

Understanding Your Coverage

UPMC for You Affiliate of UPMC Health Plan



Member Services 1-800-286-4242
For Hearing-Impaired 1-800-361-2629

www.upmchealthplan.com

Dear Member or Prospective Member:

We prepared this booklet for you. If you are thinking about joining UPMC *for You*, or if you are a member now, this booklet will tell you about your rights and responsibilities as a member.

Please read your UPMC *for You* Member Handbook carefully to learn about your benefits. This booklet focuses on your rights and responsibilities and our pledge to honor them.

Throughout this booklet, UPMC *for You* talks about care you will receive from your primary care provider (PCP). In most cases, this care is from your doctor or another health care professional (practitioner) whom you have picked to take care of your medical needs. A PCP may be a Medical Doctor (MD), Doctor of Osteopathy (DO), or another health care professional that UPMC *for You* allows to serve as a PCP.

You may also receive care from other physical health care professionals or behavioral health care professionals, such as a specialist, an ob-gyn, a chiropractor, a nurse, a technician, a psychologist, or a social worker. These health care professionals are normally not PCPs. Throughout this book we will refer to any non-PCP as a provider.

When we talk about hospitals, labs, surgical centers, or other places where you may go to receive care from a PCP or a provider, we will call them "medical facilities."

We want to remind you that we respect you, and we have established high standards to deliver quality health care to you.

Please make time to read this booklet.

Sincerely,

UPMC *for You*

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Member Rights

UPMC *for You* wants you to know all of your health care rights.

You have the right to:

- Be treated with respect, recognizing your dignity and right to privacy.
- Have your identity protected.
- Know about UPMC *for You*, its programs, its services, its providers, and members' rights and responsibilities.
- Ask for UPMC *for You* utilization review guidelines and clinical practice guidelines.
- Choose your own participating PCP.
- Participate in decisions regarding your health, including the right to refuse treatment.
- Not participate in research and to stop treatment, as long as you understand that by stopping treatment your condition may get worse, or possibly become fatal.
- Exercise your rights and be assured that exercising those rights will not adversely affect the way UPMC *for You* or your PCP or other providers treat you.
- Access, inspect, and receive a copy of your protected health information (PHI). Your PHI includes personal information such as your medical records, your address, and your Social Security number.
- Request an amendment to your PHI.
- Request restrictions to the use and disclosures of your PHI.
- Request to receive an alternate method of communication regarding your PHI.
- Receive an accounting of certain types of disclosures of your PHI as specified in the Health Insurance Portability and Accountability Act (HIPAA) regulations.
- Have a Living Will and/or a Durable Power of Attorney that tells how decisions about your treatment will be made if you cannot decide for yourself.
- Get a second opinion.

- Talk about medically necessary treatment options for your condition regardless of cost or benefit coverage.
- Make a complaint or file a grievance about UPMC *for You* and/or your PCP or other providers.
- Request a DPW fair hearing at any time during the complaint and grievance process.
- Be represented by parents, guardians, family members, or other custodians if unable to fully participate in your treatment decisions.
- Make recommendations about UPMC *for You* members' rights and responsibilities policy.
- Know that UPMC *for You* staff and all UPMC *for You* providers are required to follow state and federal laws related to your care and your rights as a member.
- Be free from any form of restraint or seclusion; restraint or seclusion may not be used as a means of harassment, discipline, convenience, or retaliation.

You also have the right to:

- Receive clear and complete information from your PCP or other providers about your health condition and treatment.
- Request and receive a provider directory that includes a list of network providers and the non-English languages they speak (if applicable).
- Request a change to another managed care health plan following Department of Public Welfare guidelines.

To change health plans in Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, and Westmoreland counties, call the HealthChoices Hotline at 1-800-440-3989. Hearing-impaired members, call 1-800-618-4225. To change health plans if you live in any other county, call 1-800-485-5998 to speak to an enrollment specialist. Hearing-impaired members, call 1-800-654-5984.

If you need help changing health plans, you can call UPMC *for You* Member Services at 1-800-286-4242. Hearing-impaired members, call 1-800-361-2629.

Member Responsibilities

UPMC *for You* wants you to know all of your health care responsibilities.

These rights and responsibilities may differ from those listed in your Member Handbook. This is because of different publication dates for each booklet. UPMC *for You* will update all members on any changes.

Your responsibilities are to:

- Treat your PCP, other providers, and other health care workers with dignity and respect.
- Tell your PCP or other providers as much about your medical history as you know.
- Follow your PCP or other providers' directions, such as taking the right amount of a medicine at the right times, if you agreed to do so.
- Report your symptoms and problems to your PCP or other providers and ask questions.
- Be on time for your visits and call if you will be late or must cancel a visit.
- Ask questions about and understand how to access health care services.
- Talk to and work with your PCP or other providers about behavioral health problems.
- Provide a safe home environment for those services rendered in your place of residence.
- Understand your health problems and, whenever possible, participate with your PCP or other providers in the development of treatment goals that you and your PCP or other providers have agreed upon.
- Consent to the proper use of your health information.
- Carry your UPMC *for You*, ACCESS, and any other medical insurance cards with you at all times and present them to your PCP or other providers when scheduling and receiving medical services.
- Inform your PCP or other providers' office and UPMC *for You* of any medical insurance you have in addition to UPMC *for You*.

Direct Access to Women's Care

UPMC *for You's* goal is to make women's care easier for our female members. Women can go directly to a participating ob-gyn for an exam. UPMC *for You* will pay for a woman to get a Pap smear, pelvic exam, breast exam, and mammogram according to your benefits. You can also see your ob-gyn if you have any other women's care needs throughout the year. If you are a woman, it is important for you to have a good relationship with your ob-gyn. Your ob-gyn can help keep you healthy, not just treat you when you are sick.

Women's Health and Cancer Rights Act

Federal law has required that insurance companies give benefits for reconstructive surgery after a mastectomy since October 1998. This law allows members who have a mastectomy to have breast reconstruction. UPMC *for You* pays for reconstruction after a mastectomy.

Examples of these procedures are:

- Reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a similar appearance.
- Prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas.
- Coverage for inpatient care following a mastectomy for the length of stay determined by the attending provider.

Pennsylvania law requires that coverage for a mastectomy include the following:

- Home visits by a health care provider within 48 hours of being sent home from the hospital, when this occurs less than 48 hours from the admission.

These arrangements must be made between the member and her ob-gyn. The coverage will be based on the member's benefits.

Accessibility and Timeliness Standards

UPMC *for You* has rules about how long it should take you to get an appointment with a UPMC *for You* provider. The time it takes to get an appointment depends on what kind of appointment you want to make. You may schedule an appointment with your provider for the care that you need.

Type of Appointment	Scheduling Time Frame
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Primary Care Provider

Wellness (physical, wellness exam, well-child exam)	Within 3 weeks of the request
Routine check-up	Within 10 business days of the request
Non-urgent (needs evaluated)	Within 3 business days of the request
Urgent	Within 24 hours of the request
Emergency	Immediately or referred to an emergency room

Ob-Gyn

Annual well-woman exam	Within 3 weeks of request
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Prenatal Care

Initial visit in first trimester	Within 10 business days of the request
Second trimester	Within 5 business days of the request
Third trimester	Within 4 business days of the request
High risk	Within 24 hours of identification of high risk to maternity care provider, or immediately, if an emergency exists
Emergency	Immediately or referred to an emergency room

Specialist (when referred by PCP)

Routine appointment	Within 10 business days of referral
Urgent medical condition	Within 24 hours of referral
Emergency	Immediately or referred to an emergency room

In addition to the appointment standards, all UPMC *for You* participating providers have agreed to the following for their office practice and procedures:

Office hours and accessibility

PCPs and ob-gyns must have at least 20 office hours per week. All providers must be accessible to members with disabilities.

Office waiting time

The expected waiting time is 15 minutes or up to one hour if the provider receives an unexpected urgent visit or is treating someone with a difficult medical need.

24-hour on-call coverage

PCPs, specialists, and ob-gyns must be available 24 hours a day, 7 days a week for urgent and emergency care and to provide triage and appropriate treatment or referrals for treatment. If a provider arranges for coverage by another participating provider, the covering provider must participate with UPMC *for You* and be available 24 hours a day, 7 days a week as noted above for PCPs and ob-gyns.

Extended leave/vacation coverage/leaving the network for more than 29 days

While on vacation or leave, a provider must arrange for coverage by another participating provider. If the provider goes on leave for 30 days or longer, the provider must notify UPMC *for You*.

If your provider leaves our network, UPMC *for You* will try to inform you within 15 days of the termination.

If you are having difficulty contacting your PCP or a provider in the UPMC *for You* network, please contact UPMC *for You* Member Services at **1-800-286-4242**. Hearing-impaired members, call 1-800-361-2629.

Early and Periodic Screenings, Diagnosis and Treatment (EPSDT) Screen

Members under the age of 21 should see their PCP or other provider for an EPSDT screen no later than 45 days after they become a member of UPMC *for You*, unless they are already being treated by a PCP or other provider. EPSDT means Early and Periodic Screenings, Diagnosis and Treatment. In an EPSDT screening, the PCP or provider takes the member's health history, does a complete physical exam, gives the needed vaccines and medical tests, and conducts a lead screening. If needed, UPMC *for You* staff will work with members and their PCP or other provider to schedule this appointment.

Supplemental Security Income (SSI) Recipients

Members who receive SSI should see their PCP or other provider no later than 45 days after they become a member of UPMC *for You*, unless they are already being treated by a PCP or other provider. If needed, UPMC *for You* will work with members and their PCP or other provider to schedule this appointment.

HIV/AIDS

Members with HIV/AIDS must be seen by a PCP or other provider for their first examination no later than seven days after they become a member of UPMC *for You*, unless they are already being treated by a PCP or another provider. If needed, UPMC *for You* staff will work with members and their PCP or other provider to schedule this appointment.

Open Patient Communication and Coordination of Care

UPMC *for You* supports open communication between our providers and our members. We want our providers to talk with you about your health care options.

UPMC *for You* encourages primary care providers (PCP) to coordinate care with other providers who are also seeing the member. It is also important that your PCP and your behavioral health care

provider communicate with each other to coordinate your care, especially if either provider is prescribing medication for you. Your providers may ask you for permission to communicate with one another. Your PCP or other providers, including behavioral health providers, may ask you to sign a consent form. At that time, you may agree to have your provider send information about your treatment to other providers who are seeing you.

Or, you can elect not to share information by writing "No" on the consent form. If you agree that information may be shared, your provider will send your information confidentially to the other provider and will keep a copy. Please note that providers are required by law to protect identifiable patient information.

Provider Directory

If you want to know more about your current PCP or other provider you are thinking of choosing, you can check the UPMC *for You* Provider Directory. Using the directory, you can review a provider's specialty, his or her board certification, and the hospital(s) to which he or she can admit patients. You can also find out if the provider's office is wheelchair accessible and whether the provider speaks another language, or can communicate with sign language. Office hours and the days the office is open are also listed. If you would like to find out more about a PCP's or provider's training or request a Provider Directory, please call UPMC *for You* Member Services at 1-800-286-4242. Hearing-impaired members, call 1-800-361-2629.

Medical Bills

As a member of UPMC *for You*, and based on your age and benefit category, you may receive a bill if:

- You did not go to a participating provider
- You received services that are not a covered benefit
- You have exceeded your inpatient benefit limits
- You have a pharmacy copayment

- You did not obtain a referral from your PCP or other provider, if one was needed

Remember to show your UPMC *for You* member ID card and any other medical insurance cards you have when you go for your visits. This will help us pay your claim. If you get a bill that you do not think you owe, call Member Services at 1-800-286-4242. Hearing-impaired members, call 1-800-361-2629. Have the bill handy so we can help solve your problem.

Quality Improvement Program

High-quality health care is a top priority at UPMC *for You*. The Pennsylvania Department of Health (DOH), Pennsylvania Department of Public Welfare (DPW), Centers for Medicare and Medicaid Services (CMS), and National Committee for Quality Assurance (NCQA) set guidelines that we use to guide our Quality Improvement program. We pay special attention to:

- Quality management and improvement
- The process that makes sure our providers have the right education and qualifications
- The types of services members are using
- Member rights and responsibilities
- Preventive health care

If you need information or have any comments that would help us improve our Quality Improvement program, please write us at this address:

Quality Improvement
UPMC Health Plan/UPMC *for You*
One Chatham Center
112 Washington Place
Pittsburgh, PA 15219

HEDIS®/CAHPS®

The Health Plan Employer Data and Information Set (HEDIS®) is a set of standardized measures developed by the National Committee for Quality Assurance (NCQA). The tests were developed to make sure that consumers are able to get reliable answers to compare the quality of health insurance

companies. We use the HEDIS® measures to evaluate our programs and to make quality improvements in care and service. HEDIS® rates are submitted each year, by June, for the previous year. HEDIS® information is included in member and provider materials each year.

HEDIS® reports many different types of information, including the percentage of children receiving all recommended immunizations and the percentage of diabetics receiving recommended services. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) member satisfaction survey is also part of the annual HEDIS® evaluation. As a UPMC *for You* member, you may be asked to complete an adult version of the CAHPS® Survey for yourself or a child's version for a dependent child.

For a complete listing of all HEDIS measures, please contact the UPMC *for You* Member Services Department at 1-800-286-4242. Hearing-impaired members, call 1-800-361-2629.

HEDIS® and CAHPS® are registered trademarks of the National Committee for Quality Assurance (NCQA).

Privacy and Confidentiality

It is very important to us that what you tell us is kept private.

When you enroll with UPMC *for You*, you are doing two important things:

- Giving us correct and honest information
- Allowing us to use your information to provide health care and to pay the providers who have treated you

The only people who may see this information are:

- Our staff who need to coordinate your health care or measure the quality of your care
- Your providers or the medical facility staff and administration where you receive care
- You
- The Department of Public Welfare (DPW)

UPMC *for You* protects your personal and financial information. Any reports that we produce will not have individual information.

Our providers, medical facilities, and UPMC *for You* employees know and understand that your information is private. We train our employees to make sure that they handle your private information the right way. This includes information that is spoken, written, or electronic. We will not give information for any reason beyond the requirements of your treatment, payment for services, and our health care operations. The only other ways we would release your information would be if you wanted us to, or if we had to by law.

Personal information (such as your name, address, Social Security number, birth date, and services that you have received) is kept private for current UPMC *for You* members and former members (living or deceased).

If we have a program that we think will benefit you, we will get in touch with you and let you know about it. We will need your permission and signature before we use your personal information. If you do not want to join our programs, we will not use your personal information.

You may have heard about federal laws regarding privacy of health information in the news. All health insurance carriers follow the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In fact, the HIPAA Privacy Regulations require providers, medical facilities, and health care insurers that are involved in your health care to have a Notice of Privacy Practices. You probably receive these notices when you visit your providers and your pharmacy. You do not need to respond to these documents. They are for your information only. UPMC *for You's* Compliance Committee and Quality Improvement Committee make sure that we follow all government rules and regulations. We are always reviewing our policies and procedures to make sure we are following the law. We make periodic announcements when any changes are made to laws or regulations.

The following Notice of Privacy Practices gives you even more specific information and details about how UPMC *for You* ensures the privacy of your protected health information. If you have any questions about your right to privacy and the confidentiality of your personal information, please contact UPMC *for You* Member Services at 1-800-286-4242. Hearing-impaired members, call 1-800-361-2629.

Notice of Privacy Practices

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

We at UPMC *for You* will protect your health information. The law requires us to maintain the privacy of your health information and to send you this notice.

This notice explains how we use information about you. It also explains when we can share that information with others. The notice tells you about your health information rights and how you can use those rights.

We talk about "information" and "health information" in this notice. That means information in claims or our files that can identify you. The information can be things like your name, your address, Social Security number, and date of birth.

How We Use or Share Information

The following are ways we may use information about you:

- We may use or share the information to help pay your medical bills that providers and medical facilities have submitted to us for payment.
- We may share your information with your providers and medical facilities to help them provide medical care to you. For example, if you are in a medical facility, we may show them medical records sent to us by your provider.

- We may use or share your information with others to help manage your health care. For example, we might talk to your provider to suggest a program that could help improve your health.
- We may share your information with others who help us conduct our business, including other health insurance carriers.
- We will not share your information with these outside groups unless they agree to protect it.
- We may use or share your information with public health agencies for certain types of public health or disaster relief efforts if we believe there is a serious health or safety threat.
- We may use or share your information to send you a reminder about an appointment with your PCP or other providers.
- We may use or share your information so you can benefit from special health programs. For example, we might send you information about a program that helps you stop smoking.
- We may provide information to a court or administrative agency. The reasons may include court orders and search warrants.
- We may report information for law enforcement purposes. For example, we may give information to a law enforcement official so he or she may identify a suspect or missing person.
- We may report information to a government authority regarding child abuse, neglect, or domestic violence.
- We may share information with a coroner or medical examiner to identify someone who has died, to determine a cause of death, or as authorized by law. We may also share information with funeral directors so they can perform their duties.
- We may use or share information for obtaining, banking, or transplantation of organs, eyes, or tissue.
- We may share information needed for some government functions. These functions may include military and veteran activities, national security and intelligence activities, and the protective services for the president and others.
- We may report information on job-related injuries because of requirements of your state workers' compensation laws.

State and federal laws may require us to release your health information to others. The reasons include these:

- We may report information to state and federal agencies that regulate us. These agencies include the U.S. Department of Health and Human Services and the Pennsylvania Department of Public Welfare.
- We may share information for public health activities. For example, we may report information to the Food and Drug Administration for investigating a potential problem with a prescription medication.
- We may share information with a health oversight agency. The reasons may include audits, inspections, licensure, and disciplinary actions.

For any other reason, **we must get your written permission to use or disclose your health information.** If you give us written permission and change your mind, **you may cancel your written permission at any time.**

What Are Your Rights?

The following are your rights. Call the Member Services Department if you want to do any of these things.

- You have the right to ask us to restrict how we use or disclose your information for treatment, payment, or health care operations. You also have the right to ask us to restrict information that we may give to family members or others. These people may be involved in your health care decisions or payment. *We will try to honor your request, but we are not required to agree to these restrictions.*
- You have the right to ask to receive confidential communications. For example, if mailing health information to your address would be harmful, you can ask us to send the information to another address or some other way, such as by fax. We will take care of your reasonable requests as explained above.
- You have the right to inspect and obtain a copy of certain information about you.

You do not have the right to access certain types of information. We may decide not to provide you with copies of the following information:

- Psychotherapy notes
- Information for civil, criminal, or administrative proceedings
- Information related to federal laws on biological products and clinical laboratories

Sometimes we may deny your request to inspect or obtain a copy of your information. We will notify you in writing if your request is denied. You may request to have the denial reviewed. If we deny this request, we will give you an explanation.

- You have the right to ask us to make changes to information we have about you. We may ask you to put your request in writing and tell us why you are making the request.

- We will respond to your request no later than 60 days after we receive it. In some cases we may extend that time by no more than an additional 30 days. If we need to extend this time, we will tell you when we can complete your request.
- We will notify you when a change is made. We will provide the change to any person who has received your health information. We will also provide the change to others identified by you.
- We will write to you to tell you about any denial. The denial will explain your right to file a written statement of disagreement. We have a right to respond to your statement. You have the right to request that your written request, our written denial, and your statement of disagreement be included with your information for any future disclosures.
- You have the right to ask us what we disclosed about you during the six years before your request. We are not required to give you information about these things:
 - Any information collected before April 14, 2003
 - Information disclosed or used for treatment, payment, and health care operations purposes
 - Information disclosed to you or based on your authorization
 - Information that relates to a permitted use or disclosure
 - Information disclosed for a facility's directory or to people involved in your care or other notification purposes
 - Information disclosed for national security or intelligence purposes
 - Information disclosed to correctional institutions, law enforcement officials, or health oversight agencies
 - Information that was disclosed or used for limited research, public health, or health care operations

We may require that your request be in writing. We will act on your request within 60 days. We may need additional time to act on your request. If so, we may take up to an additional 30 days. Your first request will be free. We will continue to provide you with one free request when you ask every 12 months. If you request a second time within 12 months, we may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or change your request.

Exercising Your Rights

You have a right to receive a copy of this notice whenever you ask. If any of our privacy practices change, we have the right to change the terms of this notice. We have the right to make the new notice apply to all protected health information we maintain. We will mail the new notice to you after we revise it.

You may have questions about this notice or wish to file a complaint with UPMC Health Plan's Privacy Officer. You also may want to obtain the contact information for the Secretary of Health & Human Services. If you want to do this, you may write or call as follows:

UPMC Health Plan Privacy Officer
One Chatham Center, Suite 800
112 Washington Place
Pittsburgh, Pennsylvania 15219

Telephone: 1-877-574-5517 (toll-free)
Hearing-impaired members,
call 1-800-361-2629.

We will not take any action against you for filing a complaint.

Utilization Management

UPMC *for You* is committed to giving appropriate care. We do not reward our PCP's or providers financially or in any other way for denying coverage or services. All of our providers make decisions based on your needs.

Member Access to the Utilization Management Process and Decisions

UPMC *for You* provides access for members to obtain information about how we review and approve the medical services you receive. The utilization management staff is available to discuss how a decision was made and, upon request, will provide the criteria used to make the decision. Inquiries can be made by calling Member Services at 1-800-286-4242 during normal business hours, as noted on the back of your member ID card. Hearing-impaired members, call 1-800-361-2629. After business hours, you can leave a message on the Health Plan's voicemail system, and a representative will return your call on the next business day.

New Technology Review

UPMC *for You* is committed to making sure that our members have access to safe and effective care. UPMC *for You* has providers and pharmacists who review new technologies, including health services, medical procedures, medical equipment, and medication treatments. These experts look at the new technologies and determine the standards for use.

To be considered for coverage, the new technology must meet the following criteria:

- The technology must have final approval from the appropriate government regulatory bodies, such as the Food and Drug Administration (FDA).
- There must be published scientific evidence that the technology has therapeutic value.
- The technology's beneficial effects on health outcomes should outweigh any harmful effects on health outcomes.
- The technology should improve the net health outcomes as much or more than established alternatives.

If you would like more information on this matter, please contact UPMC *for You* at 1-800-286-4242. Hearing-impaired members, call 1-800-361-2629.

Clinical Sentinel Hotline (CSH)

The CSH was set up by the Medical Director for the Office of Medical Assistance Programs at the Department of Public Welfare (DPW). The CSH helps all Medical Assistance recipients who are enrolled in the HealthChoices Program.

Nurses who work for DPW answer the CSH. If you or your provider have requested medical care or services and UPMC *for You* or your behavioral health plan has not responded in time to meet your needs, call the CSH. The CSH will make sure that UPMC *for You* or your behavioral health plan responds to your request soon enough to meet your needs. You can also call the CSH if UPMC *for You* or your behavioral health plan has denied you medically necessary care or services and won't accept your request to file a grievance. The CSH operates Monday through Friday between 9 a.m. and 5 p.m. Call 1-800-426-2090 to talk to the CSH.

The CSH cannot provide or approve urgent or emergency medical care. If you believe you have an urgent or emergency medical situation, you should seek the care you need with your PCP or local medical facility.

Fraud and Abuse Hotlines

If you think UPMC *for You*, a provider, or anyone else is committing health care fraud, the Department of Public Welfare and UPMC *for You* have hotlines and websites to help you.

Some common examples of fraud and abuse are:

- Billing or charging you for services that your health plan covers.
- Offering you gifts or money to receive treatment or services.
- Offering you free services, equipment, or supplies in exchange for your ACCESS number.
- Giving you treatment or services that you don't need.
- Physical, mental, or sexual abuse by medical staff.

To report a provider (for example, a PCP, other provider, dentist, therapist, or medical facility) or a business (for example, a medical supplier) for suspected fraud or abuse for services provided to anyone with an ACCESS card, call the Office of Medical Assistance Programs (OMAP) MA provider Compliance Hotline, at 1-866-379-8477 (1-866-DPW-TIPS). TDD/TTY services are offered for the hearing-impaired, as well as interpreter services for non-English-speaking callers. The hotline is available Monday through Friday from 8:30 a.m. to 3:30 p.m.

To report any other health care fraud, call the Office of Inspector General fraud tip line at 1-800-932-0582.

UPMC *for You* members also may report suspected fraud and abuse the following ways:

Website: <http://www.dpw.state.pa.us/omap>
E-mail: omaptips@state.pa.us

You may also call the UPMC Health Plan Fraud and Abuse Hotline. The number is 1-866-372-8301 (1-866-FRAUD-01). You may leave a message on the hotline, which is available 24 hours a day. If you want to speak to someone at UPMC *for You* about your call, you can leave your telephone number and a staff member will call you back, Monday through Friday, between 8:30 a.m. to 3:30 p.m. If you don't speak English, an interpreter will be made available. If you are hearing-impaired, you can call the hotline using your TTY device. Hearing-impaired members, call toll-free 1-800-361-2629. You do not have to give your name for any of these hotlines or websites, and, if you do, the provider will not be told you called.

Complaints, Grievances, and Fair Hearings

If a PCP or provider or UPMC *for You* does something that you are unhappy about or do not agree with, you can tell UPMC *for You* or the Department of Public Welfare that you are unhappy or that you disagree with what the PCP or provider or UPMC *for You* 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 UPMC *for You* or your PCP or provider, or do not agree with a decision by UPMC *for You*.

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 UPMC *for You* has approved.

What should I do if I have a complaint?

First Level Complaint

To file a complaint, you can do one of the following:

- Call UPMC *for You* at 1-800-286-4242 and tell us your complaint. Hearing-impaired members, call 1-800-361-2629.

or

- Write down your complaint and send it to us at:

Complaints and Grievances
UPMC Health Plan/UPMC *for You*
One Chatham Center
112 Washington Place
Pittsburgh, PA 15219

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:

- UPMC *for You* has decided that you cannot get a service or item you want because it is not a covered service or item.
- UPMC *for You* will not pay a PCP or provider for a service or item you got.
- UPMC *for You* did not decide a complaint or grievance you told us about 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.

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 UPMC *for You* telling you that we have received your complaint, and about the first level complaint review process.

You may ask to see any information UPMC *for You* has about your complaint. You may also send information that may help with your complaint to UPMC *for You*.

You may attend the complaint review if you want to. You may come to our offices at:

One Chatham Center
112 Washington Place
Pittsburgh, PA 15219

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 one or more UPMC *for You* 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 getting help for the complaint process, see page 18

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 UPMC *for You's* decision?

Second Level Complaint

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

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 UPMC *for You* telling you that we have received your complaint, and telling you about the second level complaint review process.

You may ask to see any information UPMC *for You* has about your complaint. You may also send information that may help with your complaint to UPMC *for You*.

You may attend the complaint review if you want to. You may come to our offices at:

One Chatham Center
112 Washington Place
Pittsburgh, PA 15219

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 three or more people, including at least one UPMC *for You* 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 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 reasons for the decision and what you can do if you don't like the decision.

If you need more information about getting help for the complaint process, see page 18

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 UPMC for You's decision?

External Complaint Review

If you do not agree with UPMC *for You's* second level complaint decision, you may ask for an external review by either the Department of Health or the Insurance Department. The Department of Health handles complaints that involve the way a provider gives care or services. The Insurance Department reviews complaints that involve UPMC *for You* 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
Attention: Complaint Appeals
P.O. Box 90
Harrisburg, Pennsylvania 17108-0080
Telephone Number: 1-888-466-2787
(Monday through Friday 8 a.m. - 5 p.m.)

or

Pennsylvania Insurance Department
Bureau of Consumer Services
1209 Strawberry Square
Harrisburg, Pennsylvania 17120
Telephone Number: 1-877-881-6388
(Monday through Friday 8 a.m. - 4:30 p.m.)

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 UPMC *for You*. 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 reasons 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 UPMC *for You* denies, decreases, or approves a service or item different from the service or item you requested because it is not medically necessary, you will get a letter (notice) telling you UPMC *for You's* decision.

A grievance is when you tell us you disagree with UPMC *for You's* decision.

What should I do if I have a grievance?

First Level Grievance

To file a grievance, you can do one of the following:

- Call UPMC *for You* at 1-800-286-4242 and tell us your grievance. Hearing-impaired members, call 1-800-361-2629.

or

- Write down your grievance and send it to us at:
UPMC Health Plan/UPMC *for You*
Attn: Complaints and Grievances
One Chatham Center
112 Washington Place
Pittsburgh, PA 15219

or

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

NOTE: If your PCP or other 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 UPMC *for You* telling you that we have received your grievance, and about the first level grievance review process.

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

You may attend the grievance review if you want to. You may come to our offices at:

One Chatham Center
112 Washington Place
Pittsburgh, PA 15219

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 UPMC *for You* staff, including a licensed medical provider who has not been involved in the issue you filed your grievance about, will review your grievance and make a decision. Your grievance will be decided no later than 30 days after we received your grievance.

If your PCP or other provider believes that the usual timeframes for deciding your complaint or grievance will harm your health, you, your PCP or other provider, can call UPMC *for You* at 1-800-286-4242, hearing-impaired members, call 1-800-361-2629, and ask that your complaint or grievance be decided faster.

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

If you need more information about getting help for the grievance process, see page 18

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 UPMC for You's decision?

Second Level Grievance

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

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 UPMC for You telling you that we have received your grievance, and telling you about the second level grievance review process.

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

You may attend the grievance review if you want to. You may come to our offices at:

One Chatham Center
112 Washington Place
Pittsburgh, PA 15219

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 medical provider and at least one UPMC for You 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 30 days after we receive your grievance.

If your PCP or other provider believes that the usual timeframes for deciding your complaint or grievance will harm your health, you, your PCP or other provider, can call UPMC for You at 1-800-286-4242, hearing-impaired members, call 1-800-361-2629, and ask that your complaint or grievance be decided faster.

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

If you need more information about getting help for the grievance process, see page 18

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 UPMC for You's decision?

External Grievance Review

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

You must call or send a letter to UPMC *for You* 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.

UPMC *for You* 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.

UPMC *for You* will send your grievance file to the reviewer. You may provide the reviewer with additional information that may help with the external review of your grievance 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 reasons 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 UPMC *for You's* toll-free telephone number at 1-800-286-4242 if you need help or have questions about complaints and grievances. Hearing-impaired members, call 1-800-361-2629. You also can contact the 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 PCP or other provider believes that the usual timeframes for deciding your complaint or grievance will harm your health, you, your PCP or other provider can call UPMC *for You* at 1-800-286-4242, hearing-impaired members, call 1-800-361-2629, and ask that your complaint or grievance be decided faster. You will need to have a letter from your PCP or other provider faxed to 412-454-7920 explaining how the usual timeframe for deciding your complaint or grievance will harm your health.

If your PCP or other provider **does not** fax this letter to UPMC *for You*, your complaint or grievance will be decided within the usual timeframes.

Expedited Complaint

The expedited complaint will be decided by a licensed medical provider who has not been involved in the issue you filed your complaint about.

UPMC *for You* will call you within 3 business days 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 page 13.

An expedited review can be conducted at any time prior to a second-level decision that has been made on the same decision.

Expedited Grievance and Expedited External Grievance

A committee of three or more people, including a licensed medical provider and at least one UPMC *for You* member, will review your grievance. The licensed medical provider 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.

UPMC *for You* will call you within 3 business days 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 UPMC *for You* at 1-800-286-4242 **within 2 business days from the date you get the expedited grievance decision letter. Hearing-impaired members, call 1-800-361-2629.** UPMC *for You* 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 UPMC *for You* will assist you during this process. You do not have to pay for the help of the 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 the 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 UPMC *for You*, 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 UPMC *for You* 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, UPMC *for You* will provide the services at no cost to you.

Persons with disabilities

UPMC *for You* 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 UPMC *for You* at the complaint or grievance review in an alternative format. The alternative format version will be given to you before the review.
- Providing someone to help copy and present information

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 UPMC *for You*.

See the next page 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 UPMC *for You* 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 UPMC *for You* decides your first or second level complaint or grievance.

What kinds 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 within:
1) UPMC <i>for You</i> decided to deny a service or item because it is not a covered service or item.	30 days of getting a letter from UPMC <i>for You</i> telling you of this decision
2) UPMC <i>for You</i> decided to not pay a provider for a service or item you got and the provider can bill you for the service or item.	30 days of getting a letter from UPMC <i>for You</i> telling you of this decision
3) UPMC <i>for You</i> did not decide within 30 days a complaint or grievance you told UPMC <i>for You</i> about before.	30 days of getting a letter from UPMC <i>for You</i> telling you that we did not decide your complaint or grievance within the time we were supposed to
4) UPMC <i>for You</i> decided to deny, decrease or approve a service or item different from the service or item you requested because it was not medically necessary.	30 days of getting a letter from UPMC <i>for You</i> telling you of this decision, or within 30 days of getting a letter from UPMC <i>for You</i> telling you its decision after you filed a complaint or grievance about this issue
5) UPMC <i>for You</i> did not provide a service or item by the time you should have received it.	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
P.O. 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

- 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.

UPMC *for You* will also go to your fair hearing to explain why we made the decision or explain what happened.

If you ask, UPMC *for You* must give you (at no cost to you) any records, reports, and other information we have that are 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. If your appeal is not decided within 90 days from the date that the Department of Public Welfare receives your request, you may be able to get interim assistance until the decision is made.

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 UPMC *for You* has reduced, changed, or denied your services or items, or telling you UPMC *for You's* 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 PCP, other provider, or dentist believes that using the usual timeframes to decide your fair hearing will harm your health, you, your PCP, other provider, 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 PCP, other provider, or dentist faxed to 717-772-6328 explaining why using the usual timeframes to decide your fair hearing will harm your health. If your PCP, other provider, or dentist does not send a written statement, your PCP, other provider, 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 PCP, other provider, or dentist **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 timeframe for the fair hearing decision will be based on the date you asked for the fair hearing.

If your PCP, other provider, or dentist 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 UPMC *for You's* toll-free telephone number at 1-800-286-4242 if you need help or have questions about fair hearings. Hearing-impaired members, call 1-800-361-2629. You also can contact the legal aid office at 1-800-322-7572, or you can call the Pennsylvania Health Law Project at 1-800-274-3258.

Additional Information Available

If you need more information or have any questions about UPMC *for You*, please call Member Services at 1-800-286-4242. Hearing-impaired members, call 1-800-361-2629. or write to:

Member Services Department
UPMC Health Plan/UPMC *for You*
One Chatham Center
112 Washington Place
Pittsburgh, PA 15219

The following information is available upon written request.

- List of names, business addresses, and official positions of members of the Board of Directors or officers of UPMC Health Plan/UPMC *for You*
- What methods UPMC *for You* uses to protect your medical records and other private information
- Description of how we check our providers' qualifications
- List of providers who practice at our medical facilities
- List of benefits covered
- List of what drugs are covered
- A list of what services are not covered if you receive care outside of our network and directions about how to get primary care, specialty care, behavioral health services, and medical facility services
- Directions about how to get emergency care, care after normal office hours, and care when needed out of the area
- What you or your doctor can do if you need a medication that is not included in the list of covered drugs or when similar formulary medications have not been effective in the treatment of your condition or cause or are suspected of causing a reaction that is harmful to you
- How we decide what experimental drugs, medical devices, or treatments are covered
- How we decide what new treatments are covered
- Directions explaining how to turn in a bill if you should receive one
- Summary of how we pay the providers and medical facilities when you use our services (Note: We will not disclose information about individual contracts or specific details of financial arrangements between UPMC *for You* and providers.)
- How to file a complaint or grievance or request a DPW fair hearing when you are not happy with the services or treatments you have received
- How we measure quality using our Quality Improvement program

Translation services are available by calling UPMC *for You* at 1-800-286-4242.

请致电UPMC for You (电话: 1-800-286-4242), 可提供翻译服务。

ការបំរើបកប្រែគឺមានផ្តល់ជូន ដោយទូរស័ព្ទទៅ UPMC for You តាមលេខ 1-800-286-4242 ។

Вы можете воспользоваться услугами переводчика, позвонив в службу «UPMC для Вас» по телефону 1-800-286-4242.

Servicios de traducción UPMC *para Usted* están disponibles llamando al 1-800-286-4242.

Có dịch vụ thông dịch bằng cách liên lạc với UPMC *for You* tại số 1-800-286-4242.

UPMC *for You*
Affiliate of UPMC Health Plan

One Chatham Center
112 Washington Place
Pittsburgh, PA 15219

www.upmchealthplan.com

**This managed care plan may not cover all your health care expenses.
If you have questions, please call UPMC *for You* Member Services at 1-800-286-4242.
For Hearing-impaired, call 1-800-361-2629.**