



Health Partners Talk

Health Partners Plans 

WINTER 2020

Information from HPP About COVID-19

It remains more important than ever to stay healthy and continue doing healthy activities, like wearing a mask, social distancing and taking your medications as prescribed.

By practicing healthy habits, you're doing your part in reducing stress on hospitals and urgent care centers.

If you go out, remember to wear a mask covering your mouth and nose, practice social distancing, keep your hands away from your face, and wash your hands frequently.

Health Partners Plans is committed to continuing to ensure our members have access to the quality health care that they've come to expect for more than 30 years. Here are some of the changes we've made over the past several months.

Continued on next page

Testing is Free

We will cover the cost for COVID-19 testing for our members whose healthcare providers have ordered tests. We are also waiving any prior authorization requirements for any COVID-related testing and care requested by our members' physicians. Your doctor or local health department will screen you based on Centers for Disease Control and Prevention (CDC) guidelines and will issue a lab order for more testing, if appropriate.

Treatment

All medically necessary health care costs to treat infectious diseases, including COVID-19, will be covered based on the terms of your plan.

Cost Sharing

HPP is waiving all cost sharing for services related to testing, screening and diagnosis for COVID-19, including evaluation by a physician.

Medication Refills

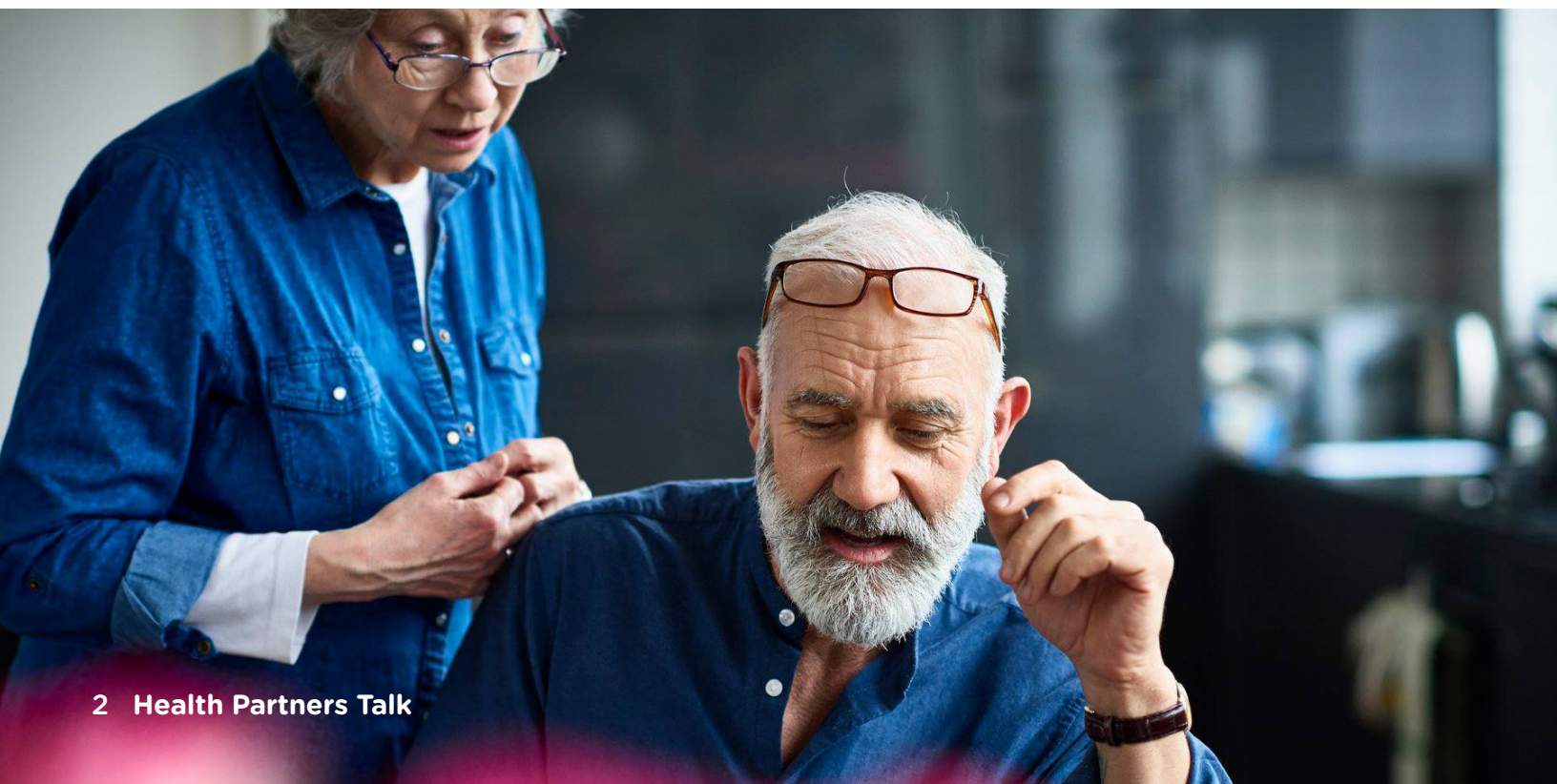
HPP is providing pharmacists the opportunity to override early refill rejections on 30-day prescriptions for maintenance medications at the time of dispensing. We are encouraging 90-day supplies for certain maintenance medications. Discuss with your pharmacist if a 90-day refill for your maintenance medications will work for you.

Access to Doctors Through Telehealth and Teladoc®

Many doctors are now offering telehealth visits (over the phone or video) for routine or non-emergency health matters. Ask your doctor if a visit can be done over the phone or video.

You can also talk to a doctor at no cost to you by calling 1-800-TELADOC. Teladoc provides 24/7 access to doctors by phone or video. Teladoc's clinical team is trained on the latest protocols for local and national notification, testing and management of people who are sick with COVID-19.

If you need help getting your medications or scheduling an appointment, we can help. Call Member Relations anytime at **1-800-553-0784 (TTY 1-877-454-8477)**.



Dental Care Without Leaving Your Home

Many people are staying home during the COVID-19 pandemic, but that doesn't mean that you should put off getting seen by the dentist for tooth or mouth pain. If you have a smartphone, you can do a teledental visit and video chat with your dentist without having to leave your home.

While there isn't a way for the dentist to clean your teeth or place a filling without going into the office, there are some things that the dentist can do to diagnose and provide a solution to

your dental emergencies. Teledental visits are usually available sooner than regular visits, take less time, and are currently covered for emergencies by Health Partners Plans.

We all want to be safe during the pandemic by staying home, but we don't want to neglect our oral health needs. Call your dentist to see if they can provide a teledental visit for your urgent dental care needs.

Why Getting Vaccinated Is So Important This Year

Vaccines are safe and help stop outbreaks of dangerous diseases, like the flu. Every year, it is very important that everyone gets a flu shot to help stop the spread of infection. This year, it is even more important because of the COVID-19 pandemic.

Your Health Partners (Medicaid) benefits fully cover all vaccinations, including the flu and pneumonia vaccinations.

Call your doctor today to make an appointment so you can get the vaccines you need to stay healthy.



About Vaccines

- ✓ Vaccines are safe and effective.
- ✓ Vaccines protect you, your family and the people around you.
- ✓ Your doctor can tell you which vaccines you should receive.

Is It Safe To Stop Your Medications?



Stopping your medications on your own can be dangerous. That's why it's so important to talk with your doctor about each medication you take. Here are some steps to follow when considering stopping a medication.

1. Talk to your doctor right away

There was a reason that your doctor prescribed the medication in the first place. Stopping suddenly may worsen your symptoms and may cause serious side effects.

Best Approach: Talk to your doctor about when to stop the medication when it is first prescribed.

2. Ask how long you need to take them

Talk to your doctor about how long you should be taking your medications. Many people continue to take medications longer than prescribed by a doctor. An example is allergy medications. Most people only need them in the spring and fall. Before you stop, ask your doctor.

Best Approach: Bring all your medications to each doctor's visit. Tell your doctor how long you have been taking them and find out if you really need them.

3. Stop for the right reason

Do you feel good after a few weeks on a medication? Have your symptoms decreased? Are you having any negative side effects? These are all good reasons to talk with your doctor about if your medication is still needed.

Best Approach: Tell your doctor about your concerns about how the medication makes you feel. Ask about the plan to stop the medication under their guidance, potentially through reducing doses.

4. Learn about some of the side effects if you stop quickly

Taking a medication may have side effects, but stopping a medication can have negative side effects, too. For example, suddenly stopping some antidepressants can cause anxiety, dizziness and fatigue. This is called "antidepressant discontinuation syndrome."

Even though medications are prescribed by a doctor, they still might cause side effects that are not pleasant.

Best Approach: Tell your doctor how you feel when taking your medication. There may be alternate medication options available.

How to Receive Other Health Services

As a Health Partners member, you must use our participating providers, hospitals and pharmacies for all your health care in most situations (except if you are out of the area, need emergency care or family planning services). These participating providers include PCPs and specialists and are part of the Health Partners network. We have carefully screened these providers, specialists, hospitals and pharmacies to make sure they work together to give you the healthcare services you need.

For most services, you must call your PCP first to get a prescription or referral for the service. Your PCP will watch over all of your health care. He or she will refer you to a participating specialist or hospital if needed.

Remember, you can call your PCP at any time to follow up after a visit or hospital stay.

Your PCP is there to make sure you get the medical care you need. He or she will always be your number one supporter in getting proper treatment and staying healthy.

You can get some services without a prescription or referral from your PCP. These include:

- Chiropractic services
- Dental exams (if these are included in your benefit package)
- Emergency situations (you may want to call your PCP if you are unsure if it is an emergency)
- Family planning
- Mammograms
- OB/GYN services
- Vision exams (if these are included in your benefit package)

Keep in mind that you must use Health Partners participating providers, specialists, hospitals and pharmacies for these services (except for emergency care or family planning services). If you don't, your services may not be covered by Health Partners, and you may have to pay for the services.

What Are Covered Benefits and What is Excluded?

Health Partners Plans covers a number of physical health services. To see a full list of covered services, please refer to the Member Handbook available online at HPPlans.com/handbook. You can request a physical copy of the Member Handbook by calling Member Relations at 1-800-553-0784 (TTY 1-877-454-8477).

Some of the services have limits or copayments, or need a referral from your PCP or require prior authorization by Health Partners. If you need services beyond the limits described in the Member Handbook, your provider can ask for an exception. Limits do not apply if you are under age 21 or pregnant.



Benefit Restrictions that Apply to Services Obtained Outside of HPP Network Services Areas

If a necessary and covered service is not available in network, Health Partners will cover the service out of network. Ask your primary care provider to contact Health Partners and request a prior authorization for the out-of-network services. Health Partners will check to make sure there is not another participating provider in your area who can give you the same type of treatment. If Health Partners cannot give you a choice of at least two participating providers in your area, Health Partners will cover the treatment by the out-of-network provider and issue a prior authorization for the service. For more information, go to [HPPlans.com/handbook](https://www.hpplans.com/handbook) and review the section titled “Out-of-Network and Out-of-Plan Services.”



Services That Require a Copayment, Including Medications

Medicaid members 18 years of age and older and in the Medical Assistance or General Assistance categories will have to pay a copay for prescriptions and various medical services. Members who are under the age of 18, pregnant, or in a nursing home do not have to pay the copays.

Residents of long-term care facilities or other medical institutions including intermediate care facilities, do not pay copays.

Medicaid recipients, regardless of age, who qualify for benefits under Title IV-B Foster Care and Title IV-E Foster Care and Adoption Assistance do not pay copays.

You never have to pay a copay for a PCP visit.

Medical and General Assistance recipients cannot be denied a prescription if they cannot afford a copayment. If you cannot afford your prescription copayment, please let your pharmacist know.

If you have any problems getting your medication from the pharmacist, please contact Member Relations at 1-800-553-0784 (TTY 1-877-454-8477).

Medical Assistance Copays



For the following services, adults will pay \$5.00:

- For acupuncture, you will pay \$5.00 for each visit (up to 20 visits). Members who are pregnant or under age 21 do not need to pay a copay.

For the following services, you will pay \$3.00:

- For inpatient hospital care (which includes both general and medical rehabilitation hospitals), you will pay \$3.00 for each day you are in the hospital up to \$21.00 for the stay
- For Short Procedure Unit (SPU)/Ambulatory Surgical Center (ASC) visits, you will pay \$3.00 per admission or visit.
- For brand name prescription drugs, you will pay \$3.00 for each prescription or refill.

For the following services, you will pay \$1.00:

- For outpatient x-ray services, you will pay \$1.00 for the service (not for each x-ray).
- For generic prescription drugs, you will pay \$1.00 for each prescription or refill.
- For chiropractor visits, you will pay \$1.00 for each visit.

You don't have to pay a copayment for any of the following if they are part of your benefit package:

- Any services provided in an emergency
- Birth centers
- Blood and blood products
- Certain drugs for high blood pressure, cancer, diabetes, asthma, epilepsy, heart disease, psychosis, HIV/AIDS, glaucoma, depression, and anxiety, as well as anti-Parkinson agents, anti-manic agents, anti-convulsants, anti-neoplastic agents, oral contraceptives, test strips, lancets, meters, and needles
- CRNP (Certified Registered Nurse Practitioner) services
- Dental visits
- Disposable medical supplies
- Doctor's fee for x-rays, diagnostic tests, nuclear medicine or radiation therapy
- Drugs and vaccines that you get in your doctor's office
- Family planning services
- Home health agency services
- Hospice services
- Laboratory tests
- Medical examinations for members under age 21 provided through the EPSDT program More than one of a series of specific allergy tests provided in a 24-hour period Non-emergency ambulance services
- Nurse midwife (maternity services)
- Optometrist visits
- Physician visits
- Podiatrist visits
- Portable x-ray services
- Renal dialysis services
- Rental of Durable Medical Equipment (DME)
- Skilled Nursing Facility
- Targeted case management services
- Tobacco cessation counseling services
- Waiver services



Your Pharmacy Benefits

The Pennsylvania Department of Human Services (DHS) has implemented a Preferred Drug List (PDL) for all Pennsylvania Medical Assistance members. Visit [HPPlans.com/hpformulary](https://www.hppplans.com/hpformulary) to learn more about the PDL, including the formulary, restrictions, prior authorizations, quantity, age limits, and more. You will also learn about generic substitution, step therapy protocols, and overall use of the pharmacy benefit.

Requesting a Formulary Exception

You can visit [HPPlans.com/formulary](https://www.hppplans.com/formulary) to find an explanation of the prior authorization criteria and formulary limits for further information on how your doctor can provide information to support an exception request. If you would like to request a formulary exception, please call Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)** or visit [HPPlans.com/Portal](https://www.hppplans.com/Portal) to submit the request electronically.

90 Days' Supply

HPP is providing pharmacists the opportunity to override early refill rejections on 30-day prescriptions for maintenance medications at the time of dispensing. We are encouraging 90-day supplies for certain maintenance medications. Discuss with your pharmacist if a 90-day refill for your maintenance medications will work for you.

Find a Pharmacy

You can use our online Provider Directory to locate an in-network pharmacy near you. You can narrow your search by entering a zip code into the zip code box at the top of the page, but you must still use the "Go" button next to the search box to receive the appropriate results. If you need further help, call Member Relations.

Specialty Medications and Pharmacies

Specialty medications are prescription drugs that require special handling, administration or monitoring. These medications treat complex chronic conditions and are only available from a specialty pharmacy.

Health Partners (Medicaid) works with a network of specialty pharmacies to coordinate the delivery of specialty medications for our members.

Language Services You Can Use

Help if you speak a language other than English

If you would like to request a Member Handbook or other Health Partners information in a language other than English, at no cost, just call Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)**.

Help if you need an interpreter or TTY services

If you need an interpreter for any language, including sign language, or if you require TTY services for your healthcare needs, Member Relations can help you. Just call **1-800-553-0784 (TTY 1-877-454-8477)**.

If you need an interpreter and you call Member Relations, we have an online interpreter service that can help you. This service provides over 140 languages and is available 24 hours a day, seven days a week for your healthcare needs.

You will not have to make another telephone call to get this service. Member Relations will do this for you and will stay on the telephone with you. If you call the TTY line, you will be connected to a text telephone right away.

There is no cost to you for these services.



How to Find a Primary Care Provider, Specialists and Hospitals that Participate with HPP

Your primary care provider (PCP) provides most of your health care and will help you get other services you may need from hospitals or specialists. Think of your PCP as your family doctor. He or she will keep all your medical records and know your medical history.

When you sign up for Health Partners or if you are an existing member, you can choose or change your PCP in our network by going to hplans.com/hp-finddoc. Our online directory provides the name, address, telephone numbers of the doctor and the office information. You can also review each provider's professional qualifications, specialty and board certification status. The directory also includes specialists and hospitals in the HPP network.

For other provider details, such as the medical school and residency that the doctor completed, call Member Relations anytime at **1-800-553-0784 (TTY 1-877-454-8477)**. Member Relations can help you select or change your PCP, as well as help you find doctors and hospitals near you.

Making an appointment with your Primary Care Provider (PCP)

Your PCP is your medical home. He or she coordinates your care. Call your PCP to make an appointment. Many offices offer extended hours. You can also leave a message for the doctor after hours. Most offices have an on-call physician who will call you back.



Changing Your PCP

If you want to change your PCP for any reason, call Member Services at **1-800-553-0784 (TTY 1-877-454-8477)** to ask for a new PCP. If you need help finding a new PCP, you can go to [HPPlans.com](https://hplans.com), which includes a provider directory, or ask Member Services to send you a printed provider directory.

Health Partners will send you a new ID card with the new PCP's name and phone number on it. The Member Services representative will tell you when you can start seeing your new PCP.

When you change your PCP, Health Partners will send your medical records from your old PCP to your new PCP. In emergencies, Health Partners will help to transfer your medical records as soon as possible. If you have a pediatrician or pediatric specialist as a PCP, you may ask for help to change to a PCP who provides services for adults.



How to See a Specialist

Your primary care provider (PCP) may feel that you have a medical concern that needs to be treated by a doctor who has special training. If so, your PCP can help you find a specialist who can best treat your health condition. You can also use our online directory to find a specialist. Any care you receive from a specialist is covered. You do not need a referral to see a specialist.

How do I get a second opinion?

You may get a second opinion by asking your PCP to send you to another participating specialist. Health Partners covers the cost of the visit. Before going to another specialist for a second opinion, always check with your PCP.

If you need a printed list of participating specialists, contact Member Relations at 1-800-553-0784 (TTY 1-877-454-8477).

How to Access Behavioral Health Services

Health Partners can connect you with drug and alcohol treatment and mental health services. If you need these services, please contact the agency in your county using the list below.



Philadelphia County
Community Behavioral Health
1-888-545-2600 or 215-413-3100

Chester County
Community Care Behavioral Health
1-866-622-4228

Bucks County
Magellan Behavioral Healthcare
1-877-769-9784

Delaware County
Magellan Behavioral Healthcare
1-888-207-2911

Montgomery County
Magellan Behavioral Healthcare
1-877-769-9782

When to Go to Your PCP, Urgent Care and Hospital

When you need care fast, it's important to know where to turn. Some cases are emergencies.

If you have an emergency, call 911 or go to the nearest emergency room. If you aren't having an emergency, going to the ER can mean a long wait. Plus, you could be making it harder for the staff there to help the people who really need them. So, what do you do when you have a sudden sickness or injury?

As a Health Partners member, you have options. Your primary care provider (PCP) should be your first choice for health care needs. However, there are also urgent care centers and walk-in clinics available. HPP members can also talk to a doctor by phone or video chat with Teladoc. Read below to learn more about each option.

How to Obtain Care After Normal Business Hours (Walk-in Clinics and Urgent Care Centers)

Your Primary care provider (PCP) should be your first choice for your health care needs. Many of our doctors have after hours available. Call your PCP first to find out. Walk-in clinics and urgent care centers offer evening and weekend hours. They will see you without an appointment. The average wait time is 45 minutes. It's important to remember that they do different things. Urgent care centers are "one-stop shopping." They can do most lab work, take X-rays, place IVs and apply stitches. Walk-in clinics offer convenience, but offer fewer services. They are usually found in drug stores and supermarkets.

If you go to a walk-in clinic or urgent care center, remember to follow up with your PCP. Call your PCP within 48 hours or as soon as possible to arrange follow-up care.

Teladoc® (For Non-Emergencies)

Teladoc is a special service offered at no cost to HPP members. With Teladoc, you have 24/7 access to board-certified doctors. The maximum wait time for a doctor to call you back is 15 minutes. You can "visit" over the phone or by video chat on a computer, cell phone or tablet. The doctor can answer questions and even send some short-term prescriptions to your pharmacy. It's helpful if you take 10 minutes now to register so that you can get care when you need it. Call **1-800-TELADOC (835-2362)**, visit **www.teladoc.com** or download the app.



How to Obtain Care When You Are Away

If you have an emergency and you are outside the HPP service area, you should seek medical care from the nearest hospital or healthcare provider.

The hospital or provider may not be one of HPP's participating providers. This means that you might need to transfer to a participating hospital or provider. This transfer cannot take place until your condition is stable. Your PCP will discuss your condition with the doctor who is treating you. They will decide when you can be moved.

Call your PCP within 48 hours or as soon as possible to arrange follow-up care.

How to Submit a Complaint and How to Appeal a Decision

If a provider or HPP does something that you are unhappy about or do not agree with, you can tell HPP or the Department of Human Services what you are unhappy about or that you disagree with what the provider or Health Partners has done. You can submit a complaint in one of the following ways:

- Call Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)** and tell Member Relations you want to file a Complaint, or
- Write down your Complaint and send it to Health Partners by mail or fax, or
- If you received a notice from Health Partners telling you Health Partners' decision and the notice included a Complaint/Grievance Request Form, fill out the form and send it to Health Partners by mail or fax.

**Health Partners Plans
Complaints, Grievances & Appeals Unit
901 Market Street, Suite 500
Philadelphia, PA 19107
215-991-4105 (fax)**

You can appeal a decision, as well. If you file a Complaint with Health Partners, and you do not like Health Partners' decision about your Complaint, you may ask for a second level Complaint review, an external Complaint review, a Fair Hearing, or an external Complaint review and a Fair Hearing depending on what your Complaint is about. You can follow the same process as detailed above.

For more information about appeals and your rights, please refer to the "Complaints, Grievances and Fair Hearings" section of the Member Handbook, which is available online at **HPPlans.com/handbook**. You can request a physical copy of the Member Handbook by calling Member Relations.



About Utilization Management

Utilization Management (UM) is how health plans make sure members get the right care at the right time. "More" doesn't always mean "better" when it comes to health care. UM helps prevent overtreatment. On the other hand, patients sometimes have trouble getting the care they need. That's why UM works to make sure members have access to treatment and preventive services. Health Partners never offers incentives to reduce or deny access to needed care. Utilization management decisions are based only on the appropriateness of care and existence of coverage. We do not reward doctors or other individuals for encouraging you to not seek treatment and service. HPP's medical program description, policies and provider contracts do not contain language indicating improper utilization incentive programs. Terms under which providers may be entitled to a bonus or incentive pay cannot influence their decisions to withhold, delay or deny necessary care.

You can contact our UM staff to discuss the UM process and authorization of care by calling Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)**. Health Partners can also provide language interpretation services, free of charge, through bilingual staff or an interpreter.



How HPP Evaluates New Technology to Meet Your Health Care Needs

New advances in medicine can help us stay healthy. Before Health Partners Plans approves a new service or item, we want to make sure that these new advances are safe and helpful. That's why we are careful when we decide if we should cover a new service or item. Here's how we make our decision:

- 1 We receive a provider's request for a service or item.
- 2 We ask the provider to give us a letter that tells us all the details about the service or item and that also explains why the member needs the service or item.
- 3 We perform a web-based literature search to find out more details about the service or item. These details could include:
 - Whether the service or item was approved by the Food and Drug Administration;
 - If other providers have used the service or item and wrote about how it worked for them;
 - Whether the service or item is accepted as useful by other providers. If a literature search does not yield relevant information about the service or item, we contact medical experts directly to get details about the service or item.
- 4 After the details of the service or item are provided to us from either the literature search or the medical expert, one of our Medical Directors reviews the details about the service or item. After review, the Medical Director makes a decision about whether the service or item should be covered.

These steps help ensure that the service or item is both safe and helpful for you. Experimental services or procedures are not covered under Health Partners' benefit package.

How to Submit a Claim

HPP has specific, established requirements for providers and practitioners to file a claim. All providers billing for services, whether participating or non-participating in the HPP network, must be established on the Health Partners Plans processing system with effective dates coinciding with the dates of services billed.

Non-participating provider services (except for emergency services) require prior certification by calling Health Partners Plans Inpatient Services or Outpatient Services

Participating providers must be contracted and credentialed by Health Partners Plans. For electronic claim submission Providers must bill with their individual and billing NPI numbers or their claims will be denied.

Requirements for Claims submission are available to practitioners and providers in the Provider Manual that can be found at **HPPlans.com/manual**.

There may be times when a Health Partners Plans member may have to pay out of pocket for medical services and/or specialty care. All eligible out of pocket expenses will be reimbursed by Health Partners Plans up to our allowable amount. This reimbursement process does not apply to co-payments. The original request for reimbursements will be submitted to Health Partners Plans via mail or fax. Members may call Member Relations at **1-800-553-0784 (TTY 1-877-454-8477)** to obtain the form and the instructions on submitting back to HPP for processing.

A request for reimbursement must be in writing. The member or guardian must submit a completed Member Reimbursement Form along with detailed receipt(s) that includes: the provider name/facility name; a description of the services provided; date of service; and proof of payment for services provided, such as a canceled check or receipt.

Stress and Traumatic Events

A traumatic event can change the way you see the world. Traumatic events can be big, like earthquakes or hurricanes. These impact many people at one time. Other traumatic events can happen to just one or two people, like car accidents. Some traumatic events happen quickly and then they are over. Others may go on for a long time. When someone has gone through a traumatic event it is normal to have trouble feeling better afterwards.

Some people may have:

- Memories of the trauma that won't go away
- Trouble talking about it
- Changes in their mood or personality
- Nightmares or trouble sleeping
- Feelings of anxiety or fear

If you have experienced a traumatic event, there are some things you can do:

- Practice taking deep breaths when you feel stressed or upset

- Join a support group with other people who have been through a traumatic event
- Set up a therapy session with a trauma counselor

Abuse in a relationship is a kind of traumatic event that can go on for a long time. Even once the abusive relationship is over it can take a long time to feel better. Remember, abuse in a relationship is never OK. Domestic violence hotlines can help anyone who is in an abusive relationship find support. If you are having trouble feeling better after a traumatic event and want help, talk to your doctor right away! Here are some resources that can help:

National Institute on Mental Health Coping With Traumatic Events

<https://www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml>

**National Suicide Prevention Lifeline:
1-800-273-8255**



Domestic Violence During Pregnancy

For many people, pregnancy is an exciting time. In a healthy relationship, partners make choices about starting a family together. For people with unhealthy or abusive partners, pregnancy can be very stressful. In some cases, an abusive partner may have forced the pregnancy to happen. Some examples of this include:

- Messing with birth control
- Pressuring a partner to get pregnant
- Controlling choices about pregnancy
- Lying about condom/birth control use

When relationships are unhealthy or abusive, those relationships could get worse during pregnancy. An abusive partner may feel like they are not in control during pregnancy. They may use threats or even violence to feel like they are in charge. Abuse during pregnancy makes things more stressful. This can cause serious health problems such as:

- High blood pressure
- Early delivery of baby
- Low birth weight
- Increased risk of infection during pregnancy
- Challenges after baby is born (depression, low energy, trouble staying focused, etc.

Physical abuse during pregnancy can hurt both the mother and baby. Sometimes it can cause health issues that are fatal. Pregnancy should be a time of excitement and healthy activities, not stress and abuse. Abuse in a relationship is never OK. If you are being abused, your local domestic violence program can help. They can offer support, resources, and even a safe place to stay for you and your baby. If you want to learn more, you can use the resources below for help:

Pennsylvania Coalition Against Domestic Violence:

717-545-6400 (8:30 a.m. - 4:30 p.m.)
<https://www.pcadv.org/find-help/find-your-local-domestic-violence-program/>

National Domestic Violence Hotline:

1-800-799-SAFE (TTY 1-800-787-3224)
24/7 chat: <https://www.thehotline.org/>

Pennsylvania Coalition Against Rape:

1-888-772-7227
<https://pcar.org/help-pa/find-services>

March of Dimes: Abuse During Pregnancy

<https://www.marchofdimes.org/pregnancy/abuse-during-pregnancy.aspx>

Your Rights and Responsibilities



As a member, you have the right to know your rights and responsibilities. These rights include getting information in a way you can understand, being treated with respect and making decisions about your health care. Exercising these rights will not negatively affect the way you are treated by HPP, its participating providers or any state agencies. When making your health care decisions, you have the right to feel that HPP is not restraining, isolating, bullying, punishing or retaliating against you. For more information, please refer to your member handbook available online at HPPlans.com.

You can request a physical copy of the member handbook by calling Member Relations at 1-800-553-0784 (TTY 1-877-454-8477).

About Health Partners Plans

Health Partners Plans is an award-winning, not-for-profit health maintenance organization serving more than 250,000 members in Berks, Bucks, Carbon, Chester, Dauphin, Delaware, Lancaster, Lebanon, Lehigh, Montgomery, Northampton, Perry and Philadelphia counties.

We offer Medicaid, Medicare and Children's Health Insurance Program (CHIP) plans that include special benefits to improve the health and wellness of our members. We're also committed to boosting the health of our community through outreach, education and events.

We continually develop new ways to encourage better health outcomes and have received national recognition for our innovations in managed care.

Founded more than 30 years ago, Health Partners Plans is one of the few hospital-owned health maintenance organizations in the country.



Making a Positive Impact: WIC in the Real World

Thankful. That's the word Aimee from Coopersburg used to describe the 11 years her family has been enrolled in the WIC program. Aimee is the proud mother of six children, ranging from 6-months-old to 11-years-old, including a set of twins. WIC has been helping her family ever since their first child and has been a staple in their life and their family's overall health and nutrition.

As busy moms like Aimee know, life only gets busier with each child.

"Though I have six kids, each is different and it's helpful to have people who studied nutrition to help you out. At the appointments, it's especially helpful to have guidelines to help your child stay on track," said Aimee.

She's grateful WIC monitors each child individually, so they not only get nutritional information, but specific healthy foods for each child. Aimee appreciates how the nutritionists help her set goals, cook creatively, understand the impact of too much sugar and replace unhealthy options with healthy ones.

Being an experienced parent, Aimee knows her teaching is only as good as her example. With help from WIC, Aimee can confidently model healthy eating habits for her children. She knows if she doesn't eat well, her children won't either. The nutritional advice goes a long way in their household, but it's just the beginning of why Aimee is thankful.

Aimee's 6-month-old has allergies and needs a specific type of formula, which is difficult to obtain. With a doctor's note, Aimee was able to get the formula at WIC and have it shipped directly to her home. She was also glad to have WIC when her husband was discharged from the Army and the family went from living on a full-time salary to unemployment while he looked for a new job.

"We had to learn how to budget our food, but WIC made it so that we didn't need to budget certain food items," said Aimee.

Aimee recognizes WIC cares about moms like her. Since nutrition plays a vital role in overall health, WIC partners with moms to help them maintain healthy pregnancy and postpartum weights so they can feel their best both physically and emotionally. Despite her strong support system at home, Aimee is glad WIC nutritionists ask if moms are content, especially as many are dealing with postpartum depression.

"WIC helped remind me to take care of myself. If I can't take care of myself, I can't take care of others," said Aimee.

With all the ways WIC helps and cares about Aimee and her family, Aimee said more than anything, she is grateful.

"WIC is a community of people helping children grow and be healthy; we're thankful. I don't expect anything, but I'm thankful they're there because they care. It's great they're here for moms who need it," said Aimee.

What does WIC in the real world look like? Partnering with moms like Aimee and families to help them live happy and healthy lives. WIC offers professional nutritional advice, helps families save on grocery bills, accommodates special needs, and shows they care for each family all while making a positive impact.



To learn more about WIC, go to www.pawic.com or call 1-800-WIC-WINS.



Health Partners Plans

Discrimination is Against the Law

Health Partners (Medicaid) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation. Health Partners does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Health Partners provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Health Partners provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Member Relations at 1-800-553-0784 (TTY 1-877-454-8477).

If you believe that Health Partners has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Health Partners Plans
Attn: Complaints, Grievances & Appeals Unit
901 Market Street, Suite 500
Philadelphia, PA 19107
Phone: 1-800-553-0784 (TTY 1-877-454-8477)
Fax: 1-215-991-4105

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17105-2675
Phone: (717) 787-1127 (TTY/PA RELAY: 711)
Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Health Partners and the Bureau of Equal Opportunity are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call: 1-800-553-0784 (TTY: 1-877-454-8477).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-553-0784 (TTY 1-877-454-8477).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-553-0784 (телетайп 1-877-454-8477).

注意 : 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-553-0784 (TTY 1-877-454-8477)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-553-0784 (TTY 1-877-454-8477).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1211-888-8884 (رقم هاتف الصم والبكم) 1-888-888-1121

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-553-0784 (टिडिवाइ 1-877-454-8477) ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-553-0784 (TTY 1-877-454-8477) 번으로 전화해 주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ ក៏អាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-553-0784 (TTY 1-877-454-8477)។

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-553-0784 (ATS 1-877-454-8477).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-800-553-0784 (TTY 1-877-454-8477) သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-553-0784 (TTY 1-877-454-8477).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-553-0784 (TTY 1-877-454-8477).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-553-0784 (TTY 1-877-454-8477)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-553-0784 (TTY 1-877-454-8477).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-553-0784 (TTY 1-877-454-8477).