



Employee Benefits Program

PENN Behavioral Health Questions and Answers

1. **What is PENN Behavioral Health?**

PENN Behavioral Health (PBH) is the name for the clinical programs under the Department of Psychiatry at the University of Pennsylvania. PENN Behavioral Health has managed most of the mental health and substance abuse benefits of the University of Pennsylvania Health System with great satisfaction and success for over ten years. In addition, they have managed mental health benefits for two of the University's medical plans over the past four years for active faculty and staff and their dependents.

2. **What are the benefits of PENN Behavioral Health?**

PENN Behavioral Health will provide both regular and retired (pre-65) faculty and staff and their dependents in either the UPHS/Point of Service plan or the PENNCare/Personal Choice plan with a large network of providers (including the University of Pennsylvania's own Department of Psychiatry) as well as better access to information and assistance.

- **Extensive Provider Network**

Members of the covered plans will be able to access services at PENN Behavioral Health in the Department of Psychiatry located at 3535 Market Street and/or use the PENN Behavioral Health large regional network with hundreds of providers.

- **Better Access to Information and Assistance**

Members will have access to PENN Behavioral Health Member Advocacy services, which will provide them with information and resources regarding their benefits and will follow up with them to assure continuity of care.

3. **Will my confidentiality be protected?**

Yes. PENN Behavioral Health is compliant with all applicable HIPAA requirements. Each individual's confidentiality is highly regarded, protected, and systems are set up to ensure privacy. Your confidentiality will be secure.

4. **What number do I call for information about my benefits?**

Call PENN Behavioral Health at **1-888-321-4433**. You can access one of our licensed clinicians who will assist you in getting the appropriate clinical services for your needs 7 days a week, 24 hours a day.

5. Do I have to go to a PENN Behavioral Health provider?

No, you have the choice to use either in-network or out-of-network providers. PENN Behavioral Health providers can be chosen for in-network use of your benefits. Most of these providers are independent counselors throughout the region who are presently considered in-network providers under the current plans. You can call **1-888-321-4433** to determine if a particular provider is in-network. You always have the option to use the qualified provider of your choice via your out-of-network benefit.

6. What happens if I am currently in outpatient care?

If your provider is already in the PENN Behavioral Health network your claims will be processed as in-network. Out-of-network providers can join the network; otherwise the claims will be processed as out-of-network. Please refer to questions #8 and #9 for more details.

7. What if I have an emergency?

If you or an eligible family member needs inpatient emergency care for a mental health or substance abuse problem, you should seek care immediately. If the inpatient facility is in-network the coverage is 100%. Out-of-network emergency stays will be covered at 100% of the Plan's usual, reasonable, and customary rate. **Charges above that rate will be your financial responsibility.**

If the situation is not considered an emergency, but treatment was provided, each Plan allows for in-network coverage when treatment is provided by in-network facilities, and out-of-network coverage for out-of-network facilities. Please see the language of your Plan for coverage details.

8. How can my provider join the PENN Behavioral Health network?

As long as your provider is qualified, credentialed, and is willing to negotiate an in-network agreement with PENN Behavioral Health, they can join. Any qualified out-of-network provider can apply for in-network status by simply calling PENN Behavioral Health at **1-888-321-4433**. We encourage you to suggest this to your provider.

9. Is there a time limit in which my provider must apply to the network?

Providers can make application at any time. However, qualified providers will only obtain an in-network status as of the date in which they join and services will begin to be covered as in-network as of the date on which the provider joins.

10. What if my provider does not want to join?

You have the option to continue to use your current qualified provider and receive out-of-network benefit coverage or choose a new in-network provider. At any time, you may call **1-888-321-4433** for a referral to an in-network provider.

11. Who is a qualified out-of-network provider?

Qualified out-of-network providers are those who are licensed in the state in which they practice, in an appropriate clinical discipline, who have demonstrated clinical competency, and are under no current sanctioning by the licensing board.

12. Who is a qualified in-network provider?

Qualified in-network providers must satisfy the requirements listed above, and must then be credentialed and agree to negotiate an in-network agreement with PENN Behavioral Health.

13. What happens if my physician refers me to a provider?

When your physician refers you to a provider in the PENN Behavioral Health network, those services will be considered in-network and will require only the co-pay listed in your plan. If the qualified provider to whom you are referred is not in the PENN Behavioral Health network, the services will be considered out-of-network and will be covered by the out-of-network provisions of your plan. You may call PENN Behavioral Health and request that the provider (if they are willing) apply for in-network status.