



Operations Bulletin 05-09

Date: October 1, 2009
To: Participating Providers
Subject: CHIP

Geisinger Health Plan is proud to serve the uninsured children of Pennsylvania.

The Children's Health Insurance Program (CHIP), brought to you by Geisinger Health Plan¹, is a comprehensive HMO insurance plan for uninsured Pennsylvania children under 19 years of age who are not eligible for Medical Assistance. This product will function similar to Geisinger Health Plan's standard HMO product with the Member selecting a Primary Care Provider (PCP) to coordinate their health care services. Most Covered Services will require PCP Referral and specific services will require prior authorization from Geisinger Health Plan. An eligible child's enrollment is based on their family's size and income. The latter pages of this bulletin contain more information about CHIP enrollment options and benefits. Providers do not need to participate with Medical Assistance in order to accept Geisinger Health Plan's CHIP product. Additional information about the CHIP program, brought to you by Geisinger Health Plan, can be found online at <http://chip.thehealthplan.com>.

Fast Facts about CHIP, brought to you by Geisinger Health Plan

- **Identification** - CHIP ID cards will not display a CHIP logo and are almost identical to Geisinger Health Plan's standard HMO ID cards. Copayment and Deductible amounts, if applicable, are displayed on the front of the card and a dedicated CHIP customer service phone number (**570-214-9138; 1-866-621-5235; M-F 8am-6pm**) is listed on the back. A sample CHIP ID card is included in this bulletin.
- **Cost-Sharing** - Some Covered Services may require Copayments from some CHIP Members. Please reference the Covered Services chart enclosed in this bulletin for more cost-sharing information.
 - \$0 - \$15 for Primary Care visits
 - \$0 - \$25 for Specialist visits
 - \$0 - \$18 for brand prescriptions
 - \$0 - \$50 for ER visits with no hospital admission
- **Reimbursement** - Providers will be reimbursed at Geisinger Health Plan's then-current HMO rates.
- **Referrals** - As a gatekeeper product, PCP Referrals will be required for Covered Services in accordance with Geisinger Health Plan's Participating Provider Guide, available online at www.thehealthplan.com.
- **Direct Access** - CHIP Members are entitled to receive the following services without PCP Referral:
 - OB/GYN
 - Mental health and/or substance abuse
 - Emergency
 - Vision
 - Dental
 - Urgent care
- **Prior Authorization** - Prior authorization will be required for certain services in accordance with Geisinger Health Plan's Participating Provider Guide, available online at www.thehealthplan.com.
- **Unique Benefits** - CHIP Members are entitled to one vision exam/refraction and one pair of lenses per six (6) months, one frame per benefit period, one hearing device, per ear, every two (2) years, and

¹ Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options shall be collectively referred to herein as "Geisinger Health Plan".

comprehensive dental care including; routine exams/cleanings, X-rays, fluoride, sealants, restorative care, endodontics, and periodontics. Please visit <http://chip.thehealthplan.com> for more information on unique CHIP benefits.

CHIP Enrollment Options

There are three (3) CHIP enrollment options based on family size and income:

- The Free option is completely free with no premiums or Copayments.
- The Low-Cost option requires discounted monthly premiums and Copayments.
- The Full-Cost option requires slightly higher monthly premiums and Copayments.

Benefit Package

Below is a partial list of the benefits that all CHIP Members are entitled to:

- Doctor office visits
- Immunizations and annual exams
- Diagnostic testing and lab work
- Prescription drugs
- Dental care (including exams, fillings and extractions)
- Vision care (including exams and eyeglasses)
- Hearing care (including hearing aids)
- Emergency care
- Outpatient surgery
- Ninety (90) annual inpatient hospital days
- Mental health and substance abuse treatment
- Home health care
- Rehabilitation therapies



A complete explanation of CHIP benefits is available in Geisinger Health Plan's CHIP Member Handbook located online at <http://chip.thehealthplan.com>.

Value Added Benefits

CHIP Members will have zero cost-sharing associated with the following well-baby and well-child care services:

- All healthy newborn physician visits, including routine screening, whether provided on an inpatient or outpatient basis;
- Routine physical examinations as recommended and updated by the American Academy of Pediatrics, "Guidelines for Health Supervision III" and described in "Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents";
- Laboratory tests associated with the well-baby and well-child routine physical examinations;
- Immunizations and related office visit as recommended and updated by the Advisory Committee on Immunization Practices; and
- Routine preventive and diagnostic dental services (such as oral examinations, prophylaxis and topical fluoride applications, sealants, and x-rays) as described by the American Academy of Pediatric Dentistry.

Sample CHIP Identification Card

| | | | |
|--|--|--|---|
|  | | HMO | |
| PAUL SAMPLE ID #: 10021777301 Medical Record #: 07566269 Primary Care: C305 BLOOMSBURG - REICHART RD Office #: 570/784-8303 Tel-A-Nurse #: 877-543-5061 | PCP Copay Spec Copay ER Copay Rx Copay Rx Deductible | \$15 \$25 \$50 \$10/\$18 \$0 |  |
| www.thehealthplan.com | | | |

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|---|---|
| Please call Geisinger Health Plan at 570-214-9138; 1-866-621-5235 or TDD Hearing Impaired at 1-800-447-2833 immediately upon hospitalization or if you have any questions concerning your coverage. | |
| To access Mental Health and Substance Abuse services, please call 1-888-838-7972. | |
| Members with prescription benefit questions call 1-800-988-4861 or 570-271-5673. | |
| General Information: Geisinger Health Plan 100 N. Academy Avenue Danville, PA 17822-3229 | Mail Medical Claims to: Geisinger Health Plan P.O. Box 8200 Danville, PA 17821-8200 |
| CH-BQ Benefit Code: S1IE75TXXX Issue Date: 02/19/2009 |   |
| Pharmacists call 1-800-522-7487 for pharmacy benefit information. Mail Dental Claims to: Delta Dental, One Delta Drive, Mechanicsburg, PA 17055 For Dental benefit inquiries call 1-866-621-5235. | |

Covered Services Chart

For a complete list of Covered Services and more information on CHIP benefits and eligibility verification, please visit Geisinger Health Plan's CHIP Web site at <http://chip.thehealthplan.com>. Payment for Covered Services is based on your then-current HMO fee schedule amounts.

| Covered Services | Member Cost-Sharing | | |
|--|---|-------------------------|-------------------------|
| | Free CHIP | Low-Cost CHIP | Full-Cost CHIP |
| PCP Office Services | \$0 | \$5 per visit | \$15 per visit |
| Specialist Office Services | \$0 | \$10 per visit | \$25 per visit |
| Preventative Well-Care Services | \$0 | \$0 | \$0 |
| Emergency Services | \$0 | \$25 \$0 if admitted | \$50 \$0 if admitted |
| Hospital Inpatient/Outpatient Services | \$0 | \$0 | \$0 |
| Ambulatory Surgical Center Services | \$0 | \$0 | \$0 |
| Outpatient Rehabilitation Therapy Services | \$0 | \$10 per visit | \$25 per visit |
| Urgent Care Services | \$0 | \$10 per visit | \$25 per visit |
| Diagnostic, Laboratory, and X-ray Services | \$0 | \$0 | \$0 |
| Dental Care | \$0 | \$0 | \$0 |
| Vision Care* | \$0 Copayment \$55 benefit limit per frames per year \$65 benefit limit per pair of lenses per 6 months due to prescription change. | | |
| Hearing Care | \$0 Copayment | | |
| Durable Medical Equipment* | \$0 Copayment \$2,500 benefit limit per year | | |
| Prosthetic Devices* | \$0 Copayment \$5,000 benefit limit per year | | |
| Hospice* | \$0 Copayment \$10,000 benefit limit per life | | |

*Members are covered 100% up to the specified benefit limit. Members should reference the CHIP Member Handbook for contact lens coverage.

Effective November 1, 2009, this Operations Bulletin amends the Participating Provider Guide Dev 10/08. Please contact the applicable Provider Relations Office for assistance or questions related to this communication. You may also contact the applicable Customer Service Team at the telephone number located on the back of the Member's identification card to determine benefits and eligibility.

Danville: (800) 876-5357
Harrisburg: (888) 281-5338
Scranton: (800) 350-6486
State College: (888) 669-4834