

Where children belong.



Member Handbook

UPMC *for Kids*[™]

A Product of UPMC Health Plan

www.upmchealthplan.com/upmcforkids

1 Welcome

UPMC *for Kids*™ would like to thank you for selecting the Children's Health Insurance Program (CHIP) for your child. Our members have a wide range of benefits available to them through the CHIP program. These include preventive care to keep children and teens healthy, visits to the doctor when they are sick, behavioral health care, tests, emergency room care, hospital care, prescriptions, dental and vision care, and more.

UPMC *for Kids* is available through a contract with the Children's Health Insurance Program (CHIP) of Pennsylvania. This is a state and federally funded program that provides health insurance for children until they become age 19. Enrollment is evaluated annually. The process is simple and is described in this handbook.

This handbook can help families with children who have CHIP coverage through UPMC *for Kids* understand their benefits, how to access care, and how to get in touch with us. It also provides information on members' rights. We recommend that you keep this handbook in a convenient place. When questions come up, you can refer to it.

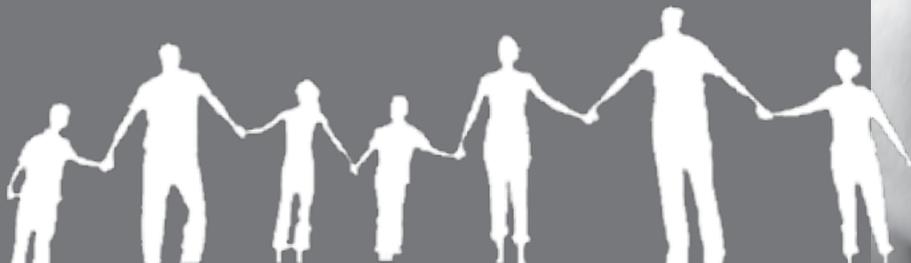
Our Health Care Concierge team can be reached at 1-800-650-8762. TTY users should call 1-800-361-2629.

Your child should have received a UPMC *for Kids* identification (ID) card. Each child enrolled receives his or her own ID card. You will need to use this ID card when your child receives care. On the front of the ID card is the member's name and ID number as well as the group name and phone number of the child's primary care provider (PCP). Health care services for UPMC *for Kids* members are coordinated by the PCP. The phone number for UPMC *for Kids* Member Services is also listed. If there is an error on the ID card, please call Member Services so we can correct the error. To assist the staff in helping you, have the ID card ready when you call. We will ask you for information that is on the front of the card.

You can also learn more about your CHIP benefits, find a UPMC *for Kids* provider, and find other helpful health information by visiting our website at www.upmchealthplan.com/members/forkids. You can also visit and "like" us on Facebook at www.facebook.com/upmcforkids.

Free translation services are available by calling UPMC *for Kids* at 1-800-650-8762. TTY users should call 1-800-361-2629.

Traducción gratuita está disponible llamando a UPMC *for Kids* al 1-800-650-8762. Los usuarios de equipo teleescritor (TTY) pueden llamar al 1-800-361-2629.





1	Welcome	
2	Summary of Benefits	I
	A. Hospital Services	2
	B. Emergency Room Visits	3
	C. Urgent Care Visits	4
	D. Out-of-Area Urgent Care	4
	E. Doctor Visits	5
	F. Outpatient Behavioral Health Services	6
	G. Autism Spectrum Disorders	7
	H. Outpatient Services	8
	I. Home Care Services	9
	J. Equipment and Supplies	9
	K. Pharmacy	10
	L. Dental Services	11
	M. Vision Services	12
	N. Services Not Covered	13
3	Getting Care	14
	A. Primary Care Provider	15
	B. Specialists	16
	C. Direct Access to Women’s Care	16
	D. Behavioral Health	16
	E. Getting a Second Opinion	16
	F. Prior Authorization	17
	G. Utilization Management	18
	H. Open Communication	18
	I. Evaluation of New Technology	18
	J. Fraud and Abuse	19
4	Health Management	20
	A. Preventive Services	21
	B. Care Management Programs	21
	C. MyHealth Community	22
	D. MyHealth Advice Line	22
	E. Online Health Information	23

5	Appointment Waiting Times	24
6	Complaints and Grievances	26
	A. Complaint	27
	B. Grievance	29
	C. Expedited Grievance Process	31
7	Member Rights and Responsibilities	32
8	Enrollment	36
	A. How a Child Qualifies for CHIP	37
	B. When Membership Is Renewed	38
	C. Questions About Eligibility Determinations	38
9	Privacy	40
10	How to Reach Us	44
	A. How to Notify Us of Changes	45
	B. How to Request Information from Us	45
	C. How to Get Information About Our Quality Improvement Program	46
	D. What to Do if You Get a Bill	47



Table of Contents

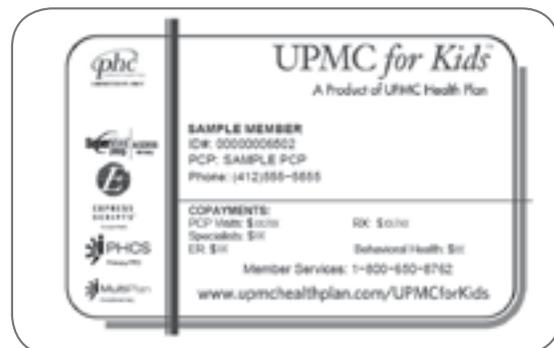
2 Summary of Benefits



Welcome to UPMC for Kids

Based on your family's income, you may enroll your child in *free*, *low-cost*, or *full-cost* CHIP brought to you by UPMC for Kids. UPMC for Kids offers many benefits to members. This section outlines the coverage your child will receive for each type of service. Depending on your child's CHIP coverage, there may be copayments for some of the covered services.

A copayment is the amount of money a UPMC for Kids member is responsible to pay for the service provided. When a service requires a copayment, that amount is paid to the provider each time the service is provided. UPMC for Kids pays the participating provider the balance of the agreed-upon amount for that service.



Your child's UPMC for Kids ID card indicates the amount of copayment that must be paid. The sample ID card to the right shows where that information can be found.

This chart explains when a copayment must be paid:

Doctor office visits:	Free CHIP	Low-Cost CHIP	Full-Cost CHIP
• Well-child PCP visit	\$0	\$0	\$15
• Other PCP visit	\$0	\$5	\$15
• Specialist visit	\$0	\$10	\$25
• Routine gynecology visit	\$0	\$0	\$15
• Other gynecology visit	\$0	\$10	\$25
• Obstetrical (maternity) visit	\$0	\$0	\$0
• Behavioral health visit for mental health or substance abuse care	\$0	\$0	\$0
• Outpatient occupational, physical, or speech therapy visit	\$0	\$10	\$25
Emergency room	\$0	\$25 (waived if admitted)	\$50 (waived if admitted)
Urgent care visits	\$0	\$10	\$25
Out-of-area urgent care visit	\$0	\$10	\$25
Pharmacy, including diabetic supplies:			
• Generic drug	\$0	\$6	\$10
• Brand-name drug	\$0	\$9	\$18



A. Hospital Services

UPMC *for Kids* must approve an admission to the hospital before a child is admitted. All non-emergency admissions must be to a participating hospital that accepts CHIP insurance coverage brought to you by UPMC *for Kids*. Admissions to a non-participating hospital may be considered if the service cannot be done at a participating hospital. Such admissions must have prior approval from UPMC *for Kids*. Your doctor will work with UPMC *for Kids* to choose the hospital that best meets your child's needs.

UPMC *for Kids* hospital benefits are outlined below.

Medical, surgical, mental health, skilled nursing, and rehabilitation admissions:

- ▶ Limited to a maximum of 90 days per plan year.
- ▶ Any of the above types of admissions count toward this limit.
- ▶ Pre-admission testing is covered as part of the admission.
- ▶ Transplants are covered, except those that are considered experimental.
- ▶ Physician services for surgery, surgical assistant, and anesthesia services are covered.
- ▶ Administration of blood or blood products while in the hospital is covered.

A semiprivate room is covered. A private room is covered if it is medically necessary and appropriate.

If a member utilizes his or her entire outpatient mental health visits within a plan year, he or she may exchange up to a total of 10 unused inpatient days, in the same plan year, for mental health partial hospitalization visits, intensive outpatient (IOP) visits, or outpatient visits. The exchange may be in any combination listed below but cannot exceed a total of 10 unused inpatient days:

- ▶ Inpatient days may be exchanged on a 1:2 basis for up to 20 partial hospitalization visits (1 inpatient day is equal to 2 partial hospitalization visits).
- ▶ Inpatient days may be exchanged on a 1:2 basis for up to 20 IOP visits (1 inpatient day is equal to 2 IOP visits).
- ▶ Inpatient days may be exchanged on a 1:2 basis for up to 20 outpatient visits (1 inpatient day is equal to 2 outpatient visits).

Unused outpatient mental health visits may not be exchanged for inpatient days.

Inpatient substance abuse detoxification admission:

- ▶ Limited to 7 days maximum per admission

Substance abuse inpatient rehabilitation and non-hospital residential services:

- ▶ Limited to 90 days of residential care maximum per plan year

The physician services for an approved hospital admission are described in **Doctor Visits** on page 5.

If your child is an inpatient in a hospital or skilled nursing facility on the day of termination of coverage from UPMC *for Kids*, he or she will continue to be covered for health care services received as an inpatient:

- ▶ Until your child is discharged from the hospital or skilled nursing facility; or
- ▶ Until the maximum amount of benefits for an inpatient stay has been paid as described in section A. Hospital Services; or
- ▶ Until your child becomes covered, without limitation as to the condition for which your child is receiving inpatient care, under another group benefit plan, whichever occurs first.

B. Emergency Room Visits

If you feel your child needs emergency care, you should attempt to call your child’s PCP. Tell the PCP your child’s symptoms and provide any other information that may help to determine what action should happen. If the PCP tells you to take your child to the emergency room, or if you cannot reach the PCP and you feel that your child’s health is in jeopardy, take your child to the nearest emergency room. If you are out of the UPMC *for Kids* service area and your child needs emergency care, get emergency care immediately. For an emergency you can use an emergency room that is not participating. After your child receives emergency care, you should contact your child’s PCP within 24 to 48 hours, or as soon as reasonably possible. If you are not sure that the situation is an emergency, contact your child’s PCP.

Coverage for emergency room visits is provided under the following situations:

A sudden onset of a medical condition with symptoms that are of such severity, or pain that is severe enough, that someone who has an average knowledge of health and medicine could reasonably expect that not receiving immediate medical attention could result in:

- ▶ Placing the health of the member in serious jeopardy (in respect to a pregnant member, the health of the member or her unborn child)
- ▶ Serious impairment of bodily functions
- ▶ Serious dysfunction of any bodily organ or part

Please refer to the description of services and copayments chart on page 1.

A copayment for this service may apply.

Accidents	Sore throats
Severe bleeding	
Serious breathing difficulties	
Major burns	
Loss of consciousness	

2 Summary of Benefits



Ambulance services are covered for emergencies to transport a member to the nearest hospital able to treat the condition. Ambulance services are also covered when a member must be moved between hospitals or between hospitals and skilled nursing facilities. You can seek emergency help by calling 911, any other emergency number, or a licensed ambulance service without getting a prior authorization from UPMC *for Kids*. Routine or non-emergency transportation is not covered.

C. Urgent Care Visits

Urgent care centers can provide access to medical treatment when your child is sick or injured during hours when your child's doctor is not available. Physicians and nurse practitioners at urgent care centers evaluate and treat urgent medical conditions. An urgent medical condition is any illness, injury, or severe condition which, under reasonable standards of medical practice, would be diagnosed and treated within a 24-hour period and, if left untreated, could rapidly become a crisis or emergency medical condition.

The convenience of these clinics may enable you to avoid an emergency room visit; however, urgent care centers are not designed to replace your child's primary care physician. If you do take your child to an urgent care center, please contact your child's PCP for any follow-up treatment.

No appointment or referral is needed to visit an urgent care center. Services must be provided at a participating UPMC *for Kids* facility. You may be required to pay a copayment at the time of the visit. The amount will be the same as the plan's copayment for a specialist visit. Refer to the description of services and copayments chart on page 1.

D. Out-of-Area Urgent Care

If a UPMC *for Kids* member is traveling outside our service area and has an urgent medical condition that requires medical attention before returning to the area, the member should seek the medical attention needed. After receiving the urgent care, the member should contact his or her PCP within 24 to 48 hours, or as soon as reasonably possible. Always show the provider that your child sees for urgent care his or her UPMC *for Kids* ID card.

An urgent medical condition is any illness, injury, or severe condition which, under reasonable standards of medical practice, would be diagnosed and treated within a 24-hour period and, if left untreated, could rapidly become a crisis or emergency medical condition. Additionally, it includes situations in which a person's discharge from a hospital would be delayed until services are approved, or in which a person's ability to avoid hospitalization depends upon prompt approval of services.

UPMC *for Kids* does not cover routine care outside our service area. Specialist visit copayments apply to out-of-area urgent care. Refer to the description of services and copayments chart on page 1.

E. Doctor Visits

Benefits are provided for care by a provider in the office and in the hospital. A participating UPMC *for Kids* provider must be used in order for services to be covered. UPMC *for Kids* must give prior authorization for any services by a non-participating provider. The provider or the PCP should call UPMC *for Kids* at the number on the back of the member's ID card to obtain prior approval. Some copayments may apply for these services. Refer to the description of services and copayments chart on page 1.

Outpatient physical health visits are limited to 50 visits per plan year. Visits to specialists, sick visits to the PCP, follow-up visits to the PCP or specialist, and outpatient surgery are included in the 50-visit limit.

Primary care provider:

- ▶ Routine physical exams
- ▶ Well-child checkups
- ▶ Sick visits (count toward 50-visit limit)
- ▶ Covered diagnostic tests performed in the office
- ▶ Immunizations
- ▶ Hospital visits

Specialist:

- ▶ Office visits (count toward 50-visit limit)
- ▶ Covered diagnostic tests performed in the office
- ▶ Outpatient surgery (counts toward 50-visit limit)
- ▶ Hospital visits
- ▶ Surgery in the hospital

A referral from the PCP is not needed to see a participating specialist. The PCP should know that your child is going to the specialist so the PCP can coordinate the care your child may need.

Obstetrician-gynecologist:

- ▶ Annual gynecological exam
- ▶ Breast exam
- ▶ Maternity care for pregnancy — prenatal and postpartum visits
- ▶ Other office visits (count toward 50-visit limit)
- ▶ Pap test
- ▶ Family planning and counseling services
- ▶ Covered diagnostic tests performed in the office
- ▶ Outpatient surgery (counts toward 50-visit limit)
- ▶ Hospital visits

A referral from the PCP is not needed to see a participating obstetrician-gynecologist. The PCP should know that your child is going to the ob-gyn so the PCP can coordinate the care your child may need.



2 Summary of Benefits



Allergy services:

- ▶ Allergy serum
- ▶ If given in conjunction with an office visit, the following services count toward the 50-visit limit:
 - Diagnostic testing for allergies
 - Allergy injections

Hearing exams and aids:

- ▶ Hearing exam (counts toward the 50-visit limit with the exception of exams provided in conjunction with a preventive/well-child office visit)
- ▶ Hearing aids and fittings (one per ear covered every two years)

F. Outpatient Behavioral Health Services

Behavioral health services must be provided by a UPMC *for Kids* participating provider. Your child does not need a referral from a PCP to see a participating behavioral health provider. A member (14 years of age or older) or a parent or guardian can self-refer. If you need referral assistance or have questions about behavioral health benefits, please call the number on your child's ID card. Some services must have prior authorization from UPMC *for Kids*. Your provider is responsible for obtaining necessary authorizations and should call the number on the back of your child's ID card to get approval. Behavioral health benefits have some limits, which are described below:

Outpatient mental health visits:

- ▶ Limited to 50 visits per plan year
 - Outpatient mental health sessions count as 1 visit. Medication checks and group therapy count as 2 visits.
 - Intensive outpatient (IOP) sessions count as 1 visit.
 - Partial hospitalization sessions count as 1 visit.

Outpatient substance abuse rehabilitation services:

- ▶ Limited to 90 full sessions or equivalent partial outpatient substance abuse visits per plan year.

Depending on the needs of the child, these benefits can be exchanged to allow other levels of treatment. These exchanges are described below:

- ▶ 30 outpatient substance abuse visits per plan year are NOT available for exchange.
- ▶ 60 outpatient substance abuse visits per plan year may be exchanged for partial hospitalization or IOP visits or for non-hospital rehabilitation inpatient days. Examples of possible exchanges are described below, but in no event shall more than 60 outpatient substance abuse visits per plan year be available for exchange.
 - 60 outpatient substance abuse visits on a 1:1 basis for up to 60 IOP visits.
 - 60 outpatient substance abuse visits on a 1:1 basis for up to 60 partial hospitalization visits.

- After all 90 substance abuse inpatient rehabilitation/non-hospital residential services have been exhausted, 60 outpatient substance abuse visits may be exchanged on a 2:1 basis for up to 30 non-hospital rehabilitation days (2 outpatient visits are equal to 1 non-hospital rehabilitation inpatient day).

G. Autism Spectrum Disorders

UPMC *for Kids* covers all eligible members for the diagnostic assessment and treatment of autism spectrum disorders. The following services, when medically necessary for the assessment/treatment of autism spectrum disorders, are covered:

- ▶ Prescription drug coverage;
- ▶ Services of a psychiatrist and/or psychologist; and
- ▶ Rehabilitative care and therapeutic care.

Coverage for autism spectrum disorder is limited to a maximum benefit of \$36,000 per member per plan year. Coverage under this section shall be subject to copayment and any other general exclusions or limitations listed in your UPMC *for Kids* Exclusions booklet.

Treatment of autism spectrum disorders must be:

- ▶ Identified in a treatment plan.
- ▶ Prescribed, ordered, or provided by a licensed physician, licensed physician assistant, licensed psychologist, licensed clinical social worker, or certified registered nurse practitioner.
- ▶ Provided by an autism service provider or a person, entity, or group that works under the direction of an autism service provider.

The following definitions apply to this benefit:

- ▶ **Autism Service Provider** – Means any of the following: 1.) a person, entity, or group providing treatment of autism spectrum disorders, pursuant to a treatment plan, that is licensed or certified in the Commonwealth of Pennsylvania; and 2.) any person, entity, or group providing treatment of autism spectrum disorders, pursuant to a treatment plan, that is enrolled in the Commonwealth of Pennsylvania's Medical Assistance program on or before July 1, 2009.
- ▶ **Autism Spectrum Disorders** – Any of the pervasive developmental disorders defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or its successor, including autistic disorder, Asperger's disorder, and pervasive developmental disorder not otherwise specified.
- ▶ **Treatment Plan** – A plan for the treatment of autism spectrum disorders developed by a licensed physician or licensed psychologist pursuant to a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics.





Upon denial or partial denial by an insurer of a claim for diagnostic assessment of autism spectrum disorders or a claim for treatment of autism spectrum disorders, a UPMC *for Kids* member or an authorized representative shall be entitled to an expedited internal review process followed by an expedited independent external review process established and administered by the Pennsylvania Insurance Department. You or an authorized representative may appeal to a court of competent jurisdiction for an order of an expedited independent external review disapproving a denial or partial denial. Pending a ruling of such court, we shall pay for those services, if any, that have been authorized or ordered until the ruling is made.

H. Outpatient Services

Many outpatient services are covered. Some copayments may apply for these services. Refer to the description of services and copayments chart on page I. Services must be provided at a participating UPMC *for Kids* facility. The covered services are listed below:

Diabetic education

Imaging studies, including:

- ▶ X-rays and sonograms
- ▶ Advanced imaging services, such as MRIs, CT scans, and PET scans

Laboratory tests

Maternity education:

- ▶ Lamaze classes and refresher
- ▶ Parenting classes
- ▶ Breastfeeding classes
- ▶ Doula — non-medical childbirth support (available with participating providers)*

Medical nutritional therapy:*

- ▶ Provided by a dietitian or facility-based program, when ordered by a physician, for certain diagnoses to treat chronic illnesses or conditions.

Medical therapy services, including:

- ▶ Chemotherapy
- ▶ Radiation therapy
- ▶ Dialysis
- ▶ Respiratory therapy
- ▶ Infusion therapy

Nutritional counseling:*

- ▶ Provided by a dietitian or facility-based program, when ordered by a physician, for any diagnosis.

Occupational, physical, and speech therapy:

- ▶ Limited to 60 visits per therapy type per plan year

Outpatient surgery:

- ▶ Some procedures may require prior authorization

Pain management

Tobacco cessation counseling:*

- ▶ Limited to 50 visits per plan year
- ▶ Your PCP may also provide this service

*An enhanced benefit that is offered by UPMC *for Kids*

I. Home Care Services

UPMC *for Kids* provides services for our members in their homes. These services must be provided by a UPMC *for Kids* participating provider.

Home health:

- ▶ Limited to 60 days per plan year
- ▶ Includes home nursing visits
- ▶ Private duty nursing♦
 - Limited to a maximum of 16 hours per day

Hospice care:

- ▶ When medically necessary

♦Requires prior authorization by UPMC *for Kids*

J. Equipment and Supplies

Many types of equipment and supplies are covered. They must be provided by a UPMC *for Kids* participating provider and are listed below:

Corrective appliances:

- ▶ Orthotics
- ▶ Shoe inserts and orthopedic shoes for diagnosis of diabetes
- ▶ Prosthetic devices
- ▶ Some appliances must have prior authorization from UPMC *for Kids*

Diabetic supplies (copayments may apply under the pharmacy benefit):

- ▶ Glucometers
- ▶ Test strips
- ▶ Lancets
- ▶ Insulin
- ▶ Syringes



2 Summary of Benefits



Durable medical equipment:

- ▶ Limited to \$5,000 per plan year
- ▶ When medically necessary
- ▶ Some services must have prior authorization from UPMC *for Kids*

Enteral/parenteral feedings:♦

- ▶ Limited to treatment of certain conditions (For specific conditions please see the Food Supplements section of the UPMC *for Kids* Exclusions. This was included in your Welcome Kit.)

♦Requires prior authorization by UPMC *for Kids*

K. Pharmacy

UPMC *for Kids* provides coverage for prescription drugs and some over-the-counter drugs. Some copayments may apply. Refer to the description of services and copayments chart on page I. You must fill your child's prescriptions at a participating pharmacy. An overview of the coverage is provided below.

Please see the separate UPMC *for Kids* Pharmacy Benefits brochure, which is in the CHIP Welcome Kit from UPMC *for Kids*. The brochure provides details on copayments, specific drugs, drugs that require prior authorization, and any limitations or exclusions for drugs.

Prescription drugs:

- ▶ Coverage for brand-name drugs and generic drugs:
 - A generic drug will be substituted for a brand-name drug when a generic is available. If your child's physician indicates that a brand-name drug is necessary, the request must be reviewed by UPMC *for Kids*.
- ▶ Some special drugs used to treat complex medical conditions should be ordered from the UPMC *for Kids* specialty drug provider by the physician.

Over-the-counter drugs:

- ▶ Coverage for formulary medications that can be purchased without a prescription; examples are vitamins, pain relievers, and tobacco cessation products.
- ▶ Covered only if your physician writes a prescription for the over-the-counter drug.

The pharmacy benefit provides up to a 30-day supply for retail medications, specialty medications, and controlled substances. Mail order may be used for up to a 90-day supply of chronic or ongoing medications, except for specialty medications or controlled substances. Based on the type of medication, the number of refills may vary. The maximum period for refills is one year from the date of the original prescription.

L. Dental Services

UPMC *for Kids* covers many dental services, including preventive care and other services. A participating dentist must be used. Your child does not need a referral from a PCP to see a dentist. Some dental services must have prior authorization. Your UPMC *for Kids* dentist will contact us to get the approval before the services are provided. There are no copayments for routine dental services. If any dental service is provided under the medical benefit, a copayment may apply. Refer to the description of services and copayments chart on page 1.

All preventive, diagnostic, and other dental services, with the exception of orthodontia services, are limited to a maximum of \$1,500 per member per calendar year. Please refer to the Orthodontia section below for more information on orthodontia services.

The types of dental services covered are:

Preventive and diagnostic services:

- ▶ Two routine exams per year, including cleaning of teeth (one checkup every six months)
- ▶ Two topical fluoride treatments per year (one treatment every six months)
- ▶ Two topical applications of fluoride varnish per year. Services can be provided by either a dental provider or a PCP
- ▶ Sealants for members less than 18 years of age for permanent molars free from caries and/or restoration. One sealant per tooth every three years except when visible evidence of clinical failure is apparent
- ▶ Dental x-rays:
 - Full-mouth x-rays limited to once in a 3-year period
 - Bitewing x-rays limited to once in a 6-month period
- ▶ Space maintainers limited to one per tooth in a 5-year period

Other services:

- ▶ Anesthesia when done with a covered service
- ▶ Crowns (some crowns must have prior authorization from UPMC *for Kids*)
- ▶ Dentures – limited to one set per 60 months
- ▶ Emergency temporary treatment of an acute dental condition requiring immediate care
- ▶ Fillings – amalgam and resin-based composite restorations
- ▶ Pulpotomies
- ▶ Removal of impacted teeth (soft tissue, partial, and bony impactions)
- ▶ Root canals
- ▶ Simple extractions



2 Summary of Benefits



Orthodontia (braces):◆

(Not for cosmetic reasons, only when medically necessary)

Comprehensive orthodontia services have a lifetime limit of \$5,200 per member

- ▶ Evaluations for braces:
 - Only covered as a separate service if the member is determined to be ineligible for other orthodontic services
 - Limited to once per benefit period
 - When covered as a separate service, the evaluation is applied to the \$1,500 annual dental services benefit limit instead of the \$5,200 comprehensive orthodontic treatment lifetime benefit limit.
- ▶ Placement of braces, adjustments, and removal
- ▶ Retainers limited to one; replacements are not covered

◆Requires prior authorization by UPMC *for Kids*

M. Vision Services

Visits for routine eye exams and glasses or medically necessary contacts are covered. A participating vision provider must be used. Your child does not need a referral from a PCP to see a vision provider. There are no copayments for routine eye examinations. If any vision service is provided under the medical benefit, a copayment may apply. Refer to the description of services and copayments chart on page 1. Vision benefits are described below:

Eye exam:

- ▶ 1 routine eye examination once in a 12-month period

Prescription lenses and frames or contact lenses:

- ▶ Allowance of up to \$100 in a 12-month period for:
 - Prescription lenses and frames or contact lenses (including the lens fitting)
 - Adjustments to frames for up to 90 days after receiving glasses
- ▶ Charges exceeding the \$100 allowance are the responsibility of the member.

Replacement of lost, stolen, broken, or damaged lenses, frames or contact lenses; non-prescription lenses; and sunglasses are not covered.

Vision services for a medical condition:

- ▶ Prescription lenses and frames and the fitting and adjustment of contact lenses are covered for a diagnosis of cataracts, keratoconus, or aphakia. The \$100 allowance does not apply for these conditions. They are covered in full.

N. Services Not Covered

Some services are not covered by UPMC *for Kids*, and some services that are covered may have limitations. These are called exclusions. Exclusions include:

- ▶ Alternative medicine (examples: acupuncture, massage therapy, and yoga)
- ▶ Any services, supplies, or treatments not specifically listed in this handbook as a covered benefit or service
- ▶ Bridges unless required as a result of an accident or an injury
- ▶ Comfort or convenience items such as air conditioners or exercise equipment
- ▶ Cosmetic surgery, except post-mastectomy breast reconstruction
- ▶ Certain drugs – Drug Efficacy Study Implementation (DESI), experimental drugs, weight loss, infertility, and drugs used for cosmetic reasons; lost, stolen, or destroyed medications; or prescriptions that are over-refilled and dispensed after one year
- ▶ Charges for completing forms or missed appointments
- ▶ Chiropractic care and related services
- ▶ Court-ordered services when not medically necessary or appropriate
- ▶ Experimental and investigational procedures, treatment, equipment, drugs, and devices, including organ transplants
- ▶ Food supplements
- ▶ Medically unnecessary services
- ▶ Mental retardation services
- ▶ Non-emergency transportation
- ▶ Non-prescription glasses or contact lenses
- ▶ Services provided without the required prior authorization
- ▶ Services by non-participating providers unless prior authorization was obtained from UPMC *for Kids*
- ▶ Services to treat temporomandibular joint syndromes (TMJ), with the exception of surgery for temporomandibular joint disease
- ▶ Third-party physical evaluations and examinations primarily to meet a requirement of schools, sports, camps, or driver's license
- ▶ Weight reduction programs or surgery

Please see the UPMC *for Kids* Exclusions list for a complete list of exclusions. You will find this document in the CHIP Welcome Kit from UPMC *for Kids*.



3 Getting Care



UPMC *for Kids* has a large network of physicians, hospitals, and other health care providers. Our members should receive services from a participating provider, unless it is an emergency or there is an urgent need for care while out of the service area. You can find information on participating providers in the following ways:

1. Search the provider directory online at www.upmchealthplan.com/members/forkids.
2. Select the “Find a Doctor” link.
3. Call us at 1-800-650-8762. TTY users should call 1-800-361-2629. Our Health Care Concierge team will help you locate a provider.
4. Refer to our printed provider directory. If you use the printed directory, keep in mind that the list of participating providers may have changed since it was printed. You can call our Health Care Concierge team or check the online provider directory for the most current listing of participating providers.

You can find useful information about a UPMC *for Kids* physician in the provider directory. This directory lists the providers’ names, medical group affiliation, office addresses, phone numbers, any limitations (for example, if the physician only sees children of specific ages), hospitals the physician uses for admissions, his or her specialty, board certification, languages spoken, handicap accessibility, gender of the physician, and acceptance of new patients. You can also find information about hospitals such as their facility name, location and accreditation status.

A. Primary Care Provider

Having a primary care provider (PCP) is very important. Your child’s PCP can provide well-child exams and preventive services and also see your child when he or she is sick. The PCP will help coordinate care if tests are needed, if your child needs to see a specialist, or if he or she has to go to the hospital. Since a paper referral to see a specialist is not needed, ask the specialist to notify your child’s PCP so the PCP will know what is happening with your child’s care.

The name of the PCP on the UPMC *for Kids* ID card is the name of the physician group. That means your child can see a specific PCP or any PCP in that group.

You can change PCPs at any time. All you need to do is call and our Health Care Concierge team will help you pick a new PCP. We will also send a new ID card with the new PCP’s group name.



B. Specialists

UPMC *for Kids* has participating providers in many specialty areas. Your PCP can help you decide when your child may need to see a specialist and what specialist is right for your child's specific medical condition or symptoms. However, you do not need a referral from the PCP. You can call a participating specialist to make your appointment. Ask the specialist to contact your child's PCP so the PCP knows what is happening with your child's care.

C. Direct Access to Women's Care

Benefits for preventive women's care include an annual Pap smear, pelvic examination, and clinical breast examination. UPMC *for Kids* members may also go to a participating obstetrician-gynecologist for all other medically appropriate covered obstetrical and gynecological care, including outpatient services and inpatient admissions.

D. Behavioral Health

A network of behavioral health providers is part of the UPMC *for Kids* network. This includes providers who treat mental health and substance abuse conditions. The behavioral health specialist and your child's PCP should communicate with each other. This helps to coordinate your child's care, especially if either provider is prescribing medication. Coordination can help prevent harmful drug mixes, duplication of tests, and/or unnecessary trips to obtain care. Either your child's PCP or the behavioral health provider will ask you to sign a consent form. You can:

- ▶ Agree to have the provider send information about your child's treatment to the other provider who is seeing your child, or
- ▶ Say no to sharing information.

If you agree that information may be shared, your child's provider will send information confidentially to the other provider and will keep a copy. Please note that providers are required by law to protect patient medical information.

E. Getting a Second Opinion

If you would like a second opinion regarding your child's health problem, UPMC *for Kids* will cover the second opinion. You can make an appointment with a participating provider in the same specialty. If you need help finding a participating specialist, call our Health Care Concierge team at 1-800-650-8762. TTY users should call 1-800-361-2629.

F. Prior Authorization

Prior authorization means getting approval from UPMC *for Kids* ahead of time for a service that a provider may want your child to have. Some non-emergency services and surgical procedures require prior authorization by UPMC *for Kids* Medical Management Department for payment to be made. Clinical staff must review information about your child's health status so that a decision can be made about whether UPMC *for Kids* will pay for that service. The Medical Management Department reviews requests for:

- ▶ Out-of-network care and services
- ▶ Approval of any procedure, service, or level of care that UPMC *for Kids* has determined needs prior authorization for payment
- ▶ Transition of care requests

All UPMC *for Kids* providers are aware of this process. Your child's provider will get the prior authorization from UPMC *for Kids*.

If the request is for an out-of-network provider and the care is not for an emergency, the Medical Management Department will review the request to see if the service can be provided by a UPMC *for Kids* participating provider. The UPMC *for Kids* network includes almost every medical specialty. If the service requested is not available from a network provider, your child's PCP can request a referral to the appropriate specialist outside the UPMC *for Kids* network. If approved, the service will be covered.

If the service is not approved, you and the requesting doctor will receive a letter from us explaining why. The letter also has information about your appeal rights if you do not agree with our decision.

A denial for any requested service can only be made after a UPMC *for Kids* medical director or other appropriate contracted provider reviews the information and makes a decision.

The **Summary of Benefits** section lists health care services that require a prior authorization. Some services that are not listed may also need prior authorization.





G. Utilization Management

UPMC *for Kids* is committed to appropriate care. All of our providers make decisions based on your child's needs. Here is how we do that:

- ▶ Decisions on utilization management are based only on appropriateness of care and service.
- ▶ We do not reward doctors or other individuals conducting utilization review for issuing denials of coverage or service.
- ▶ No financial incentives are given to utilization management decision-makers to encourage decisions that result in underutilization.

Members can get information about the utilization process and decisions on authorization. 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 our Health Care Concierge team at 1-800-650-8762 during normal business hours, as noted on the back of your child's member ID card. TTY users should call 1-800-361-2629. After normal business hours, you can leave a message and a representative will return your call on the next business day.

H. Open Communication

UPMC *for Kids* supports open physician-patient communication regarding appropriate treatment alternatives and will not penalize health care providers for discussing medically necessary or appropriate care for a patient.

I. Evaluation of New Technology

Member access to safe and effective care is important to us. Our Technology Assessment Committee evaluates new health care services, medical and behavioral health procedures, devices, and drug treatments to determine if they should be included as a UPMC *for Kids* CHIP benefit. Experts who work in those areas help us to evaluate each new technology. They also help us to create the guidelines for when it is appropriate to use the new technology.

To be considered for coverage, the new technology must:

- ▶ Have final approval from the appropriate government regulatory bodies such as the Food and Drug Administration (FDA)
- ▶ Be supported by published scientific evidence that the technology has therapeutic value
- ▶ Have helpful effects on health outcomes or health risks
- ▶ Provide a benefit that is the same as any current alternative

J. Fraud and Abuse

UPMC *for Kids* has a hotline number that can be used to report fraud and abuse related to medical services provided to our members. You can report suspected cases of fraud or abuse to 1-866-FRAUD-01. You can e-mail us at **specialinvestigationsunit@upmc.edu**. You may also contact us through our website at www.upmchealthplan.com/members/forkids.

Some common examples of fraud and abuse are:

- ▶ Offering you gifts or money to receive treatment or services
- ▶ Offering you free services, equipment, or supplies for your child's UPMC *for Kids* ID card number
- ▶ Billing for services that were not provided to your child



4 Health Management



A. Preventive Services

Preventive services can help keep your child well. These services include more than seeing the PCP every year. They include immunizations, lab tests, blood lead screening test, and other tests that help the PCP identify problems early. Preventive services are just as important for older children and teenagers. There are immunizations that children in these age groups should get to help keep them healthy.

CHIP brought to you by UPMC *for Kids* covers preventive services. We encourage you to make appointments with your child's PCP when your child is sick and needs follow-up care and also for routine preventive visits. If you are not sure how often your child should be seen, ask your child's PCP.

B. Care Management Programs

To help our CHIP members and their families manage their health for some conditions, UPMC *for Kids* has care management programs. A nurse can help educate you and your child to better understand and take care of your child's condition. By following the doctor's plan of care and learning about the condition, your child can stay healthier.

What health conditions are included?

We have programs for:

- ▶ Asthma
- ▶ Diabetes
- ▶ Maternity
- ▶ Seizures — a one-on-one support program providing information and resources to take an active role in self-management of seizures.

Participation in these programs is voluntary. If you do not wish to have your child enrolled, inform the care management staff when they contact you.

What about smoking?

Our care management staff can also help our members to stop smoking or using tobacco. We can provide education on what they can do to stop. CHIP benefits from UPMC *for Kids* include tobacco cessation counseling (50 counseling sessions per year) at one of our participating facilities or with a PCP. We also cover over-the-counter products that help our members stop smoking. A prescription is needed from your child's doctor. Any participating pharmacy can fill the prescription.



What about children and teens who are overweight?

Based on your child's age, height, and sex, your UPMC *for Kids* PCP can help identify a healthy weight for your child. Reaching and maintaining a healthy weight takes more than watching what your child eats. A healthy lifestyle for you and your family is very important. Diet and exercise are parts of a healthy lifestyle. Your child's PCP can provide you and your child with information on diet and exercise. UPMC *for Kids* covers nutritional counseling visits that can help you and your child understand more about eating healthy. You and your child can also take advantage of MyHealth Community. The program offers discounts on memberships in gyms and other activities. (See the section below for more information, or refer to the information in your Welcome Kit.) Our care management staff can also provide you with educational information.

How can I reach UPMC *for Kids*' care management staff?

You can call our Health Care Concierge team at 1-800-650-8762 and select the option for care management services. TTY users should call 1-800-361-2629.

C. MyHealth Community

As a member of CHIP brought to you by UPMC *for Kids*, your child can benefit from a program that offers discounts that help to promote healthy and active lifestyles for children and their families. You can call our Health Care Concierge team at 1-800-650-8762 to find a participating company or agency.

D. MyHealth Advice Line

The families of our UPMC *for Kids* members have access to our MyHealth Advice Line. This service gives you access to registered nurses who are trained to answer questions about your child's health. The nurses are available 24 hours a day/7 days a week.

The MyHealth Advice Line nurses will provide general health care advice or information regarding a specific medical issue for your child. The MyHealth Advice Line phone number is 1-866-918-1591. TTY users should call 1-866-918-1593.

In your Welcome Kit you will find a magnet with the MyHealth Advice Line number, which you can place on your refrigerator. This service is an enhanced benefit for CHIP members, brought to you by UPMC *for Kids*.

E. Online Health Information

CHIP membership with UPMC *for Kids* includes access to MyHealth OnLine. With this secure, easy-to-use website, you have 24/7 access to your most current information. You can:

- ▶ Review your benefits and copayments
- ▶ View and pay your bills (low-cost and full-cost CHIP members)
- ▶ Search for doctors and pharmacies
- ▶ See what prescription drugs are covered by your plan
- ▶ Find discounts and savings through participating business, including gyms, spas, and health food stores
- ▶ Discover healthcare resources for infants, adolescents, and teens
- ▶ Chat online with a Member Services Health Care Concierge

Signing up with MyHealth OnLine is easy. Here's how:

1. Go to www.upmchealthplan.com/members/forkids
2. Locate and click on the Log In to MyHealth OnLine box
3. Click on First-time user
4. Follow the instructions to set up your account

This service is an enhanced benefit for CHIP members, brought to you by UPMC *for Kids*.

The UPMC *for Kids* Facebook page is designed to provide a forum for our members and their families to share questions and experiences regarding CHIP coverage, healthy lifestyle programs, and other health-related topics. By pressing "Like" on our page, you will be able to view and comment on regular postings that include benefit information, community event listings, and health and wellness resources. You can access the UPMC *for Kids* Facebook page at www.facebook.com/upmcforkids.



5 Appointment Waiting Times



5 Appointment Waiting Times

To help our members get the services they need in a timely manner, UPMC *for Kids* has developed standards for how long you should have to wait before you can get an appointment for a specific type of visit. The information below will help guide you when you are making an appointment.

Type of Appointment	PCPs and Specialists	Behavioral Health
Preventive care	PCPs only; within 3 weeks	Not applicable
Routine visit	Within 10 business days	Within 7 calendar days
Urgent	Within 24 hours	Within 24 hours
Non-life-threatening emergency	Immediately or referred to an emergency room	Within 1 hour
Emergency	Immediately or referred to an emergency department	Immediately (within 1 hour) or referred to an emergency department

Type of Appointment	Obstetrical and Gynecological
Annual well-woman exam	Within 3 weeks of the request
Prenatal:	
Initial visit in the 1st trimester	Within 10 business days
2nd trimester	Within 5 business days
3rd trimester	Within 4 business days
High risk	Within 24 hours of identification to provider of high risk, or immediately if an emergency exists
Emergency:	Immediately or referred to an emergency department

Appointment waiting times are from the date you made the request for the appointment. Participating PCPs must have a minimum of 20 office hours per week and all physicians must be accessible to members with disabilities.

24-hour on-call coverage:

- ▶ PCPs, obstetrician-gynecologists, and behavioral health providers are required to provide coverage 24 hours a day. If a provider has someone else cover for him or her, that provider must also be participating with UPMC *for Kids*.

All UPMC *for Kids* providers are informed of our appointment waiting standards. If you are having trouble making appointments with a UPMC *for Kids* provider, call our Health Care Concierge team at 1-800-650-8762. TTY users should call 1-800-361-2629.

6 Complaints and Grievances



Your comments are important to us. We continually work to improve the quality of the care and service that your child receives as a member of UPMC *for Kids*. If, at any point, you are not satisfied with responses from UPMC *for Kids* or the services that your child received, you may ask to file a complaint or grievance. A description of what these are and how you can file them follows.

A. Complaint

A complaint is when you are unhappy with UPMC *for Kids* or a provider. Examples of complaints are:

- ▶ You are unhappy with the care your provider is giving your child.
- ▶ You are unhappy with the service your child is receiving from a UPMC *for Kids* provider.
- ▶ You are unhappy that a service is not included as a CHIP benefit.
- ▶ You are unhappy with how a bill was paid.

If you would like to file a complaint, you can call our Health Care Concierge team at 1-800-650-8762. We can take the information over the phone, or you can send a complaint to:

UPMC *for Kids*
Complaint and Grievance Department
P.O. Box 2939
Pittsburgh, PA 15230-2939

You must file your complaint within 180 days of when the event happened or from the date of the Explanation of Benefits (EOB). You can ask that UPMC *for Kids* make available a UPMC Health Plan employee to help you file or prepare your complaint at no charge to you. This employee will not have been involved with the issue or the decision-making related to your complaint. You also can have a representative that you choose help you with the process. You will need to let UPMC *for Kids* know the name of your representative.

There are two levels to the UPMC *for Kids* complaint process. If you are still unhappy with our response, you can ask to have our response reviewed by another agency. This is how the complaint process works:

UPMC *for Kids* – **First Level Complaint**

- Step 1** When we receive your complaint, we will send you a letter saying we received your complaint.
- Step 2** Our First Level Complaint Review Committee will review and investigate your complaint. No one who was involved in making the decision related to the issue will be involved. We will make our decision within 30 days.
- Step 3** We will send you a letter telling you of our decision within five business days after the decision is made. This decision is final unless you request a Second Level Review. The letter will tell you how to file a Second Level Complaint.



UPMC *for Kids* – **Second Level Complaint**

- Step 1** If you want to file a Second Level Complaint, you must contact UPMC *for Kids* as described in your First Level Review response letter. You must contact us within 60 days of when you received the First Level Complaint decision letter.
- Step 2** When we receive your request for a Second Level Complaint Review, we will send you a letter saying we received the complaint. The letter will give you information that you and a representative, if you want one, can appear before the Second Level Complaint Review Committee or take part by phone. We will also give you and a representative 15 days advance notice of the date and time for the review meeting.
- Step 3** Our Second Level Complaint Review Committee will review and investigate your complaint. The Committee will be made up of three or more people who did not participate in the First Level Review. The Second Level Complaint Committee will complete its review and base its decision only on the materials and testimony presented at the review. We will send you a letter telling you the date and time of the meeting. The meeting will be within 30 days from the date we receive your request.
- Step 4** We will send you a letter telling you of the Second Level Complaint Committee's decision within 5 business days after the decision is made.

UPMC *for Kids* – **External Complaint Review**

- Step 1** If you want to file an appeal for an External Complaint Review, you have 15 days from the date you received the decision from the Second Level Complaint Committee. You must send your request in writing. The information on how to do this will be in the Second Level Complaint response letter you received.

You must go through the UPMC *for Kids* First and Second Level Reviews before you can ask for an External Review.

- Step 2** The state agency that will handle your external complaint will send you information on the results of the External Review.

B. Grievance

A grievance is different from a complaint. A grievance is a request on the part of a member, a member's representative, or a health care provider (with written member consent) to have UPMC *for Kids* reconsider a decision that concerns the medical necessity and appropriateness of a health care service. You must file your grievance within 180 days of the initial decision notice sent by UPMC *for Kids*.

A grievance may be filed when the initial UPMC *for Kids* decision was to:

- ▶ Fully or partially deny payment
- ▶ Approve the requested health care service at a lesser level or for a period of time that was different than requested
- ▶ Not approve payment of the requested service but to approve payment for a different health care service

If you would like to file a grievance, you can call our Health Care Concierge team at 1-800-650-8762. We can take the information over the phone, or you can send a grievance to:

UPMC *for Kids*
Complaint and Grievance Department
P.O. Box 2939
Pittsburgh, PA 15230-2939

Your health care provider may file a grievance on your behalf but must do so with your written consent. If you want the provider to do this for you, please note:

- ▶ The provider may request your consent (in writing) at the time of treatment or service. The provider cannot make you sign this as a condition of providing that care.
- ▶ Once you give a provider your consent, the provider has 10 days from the receipt of the UPMC *for Kids* denial to file a grievance. The provider needs to inform you only if he or she decides not to file the grievance.
- ▶ Your consent is not valid if the health care provider does not file a grievance or does not continue the grievance through the Second Level process.
- ▶ If you wish to file a grievance, but have already given your provider written consent, you must send the provider a letter saying you don't want the provider to do this for you. You must do this before you can file the grievance yourself.
- ▶ You and your provider cannot each file a separate grievance for the same denied treatment or service.

UPMC *for Kids* providers have been given information on this process and have copies of the consent forms.

Like the complaint process, the grievance process also has two levels. If you are still unhappy with our response, you can ask to have our response reviewed by another agency. This is how the grievance process works:



UPMC *for Kids* – **First Level Grievance Process**

- Step 1** When we receive your request to file a grievance, we will send you and your representative, if you have one, and the health care provider, if the provider filed the grievance with your consent, a letter saying we received the grievance.
- Step 2** Our First Level Grievance Review Committee will review and investigate your grievance. No one who was involved in denying the payment for the service will be on the Committee. The Committee will involve input from a licensed physician or, where applicable, a licensed psychologist with experience in the same specialty or a specialty similar to the one that typically manages or consults on the health care service stated in your grievance. We will make our decision within 30 days.
- Step 3** We will send you a letter telling you of our decision within five business days after the decision is made. This decision is final unless you request a Second Level Review. The letter will tell you how to file a Second Level Grievance.

UPMC *for Kids* – **Second Level Grievance Process**

- Step 1** If you want to file a Second Level Grievance, you must contact UPMC *for Kids* as described in your First Level Grievance response letter. You must contact us within 60 days of when you received the First Level Grievance decision letter.
- Step 2** When we receive your request for a Second Level Grievance Review, we will send you a letter saying we received the grievance. The letter will give you information that you, a representative if you have one, and your health care provider, if the provider filed the grievance with your written consent, can appear before the Second Level Grievance Committee or take part by phone. We will also give you, your representative, and the health care provider 15 days advance notice of the date and time of the review.
- Step 3** Our Second Level Grievance Committee will review and investigate your grievance. The Second Level Committee will be made up of three or more people who did not previously participate in any decision to deny payment for the service. One of the members of the Second Level Grievance Committee will be either a licensed physician or an approved licensed psychologist.

We will send you a letter telling you the date and time of the meeting. The meeting will be within 30 days.

The Second Level Grievance Committee will complete its review and base its decision only on the materials and testimony presented at the review.

- Step 4** We will send a letter telling you, your representative if you have one, and your health care provider, if the provider filed with your written consent, of the Second Level Grievance Committee's decision within five business days after the decision was made.

UPMC *for Kids* – External Grievance Review

- Step 1** If you want to file an appeal for an External Grievance Review, you have 15 days from the date you received the decision from the Second Level Grievance Committee. You must send your request in writing. The information on how to do this will be in the letter you received.
- Step 2** UPMC *for Kids* will send your external grievance request to the independent external reviewer assigned by the Pennsylvania Department of Health. You will be notified within two business days of the assignment of the Utilization Review Entity. You may send additional information that helps with the grievance to the external grievance reviewer and UPMC *for Kids*. You will receive a letter from the external grievance reviewer with a decision within 60 days of filing the external grievance request.

C. Expedited Grievance Process

If you feel that the health condition of your child is at immediate risk, you can file an expedited internal grievance. The expedited review process follows all requirements of the Second Level Grievance Review, with shortened time frames because you feel that your child's health is at immediate risk.

- Step 1** If you want to request an expedited grievance, you may contact our UPMC *for Kids* Health Care Concierge team at 1-800-650-8762 or send a written request. For expedited grievances, our staff is available 24 hours a day. You will need the doctor to provide a certificate in writing that your child's health would be jeopardized by the normal grievance process.
- Step 2** The grievance will be reviewed within 48 hours. The review will be done by the Second Level Grievance Committee, which will be made up of three or more people who did not previously participate in any decision to deny payment for the service. One of the members of the Second Level Grievance Committee will be a licensed physician. The Second Level Grievance Committee will complete its review and base its decision only on the materials and testimony presented at the review. You will receive a letter from UPMC *for Kids* with the decision.
- Step 3** You have two business days from the receipt of the Expedited Internal Review decision to contact UPMC *for Kids* with a request for an Expedited External Review. Like the External Grievance Review process described above, a certified Utilization Review Entity will conduct the External Grievance Review. The Utilization Review Entity has two business days to make a decision.



7 Member Rights and Responsibilities



Members Have Rights and Responsibilities

CHIP members with UPMC *for Kids* have specific rights and responsibilities.

We want parents or legal guardians to know what they are. They are:

Rights

- ▶ To receive information about the Health Plan, its services, its programs, its practitioners and providers, and your child's rights and responsibilities
- ▶ To be treated with respect and recognition of your child's dignity and right to privacy
- ▶ To participate with practitioners in decision-making regarding your child's health care
- ▶ To receive clear and complete information from your child's doctor about your child's health condition and treatment
- ▶ To participate in a candid discussion of appropriate or medically necessary treatment options for your child's condition, regardless of cost or benefit coverage
- ▶ To voice complaints, grievances, or appeals about the Health Plan, the care provided, or your child's practitioner or provider
- ▶ To choose your child's practitioner or provider from the list of network providers and to receive timely care in an emergency
- ▶ To see your child's medical records, to keep copies for yourself, and to ask to have corrections made, if needed
- ▶ To have your child's medical information kept confidential whether it is in written, oral, or electronic format
- ▶ To make decisions about your child's treatment, including the right to not participate in research, and to refuse treatment as long as you understand that by refusing you may cause your child's health problem to get worse or possibly become fatal
- ▶ To make recommendations regarding the Health Plan's members' rights and responsibilities policy
- ▶ To access, amend, restrict, request alternate communication (method or location), and receive an accounting of any disclosures of protected health information (PHI) made to persons or organizations other than yourself, and for purposes other than treatment, payment, and operations (TPO)



Responsibilities

- ▶ To provide, to the extent possible, information that the Health Plan and its practitioners and providers need in order to care for your child
- ▶ To follow plans and instructions for care that you have agreed on with your child's practitioners
- ▶ To treat your child's doctor and other health care workers with dignity and respect, which includes being on time for appointments and calling ahead if you need to cancel an appointment
- ▶ To tell your child's practitioner as much about your child's medical history as you know
- ▶ To follow your child's doctor's directions, such as having your child take the right amount of medication at the right times, if you agreed to do so
- ▶ To ask questions about how to access health care services appropriately
- ▶ To participate, to the extent possible, in understanding any health or behavioral health problems your child may have and developing mutually agreed upon treatment goals
- ▶ To provide a safe environment for services rendered in your place of residence
- ▶ To pay any applicable fees

We update these rights and responsibilities periodically. If the member rights and responsibilities change, we will notify all members of any changes.



8 Enrollment



A. How a Child Qualifies for CHIP

To qualify and be enrolled in the CHIP program, your child must be:

- ▶ Under the age of 19
- ▶ A U.S. citizen, a legal alien with permanent status, or a refugee as determined by the U.S. Immigration and Naturalization Service
- ▶ A resident of Pennsylvania
- ▶ Uninsured.
- ▶ Not eligible for Medical Assistance

Depending on family (household) size and income, your child may qualify for *free*, *low-cost*, or *full-cost* CHIP coverage brought to you by UPMC *for Kids*.

- ▶ *Free* coverage does not require any monthly premium payments.
- ▶ *Low-cost* and *full-cost* coverage requires a monthly payment.
 - If your child qualifies for *low-cost* or *full-cost* coverage, you will receive detailed instructions and a monthly bill that must be returned with payment.
 - Your child will lose coverage if the monthly premium is not paid by the due date on the invoice. If your child loses coverage due to a late payment or non-payment, your child will not be eligible for CHIP for 90 days from the date that coverage ends.

If your child is a CHIP member when he or she turns age 19, UPMC *for Kids* will notify you that the coverage will end. Coverage will stop at the end of the month that your child turns age 19. If your child becomes covered by other insurance or becomes eligible for Medical Assistance, he or she is no longer eligible for the CHIP program and will be disenrolled from UPMC *for Kids*.

If you wish to transfer your child's CHIP coverage to a different CHIP insurance company, contact our Health Care Concierge team to request the transfer. We will advise you of the effective date of change and you will receive a letter from us confirming this information. Until that date, your child must continue to use their UPMC *for Kids* CHIP benefits.

B. When Membership Is Renewed

We must review your child's eligibility for continued CHIP health care coverage on an annual basis. Each year, 90 days before your child's eligibility ends, we will send you a letter and a form asking you to provide information and verification of income. If you do not provide this information, your child's health care coverage may end. If we determine that your income is too low for the CHIP program, your child may be eligible for Medical Assistance through the Pennsylvania Department of Public Welfare. UPMC *for Kids* will send your application to the local County Assistance Office for evaluation for Medical Assistance.

If you have any questions about the enrollment process, call 1-800-650-8762 to talk to a Health Care Concierge. TTY users should call 1-800-361-2629.

C. Questions About Eligibility Determinations

If you have any questions about the determinations made by UPMC *for Kids*, you can call our Health Care Concierge team. If your situation changes, you may reapply for CHIP at any time.

If you do not agree with an eligibility determination made by UPMC *for Kids*, you may submit a written request to us for an impartial review. However, we encourage you to call us first so that we can discuss our decision with you. In most cases, we can answer your questions about how we reached an eligibility decision. Our Health Care Concierge team can be reached at 1-800-650-8762. TTY users please call 1-800-361-2629.

In the event that you still do not agree with our decision, or if you choose not to call us to discuss the decision, you may submit a written request to us for an impartial review within 30 days from the date of the letter received from UPMC *for Kids*. Please promptly submit:

- A written, dated request stating why you disagree with our decision
- A copy of the entire letter received from UPMC *for Kids*
- Any additional documentation to support your case
- A phone number where you can be reached during the day

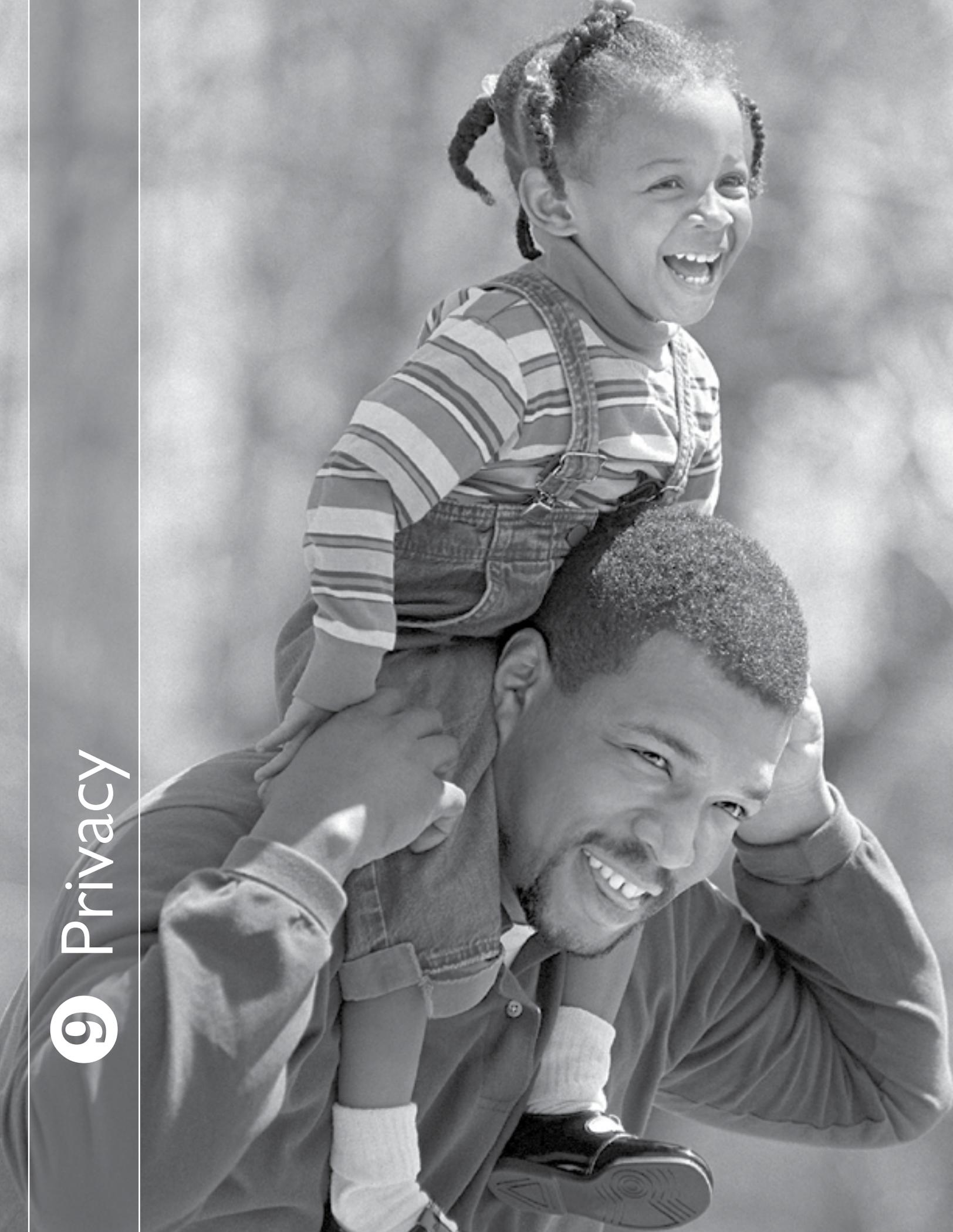
Mail this information to:

UPMC *for Kids*
Attn: CHIP Department, Eligibility Review Process
U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219

We may contact you for more information. If we cannot resolve your issue, we will forward your written request and any additional information to the Pennsylvania Insurance Department. You may also receive more detailed information from the Pennsylvania Insurance Department, including the time and date that a phone interview will be held, if needed.



9 Privacy



How UPMC *for Kids* Protects Your Information

You have the right to have all your personal information and records safeguarded and kept private and confidential. This includes prospective CHIP members, existing members, and former members, living or deceased, of UPMC *for Kids*.

UPMC *for Kids* respects and protects the privacy and confidentiality of our CHIP members. Protected health information includes items such as your child's name, address, Social Security number, birth date, the health care services your child has received, and the premiums you pay, if they apply.

When you complete the CHIP application, you do two important things:

1. You verify the truth and accuracy of the personal information you provide.
2. You give the Health Plan permission to use your child's personal information for the following purposes:
 - ▶ To arrange for health care treatment and services for your child
 - ▶ To pay for the treatment and services your child receives
 - ▶ To perform routine business operations in order to provide your child with quality health care coverage

Since CHIP brought to you by UPMC *for Kids* covers children up to age 19, for those children who are minors, we will communicate with the parents or legal guardians who are listed on the application. If you wish someone in addition to the parents or legal guardians who are listed on the CHIP application to be a personal representative, you can fill out and submit a "Personal Representative Designation" form. You can request this form by calling our Health Care Concierge team at 1-800-650-8762 or get a copy online at www.upmchealthplan.com/members/forkids. TTY users should call 1-800-361-2629.



We use your child's personal health and financial information only internally and with our contracted providers or agents for the purposes of your child's health care treatment, claims payment, and the health care operations required to provide that treatment. These health care operations include:

- ▶ Monitoring quality of services and payments made to health care professionals for the services.
- ▶ Using data to see how many of our members receive certain services, such as childhood immunizations. This helps us measure how well we are providing quality health care to our members.
- ▶ Letting you know about health care programs. These special programs may help you and your child to manage your child's health. If you do not want to have your child enrolled in one of these programs, you can decide not to participate. Your child's information will not be part of that special program.
- ▶ Sending information to the Pennsylvania Insurance Department for CHIP program monitoring.

Other than for these well-defined routine purposes, or as required by law, the only ones who have access to your child's personal information and records are the parents or legal guardians listed on the application.

The Health Plan protects your child's personal information and does not share the data with others. Our UPMC *for Kids* providers and our employees know that your information is private and confidential. We have training programs for our employees to make sure that they know the procedures to follow to make sure your child's information is secure. Information that is in oral, written, and electronic formats will be protected.

UPMC *for Kids* complies with government regulations about privacy. All health insurance companies must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and several important sets of regulations that government agencies have issued for HIPAA implementation and compliance. Any doctor or hospital that provides your child with health care will be giving you a "Notice of Privacy Practices."

Our "Notice of Privacy Practices" will give you more information about how we safeguard the privacy of your child's protected health information. You can find additional information about our privacy policies, including the complete Privacy Statement, the Notice of Privacy Practices, and other HIPAA forms, on the UPMC *for Kids* website at www.upmchealthplan.com/members/forkids. If changes to these policies are made, we will notify you of the update.



10 How to Reach Us



A. How to Notify Us of Changes

Please be sure to report changes in your family's circumstances after your child has been enrolled. These may include:

- ▶ The number of members in your family (marriage, divorce, birth, adoption, and death)
- ▶ Address
- ▶ Phone number
- ▶ Household income

Generally, changes, even a change in income, will not impact your child's eligibility status during the 12-month enrollment period. If a change is reported that could improve a child's eligibility status, such as a moving from the full-cost to low-cost or free CHIP program, a reassessment may be requested for this member.

A child is no longer eligible for CHIP coverage when any of the following occur:

- ▶ The child moves out of state
- ▶ The child turns 19 years of age
- ▶ Private health insurance is obtained or the child is enrolled in Medical Assistance
- ▶ The child becomes an inmate in a public institution or a patient in a public institution for mental illness
- ▶ Notification is received that the child is deceased
- ▶ A voluntary request to end coverage is received from the parent or legal guardian
- ▶ Misinformation was provided at the time of application or renewal that would have resulted in the determination of ineligibility

If a CHIP member has a baby, the newborn is covered for the first 31 days following the birth. During this time period, coverage for the newborn includes routine nursery care, premature infant services, preventive health care services, and coverage for injury or sickness. This includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

During the 31-day coverage period, UPMC *for Kids* will call you to assist you in enrolling the newborn in the health plan for which the newborn will be eligible once the 31-day coverage period ends. The eligibility could be through either the CHIP program or Medical Assistance.

Contact our Health Care Concierge team at 1-800-650-8762 when any of these changes happen.

B. How to Request Information from Us

To obtain information about UPMC *for Kids* or to ask any questions about CHIP coverage that you could not locate in this Member Handbook or your CHIP Welcome Kit sent by UPMC *for Kids*, call our Health Care Concierge team at 1-800-650-8762. TTY users should call 1-800-361-2629.



Other information is available to you. If you would like any of the information listed below, please send a written request to:

UPMC *for Kids* Member Services
UPMC Health Plan
U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219

- ▶ List of names, business addresses, and official positions of members of the Board of Directors or officers of UPMC Health Plan
- ▶ UPMC Health Plan procedures to protect confidentiality of medical records and other enrollee information
- ▶ Description of credentialing process for providers
- ▶ List of participating practitioners affiliated with participating hospitals, as well as instructions on how to obtain additional information concerning the practitioners
- ▶ List detailing whether specifically identified drugs are included in or excluded from coverage
- ▶ Instructions on how to obtain emergency care, care after normal office hours, and care out of the area when needed
- ▶ Description of the process by which a practitioner can prescribe specific drugs, drugs used for off-label purposes, biologicals and medications not included in the drug formulary for prescription drugs, or biologicals when the formulary equivalent has been ineffective in treatment of member's disease, or causes or is suspected of causing harmful reactions to the member
- ▶ Description of procedures UPMC *for Kids* follows to make decisions about the experimental nature of individual drugs, medical devices, or treatments
- ▶ Description of how UPMC Health Plan evaluates new technology for inclusion as a covered benefit
- ▶ Instructions on submitting a claim for covered services
- ▶ Summary of methodologies used by UPMC Health Plan to reimburse for health care services (Note: UPMC *for Kids* will not disclose information about individual contracts or specific details of financial arrangements between UPMC *for Kids* and providers.)
- ▶ Information on your right to file a complaint, grievance, or appeal concerning an adverse decision related to coverage and benefits, quality of care, or quality of service issues
- ▶ Description of procedures used by the UPMC Health Plan's Quality Improvement (QI) Program and how we are meeting our goals or information on our clinical practice guidelines

C. How to Get Information About Our Quality Improvement Program

It is important to UPMC *for Kids* that our members get high-quality health care. Our Quality Improvement Program works with our doctors and follows the guidelines, standards, and regulations of regulatory agencies and accrediting bodies. These include the Pennsylvania Department of Health, Pennsylvania Insurance Department, Pennsylvania Department of Public Welfare, Centers for Medicare and Medicaid Services, and the National Committee for Quality Assurance.

Our Quality Improvement Program looks at many areas, including:

- ▶ Quality improvement and management
- ▶ Credentialing and recredentialing of doctors and other providers
- ▶ Utilization management
- ▶ Member rights and responsibilities
- ▶ Preventive health care

If you would like more information about our Quality Improvement Program, we will give you a description of the program and an update on how we are doing in meeting our goals. If you have suggestions for improving our program, please contact us at:

Quality Improvement Department
UPMC Health Plan
U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219

D. What to Do if You Get a Bill

UPMC *for Kids* members are covered for many services. *Low-cost* and *full-cost* CHIP members have copayments for some services. There are also benefit limits to some services. (Please see the Summary of Benefits section.)

UPMC *for Kids* members may get a bill from a provider if they:

- ▶ Have a copayment for the service
- ▶ Received services that went over the benefit limit
- ▶ Received services that are not a covered benefit
- ▶ Went to a non-participating provider without prior approval from UPMC *for Kids*

Remember to show your child's UPMC *for Kids* ID card to the provider. This will help us pay the bill. UPMC *for Kids* will send you an Explanation of Benefits (EOB) so you know what we paid. An EOB is a summary of any claims we received from providers, the amount we paid, and the amount, if any, that is the member's responsibility. The EOB is not a bill. Do not be alarmed if the EOB shows a member responsibility that you have already paid to the provider. You will receive a separate bill from the provider for any amount you still owe.

If you get a bill that you do not think you owe, or if you have questions about your EOB, call our Health Care Concierge team at 1-800-650-8762. TTY users should call 1-800-361-2629. Have the bill and your child's UPMC *for Kids* ID card ready so we can help solve your problem.





UPMC *for Kids*[™]

A Product of UPMC Health Plan

UPMC *for Kids*[™]
PO Box 2876
Pittsburgh, PA 15230

 www.facebook.com/upmcforkids

1-800-650-8762
TTY services: 1-800-361-2629
Visit us online at:
www.upmchealthplan.com/members/forkids

This managed care plan may not cover all of your health care expenses.

Read all your materials carefully to determine which health care services are covered.