

# **APPENDIX M**



# **Pennsylvania Enrollment Assistance Program**

## **Call Center Script**

**CTI Greeting (With Screen Pop)**

Thank you for calling Enrollment Services. My name is

\_\_\_\_\_.

Would you please verify the **name, address and telephone number for the person you are calling for?**

**Dead Air Call Response-** use if no response is heard

Thank you.

May I ask who I am speaking with?

**(If caller is not on the case, please ask their relationship to the consumer).**

**Who can I speak to?**

**SET the call if the person calling is on the case**

**LINK the call if the person calling is not on the case**

Any information you give me will only be shared with your health plan and the Department of Human Services.

**CTI Greeting (Without Screen Pop)**

Thank you for calling Enrollment Services. My name is\_\_\_\_\_.

May I please have the **Access Card ID number** or **Social Security Number** for the person you are calling for?

**Dead Air Call Response-** use if no response is heard

**If Consumer is NOT Found in** [REDACTED]

**(Click Case)**

Would you please verify the **name, date of birth? Address and telephone number?** Thank you.

May I ask who I am speaking with?

**(If caller is not on the case, please ask their relationship to the consumer).**

**SET the call if the person calling is on the case**  
**LINK the call if the person calling is not on the case**

Any information you give me will only be shared with your health plan and the Department of Human Services.

**Check the Enrollment Status on the**

**CASE CONSUMER/FAMILY MEMBERS TAB!**

IA/VM Packet due

IA/VM Packet sent

Pending Assignment

Initial Auto Assignment

Final Assignment

**NEEDS TO ENROLL**

*"I see that you (and your family) need to enroll. Would you like for me to assist you with that today?"*

Plan Selection Made

Transaction Sent to State

State Accepted New Enrollment/Transfer

Enrollment Effective

**ALREADY ON A PLAN**

*"How may I help you today?"*

**INELIGIBLE FOR MANAGED CARE** – *"How may I help you today?"*

Excluded from Managed Care. Consumer cannot choose a plan under Medicaid.

Then click the **CONSUMER LINK** and check the **STATE DATA SEGMENT** box to check eligibility and placement!

**ENROLLMENT (Transaction Type #1)**

I see that you (and your family) need to enroll. Would like you for me to assist you with that today?

Most of your questions will be answered during this phone call.

If you have any unanswered questions I will provide you with an opportunity to ask them at the end of this call.

Please make sure you have a pencil and paper available to write down important information I will give you during this call.

**GO TO THE ENROLLMENT TAB**

How many people in your family are you enrolling today?

Do you have a family doctor now?

**Note:** *If at any time during the call the consumer indicates a preferred health plan choice, you do not have to offer all other plans accepted by the PCP if the PCP participates with the consumer's preferred plan.*

**Scenarios**

1. **If the consumer has a doctor:** Select **Consumer has a Doctor** tab.
  - a. "May I please have the name or phone number of your family doctor?"

- b. If you're unable to locate PCP by using the phone number or name, please ask for the practice name.
- c. Use +More Search Criteria, if needed, to locate the PCP in [REDACTED]
- d. **Location:** Verify the location with the consumer to ensure you are giving information about the correct practice.
- e. **Plan:** "This office/PCP participates with (plans). Which plan would you like to select?"
- f. **Doctor:** If the consumer provided the:
  - i. Practice or Phone Number – "Which PCP would you like to select?"
  - ii. Name – "Would you like to select Dr \_\_\_\_\_ as your PCP?"

If you are unable to locate the PCP, refer to **Consumer Doesn't Have a Doctor** scenario.

2. **If the Consumer Does Not Have a Doctor:** Select the **Consumer Doesn't Have a Doctor** tab
  - a. "I will check to find 3 PCPs near you and what health plans they accept." (Select Radius Use +More Search Criteria, if needed, to locate the PCP in [REDACTED]).
  - b. **Location:** Search providers in the consumer's area, list 3 locations, and allow the consumer to choose from that list.
  - c. **Plan:** Once they select the location, offer all of the plans that location takes.
  - d. **Doctor:** Provide PCP(s) that participate with the plan that the consumer selected.

**Other Case Conditions:**

1. **(Multiple enrollees):** “Do you want the same PCP and health plan for the other members in your family?”
  
2. **(If doctor is restricted):** “This PCP is accepting existing patients only. Have you seen this PCP in the last 24 months?”
  - a. **(Yes, a current patient):** If yes, continue with processing enrollment.
  - b. **(Unsure):** “If you have not seen this PCP in the last 24 months, there is a chance you may no longer be considered a current patient. If you choose this PCP and are not considered to be a current patient, the PCP may not be able to see you. If this happens, you will need to call your health plan to choose a new PCP. Is this the PCP you would like to choose?” If yes, process plan selection. If no, assist consumer with finding a new PCP or process plan selection without a PCP.
  - c. **(If Consumer is not a current patient):** “This PCP is only accepting current patients. Would you like for me to find a PCP near you that is accepting new patients?” → *Refer to Scenario 2.*
  
3. **(If Consumer asks for help in choosing a health plan):**
  - a. “I can give you more information to help you make your choice. All of the health plans provide the same medical services. The differences are doctors and hospitals that choose to participate with the plans. The plans also offer extra services, such as special programs. You can read the Comparison Chart in your packet to learn more about the plans. You can also look at the Consumer Guide included in your enrollment packet to find out how other people rate the plans. If you want a complete



Consumer Guide, you can visit our website at enrollnow.net or I can send you a copy in the mail.”

4. **(If the Consumer declines to enroll):**

- a. “It is important that you make a choice by (Check [REDACTED] Enrollment Status for cut-off date). If you do not make a choice by (**date**), you will be automatically enrolled into a plan that may not include your current doctors and hospitals. Once you are enrolled, you can change your PCP or plan at any time. When you are ready to enroll, you can enroll online at enrollnow.net or call us back at the number you called today”.

5. **(If the PCP is NOT found in [REDACTED])**

- a. Ask the consumer “Do you know if your PCP participates with Medical Assistance Plans?”
  - i. If No – Explain “Unfortunately, your PCP is not showing up in our provider file. Most likely your PCP does not participate with Medical Assistance Plans”. **(Follow Consumer Doesn’t Have a Doctor)**
  - ii. If Yes – Explain “Unfortunately I can’t assign this PCP because your PCP is not showing up in our provider file. However since you know that your PCP participates with Medical Assistance, I can enroll you with the plan that they are taking, and you can add the PCP later by calling the plan closer to the effective date. These are the plans that you can choose from”. **(Provide all plans option for consumer’s region)**

**Click PROCESS before you continue!!!**

**FOR EVERYONE:**

Your health plan has a special needs unit to assist members with special medical conditions to get the extra care they need.

Examples of a special medical condition would include pregnancy, asthma, diabetes, high blood pressure, mental health conditions, substance use disorders or even a non-medical condition such as a transportation need.

Do you, or anyone you are enrolling, have any special medical conditions?

**ADD MEDICAL CONDITIONS TO THE HEALTH NEED SURVEY ON THE ENROLLMENT TAB**

(If pregnant, read the following): “All of the plans have a program for prenatal care.”

**ONLY IF THE CONSUMER HAS A SPECIAL MEDICAL CONDITION:**

“Your plan’s Members Services Department will have more information about how your plan can assist you with your special needs”

**SKIP: IF WORKFORCE SCREENING LINK IS NOT DISPLAYED**

**WORKFORCE SCREENING:** For everyone between 18 and less than 65 years old:

Local employment and training resources may be available to help you reach your career goals. Would you like to learn more about services that can help you get a high school diploma or *GED*<sup>®</sup>, get technical training, or find a new job?

**IF THE CONSUMER SAYS YES:**

Due to COVID-19, someone will contact you when businesses and organizations return to normal operations.

Click on the [Workforce Link](#) on the enrollment tab to add answer **'YES'**

**IF THE CONSUMER SAYS NO:** Click on the [Workforce Link](#) on the enrollment tab to add answer **'NO'** or (If a caller doesn't wish or can't answer the survey question, then select **'Chose Not to Answer'**)

**FOR EVERYONE:**

You are automatically enrolled in the behavioral health plan in your area that provides any mental health or drug and alcohol treatment you may need. Would you like the phone number for this plan?

**IF THE CONSUMER SAYS YES:**

If you need these services you can call (name of county’s plan) at (appropriate BH phone number)

**IF THE CONSUMER SAYS NO:** Skip.

County	Behavioral Health Plan	Member Services Phone #	County	Behavioral Health Plan	Member Services Phone #
Adams	Community Care Behavioral Health	1-866-738-9849	Juniata	Community Care Behavioral Health	1-866-878-6046
Allegheny	Community Care Behavioral Health	1-800-553-7499	Lackawanna	Community Care Behavioral Health	1-866-668-4696
Armstrong	Value Behavioral Health/BeaconHealth	1-877-688-5969	Lancaster	PerformCare	1-888-722-8646
Beaver	Value Behavioral Health/BeaconHealth	1-877-688-5970	Lawrence	Value Behavioral Health/BeaconHealth	1-877-688-5975
Bedford	PerformCare	1-866-773-7891	Lebanon	PerformCare	1-888-722-8646
Berks	Community Care Behavioral Health	1-866-292-7886	Lehigh	Magellan Behavioral Health of PA	1-866-238-2311
Blair	Community Care Behavioral Health	1-866-773-7892	Luzerne	Community Care Behavioral Health	1-866-668-4696
Bradford	Community Care Behavioral Health	1-866-878-6046	Lycoming	Community Care Behavioral Health	1-855-520-9787
Bucks	Magellan Behavioral Health of PA	1-877-769-9784	McKean	Community Care Behavioral Health	1-866-878-6046
Butler	Value Behavioral Health/BeaconHealth	1-877-688-5971	Mercer	Value Behavioral Health/BeaconHealth	1-866-404-4561
Cambria	Magellan Behavioral Health of PA	1-866-404-4562	Mifflin	Community Care Behavioral Health	1-866-878-6046
Cameron	Community Care Behavioral Health	1-866-878-6046	Monroe	Community Care Behavioral Health	1-866-473-5862
Carbon	Community Care Behavioral Health	1-866-473-5862	Montgomery	Magellan Behavioral Health of PA	1-877-769-9782
Centre	Community Care Behavioral Health	1-866-878-6046	Montour	Community Care Behavioral Health	1-866-878-6046
Chester	Community Care Behavioral Health	1-866-622-4228	Northampton	Magellan Behavioral Health of PA	1-866-238-2312
Clarion	Community Care Behavioral Health	1-866-878-6046	Northumberland	Community Care Behavioral Health	1-866-878-6046
Clearfield	Community Care Behavioral Health	1-866-878-6046	Perry	PerformCare	1-888-722-8646

## PA EAP Call Center Script

Clinton	Community Care Behavioral Health	1-855-520-9787	Philadelphia	Community Behavioral Health	1-888-545-2600
Columbia	Community Care Behavioral Health	1-866-878-6046	Pike	Community Care Behavioral Health	1-866-473-5862
Crawford	Value Behavioral Health/BeaconHealth	1-866-404-4561	Potter	Community Care Behavioral Health	1-866-878-6046
Cumberland	PerformCare	1-888-722-8646	Schuylkill	Community Care Behavioral Health	1-866-878-6046
Dauphin	PerformCare	1-888-722-8646	Snyder	Community Care Behavioral Health	1-866-878-6046
Delaware	Magellan Behavioral Health of PA	1-888-207-2911	Somerset	PerformCare	1-866-773-7891
Elk	Community Care Behavioral Health	1-866-878-6046	Sullivan	Community Care Behavioral Health	1-866-878-6046
Erie	Community Care Behavioral Health of PA	1-855-224-1777	Susquehanna	Community Care Behavioral Health	1-866-668-4696
Fayette	Value Behavioral Health/BeaconHealth	1-877-688-5972	Tioga	Community Care Behavioral Health	1-866-878-6046
Forest	Community Care Behavioral Health	1-866-878-6046	Union	Community Care Behavioral Health	1-866-878-6046
Franklin	PerformCare	1-866-773-7917	Venango	Value Behavioral Health/BeaconHealth	1-866-404-4561
Fulton	PerformCare	1-866-773-7917	Warren	Community Care Behavioral Health	1-866-878-6046
Greene	Value Behavioral Health/BeaconHealth	1-877-688-5973	Washington	Value Behavioral Health/BeaconHealth	1-877-688-5976
Huntington	Community Care Behavioral Health	1-866-878-6046	Wayne	Community Care Behavioral Health	1-866-878-6046
Indiana	Value Behavioral Health/BeaconHealth	1-877-688-5974	Westmoreland	Value Behavioral Health/BeaconHealth	1-877-688-5977
Jefferson	Community Care Behavioral Health	1-866-878-6046	Wyoming	Community Care Behavioral Health	1-866-668-4696
			York	Community Care Behavioral Health	1-866-542-0299

### **FOR EVERYONE:**

You can automatically receive services from your county's Medical Assistance Transportation Program. Would you like the phone number for this program?

### **IF THE CONSUMER SAYS YES:**

If you need help with transportation to see your doctor or to get to other covered medical services you can call: **(Give the phone number)**

**IF THE CONSUMER SAYS NO:** Skip.

## PA EAP Call Center Script

COUNTY	LOCAL TELEPHONE NUMBER	TOLL FREE NUMBER	COUNTY	LOCAL TELEPHONE NUMBER	TOLL FREE NUMBER
Adams	800-632-9063	800-632-9063	Juniata	717-242-2277	800-348-2277
Allegheny	412-350-6100	888-547-6287	Lackawanna	570-963-6482	Same as Local
Armstrong	724-548-3408	800-468-7771	Lancaster	717-291-1243	800-892-1122
Beaver	724-375-2895	800-262-0343	Lawrence	724-652-5588	888-252-5104
Bedford	814-623-9129		Lebanon	717-273-9328	Same as Local
Berks	610-921-2361	800-383-2278	Lehigh	610-253-8333	888-253-8333
Blair	814-695-3500	800-458-5552	Luzerne	570-288-8420	800-679-4135
Bradford	570-888-7330	800-242-3484	Lycoming	570-323-7575	800-222-2468
Bucks	215-794-5554	888-795-0740	McKean	866-282-4968	866-282-4968
Butler	724-431-3629	866-638-0598	Mercer	724-662-6222	800-570-6222
Cambria	814-535-4630	888-647-4814	Mifflin	717-242-2277	800-348-2277
Cameron	866-282-4968	866-282-4968	Monroe	570-839-8210	888-955-6282
Carbon	570-669-6380	800-990-4287	Montgomery	215-542-7433	215-542-7433
Centre	814-355-6807	Same as Local	Montour	800-632-9063	Same as Local
Chester	484-696-3854	877-873-8415	Northampton	610-253-8333	888-253-8333
Clarion	814-226-7012	800-672-7116	Northumberland	800-632-9063	800-632-9063
Clearfield	814-765-1551	800-822-2610	Perry	717-846-7433	800-632-9063
Clinton	570-323-7575	800-222-2468	Philadelphia	877-835-7412	877-835-7412
Columbia	800-632-9063	800-632-9063	Pike	570-296-3408	866-681-4947
Crawford	814-333-7090	800-210-6226	Potter	814-544-7315	800-800-2560
Cumberland	800-632-9063	800-632-9063	Schuylkill	570-628-1425	888-656-0700
Dauphin	717-232-9980	800-309-8905	Snyder	800-632-9063	800-632-9063
Delaware	610-490-3960	866-450-3766	Somerset	814-445-9628	800-452-0241
Elk	866-282-4968	866-450-4968	Sullivan	570-888-7330	800-242-3484
Erie	814-456-2299	800-323-5579	Susquehanna	570-278-6140	866-278-9332
Fayette	724-628-7433	800-321-7433	Tioga	570-569-7330	800-242-3484
Forest	814-927-8266	800-222-1706	Union	800-632-9063	800-632-9063
Franklin	717-264-5225	800-548-5600	Venango	814-432-9767	
Fulton	717-485-6767	888-329-2376	Warren	814-723-1874	877-723-9456
Greene	724-627-6778	877-360-7433	Washington	724-223-8747	800-331-5058
Huntingdon	814-641-6408	800-817-3383	Wayne	570-253-4280	800-662-0780
Indiana	724-801-8857	724-801-8857	Westmoreland	724-832-2706	800-242-2706
Jefferson	814-938-3302	800-648-3381	Wyoming	570-278-6140	866-278-9332
			York	717-846-7433	800-632-9063

**IF ENROLLING A CHILD UNDER 21 and PREGNANT WOMEN:**

All the plans must provide medically necessary services to anyone under 21 through the EPSDT Program. **(Early Periodic Screening Diagnostic and Treatment)**

You can learn more about this program in your Member Services Handbook provided by your health plan or by calling Member Services at your plan.

**FOR EVERYONE:**

You do not need your PCP to give you a referral for some services such as behavioral health services, dental care, chiropractic services, vision care, family planning, or OB/GYN services.

**GO TO ENROLLMENT TAB**

**CONFIRMATION FOR EVERYONE**

Before we complete this call, I would like to confirm some important information.

You chose Dr. **(name)** as your PCP and **(plan name)** as your health plan. Your plan should start on **(effective date)**.

If you need care before your health plan starts, use your ACCESS or EBT Card as your medical card. Did you receive an ACCESS or EBT card?

If you did not, please call the Customer Service Center at (1-877-395-8930) (Philadelphia 1-215-560-7226).

Remember to keep your ACCESS or EBT card with you at all times, even after you get your health plan card. You will get your health plan identification card from **(plan name)**.

Also, you are currently covered under Medicaid. If you need immediate medical attention, or a prescription, and are unable to see a doctor, you can use the closest Emergency Room for help.

If you have any questions about your plan, how they can assist you with your special needs, or you wish to request a plan member handbook with a description of your plan benefits, you can call their Members Services Department at: **(Plans)**

Contacts: Physical Health Plan Member Services			
Plan	Telephone Number	TTY	Special Needs
Aetna Better Health	1-866-638-1232	711	1-855-346-9828
Amerihealth Caritas Northeast	1-855-809-9200	1-855-859-4109	1-888-498-0766
Amerihealth Caritas Pennsylvania	1-888-991-7200	1-888-987-5704	1-800-684-5503
Gateway Health Plan	1-800-392-1147	711	1-800-642-3550
Geisinger Health Plan	1-855-227-1302	711	1-855-214-8100



## PA EAP Call Center Script

Health Partners	1-800-553-0784	1-877-454-8477	1-866-500-4571
Keystone First	1-800-521-6860	1-800-684-5505	1-800-573-4100
United Healthcare Community Plan	1-800-414-9025	711	1-877-844-8844
UPMC For You (North West)	1-855-425-8762	1-800-361-2629	1-866-463-1462
UPMC for You (Lehigh Capital)	1-866-353-4345	1-800-361-2629	1-866-463-1462
UPMC for You (South West)	1-800-286-4242	1-800-361-2629	1-866-463-1462

You can change your health plan or PCP at any time.

If you want to change your plan, call us at the number you called today, or visit our website at [enrollnow.net](http://enrollnow.net).

If you want to change your PCP, call your plan's Member Services.

Is there anything else I can do to assist you with your enrollment?

It was a pleasure speaking with you today. Before you go, would you like to participate in a brief Customer Satisfaction Survey?

**(IF NO):**

Thank you again for calling Enrollment Services. Have a nice day.

**(IF YES):**

Thank you for participating. Please hold for the survey.

**How to Transfer to the Consumer Satisfaction Survey:**

1. While consumer is on the line press \*750. **(DO NOT PRESS TRANSFER, CONFERENCE OR HOLD).**
2. Enter your agent ID Number followed by the # sign
3. If correct, press 1
4. If incorrect, press 2
5. Press 1 for (English) Press 2 for (Spanish)
6. Press \* (Caller is connected with the Survey Line)
7. Disconnect the call

**How to transfer to the Consumer Satisfaction Survey when speed dial is NOT available:**

1. While consumer is on the line press TRANS
2. Dial 8-1-844-203-8057
3. Enter your agent ID Number followed by the # sign
4. If correct, press 1
5. If incorrect, press 2
6. Press 1 for (English) Press 2 for (Spanish)
7. Press \* (Caller is connected with the Survey Line)
8. Disconnect the call

**TRANSFERS (Transaction Type #2)**

GO TO ENROLLMENT TAB

Are you changing plans for any other members today?

Do you have a family doctor now? May I please have the name or phone number of your family doctor?

1. **If the consumer has a doctor:** Select **Consumer has a Doctor** tab.

a. "May I please have the name or phone number of your family doctor?"

b. If you're unable to locate PCP by using the phone number or name, please ask for the practice name.

c. Use +More Search Criteria, if needed, to locate the PCP in



d. **Location:** Verify the location with the consumer to ensure you are giving information about the correct practice.

e. **Plan:** "This office/PCP participates with (plans). Which plan would you like to select?"

f. **Doctor:** If the consumer provided the:

i. Practice or Phone Number – "Which PCP would you like to select?"

ii. Name – "Would you like to select Dr. \_\_\_\_\_ as your PCP?"

If you are unable to locate the PCP, refer to Consumer Doesn't Have a Doctor scenario.

**2. If the Consumer Does Not Have a Doctor:** Select the Consumer Doesn't Have a Doctor tab

- a. "I will check to find 3 PCPs near you and what health plans they accept." (Select Radius Use +More Search Criteria, if needed, to locate the PCP in [REDACTED])
- b. **Location:** Search providers in the consumer's area, list 3 locations, and allow the consumer to choose from that list.
- c. **Plan:** Once they select the location, offer all of the plans that location takes.
- d. **Doctor:** Provide PCP(s) that participate with the plan that the consumer selected.

**Other Case Conditions:**

1. **(Multiple enrollees):** "Do you want the same PCP and health plan for the other members in your family?"
2. **(If doctor is restricted):** "This PCP is accepting existing patients only. Have you seen this PCP in the last 24 months?"
  - a. **(Yes, a current patient):** If yes, continue with processing enrollment.
  - b. **(Unsure):** "If you have not seen this PCP in the last 24 months, there is a chance you may no longer be considered a current patient. If you choose this PCP and are not considered to be a

current patient, the PCP may not be able to see you. If this happens, you will need to call your health plan to choose a new PCP. Is this the PCP you would like to choose?" If yes, process plan selection. If no, assist consumer with finding a new PCP or process plan selection without a PCP.

- c. **(If Consumer is not a current patient):** "This PCP is only accepting current patients. Would you like for me to find a PCP near you that is accepting new patients?" → *Refer to Scenario 2.*

**3. (If Consumer asks for help choosing a health plan):**

- a. "I can give you more information to help you make your choice. All of the health plans provide the same medical services. The difference are doctors and hospitals that choose to participate with the plans. The plans also offer extra services, such as special programs. You can read the Comparison Chart in your packet to learn more about the plans. You can also look at the Consumer Guide included in your enrollment packet to find out how other people rate the plans. If you want a complete Consumer Guide, you can visit our website at [enrollnow.net](http://enrollnow.net) or I can send you a copy in the mail."

*If the consumer did not give the reason why they are changing plans:*  
**May I ask why you are changing plans today?**

**CLICK PROCESS BEFORE YOU CONTINUE!!!**

FOR EVERYONE:

Your health plan has a special needs unit to assist members with special medical conditions to get the extra care they need.

Examples of a special medical condition would include pregnancy, asthma, diabetes, high blood pressure, mental health conditions, substance use disorders or even a non-medical condition such as a transportation need.

Do you or anyone you are enrolling, have any special medical conditions?

**ADD MEDICAL CONDITIONS TO THE HEALTH NEED SURVEY ON THE CASE CONSUMER TAB.**

(If **pregnant**, read the following): “All of the plans have a program for prenatal care.”

**ONLY IF THE CONSUMER HAS A SPECIAL MEDICAL CONDITION:**

“Your plan’s Members Services Department will have more information about how your plan can assist you with your special needs”

**SKIP: IF WORKFORCE SCREENING LINK IS NOT DISPLAYED**

**WORKFORCE SCREENING:** For everyone between **18** and less than **65** years old:

Local employment and training resources may be available to help you reach your career goals. Would you like to learn more about services that can help you get a high school diploma or *GED*<sup>®</sup>, get technical training, or find a new job?

**IF THE CONSUMER SAYS YES:**

Due to COVID-19, someone will contact you when businesses and organizations return to normal operations.

Click on the [Workforce Link](#) on the enrollment tab to add answer **'YES'**

**IF THE CONSUMER SAYS NO:** Click on the [Workforce Link](#) on the enrollment tab to add answer **'NO'** or (If a caller doesn't wish or can't answer the survey question, then select **'Chose Not to Answer'**

**GO TO ENROLLMENT TAB**

**CONFIRMATION FOR EVERYONE:**

Before we complete this call I would like to confirm some important information.

You chose Dr. **(name)** as your PCP and **(plan name)** as your health plan. Your plan change should become effective **(effective date)**.

Remember, you will continue to get your care through **(current plan)** until **(new plan)** starts. You will get a new health plan identification card from **(new plan name)**.

If you have any questions about your plan, how they can assist you with your special needs, or you wish to request a plan member handbook with a description of your plan benefits, you can call their Members Services Department at: **(Phone number)**



### Contacts: Physical Health Plan Member Services

Plan	Telephone Number	TTY	Special Needs
Aetna Better Health	1-866-638-1232	711	1-855-346-9828
Amerihealth Caritas Northeast	1-855-809-9200	1-855-859-4109	1-888-498-0766
Amerihealth Caritas Pennsylvania	1-888-991-7200	1-888-987-5704	1-800-684-5503
Gateway Health Plan	1-800-392-1147	711	1-800-642-3550
Geisinger Health Plan	1-855-227-1302	711	1-855-214-8100
Health Partners	1-800-553-0784	1-877-454-8477	1-866-500-4571
Keystone First	1-800-521-6860	1-800-684-5505	1-800-573-4100
United Healthcare Community Plan	1-800-414-9025	711	1-877-844-8844
UPMC For You (North West)	1-855-425-8762	1-800-361-2629	1-866-463-1462
UPMC for You (Lehigh Capital)	1-866-353-4345	1-800-361-2629	1-866-463-1462
UPMC for You (South West)	1-800-286-4242	1-800-361-2629	1-866-463-1462

You can change your health plan or PCP at any time.

If you want to change your plan, call us at the number you called today, or visit our website at [enrollnow.net](http://enrollnow.net).

If you want to change your PCP, call your plan's Member Services.

Is there anything else I can do to assist you with your transfer today?

It was a pleasure speaking with you today. Before you go, would you like to participate in a brief Customer Satisfaction Survey?

**IF NO:**

Thank you again for calling Enrollment Services. Have a nice day.

**IF YES:**

Thank you for participating. Please hold for the survey.

**How to Transfer to the Consumer Satisfaction Survey:**

1. While consumer is on the line press \*750 (**DO NOT PRESS TRANSFER, CONFERENCE OR HOLD**).
2. Enter your agent ID Number followed by the # sign
3. If correct, press 1
4. If incorrect, press 2
5. Press 1 for (English) Press 2 for (Spanish)
6. Press \* (Caller is connected with the Survey Line)
7. Disconnect the call

**How to transfer to the Consumer Satisfaction Survey when speed dial is NOT available:**

1. While consumer is on the line press TRANS
2. Dial 8-1-844-203-8057
3. Enter your agent ID Number followed by the # sign
4. If correct, press 1
5. If incorrect, press 2
6. Press 1 for (English) Press 2 for (Spanish)
7. Press \* (Caller is connected with the Survey Line)
8. Disconnect the call

## What if I Have Questions?

If you need to enroll in HealthChoices or change your health plan, you can call:

**PA Enrollment Services    1-800-440-3989    TTY 1-800-618-4225**

*If you need more information about your plan or a plan you are interested in, you can call one of these numbers:*

**HealthChoices Lehigh/Capital (Adams, Berks, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry, and York counties):**

Aetna Better Health	1-866-638-1232	TTY 711
AmeriHealth Caritas Plan	1-888-991-7200	TTY 1-888-987-5704
Gateway Health Plan	1-800-392-1147	TTY 711
United Healthcare	1-800-414-9025	TTY 711
UPMC for You	1-800-286-4242	TTY 1-800-361-2629

For copies of this guide or to request this information in another form such as Braille, large print, or audio tape, call: 1-800-440-3989

This guide is also available on the Department of Human Service's website at:  
[http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c\\_261084.pdf](http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_261084.pdf)



## A Guide to Pennsylvania's Medicaid HealthChoices Health Plans



Look Inside to Compare Your Choices

**2019 Lehigh/Capital Zone**

Commonwealth of Pennsylvania  
Department of Human Services  
Office of Medical Assistance Programs  
P.O. Box 2675  
Harrisburg, PA 17105  
[www.dhs.pa.gov](http://www.dhs.pa.gov)

Prepared by the Division of Quality and Special Needs Coordination

# How This Guide Can Help You

This guide will help you choose a health plan.

If you are already in a HealthChoices plan, you can compare your plan to the other plans. You do not have to change plans. Remember that you can change plans if you want to.

The information in this guide comes from the HealthChoices plans and their members.

## Your Health Benefits



After you join a health plan, you will get most of your Medical Assistance benefits through that plan. All plans would give you the same basic benefits. Some plans will give you some extra services.

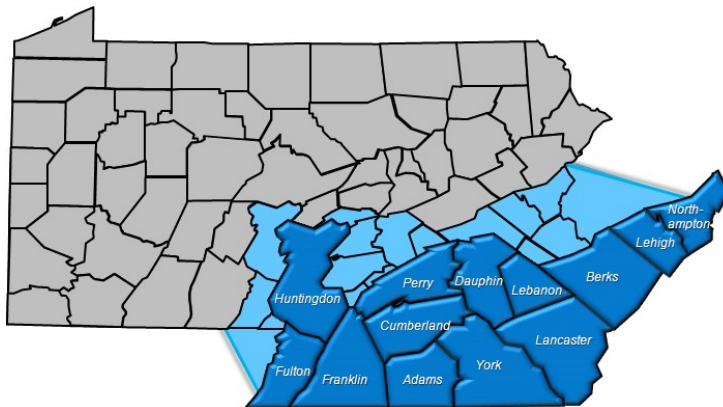
The plan will send you a handbook about your benefits and services.

The basic benefits are shown below. Your benefits will be based on how you qualify for Medical Assistance. This is called your *category of assistance*.

- **Doctor and hospital visits** - including lab and x-ray services, emergency services, and visits to specialists
- **Medicine** - prescription drugs and over-the-counter drugs if the doctor gives you a prescription for them
- **Health care for women** - pregnancy care, family planning, and birth control
- **Dental care** - routine dental care for children through age 20; benefits vary for adults
- **Vision care** - medically necessary services including eye exams, frames and lenses
- **Medical equipment** - such as wheel chairs and diabetic supplies
- **Chiropractic care, physical therapy, foot care, and home health care**

If you live in these counties, you are in HealthChoices Lehigh/Capital. You can choose:

- Aetna Better Health
- AmeriHealth Caritas
- Gateway Health Plan
- United Healthcare
- UPMC for You



## Comparing the Plans

The information in the chart shows how well the plans deliver services and how the members feel about their plan. You can use this information along with your enrollment packet or log on at [www.enrollnow.net](http://www.enrollnow.net) to choose a plan.

	Aetna Better Health	AmeriHealth Caritas Plan	Gateway Health Plan	United Healthcare	UPMC for You
Asthma	★★	★★★★	★★	★	★★★
Children's Dental	★★	★★★★	★★★	★	★★
Children's Health	★	★★★	★★	★★	★★★★
High Blood Pressure	★	★★★	★★	★★★	★★★★
Diabetes	★	★★★	★★	★★★★	★★★
Maternity	★	★★★★	★★	★★	★★★
Women's Health	★	★★★★	★★★	★★	★★★
Getting Needed Care	★★	★★★	★★	★	★★★
Satisfaction with Health Plan	★	★★★	★★★	★★	★★★

For each area, the department combined several measures to get one star rating. A plan's star rating represents only the performance measures the plan reported in each area.

★ = Lowest; ★★ = Low; ★★★ = Average; ★★★★ = Highest

## What was measured?

### Preventive and Well-Care for Women and Children

Did children see their doctor for a check-up?

Did women get screened for breast cancer?

Did pregnant women get the care they needed?

Did children get dental care?

### Members with Chronic Illnesses

Did children and adults with asthma get the care they needed?

Did adults with diabetes get the care they needed?

Did adults get the care they needed for their high blood pressure?






### Satisfaction with Services

Do members feel they are getting the care they need right away?

Are members satisfied with their health plan?

# Health Plan Comparison Chart

Plans for people who live in the HealthChoices Lehigh Capital Zone

																																																																																																																																																																																																																																																																																		
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\* **NOTE:** Co-pays do not apply to the following: members who are pregnant, members under age 18, members age 18 through 20 who are in foster care, emergency services, or certain drugs for specific diseases. The information about the benefits from each plan was current at the time of printing. Please call the plan directly for the most up-to-date information.



**Note: All plans provide the same basic coverage for dental care, eye care and prescription benefits. Individual plans offer additional services listed below.**

**Dental Care:** Members under age 21 can receive all medically necessary dental services including cleanings, x-rays, crowns, and other services. Members over age 21 can receive dental services based on their Medical Assistance benefits package and medical need.

**Eye Care:** All members can receive 2 eye exams a year. Members under age 21 can get 2 pair of lenses and 2 frames or 2 pair of contacts or a pair of each. Members over age 21 can receive eye care services based on their Medical Assistance package and medical need.

**Prescription Benefits:** Members can receive brand name and generic drugs, certain over-the-counter drugs and vitamins, insulin supplies and vaccines based on their Medical Assistance benefits package.

				 <small>Affiliate of UPMC Health Plan</small>
<p><b>CORA:</b> Our Healthy Experience RV brings education, health screenings, and fun family activities at events in your community.</p> <p><b>Care Management Programs:</b> Case managers help with appointments, transportation and barriers that keep you from staying healthy.</p> <p><b>Mobile App:</b> Find a doctor, request an ID card, change your PCP and more.</p> <p><b>Member Portal:</b> Get secure healthcare information.</p> <p><b>Healthy text message:</b> Learn about healthy behaviors at no cost to you.</p> <p><b>MOMS: Making Opportunities for Mothers to Succeed.</b> Programs include access to educational programs and baby showers.</p> <p><b>Bright Expectations Maternity Program:</b> We help you find a doctor and schedule appointments. You can receive rewards for certain activities.</p> <p><b>Healthy Kids Programs:</b> We provide tips to keep your child healthy. Earn rewards for keeping appointments.</p> <p><b>AirCare:</b> Asthma navigators help you find healthy ways to manage your or your child's asthma.</p> <p><b>Urgent Care:</b> Participating urgent care centers are covered at no cost to you.</p> <p><b>Vision Benefits:</b> You can receive eye exams, glasses or contacts at no cost.</p> <p><b>Dental Benefits:</b> All members can get exams, cleanings and treatment for gum disease.</p> <p><b>24-hour Nurse Help Line:</b> Call our helpline for medical advice when you're sick or have a health issue.</p> <p><b>Community Connections: Neighborhood Community Health Workers</b> educate, schedule appointments and connect you to local resources.</p> <p><b>Pharmacy Advisor Counseling:</b> Your pharmacist will teach you how your medicine can keep you healthy.</p> <p><b>Road to Recovery:</b> We will connect you with the resources you need.</p> <p><b>No-cost Smartphone</b></p>	<p><b>Help Getting Care:</b> We work to connect you to the care you need. We can help you set up appointments, set up transportation and give you community resources.</p> <p><b>Care Management Programs:</b> Our care management team helps coordinate all the care you need. We offer two-way texting to make communicating easier.</p> <p><b>Online Member Portal</b> is a secure website that helps you manage your health in a fast and easy way.</p> <p><b>Bright Start Program:</b> Offers moms-to-be education, services and support throughout pregnancy.</p> <p><b>Keys to Your Care Maternity and Well Baby Program:</b> Texting and rewards program for pregnant moms and babies up to 15 months old.</p> <p><b>Community Baby Showers:</b> We offer extra support and resources for our pregnant moms.</p> <p><b>Member Rewards Gift Card Program:</b> Earn rewards when you get health screenings and exams you need.</p> <p><b>Community Health Education Workshops and Events:</b> We offer various health education programs and classes at no cost.</p> <p><b>Mission GED Program:</b> Tools, support and GED testing fees at no cost to our members.</p> <p><b>Children's Art Contest:</b> Children receive rewards and learn about better health while displaying their art skills.</p> <p><b>Urgent Care Benefits:</b> Participating urgent care centers are covered at no cost.</p> <p><b>24/7 Nurse Line:</b> Nurses are available 24 hours a day/7 days a week by phone.</p> <p><b>Additional Adult Eye Care Benefit:</b> Members age 21 and over can get prescription eyeglasses or contact lenses.</p> <p><b>Smartphone at No Cost:</b> We can connect you to resources to get smart phone at no cost.</p>	<p><b>Goodness Rewards<sup>SM</sup> Gift Card Program:</b> Earn an easy to use gift card for completing certain health activities.</p> <p><b>No Cost, 24-Hour Nurse Line:</b> Have health questions and need answers now? You can talk with a registered nurse 7 days a week, 365 days a year.</p> <p><b>Safelink Cell Phone:</b> No cost smartphones with minutes, data, and unlimited texts every month.</p> <p><b>MOM Matters<sup>®</sup>:</b> Our maternity program provides education and support throughout pregnancy. Earn rewards when you attend maternity and well-baby visits.</p> <p><b>Wellness Coaching:</b> Our Wellness Coaches can assist you over the phone to help you make lifestyle changes to improve your health and well-being.</p> <p><b>Gateway to Lifestyle Management<sup>SM</sup>:</b> Our dedicated Care Management team can help you understand your medications, know when to see your doctor, and help you find community services. Receive educational materials in the mail, get health tips by phone, or talk with one of our Care Managers.</p> <p><b>Member Portal:</b> Through our online member portal, you can view claims, complete a wellness profile, find a doctor or pharmacy, and more.</p> <p><b>Transition Management:</b> Our Transition Managers are here to answer your questions and guide you in the right direction once you return home from the hospital.</p> <p><b>GED Exam:</b> Many jobs require a high school diploma or GED. We offer members a chance to take the GED test at no cost.</p> <p><b>Urgent Care:</b> If you need medical attention when your PCP's office is closed, you can go to a participating urgent care center.</p> <p><b>Tobacco Cessation Counseling:</b> We cover 70 tobacco cessation counseling services per year.</p> <p><b>Vision Benefit:</b> An additional yearly credit applied toward frames or contacts for members over 21.</p>	<p><b>Acupuncture:</b> Pain management treatment is available to you if you're dealing with lower back pain or migraine symptoms.</p> <p><b>GED Testing:</b> We pay for the testing fee for eligible members to help further your education and achieve your goals.</p> <p><b>Member Rewards:</b> Earn rewards for exams and health screenings.</p> <p><b>Advocate4Me:</b> Advocates are the single point of contact to make sure all of your needs are met.</p> <p><b>Member Website Portal and Mobile App:</b> Find doctors, access your member ID card, change your doctor online and more.</p> <p><b>UnitedHealthcare OnMyWay<sup>™</sup>:</b> Use this helpful app to design your resume and learn how to budget.</p> <p><b>UnitedHealthcare Healthy First Steps<sup>®</sup>:</b> Get the help you need to have a healthy baby. Earn gift cards and get reminders for appointments. We help with doctor visits, transportation and referrals to community services.</p> <p><b>Sesame Street Healthy Habits for Life:</b> Sesame Street friends teach you how to make healthy meals on a budget and get tips about asthma and lead prevention.</p> <p><b>Eye Care Benefits:</b> Members over 21 can receive one pair of glasses or contact lenses every year. Members under 21 can receive up to 2 pairs of glasses or one set of contact lenses every year.</p> <p><b>Special Needs Unit:</b> Helps with accessing care and connecting you to community resources.</p> <p><b>24/7 NurseLine<sup>SM</sup>:</b> Speak directly with a nurse at any time to answer your health questions.</p> <p><b>Urgent Care:</b> Urgent care centers are available to you at no cost when you can't see your doctor.</p> <p><b>Tobacco Cessation:</b> Get nicotine replacement products and counseling at no cost to you.</p> <p><b>Cell Phone:</b> Get enrollment support in the Lifeline cell phone program.</p>	<p><b>Care Managers Partner with your Providers:</b> Help to ease chronic conditions. Assist with community resources- housing, food security, and other social services.</p> <p><b>Free Health Coaching:</b> By phone or online chat - improve your health, manage a condition, and overcome obstacles.</p> <p><b>The UPMC Health Plan Maternity Program:</b> Telephone or in person support for a healthy baby. Complete the program and receive a free gift- infant car seat, stroller or portable crib.</p> <p><b>Mobile App and Member Portal:</b> Access ID card, view claims and coverage, find an in-network provider, chat with a Health Care Concierge. Make healthy choices with online resources found on UPMC MyHealth Online.</p> <p><b>Pediatric First Steps Program:</b> Work with a pediatric health coach throughout your baby's first 3 years of life. Tips on baby care, safety, development, doctor visits, and immunizations.</p> <p><b>Vision Care for Adults:</b> Services above the basic coverage. All UPMC <i>for You</i> members over 21 receive a yearly allowance for a pair of glasses or contacts/fittings.</p> <p><b>UPMC MyHealth 24/7 Nurse Line:</b> Around-the-clock free health care advice from a registered nurse.</p> <p><b>UPMC AnywhereCare:</b> Face-to-face live video conversation with a UPMC provider from your digital device anytime.</p> <p><b>\$0 Copay Urgent Care Center Services:</b> Find participating centers using our website, mobile app, or a Health Care Concierge.</p> <p><b>Prescription for Wellness:</b> Your doctor writes a prescription for a health coach to help you manage conditions, make informed decisions about surgeries; and improve family health.</p> <p><b>Peer support groups:</b> Available by phone for programs such as weight management and tobacco cessation.</p> <p><b>Free Safelink Smartphone:</b> For qualified members. Comes with 3GB of data, 350 monthly minutes, unlimited texts, voicemail, caller ID, and 3 way calling.</p>