medicines that can help you quit. To get medicines to help you stop smoking, call your doctor for an appointment.

- You are also covered for counseling to help with anxiety, depression or mental health problems while you are trying to quit. Call Member Services to arrange for counseling sessions

- The Pennsylvania Department of Health also can help you to quit. That's why they created the Pennsylvania Free Quitline. If you are trying to quit smoking, call the Pennsylvania Free Quitline today *at* 1-877-724-1090.

Remember: People often try to quit several times before they succeed. Just because you have tried before, does not mean it isn't time to try again.

Early Intervention Services

The Early Intervention program provides service and support to families with children special needs. Children with special needs may learn or develop slower than other children. The Early Intervention program helps parents, providers and others work together to help your child.

The program can:

- Answer your questions about your child's development.
- Help you interact with your child through daily routines at home and in the community.
- Support your child while he or she is growing and learning.
- Help your child become more independent.
- Prevent the need for more costly services in the future.

- Let communities know about the gifts and abilities of all children.

For more information, or to see if your child would benefit from Early Intervention services, call Member Services.

EPSDT Expanded Services

EPSDT has other services for children with special needs. Children with special needs sometimes need services not covered by the regular EPSDT program. If your child has a special need, he or she may be able to get these services.

Talk to your child's primary care provider (PCP). The PCP can contact a case manager to get Expanded Services for your child. To find out more about EPSDT Expanded Services, call Member Services.

Special Needs Care Management Unit

Members with special medical conditions sometimes need services from providers and other organizations. Case managers in CoventryCares' Special Needs Unit can help. They work with providers, community groups and social services to get you the care you need.

Our Special Needs Unit can help you:

- Find community resources.
- Get mental health and drug or alcohol abuse services.
- Make sure you are taking medicine properly.
- Make sure you understand and follow your treatment plan.
- Assess safety in your home.

If you think the Special Needs Unit can help you or your family, call Member Services and ask for a Special Needs case manager.

Other Social Services You Can Get

Our Special Needs Unit can help find a social service agency that may offer services not covered by CoventryCares.

Services include:

- Mother/child service agencies.
- Housing agencies.
- The Department of Human Services.
- The Women, Infants and Children (WIC) program.
- Head Start.

- Early Intervention Services.

If you would like more information about any of these or other social service programs, please call Member Services and ask for our Special Needs Unit.

Behavioral Health – Mental Health Services and Drug & Alcohol Treatment

Behavioral health treatment includes mental health and drug and alcohol services. You can get these services at your local county mental health/drug and alcohol offices. If you need help, call the toll-free number for your county. The list of phone numbers is in the back of this handbook.

You do not need to call your PCP for a referral for these services. If you need help getting these services, call CoventryCares Member Services.

For emergencies, call 911 or go the nearest mental health or substance abuse facility or the nearest emergency room for attention.

WIC (Women, Infants and Children) Nutritional Program

WIC (Women, Infants and Children) is for:

- Pregnant women.
- Mothers breastfeeding their babies.
- Women who have had a baby in the last 6 months.
- Children up to 5 years old.

WIC benefits will not cost you anything. They will not change other benefits you get.

Some of the services WIC provides are:

- Healthy food.
- Breastfeeding information and support.
- Nutrition information.

To receive WIC benefits you must live in Pennsylvania, make below a certain income and have a nutritional or medical need. Find out if you can get WIC benefits and where the nearest WIC site by calling 1-800-WIC-WINS (1-800-942-9467).

Transportation – MATP

DPW provides transportation for all Medical Assistance recipients for travel to and from health care appointments. To sign up for transportation services, call your Medical

Assistance Transportation Program (MATP), or call CoventryCares Member Services. If you have questions about transportation, call the transportation service in your county. The phone number for the MATP in your county is listed in the back of this handbook.

MATP is responsible for providing transportation to and from health care appointments. However, if you need help working with MATP to set up a ride, you can call theMember Services. If you are hearing or speech impaired, use your TTY, or dial 711 on your telephone.

If it is a life-threatening situation and you need an ambulance, call 911 immediately.

Extra Programs for CoventryCares Members

Dental Benefits

Members under 21 receive cleanings, x-rays, simple extractions and fillings. Members who qualify can get services such as prosthodontics, periodontics, endodontics and oral surgery. Members under 21 can receive orthodontics (braces for teeth) if medically necessary. Members over 21 can receive medically necessary dental treatments.

Eye Care

Members under 21 receive two routine eye exams and two pairs of prescription glasses or contacts per year. Members over 21 can receive routine eye exams every year and prescription glasses or contacts every two years.

Prescription Benefits

Members qualify for prescription drugs based on their Medical Assistance category. Some over-the-counter medications are covered with a prescription.

Other Benefits

Care for Pregnant Moms – Bright Expectations

Pregnant moms receive personal services to help them have a healthy and happy pregnancy. Call Member Services if you need help making an appointment. If you need help getting to your doctor's visit, CoventryCares can get transportation for you. Moms who participate in Bright Expectations and go to their doctor visits will receive a gift card for mom and baby. CoventryCares provides a home health visit to all moms after they have their baby to provide education and support. Call Member Services and ask how you can become a Bright Expectations mom.

Rewards for Child Exams

Members receive gift cards for taking their children to all necessary preventive exams during the first year of life and through the teenage years.

Health Education

Members can visit our website to see a variety of health topics and hints for a healthy lifestyle. See **My Online Services** at our website. Health education events also offered within the community.

Health Risk Assessment

We ask you to complete a health risk assessment so we can learn how we can help you stay healthy.

Focus on Kids Health

Children are offered educational materials appropriate for their age groups. Our quarterly newsletter, Bear Facts, offers educational health tips and community preventive care events.

Gym/Fitness Program

Your entire family can get fit by going to a CoventryCares participating fitness facility. You can exercise, learn to eat healthy, and go to classes to help you lose weight. CoventryCares will pay for your annual membership when:

- Enrolled children under 17 go the fitness facility at least 6 times during 60 days in a row.
- Adults 18 and older go to the facility at least 10 times during 60 days in a row.

Help Getting Care

Our case management team helps manage asthma, COPD, diabetes, heart and other conditions. Medical and social issues, which prevent members from getting needed care, are addressed and referrals to community resources are coordinated.

Help With Special Needs

Assists members in taking care of their health and getting the care they need.

CoventryCares Nurse Helpline - 1-888-900-2215

Provides help and information 24 hours a day, 7 days a week.

Copays and Benefit Limits

Copays

You may have to pay a copay (copayment) for some services and medicines covered by CoventryCares. The *Copay Sheet* that came with this handbook lists the copays you will have to pay.

You will not have to pay copays if you:

- Ÿ Are under 18 years old.
- Ÿ Are 18 through 20 years old and qualify for Medical Assistance under title IV-B Foster Care or Title IV-E Foster Care and Adoption Assistance.
- Ÿ Live in a long-term care facility or other medical institution such as Intermediate Care Facility for Mental Retardation (ICF/MR).
- Ÿ Are pregnant. (You will also not pay a copay during the time you are receiving care after you give birth.)

You also do not have to pay a copay for:

- Services you get in an emergency.
- Certain drugs.

Your primary care provider (PCP) will ask you to pay the copay when you get medical services. The pharmacist will ask for a copay when you get your medicines. Providers or drug stores cannot deny you medical services or medicines if you cannot pay the copay.

Tell your PCP if you cannot afford to pay the copay at your visit. He or she will bill you for the copay. Please see the *Copay Sheet* that came with this handbook for copay amounts.

Is there a limit on how much I will pay in copays? (Also called the maximum out-of-pocket copy amount)

General Assistance (GA) recipients do not have to pay more than $180.00 in copays over 6 months. The 6 months run from January 1 through June 31 and from July 1 through December 31.

Medical Assistance (MA) recipients do not have to pay more than $90.00 in copays over 6 months. The 6 months run from January 1 through June 31 and from July 1 through December 31.

Your caseworker at your local county assistance office (CAO) determines if you are on MA or GA.

If you believe your provider charged you the wrong copay, let CoventryCares know. Please see the *Complaints, Grievances and Fair Hearings* section in this handbook to find out how. You can also call Member Services.

Benefit Limits and Benefit Limit Exceptions

Benefit Limits for Medical Assistance and General Assistance Members

Many limits do not apply if you are under 21 of if you are pregnant.

Be sure to check the "Benefits Limits" section on the *Copay Sheet* that came with this handbook.

Benefit Limit Exceptions

You or your provider can ask CoventryCares to approve services above the limit for you. This is called a medical exception.

We may grant an exception if:

- You have a serious long-term illness or condition. If you do not get an exception your life would be in danger.
- You have a serious long-term illness or condition. If you do not get an exception your health would get much worse.
- You would need more costly services if we don't grant the exception.
- You would have to go to a nursing home or institution if we don't grant the exception

To ask for an exception, call Member Services. They will help you do this.

We will tell you if the exception is granted within the time listed below:

We get the exception request…	**We will decide within…**
Before you get the service	21 days of getting the request
Before you get the service and your doctors says you need a quick response	48 hours of getting the request
After you get the service	30 days of getting the request

If we do not approve the exception, we will tell you in writing. We will also tell you how to start the grievance process and how to ask for a fair hearing.

Your Member Rights

As a member, you have certain rights and responsibilities. You are free to use these rights. Using these rights will not change the way CoventryCares, our network doctors or other state agencies treat you.

CoventryCares and its provider network will not discriminate against you regardless of your race, color, religion, sex, age, disability, national origin or whether you have an advance directive.

When you are making your health care decisions, CoventryCares cannot:

- Isolate you.
- Bully you.
- Punish you.
- Try to get even with you.

As a CoventryCares member you have the RIGHT to:

- Get information about CoventryCares, your plan, our network and your rights and responsibilities as a member.
- Get information about the cost of care.
- Get documents and help from us in another language or another format, if necessary.
- Be treated with respect and dignity by your providers and us.
- Have privacy when receiving health care.
- Talk with your health care provider about treatment plans.
- Get information from your provider about your treatment choices and alternatives and their risks presented in a way that's clear to you.
- Make decisions about your health care and refuse treatment from your doctor.
- Share what you want for your future treatment.
- Talk to your health care provider about your medical choices regardless of their cost or your benefits.
- Pick your own doctor from CoventryCares' network.
- Refuse certain treatment or care from certain doctors.
- File a complaint or grievance about CoventryCares' decisions or its network.
- Suggest changes about our members' rights and responsibilities policies.
- Request a fair hearing from the Department of Public Welfare.
- Make a Living Will and an Advance Directive.

- See or get a copy of your medical record.
- Request that your medical record be changed or corrected.
- Have your medical records kept private and confidential.

Your Member Responsibilities

You have the RESPONSIBILITY to:

- Give information and your consent to your doctor, other health care provider or CoventryCares so they can treat you.
- Follow the instructions and treatment plans that you agreed on with your health care provider.
- Understand your health problems. As much as you can, help plan your treatment with your doctor or other health care providers.
- See the doctor you picked on a regular basis.
- Treat the people giving you medical care with the same respect and kindness you expect for yourself.

You Have a Right to Privacy

The law requires CoventryCares to protect your privacy. We must also let you know how we use and give out personal information about you.

On this page we tell you how we may use and share medical information about you. We also tell you how you can get this information. Please review it carefully.

CoventryCares needs information about you so you can get your benefits. Keeping it safe is one of our most important jobs. We make sure that only the people who need to use your information can see it. We make sure they have only the information they need and no more.

Here are some types of information CoventryCares has:

- Information about you and your health care.
- Claims.
- Your address and phone number.
- Your social security number.

CoventryCares uses or shares your personal information to:

- Provide your health care.
- Pay for your health care.
- Review the quality of the care you get.
- Tell you about your choices for care.
- Run our health plan.
- For other purposes as required or allowed by law.

We cannot use or share your personal information for any reason not listed above. The only way we can share this information is if you give your approval in writing.

You have the right to:

- Look at your personal information.
- Get a copy of your personal information.
- Correct your personal information.
- Ask us to not use or share your personal information in certain ways.
- Ask for a list of certain people or places we have given your personal information.

CoventryCares Protects Your Personal Information in Many Ways

We protect your personal information in these ways:

- We have rules to protect it.
- We control who may see it. We only let the people who need to use it, see it.
- We train our staff to protect and secure it.
- Our staff must agree in writing to follow the rules and policies that protect and secure it.
- We make sure personal information in our computers stays private.

If you feel your privacy rights have not been protected, call or write us to file a complaint. You may also complain to the U.S. Department of Health and Human Services.

The information above is only a short summary. Our ***Notice of Privacy Practices*** has more about how we use and share your personal information. Our ***Notice of Privacy Practices*** is included in this handbook and is on our web site.

You can call Member Services and ask for a copy.

Advance Directives

Many people today worry about the medical care they would get if they became too sick to let people know. Some people may not want to spend months or years on life support. Others may want to take every step to lengthen life.

You Have a Choice – It's the Law

You may want to let other people know your medical care wishes while you are healthy and able to choose. There is a law that gives you the right to do this. The law is called the ***Patient Self-Determination Act***.

The law gives you the right to choose medical care and treatment you may or may not want. You have the right to let your doctor or other health care providers know about your wishes. You can do this through an advance directive.

An advance directive is a written list of your wishes. You should write an advance directive and give a copy to your PCP and family members. There are two kinds of advance directives. One is a Living Will. The other is a Durable Power of Attorney.

Living Will

A living will is a written list of your wishes about medical care. It states how you want health care providers to handle your medical care if you are not able to decide and speak for yourself. For example, it tells what kind of care you want to get to keep you alive when you are in a coma.

Durable Power Of Attorney

A durable power of attorney for medical care is different from other types of powers of attorney. A durable power of attorney for medical care lists the name of the person who can make health care decisions for you. This would be for when you are unable to tell people your decisions. This person does not have to be a lawyer. It can be anyone you choose.

CoventryCares can send you information about the current law. Call Member Services or visit our website for a copy. We also will tell you about changes in the state's law within 90 days of the change. CoventryCares will follow your advance directive according to the law.

If you think a provider has not followed your wishes, you can call CoventryCares Member Services to find out how to file a complaint. You can also call the Department of Health.

Complaints, Grievances and Fair Hearings – If You Disagree With CoventryCares' Decision

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

COMPLAINTS

What is a complaint?

A complaint is when you tell us you are unhappy with CoventryCares or your provider or do not agree with a decision by CoventryCares.

Some things you may complain about:

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

What should I do if I have a complaint?

First Level Complaint

To file a complaint, you can:

- call CoventryCares' Member Services toll free phone number and tell us your complaint, or
- write down your complaint and send it to us at:

CoventryCares Complaints and Grievances
3721 TecPort Drive
P.O. Box 67103
Harrisburg, PA 17106-7103

Your provider can file a complaint for you if you give him or her your consent in writing to do so. This is called a ***first level*** complaint.

When should I file a first level complaint?

You must file a complaint within **45 days of getting a letter** telling you that:

- § CoventryCares has decided that you cannot get a service or item you want because it is not a covered service or item
- § CoventryCares will not pay a provider for a service or item you got.
- § CoventryCares did not decide a complaint or grievance you told us about before within 30 days.

You must file a complaint **within 45 days of the date you should have gotten a service or item** if you did not get a service or item. The time by which you should have received a service or item is listed below:

New member appointment for your first examination…	**We will make an appointment for you…**
members with HIV/AIDS	with PCP or specialist no later than 7 days after you become a member in CoventryCares unless you are already being treated by a PCP or specialist.
members who receive Supplemental Security Income (SSI)	with PCP or specialist no later than 45 days after you become a member in CoventryCares, unless you are already being treated by a PCP or specialist.
members under the age of 21	with PCP for an EPSDT screen no later than 45 days after you become a member in CoventryCares, unless you are already being treated by a PCP or specialist
all other members	with PCP, no later than 3 weeks after you become a member of CoventryCares.
Members who are pregnant:	**We will make an appointment for you...**
pregnant women in their first trimester	with OB/GYN within 10 business days of CoventryCares learning you are pregnant.
pregnant women in their second trimester	with OB/GYN provider within 5 business days of CoventryCares learning you are pregnant
pregnant women in their third trimester	with OB/GYN provider within 4 business days of CoventryCares learning you are pregnant

pregnant women with high-risk pregnancies	with OB/GYN provider within 24 hours of CoventryCares learning you are pregnant

Appointment with…	**By when must you be seen…**
(PCP)	
urgent medical condition	within 24 hours
routine appointment	within 10 business days
health assessment/general physical examination	within 3 weeks
Specialists (when referred by PCP)	
urgent medical condition	within 24 hours of referral
routine appointment	within 10 business days of referral

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 CoventryCares telling you that we have received your complaint, and about the first level complaint review process.

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

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

A committee of 1 or more CoventryCares staff who have not been involved in the issue you filed your complaint about will review your complaint and make a decision. Your complaint will be decided no later than 30 days after we receive your complaint.

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

If you need more information about help during the complaint process, see page 61.

What to do to continue getting services:

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

What if I don't like CoventryCares' decision?

Second Level Complaint

If you do not agree with our first level complaint decision, you may file a *second level* complaint with CoventryCares.

When should I file a second level complaint?

You must file your second level complaint within 45 days of the date you receive the first level complaint decision letter. Use the same address or phone number you used to file your first level complaint.

What happens after I file a second level complaint?

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

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

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

A committee made up of 3 or more people, including at least one CoventryCares member, who have not been involved in the issue you filed your complaint about, will review your complaint and make a decision. Your complaint will be decided no later than 45 days after we receive your complaint.

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

If you need more information about help during the complaint process, see page 61.

What to do to continue getting services:

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

What can I do if I still don't like CoventryCares' decision?

External Complaint Review

If you do not agree with CoventryCares' second level complaint decision, you may ask for an external review by either the Department of Health or the Insurance Department. The Department of Health handles complaints that involve the way a provider gives care or services. The Insurance Department reviews complaints that involve CoventryCares' policies and procedures.

You must ask for an external review within 15 days of the date you received the second level complaint decision letter. **If you ask, the Department of Health will help you put your complaint in writing.**

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

Pennsylvania Department of Health
Bureau of Managed Care
Health and Welfare Building, Room 912
7th and Forster Streets
Harrisburg, Pennsylvania 17120
Telephone Number: 1-888-466-2787
Fax Number: 1-717-705-0947
AT&T Relay: 1-800-654-5984
(For persons with hearing impairments)

Or

Pennsylvania Insurance Department
Bureau of Consumer Services
1321 Strawberry Square
Harrisburg, Pennsylvania 17120
Telephone Number: 1-877-881-6388

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

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

You may be represented by an attorney or another person during the external review.

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

What to do to continue getting services:

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

GRIEVANCES

What is a grievance?

When CoventryCares denies, decreases, or approves a service or item different than the service or item you requested because it is not medically necessary, you will get a letter (notice) telling you CoventryCares' decision.

A grievance is when you tell us you disagree with CoventryCares' decision.

What should I do if I have a grievance?

First Level Grievance

To file a grievance, you can:

- call CoventryCares Member Services toll free number and tell us your grievance. (If you are hearing or speech impaired, use your TTY, or dial 711 on your telephone.), or
  write down your grievance and send it to us at CoventryCares Complaints and Grievances, 3721 TecPort Drive, P.O. Box 67103, Harrisburg, PA 17106-7103, or
- your provider can file a grievance for you if you give the provider your consent in writing to do so.

NOTE: If your provider files a grievance for you, you cannot file a separate grievance on your own.

When should I file a first level grievance?

You have 45 days from the date you receive the letter (notice) that tells you about the denial, decrease, or approval of a different service or item, to file your grievance.

What happens after I file a first level grievance?

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

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

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

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

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

If you need more information about help during the grievance process, see page 61.

What to do to continue getting services:

If you have been receiving services or items that are being reduced, changed or stopped, and you file a grievance that is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that the services or items you have been receiving are being reduced, changed or stopped, the services or items will continue until a decision is made.

What if I don't like CoventryCares' decision?

Second Level Grievance

If you do not agree with our first level grievance decision, you may file a *second level* grievance with CoventryCares.

When should I file a second level grievance?

You must file your second level grievance within 45 days of the date you receive the first level grievance decision letter. Use the same address or phone number you used to file your first level grievance.

What happens after I file a second level grievance?

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

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

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

A committee of three or more people including a doctor or dentist and at least one CoventryCares member, who have not been involved in the issue you filed your grievance about, will review your grievance and make a decision. Your grievance will be decided no later than 45 days after we receive your grievance

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

If you need more information about help during the grievance process, see page 61.

What to do to continue getting services:

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

What can I do if I still don't like CoventryCares' decision?

External Grievance Review

If you do not agree with CoventryCares' second level grievance decision, you may ask for an external grievance review.

You must call or send a letter to CoventryCares asking for an external grievance review within 15 days of the date you received our grievance decision letter. Use the same address and phone number you used to file your first level grievance. We will then send your request to the Department of Health.

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

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

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

What to do to continue getting services:

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

You may call CoventryCares' Member Services department 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.

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

Expedited Complaints and Grievances

If your doctor or dentist believes that the usual timeframes for deciding your complaint or grievance will harm your health, you or your doctor or dentist can call CoventryCares Member Services and ask that your complaint or grievance be decided faster. You will need to have a letter from your doctor or dentist faxed to 717-541-5738 explaining how the usual timeframe for deciding your complaint or grievance will harm your health.

If your doctor or dentist **does not** fax CoventryCares this letter, your complaint or grievance will be decided within the usual timeframes.

Expedited Complaint

The expedited complaint will be decided by a licensed doctor or dentist, who has not been involved in the issue you filed your complaint about.

CoventryCares will call you within 48 hours of when we receive your request for an expedited (faster) complaint review with our decision. You will also receive a letter telling you the reason(s) for the decision and how to file a second level complaint, if you don't like the decision. For information on how to file a second level complaint see the section on "Second Level Complaints" in this handbook.

An expedited complaint decision may not be requested after a second level complaint decision has been made on the same issue.

Expedited Grievance and Expedited External Grievance

A committee of three or more people, including a licensed doctor or dentist and at least one CoventryCares member, will review your grievance. The licensed doctor or dentist will decide your expedited grievance with help from the other people on the committee. No one on the committee will have been involved in the issue you filed your grievance about.

CoventryCares will call you within 48 hours of when we receive your request for an expedited (faster) grievance review with our decision. You will also receive a letter telling you the reason for the decision and, that you can ask for an expedited external grievance review, if you don't like the decision.

If you want to ask for an expedited external grievance review by the Department of Health, you must call CoventryCares Member Services within 2 business days from the date you get the expedited grievance decision letter. CoventryCares will send your request to the Department of Health within 24 hours after receiving it.

An expedited grievance decision may not be requested after a second level grievance decision has been made on the same issue.

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 CoventryCares will help you. This person can also represent you during the complaint or grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your complaint or grievance.

You may also have a family member, friend, lawyer or other person help you file your complaint or grievance. This person can also help you if you decide you want to appear at the complaint or grievance review. For legal assistance you can contact your local legal aid office at 1-800-322-7572.

At any time during the complaint or grievance process, you can have someone you know represent you or act on your behalf. If you decide to have someone represent or act for you, tell CoventryCares, in writing, the name of that person and how we can reach him or her.

You or the person you choose to represent you may ask CoventryCares to see any information we have about your complaint or grievance.

Persons Whose Primary Language Is Not English

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

Persons with Disabilities

CoventryCares 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 CoventryCares at the complaint or grievance review in an alternative format. The alternative format version will be given to you before the review; and
- providing someone to help copy and present information.

NOTE: For some issues you can request a fair hearing from the Department of Public Welfare in addition to or instead of filing a complaint or grievance with HealthAmerica.

Read on for the reasons you can request a fair hearing.

DEPARTMENT OF PUBLIC WELFARE FAIR HEARINGS

In some cases you can ask the Department of Public Welfare to hold a hearing because you are unhappy about, or do not agree with, something CoventryCares did or did not do. These hearings are called "fair hearings." You can ask for a fair hearing at the same time you file a complaint or grievance or you can ask for a fair hearing after CoventryCares decides your first or second level complaint or grievance.

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

If you are unhappy because…	You must ask for a fair hearing…
1) CoventryCares decided to deny a service or item because it is not a covered service or item;	within 30 days of getting a letter from CoventryCares telling you of this decision
2) CoventryCares decided to not pay a provider for a service or item you got and the provider can bill you for the service or item;	within 30 days of getting a letter from CoventryCares telling you of this decision
3) CoventryCares did not decide within 30 days, a complaint or grievance you told CoventryCares about before;	within 30 days of getting a letter from CoventryCares telling you that we did not decide your complaint or grievance within the time we were supposed to.
4) CoventryCares decided to deny, decrease or approve a service or item different than the service or item you requested because it was not medically necessary;	within 30 days of getting a letter from CoventryCares telling you of this decision or within 30 days of getting a letter from CoventryCares telling you its decision after you filed a complaint or grievance about this issue.
5) CoventryCares did not provide a service or item by the time you should have received it. (The time by which you should have received a service or item is listed at the beginning of this section.)	within 30 days from the date you should have received the service or item

How do I ask for a fair hearing?

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

Department of Public Welfare

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

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

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

What happens after I ask for a fair hearing?

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

You may come to where the fair hearing will be held or be included by phone. A family member, friend, lawyer or other person may help you during the fair hearing.

CoventryCares will also go to your fair hearing to explain why we made the decision or explain what happened.

If you ask, CoventryCares must give you (at no cost to you) any records, reports and other information we have that is relevant to what you requested your fair hearing about.

When will the fair hearing be decided?

If you ask for a fair hearing after a first level complaint or grievance decision, the fair hearing will be decided no more than 60 days after the Department of Public Welfare gets your request.

If you ask for a fair hearing and did not file a first level complaint or grievance, or if you ask for a fair hearing after a second level complaint or grievance decision, the fair hearing will be decided within 90 days from when the Department of Public Welfare gets your request.

Interim Assistance

If your appeal is not decided within the 90 days from the date the Department of Public Welfare receives your request, you may be able to receive interim assistance until the decision is made. To learn more about interim assistance, contact the Department of Public Welfare at 1-800-798-2339.

What to do to continue getting services:

If you have been receiving services or items that are being reduced, changed or stopped and your request for a fair hearing is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that CoventryCares has reduced, changed or denied your services or items or telling you CoventryCares decision about your first or second level complaint or grievance, your services or items will continue until a decision is made.

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

Expedited Fair Hearing

If your doctor or dentist believes that using the usual timeframes to decide your fair hearing will harm your health, you or your doctor or dentist can call the Department of Public Welfare at 1-800-798-2339 and ask that your fair hearing be decided faster. This is called an expedited fair hearing. You will need to have a letter from your doctor or dentist faxed to 717-772-6328 explaining why using the usual timeframes to decide your fair hearing will harm your health. If your doctor or dentist does not send a written statement, your doctor or dentist may testify at the fair hearing to explain why using the usual timeframes to decide your fair hearing will harm your health.

The Bureau of Hearings and Appeals will contact you to schedule the expedited fair hearing. The expedited fair hearing will be held by telephone within 3 business days after you ask for the fair hearing.

If your doctor **does not** send a written statement and does not testify at the fair hearing, the fair hearing decision will not be expedited. Another hearing will be scheduled, and the time frame for the fair hearing decision will be based on the date you asked for the fair hearing.

If your doctor sent a written statement or testifies at the hearing, the decision will be made within 3 business days after you asked for the fair hearing.

You may call CoventryCares Member Services toll-free telephone number if you need help or have questions about fair hearings, you can contact your local legal aid office at 1-800-322-7572 or call the Pennsylvania Health Law Project at 1-800-274-3258.

More Important Information – What Happens If...

You Move

If you move, please call Member Services to tell us. It is also important to tell your caseworker at the county assistance office. CoventryCares can only update your address and phone number after your caseworker updates your Department of Public Welfare file.

If you move out of state or out of the counties that CoventryCares services, you cannot keep your CoventryCares coverage. Call Member Services to let CoventryCares know you have moved.

HealthAmerica has coverage in these counties:

Allegheny	Fayette
Armstrong	Greene
Beaver	Indiana
Bedford	Lawrence
Blair	Montgomery
Bucks	Philadelphia
Butler	Somerset
Chester	Washington
Cambria	Westmorland
Delaware	

Add New Members To CoventryCares – Enroll Your New Baby

Call Member Services when you have a baby or add a new member to your family. You should also talk to your caseworker at the county Assistance office right away. Your new family member's CoventryCares insurance may be delayed if you don't tell CoventryCares and your caseworker.

You Have Other Insurance

If you have other medical coverage, CoventryCares and the County Assistance office need to know. This helps make sure your medical bills are paid. CoventryCares cannot pay for services covered by another insurance or health plan until that company has paid its part of the bill.

Call both your caseworker at the county assistance Office and Member Services to give them your other medical insurance information.

Show all your medical cards at each time you go to the PCP's office or at the drug store. This helps make sure your health care bills get paid.

If You Get a Bill

You should not get a bill for covered services or treatment from a participating Medical Assistance provider. If you get a bill from your doctor or hospital by mistake, do not pay the bill. Please call Member Services with the billing information, and we will help you.

You do not have to pay the bill even if CoventryCares does not pay the participating Medical Assistance provider.

You will have to pay copayments for some services. Your PCP or specialist can bill you for copays that were not paid at the office visit. Please read the *Copay Sheet* you received with this handbook.

You will get a bill that you may have to pay if you get a service:

- Without approval (prior authorization) when prior authorization is needed.
- From a provider who is not in CoventryCares' network and you did not get prior authorization to see the provider.
- CoventryCares does not cover the service and your PCP told you before you got it.

You Want To Choose A New Health Plan – Enrollment Assistance Program

If you are thinking about changing to another health plan, you should learn about your choices, especially if you want to keep your current doctors.

Call the HealthChoices Hotline at 1-800-440-3989 (TTY 1-800-618-4225) to talk to an **Enrollment Specialist.** Enrollment Specialists will give you facts about all the HealthChoices plans in your area. They will listen to your medical needs and help you choose the health plan best for you. The Enrollment Specialist can help you enroll new family members or answer questions about your health plan choices. They can also help if you want to change health plans.

Remember, each health plan has its own list of doctors and hospitals that you can use. Each health plan also has written information that explains its rules and benefits.

If you need to see a doctor who is not in the CoventryCares network and are thinking about changing health plans, you are free to do that. An Enrollment Specialist will help you change your health plan from CoventryCares to another plan. They will also:

- Help you choose a primary care doctor in the CoventryCares network.
- Give you information about behavioral health services and how to access them.

You Want To Stop Being A CoventryCares Member

You will stay a CoventryCares member unless:

- You want to change health plans.
- You move from a HealthChoices to a non-HealthChoices county.
- You move outside of CoventryCares' service area.
- The Pennsylvania Department of Welfare (DPW) closes your case.

If you choose to leave CoventryCares, you must talk to an Enrollment Specialist. Call the HealthChoices Hotline at 1-800-440-3989 (TTY at 1-800-618-4225).

If you are thinking about leaving CoventryCares, we hope you will call Member Services first. This way we can fix any problems you may be having.

Your CoventryCares Membership Ends, but You Didn't Ask for The Change

The Department of Public Welfare (DPW) may stop your CoventryCares membership. This is called **disenrollment.** Your CoventryCares membership may end because:

- You move outside the CoventryCares area (including out of state). To see if you can still get Medical Assistance, go to the county assistance office in your new area.
- You give your ID card to someone else to use.
- You lose eligibility for Medical Assistance.
- You are in a nursing facility for more than 30 days.
- You are convicted of a crime and are placed in jail or a youth detention center.
- You have a change in your Medical Assistance benefits that keeps you from participating with CoventryCares.
- You are admitted to a state facility or state-operated psychiatric facility. This does not include a Intermediate Care Facility for Mental Retardation (ICF/MR).

If you lose your eligibility for Medical Assistance and get it back within 6 months, you will become a CoventryCares member again.

CoventryCares can disenroll you and you can receive health care coverage through the DPW fee-for-service program when:

- You become eligible for Medicare and are 21 years old.
- You are in a nursing facility for more than 30 days. You may be re-enrolled in CoventryCares after you leave the nursing facility.
- You are admitted to a youth detention center for more than 35 days in a row. (You may be re-enrolled in CoventryCares after you leave the youth detention center.)
- You are enrolled in the PDA Waiver program for more than 30 days.

Other Things You Should Know

How CoventryCares Decides to Cover New Treatments and Drugs (New Technologies)

CoventryCares looks at new technologies to make sure they are safe. We also want to make sure they do what they are supposed to do. We do this before we agree to cover them.

New technologies are new medical treatments, drugs or items. They can be useful in helping us stay healthy.

Medical specialists may study a new treatment for a long time until they see it as normal treatment. Then it is called a "standard of care." CoventryCares decides what a standard of care is with help from special providers. They are experts in the new treatment. We also have pharmacists and doctors who look at new drugs. We add new treatments and drugs to our benefits when we decide they are standard care.

CoventryCares' benefits do not cover experimental services or procedures. Experimental services or procedures are not a standard of care.

How We Decide What to Cover

CoventryCares has doctors and nurses who work with your providers. We help them choose the best way to take care of you. We use medical guidelines to make sure the service or medicine is safe and medically necessary.

These guidelines come from national and regional health organizations and medical research. The Department of Public Welfare (DPW) approves them. Call Member Services for a copy.

Network doctors and nurses do not receive extra payment, no matter what they decide about your care.

Clinical Sentinel Hotline

The Clinical Sentinel Hotline (CSH) is operated by The Department of Public Welfare (DPW) to make sure that your requests for medically necessary care and services sent to CoventryCares and your behavioral health plan are responded to in a timely manner. The CSH helps all Medical Assistance consumers who are enrolled in the HealthChoices Program.

The CSH allows members to speak to nurses who work for DPW. If you or your health care provider request medical care or services, and CoventryCares or your behavioral health plan has not responded in time to meet your needs, call the CSH. You can also call the CSH if CoventryCares or your behavioral health plan has denied you medically

necessary care or services and will not accept your request to file a grievance. You can also call the CSH if you are having trouble getting shift home health services that have been authorized by CoventryCares.

You can call the CSH Monday through Friday between 9:00 a.m. and 5:00 p.m. To reach the CSH, call 1**-800-426-2090**. The CSH cannot provide or approve urgent or emergency medical care. If you believe you need urgent or emergency care, you should call your PCP or go to your local hospital.

Recipient Restriction Program

CoventryCares wants to make sure members do not abuse the Medical Assistance program. Members who do may be limited to a certain provider or drug store or both.

We work with the Department of Public Welfare (DPW) and follow their rules. If we think a member has abused his or her health care benefits, we refer the member to the Recipient Restriction Program. The member may be limited to a certain provider or drug store, or both.

Members can appeal the restriction by writing to the DPW and asking for a fair hearing. The member must sign the letter and send it to:

Department of Public Welfare
Division of Program and Provider Compliance
Bureau of Program Integrity
Recipient Restriction Program
P.O. Box 2675
Harrisburg, Pennsylvania, 17110

If you want to be limited to a different provider or drug store than the one we chose for you, call Member Services.

How to Get More Information

For questions or more information about your benefits or any CoventryCares services, call Member Services. You can ask for written information about CoventryCares and its policies such as:

- A list of names, addresses and titles of CoventryCares' Board of Directors.
- Our right to privacy policy.
- Our process for reviewing providers who want to be in our network.
- A list of network providers and the network hospitals they refer patients to.
- A list of network PCPs, specialists, dentists, hospitals, drug stores and providers of ancillary services. You can get this list in an appropriate alternate format.
- Medical rules we use to review your request for care.

- Preventive health guidelines.
- Our drug list to see if a certain drug is covered.
- Our policy on how we pay providers.
- Our Quality Management program.

Important Phone Numbers

Transportation – MATP

If you need transportation for a medical service other than an emergency, each county can provide transportation through the Medical Assistance Transportation Program. Call Member Services, and a representative will help you get transportation through the Medical Assistance Transportation Program in your county.

County	Local Telephone Number	Toll-Free Number
Adams	717-337-1345	800-830-6473
Allegheny	412-350-4484	888-547-6287
Armstrong	724-548-3405	800-468-7771
Beaver	724-728-5633	800-262-0343
Bedford	814-623-9129	800-323-9997
Berks	610-921-2361	800-383-2278
Blair	814-946-1235	800-245-3282
Bucks	215-794-5554	1-888-795-0740
Butler	724-545-3669	866-638-0598
Cambria	814-536-9031	888-647-4814
Carbon	570-669-6380	800-990-4287
Chester	610-594-3911	1-877-873-8415
Clarion	814-226-7012	800-672-7116
Columbia	570-784-8807	888-868-2320
Cumberland	717-240-6340	800-315-2546
Dauphin	717-232-7009	800-309-8905
Delaware	610-490-3960	866-450-3766
Erie	814-455-3330	Same as local
Fayette	724-628-7433	800-321-7433
Franklin	717-264-5225	800-548-5600
Greene	724-627-6778	877-360-7433
Indiana	724-463-3235	888-526-6060
Jefferson	814-938-3302	800-648-3381
Lackawanna	570-963-6482	Same as local
Lancaster	717-291-1243	800-892-1122
Lawrence	724-652-5588	888-252-5104
Lebanon	717-273-9328	Same as local
Lehigh	610-253-8333	888-253-8333
Luzerne	570-288-8420	800-679-4135
Mercer	724-662-6222	800-222-8797
Monroe	570-839-8210	888-955-6282
Montgomery	215-542-7433	Same as local
Montour	570-271-0833	Same as local
Northampton	610-253-8333	888-253-8333
Northumberland	570-644-4463	800-479-2626
Perry	717-567-2490	877-800-7433
Philadelphia	LogistiCare	1-877-835-7412

Pike	570-775-5550	866-681-4947
Schuylkill	570-628-1425	888-656-0700
Somerset	814-445-9628	800-452-0241
Susquehanna	570-853-4510	800-323-2051
Washington	724-223-8747	800-331-5058
Westmoreland	724-832-2706	800-242-2706
Wyoming	570-288-8420	800-679-4135
York	717-845-7553	800-632-9063

Behavioral Health – Mental Health Services & Drug and Alcohol Treatment

Call the number for the county where you live for behavioral health and mental health and drug and alcohol services.

County	Behavioral Health Managed Care Organization	Call for Services
Adams	CCBH (Community Care Behavioral Health)	1-866-738-9849
Allegheny	CCBH (Community Care Behavioral Health)	1-800-553-7499
Armstrong	VBH (Value Behavioral Health)	1-877-688-5969
Beaver	VBH (Value Behavioral Health)	1-877-688-5970
Bedford	Cornerstone Community Services	1-877-814-5166
Berks	CCBH (Community Care Behavioral Health)	1-866-292-7886
Blair	CBHNP (Community Behavioral Healthcare Network of Pennsylvania)	1-866-773-7892
Bucks	Magellan Behavioral Health	1-877-769-9784
Butler	VBH (Value Behavioral Health)	1-877-688-5971
Cambria	VBH (Value Behavioral Health)	1-866-404-4562
Carbon	CCBH (Community Care Behavioral Health)	1-866-473-5862
Chester	CCBH (Community Care Behavioral Health)	1-866-622-4228
Clarion	CCBH (Community Care Behavioral Health)	1-866-878-6046
Columbia	CCBH (Community Care Behavioral Health)	1-866-878-6046
Cumberland	CBHNP (Community Behavioral Healthcare Network of Pennsylvania)	1-888-722-8646
Dauphin	CBHNP (Community Behavioral Healthcare Network of Pennsylvania)	1-888-722-8646
Delaware	MBH (Magellan Behavioral Health)	1-888-207-2911
Erie	VBH (Value Behavioral Health)	1-866-404-4560
Fayette	VBH (Value Behavioral Health)	1-877-688-5972
Franklin	CBHNP (Community Behavioral Healthcare Network of Pennsylvania)	1-717-264-5387
Greene	VBH (Value Behavioral Health)	1-877-688-5973
Indiana	VBH (Value Behavioral Health)	1-877-688-5974
Franklin	CBHNP (Community Behavioral Healthcare Network of Pennsylvania)	1-717-264-5387
Greene	VBH (Value Behavioral Health)	1-877-688-5973
Indiana	VBH (Value Behavioral Health)	1-877-688-5974

Jefferson	CCBH (Community Care Behavioral Health)	1-866-878-6046
Lackawanna	CCBH (Community Care Behavioral Health)	1-866-668-4696
Lancaster	CBHNP (Community Behavioral Healthcare Network of Pennsylvania)	1-888-722-8646
Lawrence	VBH (Value Behavioral Health)	1-877-688-5975
Lebanon	CBHNP (Community Behavioral Healthcare Network of Pennsylvania)	1-888-722-8646
Lehigh	Magellan Behavioral Health	1-866-238-2311
Luzerne	CCBH (Community Care Behavioral Health)	1-866-668-4696
Mercer	VBH (Value Behavioral Health)	1-866-404-4561
Monroe	CCBH (Community Care Behavioral Health)	1-866-473-5862
Montgomery	MBH (Magellan Behavioral Health)	1-877-769-9782
Montour	CCBH (Community Care Behavioral Health)	1-866-878-6046
Northampton	Magellan Behavioral Health	1-866-238-2312
Northumberland	CCBH (Community Care Behavioral Health)	1-866-878-6046
Perry	CBHNP (Community Behavioral Healthcare Network of Pennsylvania)	1-888-722-8646
Pike	CCBH (Community Care Behavioral Health)	1-866-473-5862
Schuylkill	CCBH (Community Care Behavioral Health)	1-866-878-6046
Somerset	CBHNP (Community Behavioral Healthcare Network of PA)	1-866-773-7891
Susquehanna	CCBH (Community Care Behavioral Health)	1-866-668-4696
Washington	VBH (Value Behavioral Health)	1-877-688-5976
Westmoreland	VBH (Value Behavioral Health)	1-877-688-5977
Wyoming	CCBH (Community Care Behavioral Health)	1-866-668-4696
York	CCBH (Community Care Behavioral Health)	1-866-542-0299

Medical Assistance Contact Information for Consumers

Office of Medical Assistance Programs Recipient Service Line	1-866-542-3015 For Dental Call: 1-800-509-0987 M-F: 8 a.m. - 5 p.m.
Primary Care Provider Selection Services	1-800-440-3989 (TTY: 1-800-618-4225) M-F: 8 a.m.- 5 p.m.; Sat. 10 a.m.- 2 p.m.
ACCESS Plus Recipient Helpline	1-800-543-7633 (TTY: 1-800-654-5984) M-F: 7 a.m.- 8 p.m.; Sat. 10 a.m.- 2 p.m.
HealthChoices Clinical Sentinel Hotline	1-800-426-2090 M-F: 8 a.m. - 4 p.m.
Office of Income Maintenance Recipient Hotline	1-800-692-7462 M-F: 8 a.m.- 4:30 p.m.

List of Helpful Phone Numbers

My CoventryCares ID Numbers _____
(fill in your number)

Other Family CoventryCares ID Numbers

_____ _____

_____ _____

_____ _____

My PCP _____

My child's PCP _____

My Dentist _____

My CoventryCares Case Manager _____

HealthChoices Enrollment Specialist **1-800-440-3989**
TTY Number **711**

24-Hour Nurse Helpine **1-888-900-2215**

MATP Phone Number _____
(fill in your county number from the list in this handbook)

Mental Health/Drug & Alcohol Agency Phone Number _____
(fill in your county number from the list in this handbook)

Clinical Sentinel Hotline **1-800-426-2090**

Call Member Services if you need help filing a complaint or grievance or want to know how to get a fair hearing.

Member Services Phone Number
1-866-903-0748

Member Services: If you are hearing or speech impaired, use your TTY, or dial 711 on your telephone.

_____

You can write to us at:
Member Services
CoventryCares
HealthChoices Plan
3721 TecPort Drive
P.O. Box 67103
Harrisburg, PA 17106-7103

Get information from the Internet at
www.mycoventrycares.com

On our website you can find out about:

- How to find a provider
- Medical benefits and services
- Drug store benefits
- Member newsletters
- Health and wellness programs
- How we protect your privacy (Notice of Privacy Practices)
- Member Rights and Responsibilities
- Complaints, Grievances and Fair Hearings
- Community services
- Member resources
- Questions and answers
- Contract information
- Copay sheet

You can get all information in other languages and formats. Call Member Services. We will help you get what you need.