

# Keystone 65 Focus HMO-POS Provider/Pharmacy Directory

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## *Keystone 65 Focus Rx HMO-POS*

**This directory is current as of September 2021. This directory provides a list of Keystone 65 Focus Rx's current network providers. This directory is for Bucks, Chester, Delaware, Montgomery, and Philadelphia counties in Pennsylvania.**

To access Keystone 65 Focus HMO's online provider directory, you can visit [ibxmedicare.com](https://ibxmedicare.com). For any questions about the information contained in this directory, or for more recent information or other questions, please call our Member Help Team at **1-800-645-3965**, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call **711**. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail.

Changes to our pharmacy network may occur during the benefit year. An updated *Provider/Pharmacy Directory* is located on our website at [ibxmedicare.com](https://ibxmedicare.com). You may also call our Member Help Team for updated provider information.

This document may be available in alternate formats, such as braille, large print, or audio. To receive this information in an alternate format, please call our Member Help Team at **1-800-645-3965**. TTY/TDD users should call **711**.



# Table of Contents

## Section 1 — Introduction

How should you use this directory?	i
How does a PCP work in an HMO plan?	i
What is a Point-of-Service option?	i
Keywords	i
How do you get care from a non-contracted provider?	ii
What is the process for obtaining emergency services?	ii
What is the service area for Keystone 65 Focus?	ii
How do you find Keystone 65 Focus providers that service your area?	iii
How do you find a pharmacy?	iii
Where do you go if you have questions?	iii

## Section 2 — List of Network Providers and Pharmacies

Introduction	iv
Primary Care Providers (PCPs)	1
Obstetricians/Gynecologists	100
Specialists	135
Ancillary Providers	530
Retail Clinics and Urgent Care Centers	608
Hospitals	615
Skilled Nursing Facilities	618
Behavioral Health Providers	627
Behavioral Health Facilities	796
Opioid Treatment Program (OTP) Providers	800
Retail Pharmacies	801
Mail-Order Pharmacy	847
Home-Infusion Pharmacies	848
Long-Term Care Pharmacies	849
Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) Pharmacies	854

## Keywords

### Network providers

“Provider” is the general term we use for doctors, hospitals, and other health care professionals and facilities that are licensed or certified by Medicare and by the state to provide health care services. We call them “network providers” when they accept our payment as payment in full, and in some cases to coordinate as well as provide covered services to members of our plan.

### Evidence of Coverage (EOC)

This document, along with your enrollment form and any other attachments, riders, or other optional coverage selected, explains your coverage, what we must do, your rights, and what you have to do as a member of our plan.

### Primary Care Provider (PCP)

Your primary care provider is the doctor you see first for most health problems. He or she also may talk with other doctors and health care providers about your care.

### Covered services

The general term we use to mean all of the health care services and supplies that are covered by our plan.

### Referral

A written or electronic order provided by your primary care provider that approves you to see a plan specialist or to obtain additional services. Referrals are not required for your plan.

### Prior Authorization

Approval in advance to get services or certain drugs that may or may not be on our formulary. Some in-network medical services are covered only if your doctor or other network provider gets “prior authorization” from our plan.

## Section 1 – Introduction

This directory provides a list of Keystone 65 Focus’ **network providers** and pharmacies. To get detailed information about your health care coverage, please see your **Evidence of Coverage (EOC)**. The network providers listed in this directory have agreed to provide you with your health care services. You may go to any of our network providers listed in this directory. You do not need a referral from a physician for specialty care covered services.

### How should you use this directory?

You will have to choose one of our network providers listed in this directory to be your primary care provider (PCP).

If you do not select a PCP at the time of enrollment, we may automatically assign one to you. You will be prompted to choose or change your own PCP when you receive your ID card.

### How does a PCP work in an HMO plan?

You will have to choose plan providers that are part of the Keystone 65 Focus network to be your primary care provider (PCP). The term “PCP” will be used throughout this directory. Generally, you must get your health care services from your PCP. In some cases, such as an emergency, you may get covered services from out-of-network providers. When you become a member of Keystone 65 Focus, you must choose a network physician to be your PCP. Your PCP is a physician who meets state requirements and is trained to give you basic medical care.

Members have a choice of network specialists; however, members must receive care for routine laboratory at the PCP’s designated site. Covered services that need prior authorization (approval in advance) are marked in the Benefits Chart in your *Evidence of Coverage*.

### What is a Point-of-Service option?

Keystone 65 Focus has a Point-of-Service (POS) option. “Point-of-Service” means you can use providers outside the plan’s network for an additional cost. Our plan will cover services from either in-network or out-of-network providers, as long as the services are covered benefits and are medically necessary. If you use an out-of-network provider, your share of the costs for your covered services may be higher. The only exceptions are emergencies, urgently needed care when the network is not available (generally, when you are out of the area), out-of-area dialysis, and in cases in which Keystone 65 Focus authorizes use of out-of-network providers.

## **How do you get care from a non-contracted provider?**

If a non-contracted provider submits a bill directly to you and asks you to pay for covered services you received from the non-contracted provider, you should not pay the bill. Instead, please submit the bill to Keystone 65 Focus for processing and determining your liability, if any.

It is best to ask a non-contracted provider to bill Keystone 65 Focus first, but if you already paid for the covered services, we will pay you for our share of the cost. If you get a bill for the services, you may send the bill to Keystone 65 Focus for payment. We will pay the non-contracted provider for our share of the bill and will let you know what, if anything, you must pay. You won't have to pay a non-contracted provider any more than what the non-contracted provider would have received from you if you had been covered under the Original Medicare plan.

## **What is the process for obtaining emergency services?**

You may get covered emergency medical care whenever you need it, anywhere in the world. If you have an emergency, we will talk with the doctors who are giving you emergency care to help manage and follow up on your care. The doctors who are giving you emergency care will decide when your condition is stable and the medical emergency is over. After the emergency is over, you are entitled to follow-up care to be sure your condition continues to be stable. Your follow-up care will be covered by our plan. If you get your follow-up care from out-of-network providers, you will pay the higher out-of-network cost-sharing.

Sometimes it can be hard to know if you have a medical emergency. For example, you might go in for emergency care — thinking that your health is in serious danger — and the doctor may say that it wasn't a medical emergency after all. If it turns out that it was not an emergency, as long as you reasonably thought your health was in serious danger, we will cover your care.

“Urgently needed care” is a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Urgently needed care may be furnished by in-network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible. The condition could, for example, be an unforeseen flare-up of a known condition that you have.

When you are outside the service area and cannot get care from a network provider, our plan will cover urgently needed care that you get from any provider at the in-network cost-sharing amount. Our plan also covers urgently needed care outside of the United States and its territories. Call the plan for details if traveling outside the United States. Please note that non-urgently needed care is not covered outside the United States. You must use network providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers, neither Medicare nor Keystone 65 Focus will be responsible for the costs.

## **What is the service area for Keystone 65 Focus?**

The counties in our service area are: Bucks, Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania.

## **Original Medicare**

Original Medicare is offered by the government, and not a private health plan like Medicare Advantage plans and prescription drug plans. Under Original Medicare, Medicare services are covered by paying doctors, hospitals, and other health care providers payment amounts established by Congress. You can see any doctor, hospital, or other health care provider that accepts Medicare. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share. Original Medicare has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance) and is available everywhere in the United States.

## **Emergency**

A medical emergency is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.

## **Emergency care**

Covered services that are:

1. Rendered by a provider qualified to furnish emergency services
2. Needed to treat, evaluate, or stabilize an emergency medical condition

## **Urgently needed services**

Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Urgently needed services may be furnished by network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible.

### **Out-of-network provider**

A provider or facility with which we have not arranged to coordinate or provide covered services to members of our plan. Out-of-network providers are not employed, owned, or operated by our plan or are not under contract to deliver covered services to you.

### **Service area**

A geographic area where a health plan accepts members if it limits membership based on where people live. For plans that limit which doctors and hospitals you may use, it's also generally the area where you can get routine (non-emergency) services. The plan may disenroll you if you permanently move out of the plan's service area.

### **Member Help Team**

A department within our plan responsible for answering questions about health plan coverage, including, but not limited to, enrollment, billing, benefits, and claims. Please review the back of your ID card or see Chapter 2 in the *Evidence of Coverage* for information about how to contact the Member Help Team.

### **How do you find Keystone 65 Focus providers that service your area?**

The directory contains a list of PCPs, specialists and pharmacies in the Keystone 65 Focus network in alphabetical order by county then by city. You should use the Table of Contents to locate the type of provider you are looking for. Please call the provider's office to see if the provider is accepting new patients. Be sure to ask the provider if they participate in the Keystone 65 Focus plan.

### **How do you find a pharmacy?**

This directory provides a list of Keystone 65 Focus network pharmacies. To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the *Evidence of Coverage* and formulary.

We call the pharmacies on this list our "network pharmacies" because we have made arrangements with them to provide prescription drugs to Plan members. In most cases, your prescriptions are covered under Keystone 65 Focus only if they are filled at a network pharmacy or through our mail-order pharmacy service. Once you go to one pharmacy, you are not required to continue going to the same pharmacy to fill your prescription, but can switch to any other of our network pharmacies. We will fill prescriptions at non-network pharmacies under certain circumstances as described in your *Evidence of Coverage*.

All network pharmacies may not be listed in this directory. Pharmacies may have been added or removed from the list after this directory was printed. This means the pharmacies listed here may no longer be in our network, or there may be newer pharmacies in our network that are not listed. This list is current as of **September 2021**. For the most current list, please contact us. Our contact information appears on the front and back cover pages.

You can go to all the pharmacies on this list, but your costs for some drugs may be less at pharmacies in this list that offer preferred cost-sharing. We have marked these pharmacies with **P** to distinguish them from other pharmacies in our network that offer standard cost-sharing.

You can get prescription drugs shipped to your home through our network mail-order delivery program. For more information, please contact us or see the mail-order section of this *Provider/Pharmacy Directory*.

### **Where do you go if you have questions?**

If you have questions about any of the above, or require assistance in selecting a PCP, please call our Member Help Team at **1-800-645-3965**, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call **711**. You can also visit **ibxmedicare.com**.

## Section 2

# List of Network Providers and Pharmacies

### Introduction

The following is a list of sections by provider type and how each section is organized. They are listed in the order in which they appear in the directory.

### Primary Care Providers

This section is arranged alphabetically by county, city, specialty, and then by practice or provider name. Each entry includes the following information: practice or provider name, provider identification number, address, phone number, type of practice, and the participating physicians within the practice (if applicable).

This listing also identifies which primary care providers have been recognized as Patient-Centered Medical Homes (PCMH) by the National Committee for Quality Assurance (NCQA). PCMH is a new model of primary care delivery to improve access to and the coordination of care for members. A PCMH is intended to provide more personalized, coordinated, effective and efficient care. This directory identifies the primary care practices in the Keystone 65 Focus network that are recognized by NCQA as a PCMH. You may visit the NCQA website at [www.ncqa.org](http://www.ncqa.org) to learn more about these recognition programs. PCMH practices are identified by an asterisk next to their office address as Patient-Centered Medical Home accreditation.

Patient-Centered Medical Home recognition is subject to change. To access the updated online *Provider/Pharmacy Directory*, you can visit [www.ibxmedicare.com](http://www.ibxmedicare.com). You may also call the Member Help Team for updated provider information.

### Obstetricians/Gynecologists

You may visit a plan obstetrician/gynecologist for general OB/GYN care, including maternity care and non-routine OB/GYN care. This section is arranged alphabetically by county, city, specialty, and then by practice or provider name. Each entry includes the following information: practice or provider name, address, phone number, and the participating physicians within the practice (if applicable).

### Specialists

This section is arranged alphabetically by county, city, specialty, and then by practice or provider name. Each entry includes the following information: practice or provider name, address, phone number, and the participating physicians within the practice (if applicable).

Members eligible for the Vital Care Program or the Vital Care Plus Program will have reduced copays when visiting certain specialists. Please refer to your *Evidence of Coverage* for details.

### Ancillary Providers

This section includes durable medical equipment, home health agencies, laboratories, physical therapy, radiology, renal dialysis centers and other ancillary providers. This section is arranged alphabetically by county, city, specialty, and then by practice name. Each entry includes the following information: practice name, address, and phone number.

### Retail Clinics and Urgent Care Centers

This section is arranged alphabetically by county, city, facility type, and then by facility name. Each entry includes the following information: facility name, address, and phone number.



### Directory Key

- ❖ Patient-Centered Medical Home (PCMH)
- ◇ Therapeutic optometry — not part of routine eye care
- △ Provider offers home visits
- P** Preferred Pharmacy
- eRx** Accepts electronic prescriptions
- 90\*** Offers 90-day supply
- ⊕ Medication Assisted Treatment (MAT) Provider

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## Hospitals

This section is arranged alphabetically by county, city, hospital type, and then by hospital name. Each entry includes the following information: hospital name, address, and phone number.

## Skilled Nursing Facilities

This section is arranged alphabetically by county, city, and facility type, then by facility name. Each entry includes the following information: facility name, address, phone number.

## Behavioral Health Providers

This section is arranged alphabetically by county, city, specialty, and then by practice or provider name. Each entry includes the following information: practice or provider name, address, phone number, and the participating physicians within the practice (if applicable).

## Behavioral Health Facilities

This section is arranged alphabetically by county, city, facility type, and then by facility name. Each entry includes the following information: facility name, address, and phone number.

## Opioid Treatment Program (OTP) Providers

This section is arranged alphabetically by county, city, facility type, and then by facility name. Each entry includes the following information: facility name, address, and phone number.

## Retail Pharmacies

This section is arranged alphabetically by county, city, and then by pharmacy name. Each entry includes the following information: pharmacy name, address, phone number, and an indicator if the pharmacy is a preferred pharmacy, accepts electronic prescriptions, and/or offers 90-day supplies of prescription medications.

## Mail-Order Pharmacy

This section includes the pharmacy name, address, toll-free phone number, TTY/TDD number, and information on filling your mail-order prescriptions.

You can get prescription drugs shipped to your home through our network mail order delivery program.

For refills of your mail order prescriptions, please contact FutureScripts® Secure 21 days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time.

Typically, you should expect to receive your prescription drugs 14 calendar days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact FutureScripts® Secure at 1-888-678-7015 (TTY/TDD: 711), 7 days a week, 24 hours a day.



### **Home-Infusion Pharmacies**

This section is arranged alphabetically by county, city, and then pharmacy name. Each entry includes the following information: pharmacy name, address, phone number, and an indicator if the pharmacy is a preferred pharmacy, accepts electronic prescriptions and/or offers 90-day supplies of prescription medications.

### **Long-Term Care Pharmacies**

Residents of a long-term care facility may access their prescription drugs covered under Keystone 65 Focus HMO-POS through the facility's long-term care pharmacy or another network long-term care pharmacy. This section is arranged alphabetically by county, city, and then pharmacy name. Each entry includes the following information: pharmacy name, address, phone number, and an indicator if the pharmacy is a preferred pharmacy, accepts electronic prescriptions and/or offers 90-day supplies of prescription medications.

### **Indian Health Service/Tribal/ Urban Indian Health Program (I/T/U) Pharmacies**

Only Native Americans and Alaska Natives have access to Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies through Keystone 65 Focus HMO-POS's pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies).

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## Language Assistance Services

**Spanish:** ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

**Chinese:** 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

**Korean:** 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

**Portuguese:** ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

**Gujarati:** સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

**Russian:** ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

**Italian:** ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

**Arabic:** ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

**Pennsylvania Dutch:** BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

**Japanese:** 備考: 母国語が日本語の方は、言語アシスタンスサービス (無料) をご利用いただけます。1-800-275-2583へお電話ください。

### Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

**Navajo:** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódííłnih koji' 1-800-275-2583.

### Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

**Mon-Khmer, Cambodian:** សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

## Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: [civilrightscordinator@1901market.com](mailto:civilrightscordinator@1901market.com). If you need help filing a grievance, our Civil Rights Coordinator is 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, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This *Provider/Pharmacy Directory* was updated as of **September 2021**.

Changes to our pharmacy network may occur during the benefit year. You will receive notice when necessary.

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Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail.

**Please note:** If you discover an error in the directory information, including if a provider is no longer accepting new patients, call the Member Help Team.

Benefits underwritten by Keystone Health Plan East, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

FutureScripts® is an independent company that provides pharmacy benefit management services.