HNE Be Healthy®
MassHealth Member Handbook

11/2014

INTERPRETER AND TRANSLATION SERVICES

English	Important! This information is about your HNE Be Healthy benefits. If you have questions, need this document translated, need someone to read this or other printed information to you, or want to learn more about any of our benefits or services, call us at 800.786.9999, Monday through Friday, 8:00 a.m. – 5:00 p.m. We can give you information in other formats and different languages. All translation services are free to Members. For those with partial or total hearing loss, please call our TTY Line at 800.439.2370 for help.
Spanish	**SERVICIOS DE INTERPRETACIÓN Y TRADUCCIÓN** ¡Importante! Esta información es acerca de sus beneficios Cómo estar Saludable de HNE. Si usted tiene algunas preguntas, necesita este documento traducido, necesita que alguien le lea este documento u otra información impresa, o desea saber más acerca de algunos de nuestros beneficios o servicios, llámenos al 800.786.9999, de lunes a viernes, 8:00 a.m. – 5:00 p.m. Podemos darle información en otros formatos y en diferentes idiomas. Todos los servicios de traducción son gratis para los Miembros. Para aquellos con pérdida auditiva parcial o total, por favor llame a nuestra Línea TTY al 800.439.2370 para recibir ayuda.
Cambodian (Khmer)	**សេវាបកប្រែភាសាផ្ទាល់មាត់ និងបកប្រែជាលាយលក្ខណ៍អក្សរ** នេះគឺជាពត៌មានសំខាន់! ពត៌មាននេះនិយាយអំពី អត្ថប្រយោជន៍ដែលអ្នកអាចទទួលបានពី HNE Be Healthy ។ បើអ្នក មានចម្ងល់ ត្រូវការបកប្រែឯកសារនេះ ត្រូវការឱ្យគេអានឯកសារនេះឱ្យអ្នកស្តាប់ ឬត្រូវការពត៌មានផ្សេងទៀតជាលាយលក្ខណ៍អក្សរ ឬត្រូវការចង់ដឹងបន្ថែមអំពីអត្ថប្រយោជន៍ និងសេវាផ្សេងទៀតរបស់យើងខ្ញុំ សូមហៅទូរស័ព្ទមកកាន់លេខ 1-800-786-9999 ពីថ្ងៃច័ន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីម៉ោង 8:00 នាទីព្រឹក - ម៉ោង 5:00 នាទីល្ងាច ។ យើងខ្ញុំអាចផ្តល់ពត៌មានជូនអ្នកតាមវិធី និងភាសាផ្សេងទៀតបាន ។ រាល់សេវាបកប្រែ ទាំងអស់ គឺមិនបាច់បង់ប្រាក់ឡើយ សំរាប់សមាជិកគ្រប់រូប ។ សំរាប់អ្នកដែលបាត់បង់ការស្តាប់ខ្លះៗ ឬទាំងស្រុង សូមទូរស័ព្ទ មកកាន់ខ្សែសំរាប់មនុស្សថ្លង់ តាមរយៈលេខ 1-800 439-2370 ដើម្បីសុំជំនួយ ។
Chinese (Cantonese)	**口譯及筆譯服務** 重要！本檔是有關您的 HNE 健康組織所提供的福利資訊。如果您有什麼問題，需要此檔得到翻譯，需要有人給您讀此檔或其他書面資訊，或需要瞭解更多我們提供的福利或服務，請於星期一至星期五上午 8:00 至下午 5:00 的時間裏給我們打電話，號碼為 1-800-786-9999。我們可以給您提供其他格式以及不同語言的資訊。所有的翻譯服務對會員是免費的。對部分或完全失聰人士，請打我們的 TTY 電話求助，號碼為 1-800-439-2370。

Chinese (Mandarin)	**口译及笔译服务** 重要！本文件是有关您的 HNE 健康组织所提供的福利信息。如果您有什么问题，需要此文件得到翻译，需要有人给您读此文件或其他书面信息，或需要了解更多我们提供的福利或服务，请于星期一至星期五上午 8:00 至下午 5:00 的时间里给我们打电话，号码为 1-800-786-9999。我们可以给您提供其他格式以及不同语言的信息。所有的翻译服务对会员是免费的。对部分或完全失聪人士，请打我们的 TTY 电话求助，号码为 1-800-439-2370。
Haitian Creole	**SÈVIS ENTÈPRÈT AK TRADIKSYON** Enpòtan ! Enfòmasyon sa a konsène benefis HNE Be Healthy ou yo. Si w gen kesyon, si w bezwen pou yo tradwi dokiman sa a pou w, si w bezwen yon moun li dokiman an oswa nenpòt ki lòt enfòmasyon pou w, oubyen si w vle aprann plis enfòmasyon konsènan benefis oswa sèvis nou founi yo, rele nou nan 800.786.9999, lendi jiska vandredi, depi 8è:00 a.m. rive 5è:00 p.m. Nou kapab ba w enfòmasyon ki prezante nan yon lòt fòma ak nan yon lòt lang. Tous sèvis tradiksyon yo gratis pou Manm yo. Moun ki pa kapab tande byen oswa ki pa kapab tande ditou ta dwe rele Nimewo pou Malantandan (TTY) nou nan 800.439.2370 pou kapab jwenn asistans.
Laotian	**ບໍລິການບາຍແປພາສາ ແລະ ການແປພາສາ** ສຳຄັນ! ຂໍ້ມູນນີ້ກ່ຽວກັບ HNE ຂອງທ່ານ ທີ່ເປັນປະໂຫຍດສຳລັບສຸຂະພາບ. ຖ້າຫາກວ່າທ່ານມີຄຳຖາມ, ຕ້ອງການແປເອກະສານນີ້, ຕ້ອງການໃຜຜູ້ໜຶ່ງອ່ານອັນນີ້ ຫຼື ຕ້ອງການພິມຂໍ້ມູນໃຫ້ທ່ານ, ຫຼື ຕ້ອງການຢາກຮູ້ປະໂຫຍດ ຫຼື ການບໍລິການຕ່າງໆຂອງພວກເຮົາ, ໂທຫາພວກເຮົາທີ່ 1-800-786-9999, ວັນຈັນຫາວັນສຸກ, 8:00 ເຊົ້າ – 5:00 ແລງ. ພວກເຮົາສາມາດໃຫ້ຂໍ້ມູນທີ່ໃນຮູບແບບອື່ນ ແລະ ພາສາອື່ນໆທີ່ຫຼາກຫຼາຍ. ການແປພາສາທຸກຢ່າງແມ່ນຟຣີສຳລັບສະມາຊິກ. ສະເພາະຜູ້ທີ່ສູນເສຍທາງດ້ານການໄດ້ຍິນບາງສ່ວນ ຫຼື ທັງໝົດ, ກະລຸນາໂທໄປທີ່ສາຍ TTY ຂອງພວກເຮົາເພື່ອຮັບຄວາມຊ່ວຍເຫຼືອໄດ້ທີ່ 1-800 439-2370.
Portuguese	**SERVIÇOS DE TRADUÇÃO E INTERPRETAÇÃO** Importante! Essa informação se trata dos seus benefícios de Saúde do HNE (*HNE Be Healthy*). Caso tenha quaisquer perguntas, necessite desse documento traduzido, necessite que alguém leia para você esse documento ou alguma outra informação impressa, ou deseje saber mais sobre qualquer um de nossos benefícios ou serviços, ligue-nos no 800.786.9999, de segunda à sexta-feira, entre 8h00 e 17h00. Nós podemos lhe fornecer informações em outros formatos e idiomas. Todos os serviços de tradução são gratuitos para os Associados. Para os portadores de deficiência auditiva total ou parcial, por favor, ligue para a nossa linha de TTY no 800.439.2370 para obter ajuda.
Russian	**УСЛУГИ УСТНОГО И ПИСЬМЕННОГО ПЕРЕВОДЧИКА** Важно! Приводимая информация касается ваших льгот медицинского страхования компанией HNE. Если у Вас имеются какие-либо вопросы, нужно перевести этот документ на другой язык, необходимо, чтобы кто-либо Вам прочел этот документ или другую печатную информацию, или же Вы хотели бы больше узнать о предоставляемых нами льготах или оказываемых услугах, то звоните нам по тел. 800.786.9999, с понедельника по пятницу, с 8:00 по 17:00. Мы можем представить Вам информацию в других форматах и на других языках. Все услуги по переводу оказываются бесплатно для членов. Лицам, частично или полностью утратившим слух, по поводу помощи следует звонить по нашей линии TTY по номеру 800.439.2370.
Vietnamese	**DỊCH VỤ PHIÊN BIÊN DỊCH** Thông tin quan trọng! Thông tin này liên quan đến quyền lợi HNE Be Healthy của bạn. Nếu bạn có thắc mắc gì, cần người dịch thông tin này ra tiếng của bạn, cần người đọc cho bạn thông tin này hoặc những tài liệu in khác, hay bạn muốn tìm hiểu thêm về các quyền lợi cũng như dịch vụ, hãy gọi cho chúng tôi theo số 800.786.9999, thứ Hai đến thứ Sáu, 8:00 a.m. – 5:00 p.m. Chúng tôi có thể cung cấp thông tin cho bạn theo nhiều cách và bằng nhiều thứ tiếng khác nhau. Tất cả các dịch vụ phiên dịch đều miễn phí đối với Thành viên. Đối với người gặp khó khăn về thính giác, vui lòng gọi chúng tôi theo đường dây TTY số 800.439.2370 để được giúp đỡ thêm.

For questions about your health care call HNE Member Services at: 413.788.0123 or 800.786.9999 (TTY: 800.439.2370) Monday - Friday from 8 a.m. to 5 p.m. Or visit hne.com.
For questions about your Behavioral Health call MBHP at: 800.495.0086 (TTY: 1.617.790.4130) 24 hours a day, 7 days a week. Or visit www.masspartnership.com

For general medical information, call HNE's Nurse Advice Line at 1.866.389.7613
For MassHealth Customer Service, call: 800.841.2900 (TTY: 800.497.4648) Monday - Friday from 8 a.m. to 5 p.m.

One Monarch Place · Suite 1500
Springfield, MA 01144-1500
413.787.4000 · 800.842.4464 · hne.com

AUTHORIZATION OF PERSONAL REPRESENTATIVE FORM

State and federal law gives you the right to choose one or more persons to act on your behalf with respect to the health information that pertains to you. By completing this form, you are telling Health New England, Inc. (**"HNE"**) that you chose the named person as your Personal Representative. ***This form also authorizes HNE to disclose your Protected Health Information ("PHI") to the person indicated.***

INSTRUCTIONS: Complete both the front and back of this form. Please print all responses. A minor over the age of 12 is required to authorize release of sensitive information to their parent or legal guardian. (The minor must complete Section C below and sign this form.) This form must be filled out completely in order to be valid. Once completed, mail or fax **413.233.2635** the form to:

HEALTH NEW ENGLAND, INC.
One Monarch Place, Suite 1500, Springfield, MA 01144-1500
Attn: Enrollment Department

A. MEMBER INFORMATION

Your Name: _____
Last Name First Name Middle

Home Address: _____

Home Telephone: _____ Date of Birth: _____

HNE Member ID Number: _____

HICN (Medicare Members): _____

B. PERSONAL REPRESENTATIVE SECTION

Name of person to whom you are authorizing HNE to disclose your PHI. (If you wish to choose more than one Personal Representative, please fill out a separate form for each person.)

_____
Last Name First Name Middle

Address: _____

Telephone: _____

C. HEALTH INFORMATION SUBJECT TO THIS AUTHORIZATION

By signing this form, I agree to allow HNE to disclose to my Personal Representative the following information:

- Enrollment, Eligibility, and Billing information (such as name, address, employer, effective date, etc.).
- Claims Information (which may include diagnosis, procedures performed, providers seen, information in appeals files and case management records), subject to any restrictions set forth below.

I also authorize HNE to disclose the following types of sensitive information about me (check all that apply):

❒ Information related to mental health treatment.
❒ Information related to sexually transmitted disease(s).
❒ Information related to treatment for substance abuse.
❒ Information related to AIDS, ARC or HIV (including the fact that an HIV test was ordered, performed, or reported,regardless of whether the results of such tests were positive or negative).
❒ Information related to genetic testing.

D. PURPOSE OF THE DISCLOSURE

HNE may disclose my PHI to my Personal Representative for the following purposes (check only one):

❒ **Any and All Purposes.** My Personal Representative shall have all of the rights and privileges that I have with respect to my health information, including, but not limited to, requesting authorization on my behalf for certain services; changing my Primary Care Provider; discussing my eligibility, billing or claims information; and requesting copies of my records.

❒ **Appeal Purposes Only.** My Personal Representative is authorized to assist and represent me during the appeal process regarding the denial of services I received from _____ (Name of Provider) on _____ (Date of Denial). Such authorization shall include the right to view any documents, including medical records, related to this appeal.

❒ **Other.** My Personal Representative may act on my behalf for the following purpose only (please specify):

_____

_____

E. TERM

This Authorization will remain in effect (check only one):

❒ From the date shown below until _____ (insert date).
❒ Until revoked by me in writing.
❒ Until the appeal process described above is complete (for use only in connection with an appeal).

I understand that once **HNE** discloses my health information to my Personal Representative, **HNE** cannot guarantee that my Personal Representative will not redisclose my health information to a third party, and that state and federal laws may no longer protect such information.

I understand that I may refuse to sign or may revoke (at any time) this Authorization for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of **HNE's** treatment of me, enrollment in the health plan, or eligibility for benefits.

I understand that this Authorization will remain in effect until the Term of the Authorization expires or I provide a written notice of revocation to the **HNE** Enrollment Department at the address listed below. The revocation will be effective immediately upon HNE's receipt and processing of my written notice, except that the revocation will not have any effect on any action taken by HNE in reliance on my Authorization before **HNE** received my written notice of its revocation.

I have read and understand the terms of this Authorization. I hereby, knowingly and voluntarily, authorize HNE to use or disclose my health information in the manner described above.

_____

Signature of Individual Date

If Individual is a minor or is otherwise unable to sign this Authorization, please sign and complete below. (NOTE: If relationship is other than "parent," please attach appropriate documentation, such as copy of court appointment, health care proxy, etc.)

_____

Signature of authorized Legal Guardian, Health Care Agent, or other Personal Representative | Relationship | Date

One Monarch Place · Suite 1500
Springfield, MA 01144-1500
hne.com

WELLNESS REIMBURSEMENT FORM

There is more to staying healthy than seeing your doctor. It's up to you to make healthy choices. That's why HNE Be Healthy® gives you more than just coverage for your doctor visits. Here is one of many programs we offer to help you take charge of your health.

HNE will reimburse you up to $50 per member per calendar year towards:

- Qualifying fitness club membership
- Weight Watchers
- Personal trainer fees
- Aerobic/wellness classes
- School and town sports registration fees

Fitness Club Requirements

- The fitness club must have cardiovascular and strength training exercise equipment (YMCA, Planet Fitness, Healthtrax, Gold's Gym, LA Fitness, Springfield Jewish Community Center, Attain, etc.) that are included in membership.

Weight Watchers Requirements

- Reimbursement applies only to Weight Watchers, Weight Watchers Online, and Weight Watchers at Work meetings.
- You must submit proof of payment (dated paid receipts or copies of bank or credit card statements).
- For traditional Weight Watchers, please submit a copy of your stamped Weight Watchers Membership book.
- For Weight Watchers online, please provide a print out of your account billing history.

School and Town Sports Registration Requirements

- You must submit a dated paid receipt[1].

Aerobic/Wellness Class and Personal Trainer Requirements

- Class instructors and personal trainers must be certified.
- Classes may include: pilates, yoga, spinning, aerobics, strength training, tai chi, kickboxing, martial arts, etc.

Reimbursement Requirements - All Programs

- The participant in the program must be an active HNE Be Healthy® member for a continuous 3 months at time of participation.
- You can submit your form up to two times in each calendar year, for a maximum annual reimbursement of $50 per member.
- Receipts will not be returned. HNE will accept copies of the receipts.

HNE Be Healthy® will *not* reimburse you for:

- Classes or personal training sessions with uncertified trainers
- Country clubs, social clubs, or tanning salons
- Fees paid for food, books, transportation, videos, or any other items or services
- Fees paid to weight loss programs other than Weight Watchers
- Vitamins, supplements, sports/exercise equipment, or golf fees
- Requests received later than March 31 of the following year

HNEPlus

Combine this reimbursement program with our HNEPlus Discount Program and save even more! Through the HNEPlus program members can also receive discounts for choosing healthy lifestyles! To learn about all the ways your HNE ID card adds extra value visit hne.com/masshealth.

[1]Examples of receipts could be a canceled check or bank/credit card statements.

For HNE Use Only
Current HNE member
Receipts/Contract that reflect payment
Amount to reimburse $ _____

WELLNESS REIMBURSEMENT FORM

Member Information

Last Name: _____First Name: _____

Street Address:_____

City:_____State:_____ Zip:_____

HNE ID #:_____

Telephone #: _____

All reimbursements will be sent to the Member's address currently on file with HNE Be Healthy.®
Maximum reimbursement is $50 per member per calendar year.

Member Information

Member Name (Last, First)	Relationship to Subscriber	Date of Birth

Activity for reimbursement

Type of activity	Program/Facility name	Address/Phone#	Amount Requested	Calendar Year
				20____
				20____
				20____

Information needed for reimbursement

- This completed form. Please make copies of the completed form for your records.
- A copy of relevant contracts, membership agreements, personal trainer agreements with license #, or registration forms. (School and town sports may submit dated paid receipt[1] only.)
- Dated paid receipts or copies of bank or credit card statements. The receipts must include the member's name.
- For traditional Weight Watchers, please submit a copy of your stamped Weight Watchers membership book.
- For Weight Watchers online, please provide a print out of your account billing history.

Certification and Authorization. (Each covered family member aged 18 or older for whom reimbursement is sought must sign this form.)

I authorize the release of any information to HNE Be Healthy® about my health club membership, school and town sports registration, aerobic/wellness class, personal training, and if applicable Weight Watchers participation. I certify that the information provided in support of this submission is complete and correct.

Member/authorized representative signature: _____**Date:** _____

Mail completed form and the "information needed for reimbursement" described above to:
Health New England, Claims Department, One Monarch Place, Suite 1500, Springfield, MA 01144-1500.
Please allow 4-6 weeks for processing.

NOTE: HNE must receive reimbursement requests from the prior year no later than March 31.

HNE Be Healthy® Needs Assessment (HNA)

PLEASE TAKE A FEW MINUTES TO COMPLETE THIS SURVEY

Your health assessment will help HNE Be Healthy® provide better health services and coordinate the care you receive. We will keep the information you provide private. Your answers will NOT affect your MassHealth/ Medicaid benefits.

SURVEY INSTRUCTIONS

1. Please fill out one assessment form for each new member.

2. You will need to have on hand:

a. Your HNE Be Healthy® member insurance card number

b. The names, phone numbers, and addresses of your doctor or nurse

3. Answer each of the questions by checking off the box ❍ Yes ❍ No ❍ Not Sure, or filling in your response in the space provided.

4. You are sometimes told to skip over some questions in this survey. When this happens you will see a note that tells you what question to answer next.

5. This survey will take about 10 minutes to complete.

6. Please use enclosed mailing envelope and return to: One Monarch Place, Suite 1500, Springfield MA 01144.

Thank you for taking the time to fill out this assessment form. HNE Be Healthy® will review your responses to determine if there are care management programs, educational materials, or other resources that you may find helpful. If you have any questions about this health assessment, please call HNE Member Services at 413.788.0123 or 800.786.9999 (TTY 800.439.2730).

PERSONAL INFORMATION

Name of person completing this form:

Member Name (Last, First, MI)	MassHealth HNE Be Healthy® Member ID	Birth Date / /	Gender ❍ Male ❍ Female
Address (number and street)	City/Town	State	Zip code

Phone number:

❍ Home (_____)_____ ❍ Cell (_____)_____ ❍ Work (_____)_____

Email Address:

Relationship of person completing this form to the member:

❍ Self ❍ Parent ❍ Spouse/Partner ❍ Family/Relative ❍ Professional Caregiver ❍ Authorized Representative

INFORMATION ABOUT YOU

QUESTION	YES	NO	NOT SURE	ADDITIONAL ANSWER
1. Are there other phone numbers for HNE Be Healthy® to contact you about your health needs? If yes, please include area code first.	❍	❍	❍	❍ Home (_____)_____ ❍ Cell (_____)_____ ❍ Work (_____)_____ Best time to call: ❍ AM ❍ PM
2. Preferred language spoken				❍ English ❍ Spanish ❍ Other ***If other, please identify:*** _____
3. Are you currently homeless and/or don't have a stable living situation?	❍	❍	❍	
4. Are you hearing impaired?	❍	❍	❍	
5. Do you currently get services from any of the following state agencies?	❍	❍	❍	***If yes, please check as many as apply.*** ❍ Massachusetts Commission for the Blind ❍ Massachusetts Commission for the Deaf and Hard of Hearing ❍ Massachusetts Rehabilitation Commission ❍ Department of Mental Health ❍ Department of Developmental Services ❍ Division of Children and Families ❍ Special Education ❍ Early Intervention Program ❍ Other

INFORMATION ABOUT YOUR HEALTH

QUESTION	YES	NO	NOT SURE	ADDITIONAL ANSWER
6. How would you describe your health now?				❍ Excellent ❍ Good ❍ Fair ❍ Poor
7. Do you have trouble doing any of the following because of your health?	❍	❍	❍	❍ Walking several blocks ❍ Preparing meals ❍ Eating ❍ Bathing/Showering ❍ Doing light household chores ❍ Attending work/school ❍ Exercising/Playing ❍ Sleeping
8. Do you currently take any prescription medications on a regular basis?	❍	❍	❍	***If yes, how many medications are you currently taking?*** ❍ 1-2 ❍ 3-4 ❍ More than 4 medications Please list the medications you currently take _____ _____
9. Are you currently pregnant? (if not, skip to question #12)	❍	❍	❍	***If yes, when is your due date?*** ____/____/____
10. If you are pregnant, do you have an OB/GYN doctor, nurse, or mid-wife who is providing care during this pregnancy?	❍	❍	❍	***If yes, provider's name:*** _____ Address:_____ Phone: (____)_____
11. If you are pregnant, do you have concerns about your pregnancy?	❍	❍	❍	***If yes, would you like to speak to a prenatal care manager?*** ❍ Yes ❍ No
12. In the last 12 months, did you get care in an emergency room?	❍	❍	❍	***If yes, how many times?*** ❍ 1-3 times ❍ 4-6 times ❍ More than 6 times
13. In the last 12 months, have you stayed overnight in a hospital?	❍	❍	❍	

14. Has anyone in your immediate family (mother, father, sister, brother, children) had any of the following health problems?				***Please check as many as apply.*** ❍ Asthma ❍ Diabetes ❍ Heart Problems ❍ Cancer ❍ Kidney Disease ❍ Depression ❍ High Blood Pressure ❍ Chronic Pain ❍ High Cholesterol ❍ HIV/AIDS ❍ Alcohol or Substance Abuse ❍ Stroke ❍ Obesity/Weight Problems ❍ Other
15. Are you being treated for any of the following health problems?				***Please check as many as apply.*** ❍ Asthma ❍ Diabetes ❍ Heart Problems ❍ Cancer ❍ Kidney Disease ❍ Depression ❍ High Blood Pressure ❍ Chronic Pain ❍ High Cholesterol ❍ HIV/AIDS ❍ Alcohol or Substance Abuse ❍ Stroke ❍ Obesity/Weight Problems ❍ Other

INFORMATION ABOUT YOUR HEALTH NEEDS

QUESTION	YES	NO	NOT SURE	ADDITIONAL ANSWER
16. Do you have a doctor or nurse that you usually go to for health care needs?	❍	❍	❍	***If yes, doctor's name:*** _____ Address:_____ Phone: (____)_____
17. Have you seen your doctor doctor in the last 12 months?	❍	❍	❍	***If yes, what was the visit for:*** ❍ Well-visit ❍ Illness ❍ Injury
18. Do you currently use any medical equipment?	❍	❍	❍	***If yes, please check all of the equipment you use.*** ❍ Wheelchair ❍ Cane ❍ Walker ❍ Crutches

QUESTION	YES	NO	NOT SURE	ADDITIONAL ANSWER
19. Do you need help with managing your health care condition?	❍	❍	❍	***If yes, would you like to speak to a care manager?*** ❍ Yes ❍ No
20. Do you need help with transportation to the doctor's office or clinic?	❍	❍	❍	***If yes, some members may be eligible for transportation assistance. Please call HNE Member Services for more information.***

INFORMATION ABOUT WELLNESS AND YOUR LIFE STYLE

QUESTION	YES	NO	NOT SURE	ADDITIONAL ANSWER
21. In the past month, have you felt sad or down?	❍	❍	❍	***If yes, how often?*** ❍ All of the time ❍ Most of the time ❍ Some of the time ❍ A little of the time
22. In the past month, have you had enough energy to do what you need to for work, school, or home?	❍	❍	❍	***If yes, how often?*** ❍ All of the time ❍ Most of the time ❍ Some of the time ❍ A little of the time
23. Do you exercise regularly?	❍	❍	❍	***If yes, how many times a week do you exercise?*** ❍ 1-2 times per week ❍ 3-5 times per week ❍ More than 6 times per week
24. Do you use tobacco products?	❍	❍	❍	***If yes, would you like written information about quitting smoking or using tobacco products?*** ❍ Yes ❍ No
25. Do you drink alcohol?	❍	❍	❍	***If yes, how often to you drink alcohol?*** ❍ 1-2 times per week ❍ 3-5 times per week
26. Do you buckle your seat belt?	❍	❍	❍	***If yes, how often:*** ❍ Always ❍ Sometimes ❍ Never

QUESTION	YES	NO	NOT SURE	ADDITIONAL ANSWER
27. If you have children under age 8 in your household, do you use a car seat when driving?	❍	❍	❍	***If yes, how often:*** ❍ Always ❍ Sometimes ❍ Never
28. Would you like to get information about other health topics?	❍	❍	❍	***If yes, please list the health topics you are interested in.*** _____ _____ _____

INFORMATION ABOUT YOUR RACE AND ETHNICITY

QUESTION	ADDITIONAL ANSWER		
29. How would you describe your race? Please check as many as apply.	❍ American Indian/ Alaska Native ❍ Asian ❍ Black/African American	❍ Native Hawaiian or other Pacific Islander ❍ White	❍ Other Race ❍ Unknown/not Specified
30. How would you describe your ethnic background? Please check as many as apply.	❍ African ❍ African American ❍ American ❍ Asian ❍ Asian Indian ❍ Brazilian ❍ Cambodian ❍ Cape Verdean ❍ Caribbean Islander ❍ Central American (not otherwise specified) ❍ Chinese ❍ Colombian ❍ Cuban ❍ Dominican	❍ Eastern European ❍ European ❍ Filipino ❍ Guatemalan ❍ Haitian ❍ Honduran ❍ Japanese ❍ Korean ❍ Laotian ❍ Mexican, Mexican American, Chicano ❍ Middle Eastern ❍ Portuguese ❍ Puerto Rican ❍ Russian	❍ Salvadoran ❍ South American (not otherwise specified) ❍ Vietnamese ❍ Other ethnicity ❍ Unknown/not specified

Member Handbook Table of Content

SECTION 1 – INTRODUCTION

Welcome to HNE Be Healthy

Welcome to Health New England (HNE)! HNE is a managed care organization (MCO) based in Massachusetts. HNE Be Healthy is our program that serves MassHealth Members in Hampden, Hampshire, Franklin, and Berkshire counties. We are pleased to have you and/or your children as Members. We look forward to helping you be healthy and stay healthy.

This Member Handbook describes your Covered Services and benefits as an HNE Be Healthy Member. It contains important information about both your HNE Be Healthy Covered Services and benefits *and* your MassHealth Covered Services and benefits, as well as the things we will do for you, and things we need you to do as an HNE Be Healthy Member.

For the purposes of this Member Handbook, the word "you" or "your" means "Members of HNE Be Healthy."

Words with Special Meaning

Some words in this Member Handbook have special meaning. These words will be capitalized throughout the Member Handbook, and defined in the glossary at the end of the Member Handbook.

Your HNE Be Healthy Covered Services and Benefits

This Member Handbook, along with the attached Covered Services list (included in this document), will help you understand your HNE Be Healthy benefits, including medical, social, and Behavioral Health (mental health and/or substance abuse) services.

As an HNE Be Healthy Member, HNE has partnered with the Massachusetts Behavioral Health Partnership (MBHP) to provide all Behavioral Health services to you and the HNE Be Healthy Members of your family. Section 5 of this Member Handbook tells you all about your HNE Be Healthy Behavioral Health services.

The information in this Member Handbook explains what you can expect from HNE Be Healthy. Please read your Member Handbook and keep it somewhere you can find it when you need it.

How to Get More Information

If you need help understanding any part of this document, and all other HNE Be Healthy materials, contact an HNE Member Services representative. The number is at the bottom of every page of this Member Handbook. We're here to help you Monday through Friday from 8:00 a.m. to 5:00 p.m. If you have questions about Behavioral Health, you can call MBHP. The number is at the bottom of every page of this Member Handbook. You can reach MBHP 24 hours a day, seven days a week.

The HNE Be Healthy Member Handbook and Provider Directory are available in Spanish. Translation services are available for other languages. There is no additional cost to you for any translation services you need.

If we do not have a Member Services representative who speaks your language, we will provide translators and interpretation services for you.

You can also call an HNE Member Services representative to request, free of charge, the HNE Be Healthy Member Handbook in alternative formats, such as Braille, large type size, and American Sign Language video clips.

Please note that you can learn about all of MassHealth's health plan options, including HNE Be Healthy, by calling MassHealth customer service center at 800.841.2900 (TTY 888.665.9997) Monday through Friday, 8 a.m. to 5 p.m.

Getting the Most Out of HNE Be Healthy Membership

Meet your Primary Care Provider (PCP) as soon as you join HNE Be Healthy. A PCP is a doctor or nurse practitioner who provides and coordinates all of your healthcare needs. As a Member of HNE Be Healthy, you must choose a PCP. Your PCP is the Provider you should call for any kind of healthcare need, unless you are having an Emergency. Each HNE Be Healthy family Member can choose his or her own PCP. You can call your PCP's office 24 hours a day, seven days a week. If your PCP is not available, somebody else will be able to help you.

To choose an HNE Be Healthy PCP, please visit us online at www.hne.com or call HNE Member Services at the number listed below. If you want a copy of our Provider Directory, please call and ask us to send one to you. If you do not choose a PCP within 15 calendar days of your Enrollment in HNE Be Healthy, we will choose one for you. Please keep in mind that you are always able to change your PCP at any time by calling us at the number listed below.

You should see your PCP as soon as possible to receive a check-up, and at least annually for a "well-visit" to make sure that you are healthy and to find out about any health issues you may have. Children under age 3 should see their PCP more often, as described in Section 6 of this Member Handbook.

SECTION 2 –COMMUNICATING WITH HNE BE HEALTHY

When and How to Reach HNE Be Healthy for Help

Our Member Services representatives want you to get the most from your HNE Be Healthy membership. Call the HNE Member Services department if you:

- Have any questions about your HNE Be Healthy Covered Services and benefits
- Need help choosing a PCP
- Receive a bill for Covered Services
- Lose your HNE Be Healthy Member ID Card
- Want to file a Grievance or Appeal

In addition, please be sure to let the HNE Member Services department and MassHealth know if you:

- Move
- Get a new telephone number
- Change your marital status
- Have a new addition to your family

Also let MassHealth know if you lose your MassHealth Member ID card.

You can always ask for a Member Services representative who can talk to you in the language you choose if English is not your first language. If we do not have a Member Services representative who speaks your language, we will provide translators and interpretation services for you.

SECTION 3 – WHERE TO GET SERVICES

HNE Be Healthy Provider Directory

The HNE Be Healthy Provider Directory lists participating Providers, including:

- Emergency Rooms
- Behavioral Health Emergency Services Program (ESP) Providers
- Hospitals
- Primary Care Providers
- Specialty Providers
- Behavioral Health Providers
- Pharmacies
- Ancillary Providers
- Durable Medical Equipment Suppliers

To request a copy of the Provider Directory, call HNE Be Healthy's Member Services department. You also may visit the HNE Be Healthy web site to find the most up-to-date listing of all HNE Be Healthy Providers. Go to www.hne.com, click on "HNE Be Healthy," and then click on "Find a Doctor."

HNE Be Healthy's Service Area

HNE Be Healthy's Service Area includes Hampden, Hampshire, Franklin, and Berkshire counties. HNE Be Healthy works with doctors, hospitals, and other Providers to offer healthcare services within our Service Area. For more information about HNE Be Healthy's Service Area, call our Member Services department at the number located at the bottom of this page.

There are only certain services that you may receive outside of the HNE Be Healthy Service Area without Prior Authorization (for example, Emergency Care and Family Planning Services, or a specific service that is not available from an HNE Be Healthy provider). Section 8 and the Covered Services list included with this Member Handbook has more information. You also can call HNE Member Services at the number located at the bottom of this page.

SECTION 4 – HNE BE HEALTHY MEMBER ENROLLMENT, DISENROLLMENT, AND ID CARDS

Enrollment Overview

Enrollment with HNE Be Healthy begins when we receive notification of your Enrollment from MassHealth. We mail a Member ID Card to you within fifteen (15) business days of your Enrollment into HNE Be Healthy. Your Member ID Card is valid and HNE Be Healthy is responsible for providing you all of your Covered Services as of the Effective Date of your Enrollment in HNE Be Healthy. Covered Services are listed in the Covered Services list that is included with this Member Handbook

When you enroll in HNE Be Healthy, you are accepted regardless of your physical or mental condition, age, gender, sexual orientation, religion, physical or mental disability, ethnicity or race, previous status as a Member, pre-existing conditions, or expected health status.

Disenrollment from HNE Be Healthy

Voluntary Disenrollment

You may end your coverage from HNE Be Healthy at any time. To voluntarily disenroll from HNE Be Healthy, and to learn about all of your health plan options, call the MassHealth customer service center at the number at the bottom of this page. If you ask to disenroll, your membership in HNE Be Healthy will end one (1) business day after HNE Be Healthy receives the request to end your membership from MassHealth. After Disenrollment, HNE Be Healthy will continue to provide coverage for:

- Covered Services through the date of Disenrollment
- Any custom-ordered equipment approved prior to Disenrollment, even if not delivered until after Disenrollment

Member Disenrollment Due to Loss of Eligibility

If you lose eligibility for MassHealth coverage, MassHealth will disenroll you from HNE Be Healthy. You will no longer be eligible for coverage by HNE Be Healthy as of the date of your MassHealth Disenrollment. You may automatically be re-enrolled in HNE Be Healthy if you become eligible again for MassHealth within six months, as determined by MassHealth.

Member Disenrollment for Cause

There may be instances where HNE Be Healthy may submit a written request to MassHealth to disenroll an HNE Be Healthy Member. HNE Be Healthy will not request to disenroll a Member due to an adverse change in a Member's health status or because of a Member's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his/her special needs. MassHealth will decide whether to grant HNE Be Healthy's Disenrollment request. If you are disenrolled from HNE Be Healthy, MassHealth will notify you in writing that you have been disenrolled and you will be contacted by MassHealth to choose another health plan.

How to Keep Your MassHealth Coverage

To make sure you are not disenrolled from MassHealth or HNE Be Healthy, renew your MassHealth coverage every year on time. MassHealth will mail you an Eligibility review verification form 10 to 11 months from the date you last applied for MassHealth. If you do not receive a form, contact MassHealth's customer service center or HNE Member Services at the number on the bottom of this page. Complete the form and return it to MassHealth immediately. If you have questions about how to fill out the MassHealth re-determination form, call HNE Be Healthy's Member Services department. If you do not complete the form and return it on time, you will lose your MassHealth and HNE Be Healthy coverage.

Member ID Cards for HNE Be Healthy

Your HNE Be Healthy Member ID Card

You must present your HNE Be Healthy Member ID Card to receive Covered Services from a Provider.

You and each of your family Members enrolled in HNE Be Healthy will receive an HNE Be Healthy Member ID Card. Each Member ID Card has important information about you and your benefits. It also tells Providers and pharmacists that you are a member of HNE Be Healthy. Always carry your HNE Be Healthy Member ID card with you.

When you receive your Member ID Card, please read it carefully. Make sure all the information is correct. If you have questions or concerns about your HNE Be Healthy Member ID Card, or if you lose it, call the HNE Member Services department promptly.

If you do not get your HNE Be Healthy Member ID Card(s) in the mail, please call the HNE Member Services department to make sure that we have your correct address.

A sample HNE Be Healthy Member ID Card looks like this:

Having an HNE Be Healthy Member ID Card does not guarantee you will receive Covered Services. To receive Covered Services you must have MassHealth and be an HNE Be Healthy Member at the time you receive the service. If you permit others to use your Member ID card to obtain services to which they are not entitled, that constitutes Fraud. See Section 10 for more information on Fraud.

Your MassHealth ID Card

As a Member of HNE Be Healthy, you also will have a MassHealth ID Card. For the most complete coverage, be sure to carry both cards with you at all times and show both your HNE Be Healthy Member ID Card and MassHealth ID card whenever you get healthcare or fill a prescription.

For information about your MassHealth ID card, call the MassHealth customer service center at the number at the bottom of this page. A sample MassHealth ID card looks like this:

SECTION 5 – CHOOSING AND USING YOUR HNE BE HEALTHY PROVIDERS TO GET THE BEST HEALTHCARE

Primary Care Providers (PCPs) and Why They Are Important

All HNE Be Healthy Members must choose a Primary Care Provider (PCP) upon Enrollment. Choosing a PCP is the first and most important decision you must make. Your PCP provides and arranges most of your healthcare. Your PCP is the first person you should call when you need healthcare except in an Emergency. You should choose a PCP that is close to your home or workplace.

Each family Member covered by HNE Be Healthy may choose a different PCP. If you do not choose a PCP within fifteen (15) days of your Enrollment date, HNE Be Healthy will assign you a PCP. HNE Be Healthy also will assign a Provider to you if the PCP you want is not available. You can change your PCP at any time by calling the HNE Member Services department.

A PCP may be a doctor of internal medicine, family practice, general practice, pediatrics, or OB/GYN. Nurse Practitioners also can be PCPs. HNE Be Healthy PCPs practice at many different types of locations, including individual doctors' offices, community health centers, hospital-based group practices and multi-specialty group practices.

HNE Be Healthy's Provider Directory includes a listing of PCPs and important information about them, such as:

- Name
- Address
- Phone number
- Hours of operation
- Specialty services
- Languages spoken
- Handicap accessibility

If you need a copy of the HNE Be Healthy Provider Directory, call the HNE Member Services department or visit our on-line Provider Directory. Go to www.hne.com, click on "HNE Be Healthy," and then click on "Find a Doctor."

What are my first steps once I choose a PCP?

- Once you choose a PCP, call your PCP's office and make an appointment to see him/her as soon as possible so you can get to know each other and your PCP can begin taking care of your healthcare needs. You can find the PCP's phone number in the HNE Be Healthy Provider Directory or you can call the HNE Member Services department or visit our on-line Provider Directory at www.hne.com, click on "HNE Be Healthy," and then click on "Find a Doctor."
- Ask your previous doctor(s) to send your medical records to your new PCP. Do this before your first visit to your new PCP so that he or she can know about your medical history.

- When you go to your appointment, show both your HNE Be Healthy and MassHealth Member ID Cards.
- After this first appointment, call your PCP's office whenever you need healthcare.
- Always check with your PCP before you get care from Specialists or other doctors.

Should I choose a PCP now, even if I am not sick?

You should choose your PCP and make an appointment right away. It is a good idea to meet your new PCP when you are healthy so that he/she will know you in case you get sick and need care. If you do get sick, you might feel more comfortable going to see your PCP since you already will know each other. After your first appointment with your PCP, you can call your PCP whenever you need healthcare. Your PCP's office is available 24 hours a day, 7 days a week. Someone will be able to help you.

What can I do if I am not happy with my PCP?

If you want to change your PCP, you can do so at any time, for any reason. Just call the HNE Member Services department to get help picking a new PCP.

PCP changes take effect immediately. You may change to any participating HNE Be Healthy PCP who is accepting new patients. The HNE Be Healthy Provider Directory shows which PCPs are not accepting new patients. You also can find this information at www.hne.com, click "HNE Be Healthy," then click "Find a Doctor," or you can call HNE Member Services at the number on the bottom of this page.

What happens if my PCP is no longer available?

If your PCP decides to leave the HNE Be Healthy Provider Network, you will be notified in writing. HNE will try to change your PCP to an active PCP at the same site. If you want a different PCP than the one chosen for you, call the HNE Member Services department to select a new PCP.

If your PCP is disenrolled from HNE Be Healthy, we will make every effort to notify you at least 30 days before the Disenrollment of your PCP. You may be able to continue to be covered for health services by your PCP, consistent with the terms of this Member Handbook, for at least 30 days after the date he or she is disenrolled (other than Disenrollment for quality-related reasons or Fraud).

When to Call Your PCP

What should I tell my PCP?

We want to make sure you get the right services at the right time. Tell your PCP about:

- All the healthcare you are getting, including Behavioral Healthcare
- The medicines you are taking
- Any health problems you may have

What if I am not sure whether to call my PCP or go to the Emergency Room?

If you think you (or another HNE Be Healthy Member in your family) have a health Emergency and need immediate attention, call 911 or your local Emergency phone number immediately or go to the nearest hospital Emergency room right away. For Behavioral Health Emergencies, you may also call your local Behavioral Health Emergency Program (ESP) Provider. A more detailed description of Emergency care and what to do in an Emergency is available later in this section

If you are not sure if you are having an Emergency, call your PCP before you go to the Emergency room. This can save you an unnecessary trip to the Emergency room. By talking with your PCP first, you can get advice quickly from someone who knows you and your needs. Your PCP may tell you how to treat your problem at home and ask you to come in to see them soon. If your PCP thinks that you need to go to the Emergency room, he or she will tell you so.

What if I Need Care After Hours?

Because health problems may occur at any time, HNE Be Healthy requires our PCPs to be available to Members by phone 24 hours a day, 7 days a week. If you have an Urgent Care problem, call your PCP's office. If you reach an answering service:

- Say that you are an HNE Be Healthy Member.
- Give your name and phone number.
- Describe your symptoms.
- Ask for the doctor or nurse to call you back to talk about your problem and help you decide what to do next.

For Behavioral Health after-hours care, call your Behavioral Health Provider first. You also may call MBHP's Member Services department, 24 hours a day, 7 days a week at the number below.

HNE Health Information Line

HNE provides a Health Information Line. A nurse is available 24 hours a day, seven days a week to answer questions about your condition or other healthcare concerns you may have. The phone number for the HNE Health Information Line is included at the bottom of this page. The HNE Health Information Line is an extra benefit you receive with HNE Be Healthy and is not meant to take the place of your PCP or health care provider.

Behavioral Healthcare for HNE Be Healthy Members

Mental Health Parity:

Federal and state laws require that all managed care organizations, including HNE Be Healthy provide behavioral health services to MassHealth members in the same way they provide physical health services. This is what is referred to as "parity". In general, this means that:

1. HNE Be Healthy must provide the same level of benefits for any mental health and substance abuse problems you may have as for other physical problems you may have;

2. HNE Be Healthy must have similar prior authorization requirements and treatment limitations for mental health and substance abuse services as it does for physical health services;

3. HNE Be Healthy must provide you or your provider with the medical necessity criteria used by Health New England for prior authorization upon your or your provider's request; and

4. HNE Be Healthy must also provide you within a reasonable time frame the reason for any denial of authorization for mental or substance abuse services.

If you think that HNE Be Healthy is not providing parity as explained above, you have the right to file a Grievance with Health New England. For more information about Grievances and how to file them, please see Section 11 of your Member Handbook.

You may also file a grievance with MassHealth. You can do this by calling the MassHealth Customer Service Center at 800.841.2900 (TTY: 800.497.4648) Monday—Friday 8:00 a.m. to 5:00 p.m.

For more information, please see 130 CMR 450.117(J).

MBHP provides all Behavioral Health services to HNE Be Healthy Members. This section of your Member Handbook, along with the *Covered Services list*, will help you understand the Behavioral Health Covered services and benefits you get as an HNE Be Healthy Member.

Call MBHP at any time at the toll free number at the bottom of this page, if you need help with your Behavioral Health benefits. You can also call and talk to a HNE Member Services representative.

MBHP and HNE Be Healthy representatives are available if you:

- Have questions about your Behavioral Health services and benefits or if you want more information about how to get these services
- Need help reading any material you get about your Behavioral Health services
- Need Spanish versions of materials you get about your Behavioral Health services
- Need to talk to an interpreter about your Behavioral Health services

MBHP has Behavioral Health Providers throughout the HNE Be Healthy Service Area, which includes Hampden, Hampshire, Franklin, and Berkshire counties. You do not need a Referral from your Primary Care Provider to see an MBHP Behavioral Health Provider.

Call HNE Member Services at the number on the bottom of each page of this Member Handbook to request an HNE Be Healthy Provider Directory. The HNE Be Healthy Provider Directory includes a list of HNE Be Healthy Behavioral Health Providers, and a statewide listing of Emergency Services Program (ESP) Providers. You also may visit the HNE Be Healthy web site at www.hne.com to find a Provider (click "HNE Be Healthy," then "Find a Provider"). To choose

a new Behavioral Health provider or to change to a different one, call MBHP and they will help you find another Provider.

What happens if my Behavioral Health Provider is no longer available?

If your Behavioral Health Provider decides to leave the HNE Be Healthy Provider Network, you will be notified in writing. When you are notified, call the MBHP Member Services Department, at the number below, to select a new Behavioral Health Provider.

If your Behavioral Health Provider is disenrolled from HNE Be Healthy, we will make every effort to notify you at least 30 days before the Disenrollment is effective (other than Disenrollment for quality-related reasons or Fraud).

What if I Need Care After Hours?

For Behavioral Health after-hours care, call your Behavioral Health Provider first. You also may call MBHP's Member Services department 24 hours a day, 7 days a week at the MBHP phone number listed at the bottom of every page of this Member Handbook.

Emergency Care

Medical Emergency

A medical Emergency is a health condition that you believe will put your health in serious danger if you do not receive immediate medical attention. Examples of medical Emergencies that could be life-threatening are:

- Chest pain
- Poisoning
- Trouble breathing
- Severe bleeding
- Convulsions
- Loss of consciousness

Some medical problems are Emergencies because, if not treated promptly, they might become more serious. These include deep cuts and broken bones.

Behavioral Health Emergency

A Behavioral Health Emergency is one that you believe will put you in serious danger if your do not receive immediate attention. Examples of Behavioral Health Emergencies are:

- Thoughts of hurting yourself
- Thoughts of hurting others
- Hearing voices

You are Covered for Medical and Behavioral Health Emergencies

Emergency Care is a Covered Service under HNE Be Healthy. This includes ambulance transportation and Post-stabilization care services that are related to an Emergency.

Call 911 or your local Emergency number whenever you have an Emergency health condition that you believe will put your health in serious danger if you do not receive immediate attention. For Behavioral Health Emergencies, you may also call your local Behavioral Health Emergency Services Program (ESP) Provider.

For a list of hospital Emergency rooms and Behavioral Health Emergency Services Program (ESP) Providers in all areas of the state, look at your HNE Be Healthy Provider Directory or go to www.hne.com, click on "HNE Be Healthy," then click on "Find a Doctor."

At the Emergency room, you will be examined and stabilized before you are discharged or transferred to another hospital. You can go to any hospital Emergency room. The hospital does not have to be in the HNE Be Healthy Service Area. You are covered for Emergency care 24 hours a day, 7 days a week. What all Emergencies have in common is a serious threat to health and the need for quick action. Routine care, care that is not required immediately, or care of minor illnesses or injuries are not Emergencies. Examples of routine care are the treatment of colds, minor sore throats, flu-like symptoms, injuries of more than 24 hours duration, or ongoing illness that your PCP could treat. You should call your PCP within 48 hours of receiving Emergency Services. For Behavioral Health emergencies, call your Behavioral Health provider within 48 hours of receiving Emergency Services.

Unless it's an Emergency, anytime you need healthcare, call your PCP first. For Behavioral healthcare, you also can call your Behavioral Health provider. Don't go to the Emergency room unless it is really an Emergency. Your PCP will work with you to meet your healthcare needs when you are healthy and when you are sick. If you need care from any other Provider, hospital or clinic, your PCP will coordinate the right services for you. Remember, you can call your PCP's office 24 hours a day, 7 days a week. If your PCP is not available, somebody else will be able to help you.

HNE Be Healthy also offers a Health Information Line service which is available 24 hours a day, 7 days a week. Registered nurses will answer your questions and help you make the best decision for you regarding accessing Emergency or Urgent Care. The Health Information Line can also provide health information to you on a number of topics. The Health Information Line is an extra benefit you receive with HNE Be Healthy and is not meant to take the place of your PCP or other healthcare Provider.

Urgent Care

Urgent Care is care for a health problem that needs attention right away but that you think is not an Emergency. For an Urgent Care visit, call your PCP or Behavioral Health Provider. You can contact your PCP or Behavioral Health Provider 24 hours a day, 7 days a week. For Behavioral Health problems, you also may call MBHP's clinical department 24 hours a day, 7 days a week. If your condition worsens before you are seen by your PCP or Behavioral Health Provider, you can go to the nearest hospital Emergency room. For Behavioral Health Emergencies, you can also call your local Emergency Services Program (ESP) Provider.

For a list of hospital Emergency rooms and Behavioral Health Emergency Services Program (ESP) Providers in all areas of the state, look at your HNE Be Healthy Provider Directory or go to www.hne.com, click on "HNE Be Healthy," then click on "Find a Doctor."

How Do I Get Care when I Travel Outside the HNE Be Healthy Service Area?

When you or another HNE Be Healthy Member of your family are away from home, HNE Be Healthy will cover Emergency, Post-stabilization Care, and Urgent Care services. Make sure to take care of your routine healthcare needs before you travel outside of the HNE Be Healthy Service Area.

If you need Emergency Care or Urgent Care while you are outside the HNE Be Healthy Service Area, go to the nearest doctor or hospital Emergency room. You do not have to call your PCP or Behavioral Health Provider before seeking Emergency or Urgent Care while outside the HNE Be Healthy Service Area. You or a family member should call your PCP, or your Behavioral Health Provider, within 48 hours of receiving care outside of the HNE Be Healthy Service Area.

When you travel outside the HNE Be Healthy Service Area, you will not be covered for:

- Tests or treatment requested by your Provider before you left the Service Area.
- Routine Care or follow-up check-up that can wait until your return to the Service Area, such as physical exams, flu shots, or stitch removal.
- Care that you knew you needed prior to leaving the Service Area, such as elective surgery.

A Provider may ask you to pay for care that you receive when you are outside of HNE Be Healthy's Service Area. If you pay for Emergency care, Post-stabilization Care, or Urgent Care you received while outside of HNE Be Healthy's Service Area, you may submit a bill or Claim to HNE Be Healthy.

Be sure to include the following information:

- Member's full name
- Member's date of birth
- Member's HNE Be Healthy Member ID Card number
- Date the healthcare service was provided
- A brief description of the illness or injury
- A copy of the bill from the provider
- Proof of payment (such as a receipt)

For pharmacy items, you must include a dated drug store receipt stating the name of the drug or medical supply, the prescription number, and the amount paid for the item. You may call the Member Services department for assistance with any bills that you may receive from a healthcare Provider.

Specialty Care

HNE Be Healthy does not require a Referral for you to receive care from any HNE Be Healthy Network Specialist; however, your PCP is the best person to help you find a Specialist and coordinate your healthcare. Examples of Specialists are:

- Cardiologist (heart doctor)
- Audiologist (hearing doctor)
- Allergist (allergy doctor)

- Neurologist (brain/nervous system doctor)

Some Specialists will require information about your health and needs from your PCP before they will see you.

The Specialist will send a full report to your PCP. Behavioral Health Specialists will send this report only with your written permission. This report will help your PCP decide about any further care you may need.

It is your responsibility to make sure that the Specialist you wish to see participates in HNE Be Healthy. You may review the printed HNE Be Healthy Provider Directory, go to www.hne.com (click on HNE Be Healthy, then click "Find a Doctor"), or call our Member Services department for help.

Out-of-Plan Specialty Care

You may visit most Out-of-Network Specialists only if HNE Be Healthy approves it in advance. Services provided by Out-of-Network Specialists require Prior Authorization.

If there are in-Network Providers who offer the service, HNE Be Healthy will approve Out-of-Network service requests under special circumstances. Before you schedule an appointment or seek healthcare from an out-of-Network Specialist, including a Behavioral Health Provider, ask your PCP or treating Provider to send an Authorization request to HNE Be Healthy. After reviewing the request, we will notify you and your Provider of our decision in writing. If you do not receive written approval from HNE Be Healthy for Out-of-Network specialty care, HNE Be Healthy will not cover the requested services. Please note that a Member can see any MassHealth contracted Family Planning Services Provider, even if the Provider is not in the HNE Be Healthy Network. No Prior Authorization is required.

For more information on Prior Authorizations see Section 8.

Second Opinion

You have the right to receive a Second Opinion from an in-plan Provider and have HNE Be Healthy pay for the Second Opinion consultation. Prior Authorization from HNE Be Healthy is required when a Second Opinion is being requested to a Provider who is not part of the HNE Be Healthy Provider Network. For assistance in locating an HNE Be Healthy Provider who will be able to provide you with a Second Opinion, you should contact your Primary Care Provider or call the HNE Member Services department.

Non-Emergency Hospital Care

If you need hospital care and it is not for an Emergency, your Provider will make the arrangements for your hospital stay. You must go to the hospital specified by your Provider in order for HNE Be Healthy to cover your hospital care.

Family Planning Services

Family Planning Services include birth control methods as well as exams, counseling, pregnancy testing, and some lab tests. For an appointment, call any HNE Be Healthy or MassHealth contracted Family Planning Services Provider. Your PCP may provide or direct you to Family Planning Services. To find a Family Planning Services Provider, you may review the printed HNE Be Healthy Provider Directory, go to www.hne.com (click on HNE Be Healthy, then click "Find a Doctor"), or call our Member Services department for help.

You do not need an Authorization from HNE Be Healthy in order to go to an HNE Be Healthy or MassHealth Family Planning Services Provider.

Standards of Care

Healthcare Access Standards

As an HNE Be Healthy Member you should be able to get healthcare when you need it in a timely way. HNE Be Healthy tells our Providers how quickly they are required to give you services, depending on how sick you are. These rules for how quickly a Provider is supposed to see you are called "access standards."

You have the right to file an Appeal (See Section 17 for information on how to file an Appeal) if you have to wait longer than the following access standards for each type of service.

Type of Service	***You Can Get …***
Medical Care	
Emergency Services	• Immediately, twenty-four (24) hours a day, seven days a week, when you go to an Emergency room or other healthcare Provider of Emergency services. You are also covered for ambulance transportation and Post-stabilization Care services that are related to an Emergency.
Urgent Care	• Within forty-eight (48) hours of your request.
Primary Care	• Non-urgent, symptomatic care must be available within ten calendar days of your request. • Routine, non-symptomatic care must be available within forty-five (45) calendar days of your request.
Specialty Medical Care	• Non-urgent, symptomatic care within 30 days of your asking for an appointment. • Routine, non-symptomatic care – within sixty (60) calendar days of your asking for an appointment.

Type of Service	*You Can Get …*
Behavioral Healthcare	
Emergency Care	• Immediately, twenty-four (24) hours a day, seven days a week from an Emergency room, Emergency Services Program (ESP) Provider or other healthcare Provider of Emergency Services. You are also covered for ambulance transportation and Post-stabilization Care services that are related to an Emergency.
Urgent Care	• Within forty-eight (48) hours of your request.
Non-urgent, symptomatic, and non- symptomatic	• Within ten business days of your request
Upon discharge, Members who are in an Inpatient or 24-hour Diversionary Services setting	• Non-24-hour diversionary services within two (2) calendar days. • Medication management within 14 calendar days. • Other outpatient services within seven calendar days. • Intensive Care Coordination (ICC) services within 24 hours of Referral, including self-Referral offering a face-to-face interview with the family.
Children in the Care or Custody of the Department of Child and Family Services (DCF)	
Children in the Care or Custody of the Department of Child and Family Services (DCF)	• A healthcare screening within seven calendar days after you or the DCF worker asks for it. • A full medical exam within 30 calendar days after you or the DCF worker asks for it (unless a shorter time is required by Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services schedule.

SECTION 6 – HNE BE HEALTHY BENEFITS

Introduction to HNE Be Healthy Benefits

General Coverage Requirements for HNE Be Healthy Benefits

- You must be eligible for MassHealth and enrolled in HNE Be Healthy to receive HNE Be Healthy Covered Services.
- All services must be HNE Be Healthy "Covered Services," as described in the Covered Services list provided with this Member Handbook.
- To be covered by HNE Be Healthy, most healthcare services and medical supplies must be provided by or arranged by the Member's HNE Be Healthy PCP or Specialist. A limited number of services may be provided by MassHealth providers who are not HNE Be Healthy providers. These services are described in the Covered Services list.
- Some Covered Services require Prior Authorization. See Section 7 for more information on how to get Prior Authorization for Covered Services or medical supplies.
- All services must be Medically Necessary.

Continuity of Medical Care

To ensure continuity of care, there are some times when HNE Be Healthy may be able to provide coverage for health services from a Provider who is not part of HNE Be Healthy's Provider Network. This may apply to some new HNE Be Healthy Members who were already receiving care from a Provider who is not part of HNE Be Healthy's Provider Network when they join HNE Be Healthy. For example:

- If you are in your second or third trimester of your pregnancy, you may remain under the care of your current OB/GYN (even if Out-of-Network) through delivery and follow-up check-up within the first six weeks of delivery. Your second trimester is the start of you fourth month of pregnancy based on the expected delivery date.
- You also may keep the provider for a limited period, if you are receiving ongoing covered treatment or management of chronic issues, including previously authorized services for Covered Services.

It is still your responsibility to make sure that you have Authorization from HNE Be Healthy before you see a Provider that is not part of HNE Be Healthy's Provider Network. You may ask your Primary Care Provider to arrange this or call the HNE Member Services at the number listed on the bottom of each page of this Member Handbook.

When your Provider is no longer in HNE be Healthy's Provider Network because they have been disenrolled for reasons not related to quality of care or Fraud, HNE Be Healthy may be able to provide coverage if:

- The Provider is your Primary Care Provider. Coverage will be provided for up to 30 days.
- The Provider, including a Primary Care Provider, is providing you with active treatment for a chronic or acute medical condition. Coverage will be provided for up to 90 days or until that active treatment is completed, whichever comes first.

- You are in your second or third trimester of your pregnancy, you may remain under the care of your current OB/GYN (even if out of Network) through delivery and follow-up within the first six weeks of delivery. Your second trimester is the start of your fourth month of pregnancy based on the expected delivery date.
- You have a terminal illness. Coverage will apply to services rendered until the death.

HNE Be Healthy also covers Providers that are not part of its Provider Network for the following reasons:

- A participating in-Network Provider is unavailable because of distance and travel.
- To minimize disruption of care when delays in accessing a participating in-Network Provider, other than those attributed to the Member, would result in interrupted access to Medically Necessary Services.
- In the absence of a participating in-Network Provider with the qualifications and expertise matching with the healthcare needs of the Member.
- In the case of a terminal illness where coverage applies to services rendered until the death.

To continue care in all the above situations, the Provider must adhere to the quality standards of HNE Be Healthy and provide HNE Be Healthy with necessary medical information related to the care provided. Also, the Provider must follow HNE Be Healthy's policies and procedures, including those about authorizations and providing services according to a treatment plan, if any, approved by HNE Be Healthy.

In the case of a disenrolled Provider, that Provider must also agree to accept payment from HNE Be Healthy (at the rates applied prior to notice of Disenrollment) as payment in full. They must not ask that you or HNE Be Healthy pay for any services that you or HNE Be Healthy would not have had to pay for *before* the Provider was disenrolled.

Failure of a Provider to agree to these conditions may result in a denial of coverage for the provided service. If you have any questions regarding this matter please call HNE Member Services at the number listed on the bottom of each page of this Member Handbook.

When Coverage Begins While You Are in the Hospital

Your HNE Be Healthy coverage may begin while you are in the hospital. HNE Be Healthy covers your hospital care from the Effective Date of Enrollment with HNE Be Healthy.

If you were a MassHealth Member before you joined HNE Be Healthy, you are not responsible for paying for any hospital days prior to joining HNE Be Healthy.

HNE Be Healthy Health Needs Assessment (HNA)

Soon after HNE Be Healthy receives notification of your Enrollment, an HNE Be Healthy representative will call you to go over your plan benefits and ask if you have any questions or concerns about your new membership with HNE Be Healthy. During this call, you also will be asked to complete an HNA. You also may hear this called a Health Risk Assessment (HRA). The

HNA is a tool which helps HNE Be Healthy to determine if you could benefit from one of our Care Management programs.

Transportation Assistance

As a benefit from MassHealth, some HNE Be Healthy Members may be eligible to have non-Emergency transportation arranged for them to go to healthcare visits. This is a service that HNE Be Healthy coordinates for MassHealth. In order to be eligible for this benefit:

- You must not have a family member or other person who can take you
- You must not have access to public transportation, or there is a medical reason that you cannot use it
- Your appointment must be for a Medically Necessary Service
- You must see a MassHealth provider

For more information, contact the HNE Member Services department. You should contact us well in advance of your appointment to ensure that your non-Emergency transportation can be scheduled in a timely fashion.

How to Access Benefits Not Covered by HNE Be Healthy that are Available Directly through MassHealth

To find out about services not covered by HNE Be Healthy but are provided directly through MassHealth, including non-Emergency transportation to healthcare services, contact our Member Services department. A Member Services representative will answer any questions you have about the MassHealth service and help you get that service, if you are eligible. The Member Services representative may also refer you to the MassHealth customer service center for additional information about that MassHealth service.

Excluded Services

Except as otherwise noted or determined Medically Necessary by EOHHS, the following services are not covered under MassHealth and as such are not covered by HNE Be Healthy.

- Cosmetic surgery. However, the following services are not cosmetic and will be provided when determined by HNE Be Healthy to be Medically Necessary:
    - Correction or repair of damage following an injury or illness
    - Mammoplasty following a mastectomy
    - Any other service that HNE Be Healthy determines is medically necessary or appropriate
- Diagnosis and treatment for infertility
- Experimental treatments
- Personal comfort items including air conditioners, radios, telephones and televisions
- Services not otherwise covered by MassHealth, except as determined by HNE Be Healthy to be Medically Necessary for MassHealth Standard and CommonHealth Members under the age of 21

- A service or supply which is not provided by or at the direction of a HNE Be Healthy Plan Network Provider, except for:
    - Emergency services
    - Family Planning Services

Preventive Healthcare for Children

Children who are under age 21 should go to their PCP for checkups even when they are well. As part of a well-child checkup, your child's PCP will offer screenings that are needed to find out if there are any health problems. These screenings include health, vision, dental, hearing, Behavioral Health, developmental, and immunization status screenings. A Behavioral Health screening can help you and your doctor or nurse to identify Behavioral Health concerns early.

MassHealth requires that Primary Care Providers and nurses use standardized screening tools approved by MassHealth to check a child's Behavioral Health status during their "well-child" visits. Screening tools are short questionnaires or checklists that the parent or child (depending on the child's age) fills out, and then discusses with the doctor or nurse. The screening tool might be the Pediatric Symptom Checklist (PSC) or the Parents' Evaluation of Developmental Status (PEDS), or another screening tool chosen by your Primary Care Provider. You can ask your Primary Care Provider which tool he or she has chosen to use when screening your child for Behavioral Health concerns.

Your Provider will discuss the completed screening with you. The screening will help you and your doctor or nurse decide if your child may need further assessment by a Behavioral Health Provider or other medical professional. If you or your doctor or nurse thinks that your child needs to see a Behavioral Health Provider, information and assistance is available. For more information on how to access Behavioral Health services, or to find a Behavioral Health Provider, you can talk to your Primary Care Provider or nurse or call the MBHP customer service or HNE Member Services departments.

HNE Be Healthy pays your child's Primary Care Provider for these checkups. At well-child checkups, your child's Primary Care Provider can find and treat small problems before they become big ones.

Here are the ages to take a child for full physical exams and screenings:

- *1 to 2 weeks*
- *1 month*
- *2 months*
- *4 months*
- *6 months*
- *9 months*
- *12 months*
- *15 months*
- *18 months*
- Ages 2 through 20 – Children should visit their Primary Care Provider once a year.

Children should also visit their Primary Care Provider any time there is a concern about their medical, emotional or Behavioral Health needs, even if it is not time for a regular checkup.

Preventive Pediatric Healthcare Screening and Diagnosis (PPHSD) Services for Children Enrolled in MassHealth CarePlus, or Family Assistance

If you or your child are under 21 years old and are enrolled in MassHealth CarePlus, or Family Assistance, and if a Provider or any clinician discovers a health condition, HNE Be Healthy will pay for all Medically Necessary Services covered under your or your child's coverage type.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services for Children Enrolled in MassHealth Standard and CommonHealth

If you or your child are under age 21 and are enrolled in MassHealth Standard or CommonHealth, HNE Be Healthy will pay for all Medically Necessary Services that are covered by federal Medicaid law, even if the services are not in your Covered Services list.

This coverage includes healthcare, diagnostic services, treatment, and other measures needed to correct or improve defects and physical and Behavioral Health illnesses and conditions.

This treatment must be delivered by a Provider who is qualified and willing to provide the service and a physician, nurse practitioner, or nurse midwife puts in writing that the service is Medically Necessary.

You and your Primary Care Provider can get help from HNE Be Healthy to find Providers in the HNE Be Healthy Network who provide these services, and how to use Out-of-Network Providers, if necessary.

Most of the time, these services are covered by your child's MassHealth coverage and are included on the Covered Services list. If the service is not covered, or is not on the list, the clinician or Provider who will be delivering the service can ask HNE Be Healthy for Prior Authorization. HNE Be Healthy uses this process to determine if the service is Medically Necessary. HNE Be Healthy will pay for the service if Prior Authorization is given. Talk to your child's Primary Care Provider, Behavioral Health Provider or other Specialist for help in getting these services.

If Prior Authorization is denied, you or your Appeal Representative have a right to file an Appeal. See Section 11 for more information about the Appeals processes.

Childrens' Behavioral Health Initiative (CBHI)

The Children's Behavioral Health Initiative is an inter-agency initiative of the Commonwealth's Executive Office of Health and Human Services whose mission is to strengthen, expand and integrate Massachusetts state services into a comprehensive, community-based system of care, to ensure that families and their children with significant behavioral, emotional and mental health needs obtain the services necessary for success in home, school, and community.

Children who are under the age of 21 are entitled to additional services under the federal Medicaid law. Changes are under way in the state for MassHealth children with a serious emotional disturbance (SED). These changes include screening for Behavioral Health conditions in the primary care setting, standardized assessment by Behavioral Health clinicians, and the development of new community-based Behavioral Health services.

HNE Be Healthy provides a full range of Behavioral Health services including individual, group or family therapy, "diversionary" services such as partial hospitalization and inpatient care. As part of the Children's Behavioral Health Initiative, Behavioral Health services for certain children and youth under the age of 21 have been expanded to include, when Medically Necessary, home- and community-based services including mobile crisis intervention, in-home therapy, in-home behavioral services, family support and training, therapeutic mentoring and Intensive Care Coordination (ICC).

Dental Care for Children

MassHealth pays for dental services, such as screenings and cleanings and fluoride varnish for children who are under age 21.

Your child's Primary Care Provider will do a dental exam at each well-child checkup. When your child is three years old, or earlier if there are problems, his or her Primary Care Provider will suggest that you take your child to the dentist at least twice a year.

When your child goes for a routine exam, the dentist will give a full dental check-up, teeth cleaning, and fluoride treatment. It is important to make sure that your child gets the following dental care:

- A dental checkup every 6 months starting no later than age 3; and
- A dental cleaning every 6 months starting no later than age 3; and
- Other dental treatments needed, even before age 3, if your child's Provider or dentist finds problems with your child's teeth or oral health.

Your child's Primary Care Provider may recommend fluoride varnish. This service is mostly for children up to age 3, but children up to age 21 can have it done if they do not have a dentist. Fluoride varnish is a coating that is applied to the teeth very easily and helps protect against tooth decay.

Note:

- Children who are under age 21 and enrolled in MassHealth Standard or CommonHealth can get all Medically Necessary treatment covered under Medicaid law, including dental treatment, even if the service is not otherwise covered by MassHealth.
- Children who are under age 21 and enrolled in MassHealth CarePlus, or Family Assistance can get all Medically Necessary Services covered under their coverage type, including dental treatment.
- Talk to your child's Primary Care Provider or dentist for help in getting these services.
- Children do not need a Referral to see a MassHealth dentist.
- Children can visit a dentist before age 3.

Early Intervention Services for Children with Growth or Development Issues

Children who are under 21 years old are entitled to certain additional services under federal law.

Some children need extra help for healthy growth and development. Providers who are early intervention Specialists can help them. Some early intervention Specialists are:

- social workers
- nurses
- physical, occupational, and speech therapists

All of these Providers work with children who are under three (3) years old — and their families — to make sure the child gets any extra help they need. Some of the services are given at home and some are at early intervention centers.

Talk to your child's Provider as soon as possible if you think your child might have growth or development problems. Or contact your local early intervention program directly.

Preventive Care for Adults

Routine preventive care is an important part of staying healthy for adults. HNE Be Healthy encourages all Members to visit their PCP for preventive care. Examples of covered preventive care for HNE Be Healthy Members who are age 21 and older include:

- Physical exams – every 1-3 years
- Blood pressure monitoring – at least every 2 years
- Cholesterol screening – every 5 years
- Pelvic exams and Pap smears (women) – Initiate Pap test and pelvic exam 3 years after first sexual intercourse or by age 21. Every 1-3 years depending on risk factors.
- Breast cancer screening/mammogram – every year over age 40
- Colorectal cancer screening – every 10 years, starting at age 50
- Flu shot – every year
- Eye exam – once every twenty-four (24) months
- Diabetes screening – every three (3) years beginning at age 45. Screen more often and at a younger age if you are overweight and if risk factors are present.
- Dental – Call MassHealth or the HNE Member Services department to ask about specific dental coverage that is available through MassHealth.

HNE Be Healthy covers many more preventive care services. See your PCP for your routine healthcare needs.

Maternity Care

If you think you might be pregnant, call your PCP. Your PCP will schedule an appointment for a pregnancy test. If you are pregnant, your PCP will arrange your maternity care with an obstetrician (a doctor who specializes in pregnancy) or nurse midwife.

HNE Be Healthy covers many services to help you have a healthy pregnancy and a healthy baby. You will be scheduled for regular checkups during your pregnancy. For your baby's health and your own, it is important to keep these appointments even if you are feeling well.

During these appointments, your obstetrician or nurse midwife will check your baby's progress. He or she will tell you how to take good care of yourself and your baby during your pregnancy. He or she also will take care of you when you have your baby.

If you have questions about how to enroll your new baby into HNE Be Healthy, call the HNE Member Services department at the number located at the bottom of this page.

HNE Be Healthy Pharmacy Benefit

The pharmacy benefit is another way HNE Be Healthy helps you take care of your health. HNE Be Healthy covers most prescription drugs and select brand-name and generic (non-brand-name) over-the-counter drugs, with a prescription. You must use generic medicines when available, unless your healthcare Provider writes "no substitutions" on the prescription AND a Prior Authorization has been approved.

Filling Prescriptions

HNE Be Healthy covers many prescription drugs with any applicable Co-payment, as listed on your Covered Service list. To fill a prescription, bring it to one of the pharmacies in Massachusetts that participates in HNE Be Healthy. Participating pharmacies include most major chains and most community pharmacies. Refer to the HNE Be Healthy Provider Directory for a listing of pharmacies. You also can look up pharmacies on line. Go to www.hne.com, click on "HNE Be Healthy," then click on "Health Info." Be sure to show your HNE Be Healthy Member ID Card so the pharmacist will know you are a Member of HNE Be Healthy.

Some prescription drugs need Authorization. Your Provider can ask for Authorization so you can have the prescriptions you need. If you have any questions about which drugs require Authorization, call HNE Be Healthy's Member Services department.

Over-the-counter Drugs

HNE Be Healthy covers many over-the-counter drugs such as cough, cold and allergy medicines, with any applicable Co-payment, as listed on your Covered Service list. You can get up to a 30-day supply of these drugs with a prescription from your HNE Be Healthy Provider. Please call the HNE Member Services department for more information.

Copayment Exceptions

The following MassHealth Members DO NOT have to pay a pharmacy Copayment:

- Members under 21 years of age
- Members enrolled in MassHealth because they were in the care and custody of the Department of Children and Families (DCF) when they turned 18, and their MassHealth coverage was continued
- Members who are pregnant (you must tell the pharmacist you are pregnant)
- Members whose pregnancy ended less than 60 days ago
- Members who are Inpatients in acute hospitals, nursing facilities, chronic disease or rehabilitation hospitals, or intermediate-care facilities for the developmentally delayed.
- Members receiving hospice services

- Members receiving Family Planning supplies
- Members who have met the pharmacy Co-payment cap described above

If one of the above exceptions applies to you, it is your responsibility to tell the pharmacist that you do not have to pay the Co-payment. You will not be charged a pharmacy Co-payment if any of the above exceptions apply to you.

Copayment Cap

Unless you don't need to pay a co-payment as described above, MassHealth members ages 21 and older have a co-payment cap (limit) on the co-payments pharmacists can charge each calendar year. The cap is the total amount of co-payments pharmacists have charged you, not what you have paid.

- The co-payment cap from January 1 – December 31 will be $250.

You can find the co-pay for a drug you are taking on our website, www.hne.com.

1. Click on *HNE Be Healthy* on the lower left of the screen
2. Click on Health Info

What do you do if you cannot afford a Copayment?

You must pay the Copayment if you can afford it; but if you can't, do not go without the medicine you need. Tell the pharmacist you can't afford to pay the Copayment. Under federal law, the pharmacy must still give you the medicine. You will still owe the money to the pharmacy and the pharmacy may use any legal way to collect the money you owe. HNE Be Healthy is not responsible for any Copayments you may owe to the pharmacy.

Part D Pharmacy Coverage for Members with Medicare

If you are a HNE Be Healthy Member with Medicare coverage, your prescription drug benefit may be covered by a Medicare Prescription Drug Coverage (Part D) plan. Most of your prescription drugs will be covered under your Medicare Part D benefit.

You should have a separate ID card for your Medicare prescription drug coverage. You will need to show your Medicare Part D ID card when filling a prescription.

There are some drugs that HNE Be Healthy will continue to cover. For example, HNE Be Healthy will continue to cover your over-the-counter (OTC) drugs. HNE Be Healthy co-pay exceptions will still apply for HNE Be Healthy covered drugs.

For more information, contact the HNE Member Services department. To find out more about your Medicare Prescription Drug Coverage you may:

- Contact Medicare at 800.633.4227 (TTY: 877.486.2048)
- Go to Medicare's web site at www.medicare.gov
- Refer to your *Medicare and You Handbook*
- Go to www.cms.com on the internet

Remember to carry all your ID cards with you when you go to the pharmacy. When you fill a prescription, please show your HNE Be Healthy Member ID Card and your Medicare Prescription ID card.

Safe and Appropriate Use of Prescription Drugs

HNE Be Healthy uses a number of pharmacy programs to promote the safe and appropriate use of prescription drugs. Not all drugs are in a pharmacy program. Drugs that belong to a program have clinical guidelines that must be met before we cover them. You can see which drugs belong to a pharmacy program on the HNE Be Healthy web site. Go to www.hne.com, click "HNE Be Healthy," and then click "Health Info."

If you want a copy of the Formulary Drug List, please call our Member Services department.

If your Provider feels that it is Medically Necessary for you to take a drug that is not covered or for which you do not meet HNE Be Healthy's requirements, he/she can submit a Prior Authorization request to HNE Be Healthy. This request will be reviewed by a clinician and if the drug is Medically Necessary, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied, you, or your authorized Appeal Representative, can appeal the decision. See Section 11 of this Member Handbook for Grievances and Appeals information. If you want more information about the pharmacy programs, visit our web site at www.hne.com or, you can call our Member Services department.

Quantity Limit

HNE Be Healthy may limit the number of units for a specific medication you may get in a given time period to ensure safe and appropriate use. These limits are based on recommended dosing schedules, and the availability of several strengths of the medication. Quantity limits automatically apply at the time the prescriptions are purchased. If your Provider feels that quantities greater than the specified amount are Medically Necessary, he/she can submit a Prior Authorization request that will be reviewed by a clinician. If approved, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied, you, or your authorized Appeal Representative, can appeal the decision. See Section 11 for more information about Grievances and Appeals.

Mandatory Generic Policy

Massachusetts law requires that a Member try a generic version of a medication before the brand name medication is considered for coverage. If your healthcare Provider considers it Medically Necessary for you to receive the brand name medication, your Provider must write "no substitutions" on the prescriptions and request a Prior Authorization from HNE Be Healthy. A generic drug is the same medication and works in the same way as the brand name medication.

Generic medications are approved by the US Food and Drug Administration (FDA) as safe and are the equivalent of the original brand name medication. In addition, there are usually multiple manufacturers of a generic medication that may result in a lower cost compared to the branded alternative.

Prior Authorization is required for exceptions to HNE Be Healthy's mandatory generic medication pharmacy benefit. If you have already tried a generic equivalent, and wish to appeal the mandatory generic policy, you may contact the HNE Member Services department.

Prior Authorization

Some drugs always require Prior Authorization. If your Provider feels that it is Medically Necessary, he/she can submit a Prior Authorization request that will be reviewed by a clinician, and if the drug is Medically Necessary, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied, you, or your authorized Appeal Representative, can appeal the decision. See section 11 for more information about Grievances and Appeals.

Step Therapy

Some types of drugs have many options. This program requires that a Member tries certain first level drugs before HNE Be Healthy will cover another drug of that type. If you and your Provider feel that a certain first level drug is not appropriate to treat a medical condition, your Provider can submit a Prior Authorization request that will be reviewed by a clinician and if the drug is Medically Necessary, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied, you or your authorized Appeal Representative can appeal the decision. See Section 11 for more information about Grievances and Appeals.

BriovaRx Specialty Pharmacy Program

The HNE Be Healthy specialty pharmacy program offers a less costly way to purchase expensive injectable drugs and medications that are used to treat complex medical conditions.

Certain medications and injectables are covered only when obtained from HNE Be Healthy's preferred list of specialty pharmacies. A complete list of medicines included in the specialty pharmacy program, along with the list of participating specialty pharmacies, are available on our web site at www.hne.com (click "HNE Be Healthy," then click "Health Info"). Your healthcare Provider can assist you with the purchase of the covered specialty medications.

If your medicine is included in the specialty pharmacy program, please contact your Provider, who will help you complete and submit a new prescription Referral form to the BriovaRx specialty pharmacy program. You will not be able to purchase specialty drugs through our other participating Network pharmacies and will only be able to purchase the drugs through our preferred specialty pharmacy.

HNE Be Healthy's specialty pharmacy has expertise in the delivery of the medicines it provides, and offers special services not available at a traditional retail pharmacy, including:

- All necessary medicines and supplies needed for administration (at no additional charge)
- Convenient delivery options to your home or office with overnight or same day delivery available when Medically Necessary
- Access to nurses, pharmacists and care coordinators specializing in the treatment of your condition, who are available 24 hours a day, 7 days a week, to provide support and educational information about your medicines

- Compliance monitoring, adherence counseling and clinical follow-up educational resources regarding medication use, side effects, and injection administration

For additional assistance, or if you have any questions about HNE Be Healthy's specialty pharmacy program, please call the HNE Member Services department.

Who is BriovaRx ?

BriovaRx is a leading specialty pharmacy Provider. The medical professionals at BriovaRx are there to help you get the best outcome from your treatment. BriovaRx provides patient education and clinical support, facilitates insurance benefits, and provides you with refill reminders. BriovaRx staff is made up of clinically trained pharmacists and nurses. They are experts in the specialty conditions for which you are being treated.

Where do I have to go to get my specialty medication?

BriovaRx will deliver your medications where you need them, when you need them – at your home or your doctor's office. Best of all, there is no delivery charge to you. BriovaRx offers terrific service and accountability with refill reminder calls available to you every month to help keep you compliant with your therapy needs. In summary, the advantages of using BriovaRx include:

- **Free delivery** of medication to your home within 24-48 hours after ordering
- **Direct access to an experienced Care Management team** of pharmacists and nurses who are available toll-free -- 24 hours a day, 365 days a year
- **Educational materials,** support and/or home instruction information
- **Ancillary supplies** such as syringes and needles at no additional cost
- **Comprehensive coordination of care** including refill reminders and continual interaction with your physician in regard to your medication(s)

How do I reach BriovaRx?

You can call BriovaRx at 877.633.4807 (TTY: 866.618.6907)

New-to-Market Medication Program

HNE Be Healthy reviews new drugs for safety and to make sure they work before we add them to our drug list. If your Provider feels that a new-to-market medication is Medically Necessary, he/she can submit a Prior Authorization request that will be reviewed by a clinician. If approved, HNE Be Healthy will cover the drug.

If the Prior Authorization request is denied, you, or your authorized Appeal Representative, can appeal the decision. See Section 11 for more information about Grievances and Appeals.

Limitations

There are a number of prescription drugs for which coverage is limited. HNE Be Healthy only covers drugs that are Medically Necessary for preventive care or for treating illness, injury, or pregnancy.

Exceptions

You or your Provider may request an exception for coverage of any drug that is usually not covered or has limited coverage. Exceptions may only be granted for clinical reasons. For additional information, please contact our Member Services department.

HNE Be Healthy has a number of on-line tools to help you understand your prescription drug benefits. Please refer to our web site at www.hne.com (click on "HNE Be Healthy," then click on "Health Info") for a listing of covered drugs.

Exclusions

HNE Be Healthy's prescription drug benefit features an open Preferred Drug List, in which the following drugs or services are excluded. However, if you or your Provider feels that it is Medically Necessary for you to take a listed drug, he or she can submit an Authorization request that will be looked at by a clinician. If it is approved, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied, you or your authorized Appeal Representative can appeal the decision. See Section 11 for more information about Grievances and Appeals.

Exclusions include:

1. Dietary supplements[1]
2. Therapeutic devices or appliances (except where noted)[1]
3. Biologicals, immunization agents or vaccines[2]
4. Blood or blood plasma[2]
5. Medications which are to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, nursing home, or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals[2]
6. Charges for the administration or injection of any drug[2]
7. If an FDA-approved generic drug is available, the brand-name equivalent is not covered
8. Anabolic steroids
9. Progesterone supplements
10. Fluoride supplements/vitamins after age 13
11. Drugs whose sole purpose is to promote or stimulate hair growth, or for cosmetic purposes only
12. Drugs labeled "Caution – limited by federal law to investigational use," or experimental drugs, even though a charge is made to the individual
13. Medications for which the cost is recoverable under Worker's Compensation or Occupational Disease Law or any state or governmental agency, or medication furnished by any other drug or medical service for which no charge is made to the Member

[1] Covered in certain circumstances under the Durable Medical Equipment (DME) benefit.
[2] Covered in certain circumstances under medical benefit.

14. Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician's original order

For more information about HNE Be Healthy's Preferred Drug List call the HNE Member Services department or visit the HNE Be Healthy web site at www.hne.com (click "HNE Be Healthy," then click "Health Info").

SECTION 7 – CARE MANAGEMENT PROGRAMS

HNE Be Healthy knows how challenging it can be if you have a health condition, and we are here to help. We want to work with you to ensure that you are as healthy as you can be. As an HNE Be Healthy Member, you are eligible for and may be enrolled in any Care Management program at any time during your coverage with HNE Be Healthy. HNE Be Healthy offers Care Management services to each Member unless you are unwilling to participate in the program.

We have many programs that are designed to meet your care needs. Our Care Management staff has expertise helping both children and adults who have a range of healthcare needs. All of our Care Management programs are free and include you, your healthcare Provider(s) and HNE Be Healthy, working together to help keep you healthy. A Referral from your healthcare Provider is **not** needed for any of these services.

Your participation in any of our Care Management programs does not replace the care and services that you receive from your PCP and other healthcare Providers. Our Care Management programs are available to you in addition to the relationship we want you to establish with your PCP and other healthcare Providers.

As always, if you are having an immediate health problem, call your Primary Care Provider (PCP) first. If you are having a health Emergency, call 911 or go to the nearest hospital Emergency room. If you are experiencing a Behavioral Health Emergency, you can also call your local Emergency Services Program (ESP) Provider who is available 24 hours a day, 7 days a week. For more information on Emergency services, see Section 5 of this Member Handbook.

Care Management is offered to our Members who are most in need of assistance with managing multiple situations, services, and/or Providers at one time. The situations may be medical, behavioral, social and/or environmental in nature. The services may be related to prevention, wellness, disease, treatment or housing related. The Providers may include your or a family member's PCP, Specialists, other healthcare Providers – such as home healthcare agencies – as well as staff from state agencies.

HNE offers Care Management for medical situations and MBHP offers Care Management for Behavioral Health situations. HNE and MBHP Care Management staff communicate with one another when both a medical and Behavioral Health situation are involved.

Care Management program services emphasize prevention, Continuity of Care and coordination of services across Providers and settings. Members may be identified as eligible for Care Management by several methods. An HNE Be Healthy or MBHP staff person, you, your PCP, or another member of your healthcare team (including a Behavioral Health Provider) may refer you to the program. HNE Be Healthy may identify you for inclusion in Care Management based on review of our health plan data, such as from your completed Health Risk Assessment, as well as Claims, Referral and/or Authorization data.

Our Care Management programs are staffed by a dedicated team of clinical and non-clinical personnel. Care Management staff include care facilitators, nurse case managers, social workers, Behavioral Health clinicians, nurse practitioners or advanced-practice registered nurses, health

educators and other members of the Provider Network, such as care coordination staff from physician offices and community health centers.

The HNE Be Healthy Care Management program consists of four distinct program categories that provide services for our Members. The four program categories are:

- Case management
- Complex Care Management
- Wellness and disease management
- Intensive Clinical Management (ICM)

Case Management

Case management is a program available to Members who are dealing with new or ongoing medical or Behavioral Health conditions. These Members are offered the services of a nurse case manager and/or social worker. The nurse case manager or social worker will work with you, your PCP and your other healthcare Providers. They will review your needs in order to make the best plan of care just for you to help you reach your healthcare goals.

Complex Care Management

Complex Care Management is a program available to certain Members with hard-to-manage, unstable and/or long-lasting medical and Behavioral Health conditions who could be helped by working with a team of people, such as nurse practitioners, advanced-practice registered nurses, nurses, Behavioral Health clinicians, social workers and health educators. What is special about this team is that they may visit you in your home or in the community. They understand the challenges faced by people dealing with special healthcare needs. They work with each Member, the PCP, and specialty Providers to get the right care to the Member wherever it is needed – in the home, at the Provider's office, at the hospital, or in school. Members of the Complex Care Management team can educate you about managing your conditions; arrange for care, services, and equipment; and help you obtain services for your medical, Behavioral Health, social and financial needs. Everyone works together with you to find the best plan of care and to help you reach your healthcare goals.

Wellness and Disease Management

Staying healthy is important. Wellness and disease management are two separate yet complementary programs. Our health and wellness program services are available to all our Members. HNE Be Healthy health educators understand how difficult certain conditions are to manage. We are here to help you with health and wellness activities. We will work with you to help you understand your condition so you can be as healthy as you can.

Living with a condition that may be lifelong can be hard. HNE Be Healthy is here for you. Our goal is to help you to improve your health. We manage chronic conditions such as asthma, diabetes, and heart disease in our disease management program. Our health educators and nurse case managers will work with you and your healthcare Providers. We'll make sure you know about your condition and ways to try to stay healthy. We will support the relationship that you

have with your Provider. Our program works to help prevent worsening of your condition. We will work with you to help you manage your condition the very best that you can.

For more information about HNE Be Healthy's Disease Management programs, go to www.hne.com and click on "Health" or call the HNE Member Services department.

Intensive Clinical Management (ICM)

Intensive Clinical Management (ICM) is a program provided by HNE Be Healthy. This program, through collaboration with Members and their treatment Providers, is designed to ensure the coordination and optimization of care; and the assessment, care planning, discharge planning and mobilization of resources to HNE Be Healthy Members who are dealing with Behavioral Health or psychosocial conditions, sometimes along with medical concerns. Adults and children can join the Intensive Clinical Management program. ICM is a voluntary, generally short-term program designed to be flexible in nature in order to meet the individual needs of Members. The case manager actively collaborates with the Member and the Member's healthcare team to advocate for and assist with linkage to necessary supports and services and to facilitate coordination with family and other involved parties. An individualized care plan is developed with input from, and agreement by, the Member and the Member's healthcare team. The care plan establishes short- and long-term goals, and identifies resources to assist in meeting the goals. ICM is offered by licensed clinicians who provide services through telephonic communication with Members and care Providers and through attendance at care planning meetings. If you have a health concern, HNE Be Healthy has care managers who can support you and your healthcare Provider so that you receive the care you need. Our care managers can help you with both medical and Behavioral Healthcare needs.

Specialized Behavioral Healthcare Management Services for Members

MBHP offers specialized Care Management services for Members with specific Behavioral Health concerns. MBHP provides the following specialized Care Management services for HNE Be Healthy Members:

- **Targeted outreach** provides short-term help for Members who have concerns about their ability to get Behavioral Healthcare and community-based services. Through targeted outreach services, MBHP will help you find available services, such as temporary transportation to and from the Behavioral Health Provider's office, if you are eligible.
- **Care coordination** helps Members who have Behavioral Health needs and makes sure that they are getting the right services. MBHP coordinates all of the different services you get to support you. They also help you to understand and do what your Provider tells you to. MBHP works with you (and your family if you want us to) to develop a crisis-prevention plan to help you stay healthy and avoid going to the hospital.
- **Intensive Clinical Management (ICM)** is for Members who have major Behavioral Health needs and may have to go to the hospital a lot. ICM coordinates all of the Covered Services and provides the support you may need. Care managers work with you and your Providers to coordinate your Behavioral Health services and medical care. Our goals are to help you avoid having a crisis and to help you live in the community. If you are pregnant and you think you have an alcohol or substance abuse concern, and if you qualify, you can call MBHP and get ICM services to help keep you and your baby healthy

from a clinical Provider who specializes in addressing these concerns with pregnant women.

If you have any questions about specialized Care Management or other Behavioral Health services and how to get them, call HNE or MBHP at the numbers at the bottom of this page. The MBHP clinical access line is available 24 hours a day, 7 days a week.

SECTION 8 – AUTHORIZATIONS

Authorizations

HNE Be Healthy requires special approval, called Prior Authorization, before you receive some Covered Services. Not all Covered Services need an Authorization. If a Covered Service does need an Authorization, you must get one *before* your receive the service. Otherwise, the service will not be covered. Your Primary Care Provider or other treating Provider will be the person to ask for a Prior Authorization if it is needed.

The Covered Services list enclosed with this Member Handbook will list those services which need a Prior Authorization from HNE Be Healthy, MassHealth or MBHP.

Some examples of Covered Services that need Authorization are: physical therapy, speech therapy, elective admissions, and certain Behavioral Health services including Inpatient psychiatric care.

When a Behavioral Health service requires prior Authorization, your PCP, Behavioral Health Provider, Specialist, or other Provider will need to submit an Authorization request to MBHP. When a non-Behavioral Health service requires Prior Authorization, your PCP, Specialist, or other Provider will need to submit an Authorization request to HNE Be Healthy. Your Provider can request an expedited (fast) Authorization decision if he or she feels that the standard Authorization decision time could seriously jeopardize your life, health or your ability to get, maintain or regain maximum function. HNE Be Healthy reviews standard and expedited (fast) Authorization requests and makes decisions within the time frames listed below.

Types of Authorization and time frames for decision making and notification

We make Prior Authorization decisions to help you get care as soon as you need it, based on your healthcare needs. We always make decisions within 14 calendar days after we get a standard Authorization request from your Provider. Sometimes your Provider might ask for an expedited ("fast") Authorization. HNE Be Healthy makes a decision on an expedited (fast) Authorization request no later than 72 hours after receipt of the expedited (fast) Authorization request.

This time frame for standard Authorizations *or* expedited (fast) Authorizations may be extended by an additional 14 days if:

- You or your healthcare Provider requests an extension, or
- HNE Be Healthy can give a good reason that:
  - The extension will help you; and
  - There is a need for additional information where:
    - The extra information would help you get approval of the request for Authorization, and
    - The outstanding information is reasonably expected to be received within 14 calendar days.

If HNE Be Healthy needs to take more time, we will send you and your Provider a letter explaining why we need more time to make a decision. We will also tell you and your Appeal Representative how to file a Grievance if you disagree with our decision to take an extension.

You can find more information about how to file a Grievance in Section 11 of this Member Handbook, or contact HNE Be Healthy's Member Services department for more information.

If HNE Be Healthy does not make Authorization decisions within the above stated time frames, you or your Appeal Representative may file an Internal Appeal. For complete details on filing an Internal Appeal, please refer to Section 11 of this Handbook or contact HNE Be Healthy's Member Services Department for more information.

Once HNE Be Healthy reviews the Prior Authorization request, we will inform you and your Provider of our decision. Make sure you have this Authorization before getting any service(s) that you need.

If HNE Be Healthy does not authorize any of the service(s) asked for, or approves only some of the service(s), or does not authorize the full amount, duration or scope of service(s), you and your Provider will get a denial letter.

HNE Be Healthy will not pay for any service(s) that are not authorized. HNE Be Healthy will also send you and your Provider a notice if we decide to reduce, suspend, or terminate previously authorized service(s).

If you disagree with any of these decisions, you or your Appeal Representative can file an Internal Appeal. Please refer to Section 11 of this Member Handbook for more information on filing an Internal Appeal or contact HNE Be Healthy's Member Services department.

You are the person who must make sure that you have Authorization before you receive services that need an Authorization. You may find out if you need an Authorization by asking your HNE Be Healthy Providers or by contacting HNE Be Healthy's Member Services department.

SECTION 9 - HNE BE HEALTHY PROGRAMS TO MAINTAIN QUALITY AND APPROPRIATE SERVICES

Utilization Management

HNE Be Healthy knows that it is important that you get the right amount of care. We work hard to make sure that you get *the right type and amount of care, at the right time, in the right place* by doing Utilization Management.

HNE Be Healthy's Utilization Review program uses doctors and nurses to look at the healthcare Members received and determine if the services were Medically Necessary. If HNE Be Healthy determines that services you got were not Medically Necessary, HNE Be Healthy will contact your Provider.

HNE Be Healthy does not reward those who do Utilization Review for deciding to authorize services or not. We want our Members to get the right amount of care and the correct use of services.

If you want to know about the Utilization Management process and Authorization requests and decisions, please contact HNE Member Services at the number on the bottom of each page of this Member Handbook.

Access and Utilization

For information about the Utilization Management process and Authorization requests and decisions, you can call our Utilization Management office from 8:00 a.m. to 5:00 p.m., Monday through Friday at 413.788.0123 or 800.786.9999 (TTY: 800.439.2370). If you have questions about Utilization Management requests or decisions after hours, you may leave a message on these numbers or send a fax to 413.233.2700, 24 hours a day, 7 days a week. We will pick up all requests and messages left after 5:30 p.m. the next business day (Monday through Friday, excluding holidays).

HNE Be Healthy knows that using medical services less than they are needed may be bad for your health and wellness. For this reason, HNE Be Healthy promotes the correct use of services.

HNE Be Healthy's Utilization Management decisions are based only on correct use of care and service, and existence of coverage. HNE Be Healthy does not specifically reward those doing Utilization Management to issue a denial of coverage or service, nor does HNE Be Healthy give rewards to Utilization Management decision-makers to try to get decisions that result in underutilization.

Quality Assurance Program

HNE's Quality Assurance program oversees the quality of clinical services provided under HNE Be Healthy.

HNE Be Healthy's Utilization Review staff decides if the care Members receive is Medically Necessary.

Through Care Management, the program helps high-risk Members get the proper care and treatment they need. HNE Be Healthy also provides planning services to make sure Members receive services they need after they have been in the hospital.

Clinical Guidelines

HNE Be Healthy's clinical guidelines are used to help healthcare Providers deliver quality care and management of chronic conditions. The guidelines are developed with doctors in HNE Be Healthy's Network and by national accreditation organizations. These guidelines are used in a way that takes into account the Member's healthcare needs. HNE Be Healthy's guidelines are reviewed every other year, or more often as needed.

Experimental Therapies, Medical Devices, Treatment in Clinical Trials

HNE Be Healthy reviews new technology on a case-by-case basis, as well as on a benefit level. Decisions to approve the use of a new technology are based on what will give the highest benefit and lowest risk to the Member.

HNE Be Healthy's review of new technologies includes:

- Consultation with clinic experts to review new technologies that HNE is considering for coverage
- A review of regulatory agency approval (such as Food and Drug Administration)
- Published scientific reviews
- National or regional clinical practice recommendations from well-known sources (for example, the National Cancer Institute).

If you would like to learn more about HNE Be Healthy's Quality Assurance and Utilization Review programs, call HNE Member Services.

SECTION 10 – MEMBER RIGHTS AND RESPONSIBILITIES

Your Rights as an HNE Be Healthy Member

As a valued Member of HNE Be Healthy, you have the right to:

- Receive documents and any information in other formats or in Spanish free of charge. Interpreter services also are available free of charge by calling HNE Member Services
- Receive information about HNE Be Healthy, our services, our Providers and practitioners, your covered benefits, and your rights and responsibilities as a Member of HNE Be Healthy
- Have your questions and concerns answered completely and courteously
- Be treated with respect and with consideration for your dignity
- Have privacy during treatment and expect confidentiality of all records and communications
- Discuss and receive information regarding your treatment options, regardless of cost or benefit coverage, with your Provider in a way which is understood by you. You may be responsible for payment of services not included in the Covered Services list for your coverage type
- Be included in all decisions about your healthcare, including the right to refuse treatment and the right to receive a Second Opinion on a medical procedure at no cost to you
- Choose a qualified Primary Care Provider and hospital that accept HNE Be Healthy Members
- Change your Primary Care Provider
- Access Emergency care 24 hours a day, 7 days a week
- Access an easy process to voice your concerns, and expect follow-up by HNE Be Healthy
- File Grievances and Appeals without discrimination about the managed care organization or the care provided, and expect problems to be fairly examined and appropriately addressed
- Make recommendations regarding HNE Be Healthy's Member rights and responsibilities
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Freely apply your rights without negatively affecting the way HNE Be Healthy or your Provider treats you
- Ask for and receive a copy of your medical record and request that it be changed or corrected, as explained in the Notice of Privacy Practices later in this section of this Member Handbook
- Receive the Covered Services you are eligible for as outlined in the Covered Services list enclosed with this Member Handbook
- Be informed about how medical treatment decisions are made by HNE or by Providers that accept HNE Members, including payment structure
- Know the names and qualifications of physicians and healthcare professionals involved in your medical treatment
- Receive information about an illness, the course of treatment and expectations for recovery in words that you can understand

- Receive Emergency services when you, as a non-healthcare professional, believed that an Emergency health condition existed
- Keep your Personal Health Information private as protected under federal and state laws—including oral, written and electronic information throughout HNE. Unauthorized people do not see or change your records.
- Exercise these rights regardless of your race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion, national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care. Expect these rights to be upheld by both HNE and the Providers who accept HNE Be Healthy Members.

Your Responsibilities as an HNE Be Healthy Member

As a Member of HNE Be Healthy, you also have responsibilities. It is your responsibility to:

- Choose a Primary Care Provider, the Provider responsible for your care
- Call your Primary Care Provider when you need healthcare unless it is an Emergency
- Tell any healthcare Provider that you see that you are an HNE Be Healthy Member
- Give complete and accurate health information that HNE Be Healthy or your Provider needs in order to provide care
- Understand the role of your Primary Care Provider in providing your care and arranging other healthcare services that you may need
- To the degree possible, understand your health problems and take part in making decisions about your healthcare and in developing treatment goals with your Provider
- Follow the plans and instructions agreed to by you and your Provider
- Understand your benefits and know what is covered and what is not covered
- Notify HNE Be Healthy and MassHealth of any changes in personal information such as address, telephone, marriage, additions to the family, and eligibility of other health insurance coverage, etc.
- Understand that you may be responsible for payment for services you receive that are not included in the Covered Service list for your coverage type.

Your Confidentiality

HNE Be Healthy takes our obligation to protect your personal and health information seriously. To help in maintaining your privacy, we have instituted the following practices:

- HNE Be Healthy employees do not discuss your personal information in public areas such as the cafeteria, on elevators, or when out-side of the office
- Electronic information is kept secure through the use of passwords, automatic screen savers, and limiting access to only those employees with a “need to know”
- Written information is kept secure by storing it in locked file cabinets, enforcing “clean desk” practices, and using secured shredding bins for its destruction
- All employees, as part of their initial orientation, receive training on our confidentiality and privacy practices

- All Providers and other entities with whom we need to share information are required to sign agreements in which they agree to maintain confidentiality
- HNE Be Healthy only collects information about you that we need to have in order to provide you with the services you want to receive from HNE Be Healthy or as otherwise required by law

In accordance with state law, HNE Be Healthy takes special precautions to protect any information concerning Behavioral Health, HIV status, sexually transmitted diseases, pregnancy, or termination of pregnancy.

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

HNE knows how important it is to protect your privacy at all times and in all settings. We are required by law to maintain the privacy of your protected health information (PHI), to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

"Protected health information" or "PHI" is information about you, including demographic information, that:

- Can reasonably be used to identify you; and
- That relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

Protected health information excludes individually identifiable health information regarding a person who has been deceased for more than 50 years.

How does HNE collect protected health information?

HNE gets PHI from:

- Information we receive directly or indirectly from you, your employer or benefits plan sponsor through applications, surveys, or other forms. For example: name, address, social security number, date of birth, marital status, dependent information and employment information.
- Providers (such as doctors and hospitals) who are treating you or who are involved in your treatment and/or their staff when they submit claims or request authorization on your behalf for certain services or procedures.
- Attorneys who are representing our Members in automobile accidents or other cases.
- Insurers and other health plans.

How does HNE protect my personal health information?

HNE has many physical, electronic, and procedural safeguards in place to protect your information. Information is protected whether it is in oral, written or electronic form. HNE policies and procedures require all HNE employees to protect the confidentiality of your PHI. An employee may only access your PHI when they have an appropriate reason to do so. Each employee must sign a statement that he or she has read and understands HNE's privacy policy.

On an annual basis, HNE will send a notice to employees to remind them of this policy. Any employee who violates HNE's privacy policies is subject to discipline, up to and including dismissal.

How does HNE use and disclose my protected health information?

HNE uses and discloses your PHI for many different reasons. We can use or disclose your PHI for some reasons without your written agreement. For other reasons, we need you to agree in writing that we can use or disclose your PHI.

Uses and Disclosures for Treatment, Payment and Health Care Operations

HNE uses and discloses your PHI in a number of different ways in connection with your treatment, the payment for your health care, and our health care operations. We can also disclose your information to providers and other health plans that have a relationship with you, for *their* treatment, payment and some limited health care operations. The following are only a few examples of the types of uses and disclosures of your protected health information that we are permitted to make *without* your authorization:

Treatment: We may disclose your protected health information to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment. We may also disclose your protected health information to health care providers (including their employees or business associates) in connection with preventive health, early detection and disease and case management programs.

Payment: We will use and disclose your protected health information to administer your health benefits policy or contract. For example, we may use your PHI to pay claims for medical services you have received, to determine your eligibility for benefits, or to coordinate your HNE coverage with that of other plans (if you have coverage through more than one plan).

Health Care Operations: We will use and disclose your protected health information to support HNE's general health care operations. For example, we may use your PHI to conduct quality assessment activities, develop clinical guidelines, operate preventive health, early detection and disease and case management programs, including contacting you or your doctors to provide appointment reminders or information about treatment alternatives, therapies, health care providers, settings of care or other health-related benefits and services. In addition, we may use your information to send fundraising communications to you. If we do, we will provide you with an opportunity to elect not to receive any further fundraising communications from us.

HNE does not and will not use PHI that is genetic information about you for underwriting purposes.

Other Permitted or Required Uses and Disclosures of Protected Health Information

In addition to treatment, payment and health care operations, federal law allows or requires us to use or disclose your protected health information in the following additional situations without your authorization:

Required by Law: We may use or disclose your protected health information to the extent we are required by law to do so. For example, the law compels us to disclose PHI when required by the Secretary of the Department of Health and Human Services to investigate our compliance efforts.

Public Health Activities: We may disclose your protected health information to an authorized public health authority for purposes of public health activities. The information may be disclosed for such reasons as controlling disease, injury or disability, or to report child abuse or neglect. We also may have to disclose your PHI to a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading the disease. In addition, we may make disclosures to a person subject to the jurisdiction of the Food and Drug Administration, for the purpose of activities related to the quality, safety or effectiveness of an FDA-regulated product or activity.

Abuse or Neglect: We may make disclosures to government authorities if we believe you have been a victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when we are required or authorized by law to do so.

Health Oversight: We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs, or its contractors (e.g., state insurance department, U.S. Department of Labor) for activities authorized by law, such as audits, examinations, investigations, inspections and licensure activity.

Legal Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal and, in certain cases, in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose your protected health information under limited circumstances to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or to provide information concerning victims of crimes.

Coroners, Funeral Directors and Organ Donation: We may disclose your protected health information in certain instances to coroners, funeral directors and organizations that help find organs, eyes, and tissue to be donated or transplanted.

Threat to Health or Safety: If we believe that a serious threat exists to your health or safety, or to the health and safety of any other person or the public, we will notify those persons we believe would be able to help prevent or reduce the threat.

Military Activity and National Security: We may disclose your protected health information to Armed Forces personnel under certain circumstances and to authorized federal officials for the conduct of national security and intelligence activities.

Correctional Institutions: If you are an inmate in a correctional facility, we may disclose your protected health information to the correctional facility for certain purposes, including the provision of health care to you or the health and safety of you or others.

Workers' Compensation: We may disclose your protected health information to the extent required by workers' compensation laws.

Research: We may use or disclose PHI for research provided certain requirements are met.

Will HNE give my PHI to my family or friends?

We will only disclose your PHI to a family member or a close friend in the following circumstances:

- You have authorized us to do so.
- That person has submitted proof of legal authority to act on your behalf.
- That person is involved in your health care or payment for your health care and needs your PHI for these purposes. If you are present or otherwise available prior to such a disclosure (whether in person or on a telephone call), we will either seek your verbal agreement to the disclosure, provide you an opportunity to object to it, or reasonably infer from the circumstances, based on our exercise of professional judgment, that you would not object to the disclosure. We will only release the PHI that is directly relevant to their involvement.
- We may share your PHI with your friends or family members if professional judgment says that doing so is in your best interest. We will only do this if you are not present or you are unable to make health care decisions for yourself. For example, if you are unconscious and a friend is with you, we may share your PHI with your friend so you can receive care.
- We may disclose a minor child's PHI to their parent or guardian. However, we may be required to deny a parent's access to a minor's PHI, for example, if the minor is an emancipated minor or can, under law, consent to their own health care treatment.
- If an individual is deceased, we may disclose to a family member or friend who was involved in the individual's care or payment for care prior to the individual's death, PHI of the individual that is relevant to such person's involvement, unless doing so is inconsistent with any prior expressed preference of the individual that is known to us.

Will HNE disclose my personal health information to anyone outside of HNE?

HNE may share your protected health information with affiliates and third party "business associates" that perform various activities for us or on our behalf. For example, HNE may delegate certain functions, such as medical management or claims repricing, to a third party that is not affiliated with HNE. HNE may also share your personal health information with an individual or company that is working as a contractor or consultant for HNE. HNE's financial auditors may review claims or other confidential data in connection with their services. A contractor or consultant may have access to such data when they repair or maintain HNE's computer systems. Whenever such an arrangement involves the use or disclosure of your protected health information, we will have a written contract that contains terms designed to protect the privacy of your protected health information.

HNE may also disclose information about you to your Primary Care Provider, other providers that treat you and other health plans that have a relationship with you, and their business associates, for their treatment, payment and some of their health care operations.

Will HNE disclose my personal health information to my employer?

In general, HNE will only release to your employer enrollment and disenrollment information, information that has been de-identified so that your employer can not identify you, or summary health information. If your employer would like more specific PHI about you to perform plan administration functions, we will either get your written permission or we will ask your employer to certify that they have established procedures in their group health plan for protecting your PHI, and they agree that they will not use or disclose the information for employment-related actions and decisions. Talk to your employer to get more details.

When does HNE need my written authorization to use or disclose my personal health information?

We have described in the preceding paragraphs those uses and disclosures of your information that we may make either as permitted or required by law or otherwise without your written authorization. For other uses and disclosures of your PHI, we must obtain your written authorization. Among other things, a written authorization request will specify the purpose of the requested disclosure, the persons or class of persons to whom the information may be given, and an expiration date for the authorization. If you do provide a written authorization, you generally have the right to revoke it.

Your prior written authorization is required and will be obtained for: (i) uses and disclosures of psychotherapy notes; (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

Many Members ask us to disclose their protected health information to third parties for reasons not described in this notice. For example, elderly Members often ask us to make their records available to caregivers. To authorize us to disclose any of your protected health information to a person or organization for reasons other than those described in this notice, please call our Member Services Department and ask for an Authorization and Designation of Personal Representative Form. You should return the completed form to HNE's Enrollment Department at One Monarch Place, Springfield, MA 01144-1500. You may revoke the authorization at any time by sending us a letter to the same address. Please include your name, address, Member identification number and a telephone number where we can reach you.

What are my rights with respect to my PHI?

The following is a brief statement of your rights with respect to your protected health information:

Right to Request Restrictions: You have the right to ask us to place restrictions on the way we use or disclose your protected health information for treatment, payment or health care operations or to others involved in your health care. **However, we are not required to agree to these restrictions.** If we do agree to a restriction, we may not use or disclose your protected health information in violation of that restriction, unless it is needed for an emergency.

Right to Request Confidential Communications: You have the right to request to receive communications of protected health information from us by alternative means or at alternative locations if you clearly state that the disclosure of all or part of that information could endanger you. We will accommodate reasonable requests. Your request must be in writing.

Right to Access Your Protected Health Information: You have the right to see and get a copy of the protected health information about you that is contained in a "designated record set," with some specified exceptions. You also have the right to request an electronic copy of PHI that we maintain electronically (ePHI) in one or more designated records sets. Your "designated record set" includes enrollment, payment, claims adjudication, case or medical management records and any other records that we use to make decisions about you. Requests for access to copies of your records must be in writing and sent to the attention of the HNE Legal Department. Please provide us with the specific information we need to fulfill your request. We will provide ePHI in the electronic form and format requested by you, if it is readily producible in that format. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies.

Right to Amend Your Protected Health Information: You have the right to ask us to amend any protected health information about you that is contained in a "designated record set" (see above). All requests for amendment must be in writing and on an HNE Request for Amendment form. Please contact the HNE Legal Department to obtain a copy of the form. You also must provide a reason to support the requested amendment. In certain cases, we may deny your request. For example, we may deny a request if we did not create the information, as is often the case for medical information in our records. All denials will be made in writing. You may respond by filing a written statement of disagreement with us, and we would have the right to rebut that statement. If you believe someone has received the unamended protected health information from us, you should inform us at the time of the request if you want them to be informed of the amendment.

Right to Request an Accounting of Certain Disclosures: You have the right to have us provide you an accounting of times when we have disclosed your protected health information for any purpose other than the following:

(i) Treatment, payment or health care operations.
(ii) Disclosures to others involved in your health care.
(iii) Disclosures to you or that you or your personal representative has authorized.
(iv) Certain other disclosures, such as disclosures for national security purposes.

All requests for an accounting must be in writing. We will require you to provide us the specific information we need to fulfill your request. This accounting requirement applies for six years from the date of the disclosure, beginning with disclosures occurring after April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee.

Right to Request a Copy of this Notice: If you have received this notice electronically, you have the right to obtain a paper copy of this notice upon request.

Who should I contact if I have a question about this notice or a complaint about how HNE is using my personal health information?

Complaints and Communications with Us

If you want to exercise your rights under this Notice, communicate with us about privacy issues, or if you wish to file a complaint with us, you can write to:

Health New England, Inc.
Complaints and Appeals Department
One Monarch Place
Springfield, MA 01144-1500

You can also call us at 413.787.4004 or 800.310.2835. You will not be retaliated against for filing a complaint with us.

Complaints to the Federal Government

If you believe your privacy rights have been violated, you also have the right to file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint with the federal government.

Effective Date of Notice

This Notice takes effect on July 1, 2013. We must follow the privacy practices described in this Notice while it is in effect. This Notice will remain in effect until we change it. This Notice replaces any other information you have previously received from us with respect to privacy of your medical information.

Changes to This Notice of Privacy Practice

We may change the terms of this Notice at any time in the future and make the new Notice effective for all PHI that we maintain—whether created or received before or after the effective date of the new Notice. Whenever we make an important change, we will post the change or the revised Notice on our web site by the effective date of the material change to the Notice, and provide the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to individuals then covered by the plan.

Reporting Healthcare Fraud

If you know of anyone trying to commit healthcare Fraud, please call our confidential Compliance Helpline at 800.453.3959. You do not need to identify yourself. Examples of healthcare Fraud include:

- Receiving bills for healthcare services you never received
- Individuals loaning their health insurance ID card to others for the purpose of receiving healthcare services or prescription drugs
- Being asked to provide false or misleading healthcare information

SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

Concerns

You may contact the MassHealth Customer Service Department at any time to voice a concern that you may have with HNE Be Healthy or MassHealth. Representatives are available at the number below Monday through Friday between 8:00 a.m. and 5:00 p.m.

Inquiries

As an HNE Be Healthy Member, you have the right to make an Inquiry at any time. An Inquiry is any question or request that you may have about HNE Be Healthy's operations. We will try to resolve your Inquiry immediately or, at the latest, within one (1) business day of the day we receive it. We will let you know the result.

Grievance Process and Rights for HNE Be Healthy Members

Your satisfaction is important to us. If you feel you had an unsatisfactory experience with HNE Be Healthy, MBHP, or with any of our contracted Providers, you have the right to file a Grievance, which is one way to show that you are not satisfied with your experience.

For more information about the types of experiences for which you can file a Grievance, refer to the question "What types of things can I file a Grievance for?" below. When you file a Grievance with HNE Be Healthy, you have certain rights. You have the right to:

- Give HNE Be Healthy information by phone, in writing, or in person, that helps support your Grievance
- Get help from someone you choose, such as a friend, family member, or Provider (See "Can I choose someone to represent me during the Grievance process?" below)
- Ask questions of and get help from HNE Be Healthy staff
- Receive free translation services during the Grievance process

We also ask that you:

- Sign and return the Designation of Appeal Representative form, if you are appointing an Appeal Representative (refer to "Can I choose someone to represent me during the Grievance Process?"). For a copy of this form, please contact HNE Member Services at the phone number on the bottom of each page of this Member Handbook.
- Provide us with a means (current address and/or phone number) to communicate with you concerning your Grievance.

Questions and Answers About the Grievance Process

What types of things can I file a Grievance for?

You or your Appeal Representative can file a Grievance whenever you had an unsatisfactory experience with HNE Be Healthy, MBHP, or with any of our contracted Providers. For example,

you may file a Grievance when you are not satisfied with the quality of care or services provided by HNE Be Healthy or its Providers, when an HNE Be Healthy Provider is rude to you, or when HNE Be Healthy staff fail to respect any of your rights. You or your Appeal Representative also have the right to file a Grievance if you disagree with a decision by HNE Be Healthy to extend the time to resolve an Internal Appeal or to reach an Authorization decision, or you disagree with a decision by HNE Be Healthy not to treat an Internal Appeal as an expedited (fast) Internal Appeal.

How do I file a Grievance?

To file a Grievance, you or your Appeal Representative can write to HNE Be Healthy at:

HNE Be Healthy
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

HNE Be Healthy is responsible for processing all Grievances, including Grievances regarding Behavioral Health care. You can also provide information in person, or call our HNE Member Services department at the number listed below.

When we receive your request to file a Grievance, we will send you and your Appeal Representative an acknowledgement letter within one (1) business day. The acknowledgement letter describes your Grievance as we understand it. If it's not right, call the HNE Member Services department at the number listed below.

Can I choose someone to represent me during the Grievance process?

Yes. You may designate anyone of your choosing to represent you during the Grievance process. To do so, you must sign and return a Designation of Appeal Representative form to HNE Be Healthy. If we do not receive a signed Designation of Appeal Representative form by the deadline for resolving your Grievance, we will dismiss your Grievance and notify you of such in writing.

Who will review my Grievance?

Your Grievance will be reviewed by one or more people who were not involved in the problem or situation that your Grievance involves. If it involves a clinical matter, a healthcare professional will review your Grievance.

What if HNE Be Healthy needs more information?

If we need more information, we will call you and your Appeal Representative or send you and your Appeal Representative a written request. Please respond to our requests for more information as soon as you can so that we can make a faster decision for you. You and your Appeal Representative may provide additional information, in writing, by phone, or in person, at any time during the Grievance process.

When will I know the result of my Grievance?

We will send you and your Appeal Representative a letter within 30 calendar days of receipt of your Grievance to let you know the outcome.

Appeals

Internal Appeal Process and Rights for HNE Be Healthy Members

HNE Be Healthy is responsible for Internal Appeals regarding pharmacy services and medical care. MBHP is responsible for Internal Appeals regarding Behavioral Healthcare. The information in this section applies to Internal Appeals filed with either HNE Be Healthy or MBHP.

If you are not satisfied with a decision regarding healthcare coverage made by HNE Be Healthy or MBHP, or you have had a problem accessing healthcare services, you have the right to file an Internal Appeal. An Internal Appeal is a request for HNE Be Healthy or MBHP to investigate and respond to an Adverse Action. For an explanation of what an Adverse Action is, refer to the question "What types of things can I appeal" below.

Your rights during the Appeal Process include:

- The right to provide HNE Be Healthy or MBHP with information (in writing, by telephone, or in person) about your Appeal
- The right to be helped or represented by someone else, such as a friend, family member, or Provider (See "What is an Appeal Representative?" below.)
- The right to free translation services during the Internal Appeal process
- The right to ask HNE Be Healthy or MBHP questions and get help from HNE Be Healthy or MBHP staff
- The right to see all the information HNE Be Healthy or MBHP used to make a decision on your Internal Appeal and get a copy of it
- The right to request a copy of the HNE Be Healthy or MBHP document or criteria upon which the Adverse Action was based, if applicable
- The right to request a copy of HNE Be Healthy's or MBHP's written Internal Appeal policy and procedure at any time

We ask that you:

- Sign and return the "authorization to release health information form", if asked (See "What if HNE Be Healthy or MBHP needs more information?" below).
- Sign and return the Designation of Appeal Representative form, if you are appointing an Appeal Representative (See "What is an Appeal Representative?" below).
- Provide HNE Be Healthy or MBHP with a current address or phone number so that we can contact you during the Internal Appeal Process.

Questions and Answers about the Appeal Process

For What types of things can I file an Appeal?

You or your Appeal Representative can request an Internal Appeal for an Adverse Action. An Adverse Action occurs if:

- Coverage of a requested healthcare service that requires Prior Authorization is denied or limited
- Coverage of a service that was previously approved is reduced or stopped

- Payment for a service is denied because we feel it is not Medically Necessary
- An Authorization request is not responded to in a timely manner, as detailed in Section 7
- You (the Member) could not get medical treatment from an HNE Be Healthy or MBHP Provider within a timely manner, as detailed in Section 5
- You did not receive a timely response to your Internal Appeal request. In this instance, you may file an Appeal directly with the Office of Medicaid's Board of Hearings as described below (See "How do I file my Appeal with the Office of Medicaid's Board of Hearings?").

What types of Appeals can I file?

You or your Appeal Representative can file a level I Internal Appeal, level II Internal Appeal, and Expedited (fast) Internal Appeal with HNE Be Healthy or, for Behavioral Health, with MBHP. A level I Internal Appeal is a standard first level review of an Adverse Action (refer to "How do I file a Level I Internal Appeal?" below). A level II Internal Appeal is a second level review to reconsider a level I Internal Appeal denial decision. An Expedited (fast) Internal Appeal is a fast review of an Adverse Action (refer to "Can I get a decision sooner than 30 days?").These different types of Internal Appeals are described in more detail below.

How do I file a level I Internal Appeal?

To begin the level I Internal Appeal process, you or your Appeal Representative may call the HNE Member Services department at the number listed below. You can also write to:

HNE Be Healthy
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

For Behavioral Health Internal Appeals, you or your Appeal Representative may call the MBHP Member appeals coordinator at 800.495.0086 (TTY: 617.790.4131). You can also write to:

MBHP Member Appeals Coordinator
Massachusetts Behavioral Health Partnership
100 High Street, 3rd Floor
Boston, MA 02110

When we receive your request for a level I Internal Appeal, we will send you and your Appeal Representative if any, an Appeal acknowledgement letter within one (1) business day.

What is an Appeal Representative?

An Appeal Representative is anyone you choose, in writing, to act on your behalf in filing an Internal Appeal. An Appeal Representative can be a family member, a friend, a Provider, or anyone else you choose. Your Appeal Representative will have the same rights as you do in filing your Internal Appeal. Please note, however, that if you wish to choose an Appeal Representative, you must sign and return a Designation of Appeal Representative form. If we do not receive a signed Designation of Appeal Representative form by the deadline for resolving your Internal Appeal, we will dismiss your Internal Appeal. For an Expedited (fast) Internal Appeal, the review will be processed even if we have not received the designation of Appeal Representative form within the required time frame.

If we dismiss your Internal Appeal, we will notify you and your Appeal Representative in writing. If you believe that you did in fact authorize your Appeal Representative in writing before the deadline for resolving your Internal Appeal expired, you or your Appeal Representative can request, in writing, that we vacate (reverse) this dismissal and proceed with your Internal Appeal. We must receive this request within 10 calendar days of your receiving our dismissal letter. Send your request to:

HNE Be Healthy
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

For Behavioral Health Internal Appeals, send your request to:

MBHP Member Appeals Coordinator
Massachusetts Behavioral Health Partnership
100 High Street, 3rd Floor
Boston, MA 02110

We will either make the dismissal final or vacate (reverse) the dismissal and process your Internal Appeal. We will notify you and your Appeal Representative of this decision in writing. If we make your dismissal final, you can appeal to the Office of Medicaid's Board of Hearings (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?"). An Expedited (fast) Internal Appeal will be dismissed and processed as a standard Level 1 Internal Appeal if the request to expedite (process fast) is unrelated to your health condition.

Is there a time limit for filing an Internal Appeal?

Yes. In the case of a denial for a new service request, you or your Appeal Representative must file your Internal Appeal within 30 calendar days of receiving notice of this decision.

In the case of a decision to reduce or stop covering a service that was previously approved, you or your Appeal Representative must file your Internal Appeal within 30 calendar days of receiving notice of this decision. If you would like to have services continue while your appeal is being processed, you must file your Internal Appeal within 10 calendar days of receiving notice of the decision. If you lose the Appeal, you may have to pay for the cost of these services.

In the case where we did not respond to your request for coverage of a service in a timely manner, as described in your Member Handbook, you or your Appeal Representative must file your Internal Appeal within 30 calendar days of our failure to act within required time frames for making Authorization decisions.

In the case where you did not get medical treatment from an HNE Be Healthy Provider within a timely manner, as described in your Member Handbook, you or your Appeal Representative must file your Internal Appeal within 30 calendar days from the date required access standards as described in this handbook were not met.

What happens if I did not submit my Internal Appeal within the time limits described above?

If we receive your Internal Appeal late, we will dismiss it and will notify you and your Appeal Representative in writing. If you believe that you did in fact submit your Internal Appeal before the deadline, you or your Appeal Representative can request, in writing, that we vacate (reverse) this dismissal and proceed with your Internal Appeal. We must receive this request within 10 calendar days of your receiving our dismissal letter.

For a request regarding medical care services, send your request to:

HNE Be Healthy
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

For a request regarding Behavioral Health services, send your request to:

MBHP Member Appeals Coordinator
Massachusetts Behavioral Health Partnership
100 High Street, 3rd Floor
Boston, MA 02110

We will either make the dismissal final or vacate (reverse) the dismissal and process your Internal Appeal. We will notify you and your Appeal Representative of this decision in writing. If we make your dismissal final, you or your Appeal Representative can appeal to the Office of Medicaid's Board or Hearings (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?").

What do I need to do to continue receiving services during my level I Internal Appeal?

If your Internal Appeal involves a decision to reduce or stop covering a service that was previously approved, you will automatically continue to receive those services if you or your Appeal Representative request an Internal Appeal within 10 calendar days of receiving your notice of Adverse Action. If you lose the Appeal, you may have to pay for the cost of these services.

Who will review my Internal Appeal?

Your Internal Appeal will be reviewed by one or more individuals who were not involved in the original Adverse Action. At least one of them will be an expert treating the medical condition or providing the treatment or service that your Internal Appeal is about.

What if HNE Be Healthy or MBHP needs more information?

If we need more information, we will send you and your Appeal Representative, an authorization to release health information form. Please read this form, make any needed corrections, sign and return it in the postage paid envelope that we will provide for you.

How long will it take HNE Be Healthy or MBHP to decide my level I Internal Appeal?

We will make our decision within 30 calendar days of your request for a level I Internal Appeal. If we need more information before we can make a decision, we will extend the decision time up to five calendar days if you or your Appeal Representative requests the extension. The time frame

may also be extended by us if we can justify that the extension is in your best interest and that there is a need for additional information that can reasonably be expected to be received within the extended time frame and that such information would likely lead to an approval of the request. If we choose to take an extension, we will notify you and your Appeal Representative in writing.

If you are not satisfied with our decision to extend our response time for resolving an Internal Appeal, you or your Appeal Representative may file a Grievance with HNE Be Healthy by visiting or writing to:

HNE Be Healthy
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

You may also call HNE Member Services at the number listed below.

Can I provide additional information for HNE Be Healthy or MBHP to consider?

Yes. You or your Appeal Representative may provide additional information, in writing, by phone, or in person, at any time during the Internal Appeal process. If you or your Appeal Representative would like to extend the 30 calendar days Appeal time frame to submit your additional information, you can do so by up to an additional five calendar days.

How will I know HNE Be Healthy's or MBHP's decision on my level I Internal Appeal?

We will contact you and your Appeal Representative by phone and will send a written decision within 30 calendar days of your request for an Internal Appeal unless there has been a five calendar day extension.

Can I get a decision sooner than 30 days from HNE Be Healthy or MBHP?

If you or your healthcare Provider believes that your health, life, or ability to regain maximum function may be put at risk by waiting 30 calendar days, you or your healthcare Provider can request an Expedited (fast) Internal Appeal. If your healthcare Provider requests an Expedited (fast) Internal Appeal, we will grant that request unless the request is unrelated to your health condition. If your Internal Appeal is expedited (fast) we will make our decision within 72 hours of your Expedited (fast) Internal Appeal request. The time frame for making Expedited (fast) Internal Appeal decisions may be extended for up to 14 calendar days if you or your Appeal Representative requests the extension. We may also extend the time frame by up to 14 calendar days if we justify that the extension is in your best interest and that there is a need for additional information that can reasonably be expected to be received within the extended time frame and that such information would likely lead to an approval of the request. If we choose to take an extension, we will notify you and your Appeal Representative in writing. If you or your Appeal Representative are dissatisfied with our decision to extend our response time, you or your Appeal Representative may file a Grievance with HNE Be Healthy by visiting or writing to:

HNE Be Healthy
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

You may also call the HNE Member Services department at the number listed below.

However, if your Expedited (fast) Internal Appeal request is not submitted or supported by a healthcare Provider, a doctor will decide if an Expedited (fast) Internal Appeal is necessary:

- An HNE Be Healthy doctor will decide this for medical services
- An MBHP doctor will decide this for behavioral health services

If we decide that an Expedited (fast) Internal Appeal is not necessary, we will inform you and your Appeal Representative of that decision by phone and send a written notice within two calendar days. Your Internal Appeal will be processed in accordance with standard level I Internal Appeal time frames described above. If you or your Appeal Representative do not agree with our decision not to expedite (process fast) your Internal Appeal, you or your Appeal Representative may file a Grievance by visiting or writing to:

HNE Be Healthy
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

You or your Appeal Representative may also call HNE Member Services at the number listed below.

Can I provide additional information for HNE Be Healthy or MBHP to consider during an Expedited (fast) Internal Appeal?

Yes. You or your Appeal Representative may provide additional information in writing, by phone, or in person, at any time during the Expedited (fast) Internal Appeal process. If you or your Appeal Representative would like to extend the 72 hour Expedited (fast) Internal Appeal time frame to submit your additional information, you can do so by up to an additional 14 calendar days.

How will I know the decision on my Expedited (fast) Internal Appeal?

We will contact you and your Appeal Representative with our decision by phone and will send you and your Appeal Representative a written decision within 72 hours of your request unless there has been an extension as described above.

What if I'm not satisfied with the decision on my level I Internal Appeal or Expedited (fast) Internal Appeal?

If you or your Appeal Representative are not satisfied with the decision on your level I Internal Appeal, you or your Appeal Representative can ask HNE Be Healthy or, for Behavioral Health, MBHP, to reconsider it by submitting a level II Internal Appeal (see "How do I request a level II Internal Appeal?") , or you or your Appeal Representative can request that the Executive Office of Health and Human Services, Office of Medicaid's Board of Hearings, review your Appeal (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?"). The Board of Hearings is separate from HNE Be Healthy or MBHP. If you or your Appeal Representative choose to have HNE Be Healthy or MBHP reconsider the decision (level II Internal Appeal), your Internal Appeal will be reviewed by one or more individuals who were not involved in the decision on the level I Internal Appeal. If you or your Appeal Representative

choose to file your Appeal with the Board of Hearings instead, you will lose the right to ask HNE Be Healthy or MBHP to reconsider our decision any further.

If your Internal Appeal was an Expedited (fast) Internal Appeal and you or your Appeal Representative are not happy with the decision, you do not have a right to a level II Internal Appeal. However, you or your Appeal Representative may request the Office of Medicaid's Board of Hearings to review your Appeal (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?").

How do I request a level II Internal Appeal?

If you or your Appeal Representative want to file a level II Internal Appeal you can visit us or write to us at:

HNE Be Healthy
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

Or call the HNE Member Services department at the number listed below.

To file a level II Internal Appeal for Behavioral Health services, send your request to:

MBHP Member Appeals Coordinator
Massachusetts Behavioral Health Partnership
100 High Street, 3rd Floor
Boston, MA 02110

Or call the MBHP member appeals coordinator at 800.495.0086 (TTY: 617.790.4131).

You or your Appeal Representative must make your request within 30 calendar days of receiving our decision on your level I Internal Appeal. If your level II Internal Appeal involves a decision to reduce or stop covering a service that was previously approved, you will automatically continue to receive those services if you request a level II Internal Appeal within ten calendar days of receiving your notice resolving your level I Internal Appeal. If you lose the Appeal, you may have to pay back the cost of these services.

When will a decision be made on my level II Internal Appeal?

We will contact you and your Appeal Representative with a decision by phone and will send you and your Appeal Representative a written decision within ten calendar days of your request for a level II Internal Appeal. You or your Appeal Representative can request an extension of five calendar days at this level. We may also extend the time frame for up to five calendar days if the extension is in your best interest and there is a need for additional information that can reasonably be expected to be received within the extended time frame and that such information would likely lead to an approval of the request and if we have not already extended the level I Internal Appeal response time. If HNE decides to extend the time frame, you or your Appeal Representative have the right to file a Grievance.

What can I do if I am not satisfied with the HNE Be Healthy or MBHP decision on my level II Internal Appeal?

If you or your Appeal Representative are still not satisfied, you or your Appeal Representative may file your Appeal with the Office of Medicaid's Board of Hearings (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?").

What can I do if HNE Be Healthy or MBHP does not respond to my Internal Appeal in a timely fashion?

If we do not respond to your Internal Appeal within the time frames noted above, you or your Appeal Representative can file an Appeal with the Office of Medicaid's Board of Hearings (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?"). Your Appeal request must be received by the Board of Hearings within 30 calendar days from the date on which we should have informed you and your Appeal Representative of our decision or within 20 calendar days if your Appeal was an Expedited (fast) Internal Appeal and you or your Appeal Representative want the Board of Hearings to make an expedited (fast) decision, too.

How do I file my Appeal with the Office of Medicaid's Board of Hearings?

If you or your Appeal Representative want to have the Office of Medicaid's Board of Hearings review your Appeal, you and your Appeal Representative, must complete a "request for a Fair Hearing" form, which we will provide to you, and your Appeal Representative. You or your Appeal Representative must mail this form to the Board of Hearings within 30 calendar days of the decision you are appealing or within 20 calendar days if your Internal Appeal was an Expedited (fast) Internal Appeal and you want the Board of Hearings to make an expedited (fast) decision, too. Please contact HNE Be Healthy if you or your Appeal Representative needs help to complete the "request for Fair Hearing" form.

Can I continue to receive services during my Appeal with the Office of Medicaid's Board of Hearings?

You can continue receiving services that are the subject of your Board of Hearings Appeal, as long as you or your Appeal Representative submit your request for an Appeal to the Board of Hearings within ten calendar days of receiving our decision on your Internal Appeal. You may also choose to not continue to receive services during your Board of Hearings Appeal. Please note that should you continue to receive services during the Board of Hearing's Appeal process and the decision comes out against you, you may be liable for the cost of those services.

Can someone represent me at the Office of Medicaid's Board of Hearings?

You may be represented at the Office of Medicaid's Board of Hearings by an Appeal Representative of your choice at your own expense. To do so, you must fill out the Appeal Representative section of the "request for a Fair Hearing" form. If you need an interpreter to represent you, please let the Board of Hearings know.

If the Board of Hearings decides in my favor, what happens next?

HNE Be Healthy will honor the decision made by the Board of Hearings and, if the appeal is approved, will cover the service or procedure that is the subject of the Appeal.

SECTION 12 – PLANNING FOR YOUR FUTURE HEALTHCARE

Advance Directives: Planning for Future Healthcare

An Advance Directive is something you write or sign that states who you would like to make healthcare decisions for you and what healthcare treatment you do or do not want if you get sick or injured and can't talk or write. It may include your decision to not use extraordinary measures, such as a ventilator, or it may simply include your wish to be an organ donor.

There are two kinds of Advance Directives: a Healthcare Proxy and a Living Will.

A Healthcare Proxy is a person who can act for you if your doctor states in writing that you are unable to make your own healthcare decisions. In Massachusetts, if you are at least eighteen years old and of sound mind (can make decisions for yourself) you may choose a Healthcare Proxy by filling out a Healthcare Proxy form. Contact your doctor to obtain a copy of the form.

A Living Will lets you state what kind of care you want or do not want if you cannot make healthcare decisions. For example, you may not want to be kept alive using life support. Your Living Will helps your Healthcare Proxy make decisions for you. If you do not have a Healthcare Proxy, or your Healthcare Proxy is not available, the Living Will can help your Providers care for you.

If you choose to sign a Healthcare Proxy or a Living Will, you can change your mind at any time and write and sign a new Healthcare Proxy or Living Will.

There is no Massachusetts law specifically governing or recognizing Living Wills. However, if you have legally authorized someone to take care of your healthcare needs, Living Will instructions are recognized as evidence of your wishes.

You can talk to your doctor to learn more about Advance Directives. For more information, you can call the HNE Member Services department at the number listed below.

SECTION 13 – WHEN YOU HAVE OTHER COVERAGE

Coordination of Benefits

HNE Be Healthy works with MassHealth to coordinate coverage and payment for healthcare services. HNE Be Healthy's Coordination of Benefits process matches commercial records with MassHealth Enrollment records. This process is used to identify Members who are covered by another insurer. Examples of other insurers include, but are not limited to:

- Motor vehicle insurance
- Commercial insurance as a Dependent of a Commercial Subscriber
- Homeowner's insurance
- Medicare

Subrogation

Subrogation is the process by which HNE Be Healthy recovers some or all of the costs of a Member's healthcare from another source when appropriate. Examples include:

- The Member's motor vehicle or homeowner's insurance
- The motor vehicle or homeowner's insurance of an individual who caused the Member's illness or injury
- Worker's Compensation

If an insurer other than HNE Be Healthy is or may be liable to pay for services related to an illness or injury, HNE Be Healthy has the right to ask that insurer to pay for reimbursement of any healthcare costs.

HNE Be Healthy's Right of Reimbursement

If a Member recovers money as a result of a lawsuit or settlement relating to an illness or injury, HNE Be Healthy can demand that the Member repay the cost of healthcare services and supplies that HNE Be Healthy paid. HNE Be Healthy cannot demand repayment beyond the total amount of the Member's recovery.

As a Member of HNE Be Healthy, you agree to:

- Notify HNE Be Healthy of any events which may affect HNE Be Healthy's rights of Subrogation or Reimbursement
- Cooperate with HNE Be Healthy when HNE Be Healthy asks for information and assistance with Coordination of Benefits, Subrogation, or Reimbursement
- Sign documents to help HNE Be Healthy with its rights to Subrogation and Reimbursement
- Authorize HNE Be Healthy to investigate, request, and release information which is necessary to carry out Coordination of Benefits, Subrogation, and Reimbursement to the extent allowed by law

When you have additional insurance

You must tell us if you have any other health insurance coverage in addition to MassHealth. You must also let us know whenever there are any changes in your additional insurance coverage. The types of additional insurance you might have include:

- Coverage from an employer's group health insurance for employees or retirees, either for yourself or your spouse
- Coverage under Workers' Compensation because of a job-related illness or injury
- Coverage for an accident where no-fault insurance or liability insurance is involved
- Coverage you have through veterans' benefits
- "Continuation coverage" that you have through COBRA (COBRA is a law that requires employers with 20 or more employees to let employees and their dependents keep their group health coverage for a time after they leave their group health plan under certain conditions.)

HNE Be Healthy is the payer of last resort for payment of medical services involving Benefit Coordination and third-party liability or Subrogation. Please see the following sections for more information.

Benefit Coordination

When you have other health insurance coverage, we work with your other insurance to coordinate your HNE Be Healthy benefits. The way we work with the other companies depends on your situation. This process is called Benefit Coordination. Through this Benefit Coordination, you will often get your health insurance coverage as usual through us. If you have other health insurance, our coverage will always be secondary when the other plan provides you with healthcare coverage, unless the law states something different. In other situations, such as for care we do not cover, another insurer other than us may be able to cover you. If you have additional health insurance, please call us at the number listed below to find out how payment will be handled.

If you have comprehensive health insurance with another health plan, including Medicare, you cannot get MassHealth benefits from managed care organizations, including HNE Be Healthy. If you fit this category, MassHealth will disenroll you from HNE Be Healthy. MassHealth will notify you about this.

Motor vehicle accidents and/or work-related injury/illness

If you are in a motor vehicle accident, you must use all of your auto insurance carrier's medical coverage (including Personal Injury Protection [PIP] and/or medical payment coverage) before we will consider paying for any of your expenses. You must send to us any explanation of payment or denial letters from an auto insurance carrier for us to consider paying a Claim that your Provider sends to us.

In the case of a work-related injury or illness, the Workers' Compensation carrier will be responsible for those expenses first. You must send to us any explanation of payment or denial letters from an auto insurance carrier for us to consider paying a Claim that your Provider sends to us.

Subrogation

If you are injured by the act or omission of another person, your HNE Be Healthy benefits will be subrogated. This means that we may use your right to recover money from the person(s) who caused the injury or from any insurance company or other party. If another person or party is, or may be, liable to pay for services related to your illness or injury that we may have paid for or provided, we will subrogate and succeed to all your rights to recover against such person or party 100% of the value of services paid for or provided by us.

Your healthcare Provider should submit all claims incurred as a result of any Subrogation case before any settlement. We may deny claims for services rendered before a settlement that your healthcare Provider does not submit before that settlement is reached.

In the event another party reimburses any medical expense we pay for, we are entitled to recover from you 100% of the amount you got for such services from us. The amount you must pay back will not be reduced by any attorney's fees or incurred expenses.

To enforce our Subrogation rights under this Member Handbook, we will have the right to take legal action, with or without your consent, against any party to recover the value of services we provide or cover for which that party is, or may be, liable. Nothing in this handbook will be interpreted to limit our right to use any remedy provided by law to enforce its rights to Subrogation under this Member Handbook.

We require you to follow all Prior Authorization requirements even when third-party liability exists. Authorization is not a guarantee of payment.

Member cooperation

As an HNE Be Healthy Member, you agree to cooperate with us in exercising our Subrogation and Benefit Coordination rights. This means you must complete and sign all necessary documents to help us exercise our rights. This also means that you must give us notice before settling any Claim arising out of injuries you sustained by any liable party or parties for which we have provided coverage. You must not do anything that might limit our right to full reimbursement. These Subrogation and recovery provisions apply even if you are a minor.

We ask that you:

- Give us all information and documents we request
- Sign any documents we think are necessary to protect our rights
- Promptly assign us any money you get for services for which we've provided or paid
- Promptly notify us of any possible Subrogation or Benefit Coordination potential

You also must agree to do nothing to prejudice or interfere with our rights to Subrogation or Benefit Coordination. If you are not willing to help us, you will be liable for any expenses we may incur, including reasonable attorneys' fees, in enforcing our rights under this plan. Nothing in this Member Handbook may be interpreted to limit our right to use any means provided by law to enforce our rights to Subrogation or Benefit Coordination under this plan.

SECTION 14 – GLOSSARY

Advance Directive
Something you write or sign that states who you would like to make healthcare decisions for you and what healthcare treatment you do or do not want if you get sick or injured and can't talk or write. It is a written statement that tells a Provider what to do if an illness or accident takes away the Member's ability to make decisions about his or her healthcare.

Adverse Action
The following actions or inactions by HNE Be Healthy:

- Denying or limiting coverage of a requested healthcare service
- Reducing or stopping coverage for a service that was previously approved
- Denying payment for a service because it was not medically necessary
- Not responding to an Authorization request in a timely manner, as detailed in Section 7
- The Member not being able to get medical treatment from an HNE Be Healthy or MBHP Provider within a timely manner, as detailed in Section 5
- Not resolving an appeal request within the deadlines described in Section 11

Appeal
A request by a MassHealth Member or Appeal Representative to HNE Be Healthy or, for Behavioral Health services, to MBHP or to the Office of Medicaid's Board of Hearings for review of an Adverse Action.

Appeal Representative
Any individual that HNE can document has been authorized by the Enrollee in writing to act on the Enrollee's behalf with respect to all aspects of a Grievance, Internal Appeal, or BOH Appeal. HNE must allow an Enrollee to give a standing Authorization to an Appeal Representative to act on his/her behalf for all Grievances and Internal Appeals. Such standing authorization must be done in writing according to HNE's procedures, and may be revoked by the Enrollee at anytime. When a minor is able, under law, to consent to a medical procedure, that minor can request an appeal of the denial of such treatment without parental/guardian consent and appoint an Appeal Representative without the consent of a parent or guardian.

Authorization
A special approval by HNE Be Healthy for payment of certain services that is done prior to receiving services.

Behavioral Health
Mental health and/or substance abuse treatment.

Board of Hearings
The Office of Medicaid's Board that is available to review an Appeal once you have exhausted all internal levels of appeal. The Medicaid Board of Hearing is independent of HNE Be Healthy.

Board of Hearings (BOH) Appeal
A written request to the BOH, made by a Member or Appeal Representative to review the correctness of a Final Internal Appeal decision by HNE Be Healthy.

Care Management
Program to assist the Member with meeting medical and/or Behavioral Health needs that include education and training as well as coordination of care between all providers involved in the Member's care until goals are met.

Children's Behavioral Health Initiative (CBHI)
An interagency undertaking by EOHHS and MassHealth whose mission is to strengthen, expand, and integrate Behavioral Health services for Enrollees under the age of 21 into a comprehensive system of community-based, culturally competent care.

Claim
An invoice from a Provider that describes the services that have been provided for a Member.

Community Service Agency (CSA)
There are 32 CSA's across the state offering care coordination services to MassHealth eligible youth with serious emotional disturbance (SED) and their families/caregivers.

Complex Care Management
The implementation of defined Care Management services to Enrollees with complex healthcare needs (physical, behavioral, or social). These Enrollees typically have co-morbidities and psychosocial needs that can significantly diminish their quality of life as well as their ability to adhere to treatment plans designed by their Providers. Enrollees in Complex Care Management programs are typically provided with information individualized to their needs and stage of readiness with a goal of averting the need for more intensive medical services.

Continuing Services
For Appeal requests received within 10 days of the adverse determination notice, HNE Be Healthy will provide Continuing Services while an Internal Appeal is pending and while a Board of Hearing (BOH) Appeal is pending, unless the Member specifically indicates that he or she does not want to receive Continuing Services, when the Internal Appeal involves the reduction, suspension, or termination of a previously authorized service. HNE Be Healthy will continue to provide Continuing Services until the member withdraws the Internal Appeal or BOH appeal or the BOH issues a decision to uphold the original HNE Be Healthy Internal Appeal decision. The Member may have to pay back the cost of the requested services received during this time period if the original decision is upheld.

Continuity of Care
HNE may continue covering services you are receiving from a provider who is not in the HNE Be Healthy network. See Section 6 for details.

Coordination of Benefits
Needed when payment for services may be the responsibility of someone other than HNE Be Healthy, for example, automobile insurance or Workers' Compensation. See Section 12.

Copayment
The amount that you must pay for covered services. The Covered Services List included with this Handbook describe these amounts.

Covered Services
The services and supplies covered by HNE Be Healthy and MassHealth, described in the Covered Services List included with this Handbook.

Dependent
An individual who obtains health coverage through another person, such as a spouse, parent, or grandparent.

Disenrollment
The process by which a Member's HNE Be Healthy coverage ends.

Disease Management
A system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant. It is the process of reducing healthcare costs and/or improving quality of life for individuals by preventing or minimizing the effects of a disease, usually a chronic condition, through integrative care.

Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT)
Preventive care and treatment services provided by a PCP on a periodic schedule for members enrolled in Standard/CommonHealth. The schedule is determined by the age at which each procedure is to be provided and includes a complete assessment (e.g., health screenings), service coordination, crisis intervention, and in-home services.

Effective Date
The date on which an individual becomes a Member of HNE Be Healthy and is eligible for Covered Benefits. The Effective Date is generally one business day after HNE Be Healthy receives notification of Enrollment from MassHealth.

Eligibility
Meeting all the criteria necessary to be covered by HNE Be Healthy.

Emergency
A medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of an insured or another person in serious jeopardy, serious impairment of body function, or serious dysfunction of any body organ or part, or, with respect to a pregnant woman, placing the insured or her unborn child's physical or mental health in serious jeopardy. With respect to a pregnant woman who is having contractions, an Emergency also includes having an inadequate time to effect a safe transfer to another hospital before delivery or a threat to the safety of the Member or her unborn child in the event of transfer to another hospital before delivery.

Emergency Services Program (ESP) Providers
Providers that give you Emergency Behavioral Health screenings, Emergency services, and Emergency crisis and stabilization services. ESPs give you a way to get these services on a 24-hour basis, seven days a week. If you think you need to go to an ESP, you can call one yourself. The HNE Be Healthy Provider Directory lists the Emergency Services Program (ESP) Providers in all areas of the state. You also can call toll-free numbers of HNE Be Healthy and MBHP at the bottom of this page.

Enrollment
The process by which HNE registers individuals for Membership in HNE Be Healthy.

EOHHS
The Executive Office of Health and Human Services. The agency responsible for administering the Medicaid program in the state of Massachusetts.

Expedited (fast) Internal Appeal
A seventy-two (72) hour Appeals process.

Family Planning Services
Services directly related to the prevention of conception. Services include: birth control counseling, education about Family Planning, examination and treatment, laboratory examinations and tests, medically approved methods and procedures, pharmacy supplies and devices, sterilization, including tubal ligation and vasectomy. (Abortion is not a Family Planning Service.)

Formulary
A list of covered prescription drugs. Formularies are based on evaluations of efficacy, safety, and cost effectiveness of drugs. Members pay varying copays for drugs that are on formulary.

Fraud
An instance where someone attempts to receive services or payment for services to which they are not entitled under MassHealth. See Section 10 for more details.

Grievance
A statement by a Member of dissatisfaction with care or services received.

Healthcare Proxy
The individual responsible for making healthcare decisions for a person in the event of that person's incapacitation.

Health Information Line
HNE Be Healthy's phone connection to a registered nurse who can provide medical advice 24 hours a day, seven days a week. The phone number is at the bottom of each page of this Member Handbook.

Health Needs Assessment (HNA)
A summary of your health history and your current concerns completed when you join the plan. You also may hear this called a Health Risk Assessment (HRA).

HNE
Health New England, Inc. is a health maintenance organization licensed in the state of Massachusetts. HNE is responsible for administering benefits under the HNE Be Healthy Plan. HNE may contract with other agencies to administer certain benefits, for example, MBHP for Behavioral Health services. See MBHP definition below.

HNE Be Healthy
The HNE health benefits plan that provides coverage for those eligible for MassHealth coverage. When used in this Member Handbook to describe services, benefits, procedures, or providers, HNE is responsible for those related to medical services and MBHP is responsible for those related to Behavioral Health Services.

Inpatient
Services requiring at least one overnight stay and generally rendered in facilities such as hospitals and skilled nursing facilities.

Intensive Care Coordination (ICC)
A service that is set up for the most vulnerable Members, who are at the highest risk of hospitalization. ICM coordinates services across all levels of care. Care managers work with the treatment team and Members to develop an individualized care plan to develop strategies and goals for integrating behavioral health and medical care, preventing crisis, and ensuring functioning within the community. ICM also provides support for pregnant women with alcohol and/or substance abuse problems.

Intensive Clinical Management (ICM)
A care-coordination service for children and youths with serious emotional disturbance (SED). An ICC Care Coordinator works with the family to create a Care Planning Team for their child. The team is made up of people who want to help the youth and family, i.e., family, friends, and people who work with the youth, such as a teacher or school counselor, a therapist, or a caseworker from a state agency. Together, the team comes up with an Individual Care Plan to address the youth's needs and support the family's and youth's goals. They do this by looking at what is working well for the youth and family, as well as what the problems are. The Individual Care Plan guides the youth's care and helps organize any services the youth receives, even those from other agencies.

Internal Appeal
A request by a MassHealth Member or Appeal Representative to HNE Be Healthy, or, for Behavioral Health services, to MBHP, for review of an Adverse Action.

Inquiry
Any oral or written question by a Member to HNE's Member Services department regarding an aspect of HNE's operations that does not express dissatisfaction about the plan.

Living Will
An advanced directive that a person can use to identify their healthcare wishes in the event that they are unable to communicate those wishes themselves.

Managed Care
A system of healthcare delivery that is provided and coordinated by a PCP. The goal is a system that delivers value by providing access to quality, cost-effective healthcare.

MassHealth
A Healthcare program operated by the Massachusetts Executive Office of Health and Human Services. The national health insurance program known as Medicaid is called MassHealth in Massachusetts. HNE Be Healthy covers MassHealth Members under the Standard, CarePlus, and Family Assistance Plans.

MassHealth CarePlus
A MassHealth benefit plan that offers a full range of health benefits to certain eligible Members between the ages of 21 and 64.

MassHealth CommonHealth
A MassHealth benefit plan that offers health benefits to certain disabled children under age 18, and certain working or non-working disabled adults between the ages of 18 and 64.

MassHealth Family Assistance
A MassHealth benefit plan that offers health benefits to certain eligible Members, including families and children under the age of 18.

MassHealth Standard
A MassHealth benefit plan that offers a full range of health benefits to certain eligible Members, including families, children under age 18, pregnant women, and disabled individuals under age 65.

Massachusetts Behavioral Health Partnership (MBHP)
The organization contracted by HNE Be Healthy to administer HNE Be Healthy's mental health and substance abuse covered services, when Medically Necessary.

Medically Necessary Services
Those services which are: (1) reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the Member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity; (2) have no comparable medical service or site of service available or suitable for the Member requesting the service that is more conservative or less costly; and (3) that are of a quality that meets generally accepted standards of medical care.

Medicare
The program under the Federal government that provides coverage for people over the age of 65, people with end stage renal disease, or certain qualified disabled people.

Member
Any individual enrolled in HNE Be Healthy and MassHealth.

Member Handbook
This document, which, along with your specific Covered Services list (CarePlus, CommonHealth, Family Assistance, or Standard) explains your coverage, what we must do, your rights, and what you have to do as a Member of our plan.

Member ID Card (for HNE Be Healthy)
The card that identifies an individual as a Member of HNE Be Healthy. The Member Card includes the Member's identification number and information about the Member's coverage. The Member Card must be shown to Providers prior to receipt of services.

Network
The group of Providers contracted by HNE to provide healthcare services to HNE Be Healthy Members.

Out-of-Network
Any provider who is not part of the HNE Be Healthy network.

Post-stabilization Care
Medically Necessary Services related to an Emergency medical or behavioral health condition, provided after the person's condition is sufficiently stabilized in order to maintain, improve, or resolve the person's condition so that the person could alternatively be safely discharged or transferred to another location.

Preventive Pediatric Healthcare Screening and Diagnosis
Services covered by HNE Be Healthy for children under the age of 21 who are enrolled in Family Assistance, and CarePlus plans. See Section 6 for more information.

Primary Care Provider (PCP)
A primary doctor or nurse practitioner selected by the Member or assigned by HNE Be Healthy to provide and coordinate a Member's healthcare needs. Other healthcare Providers, such as a registered nurse, nurse practitioners, physician's assistants or nurse midwives, acting on behalf of and in consultation with a PCP, may provide primary care services.

Prior Authorization
Permission from HNE Be Healthy to receive a service in advance of having it provided.

Protected Health Information (PHI)
Information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of healthcare to you, or the payment for that care.

Provider
A healthcare professional or facility licensed as required by state law. Providers include doctors, hospitals, laboratories, pharmacies, skilled nursing facilities, nurse practitioners, registered nurses, psychiatrists, social workers, licensed mental health counselors, clinical specialists in psychiatric and mental health nursing, and others. HNE Be Healthy will cover services of a Provider if those services are Covered Benefits and within the scope of the Provider's license.

Provider Directory
A book containing a list of HNE Be Healthy's affiliated medical facilities and professionals, including PCPs, Specialists, and Behavioral Health Providers.

Quality Assurance
The program used by HNE Be Healthy to review clinical services to make sure that they are appropriate and meet established standards. See Section 8 for more details.

Referral
A recommendation by a PCP for a Member to receive care from a different Provider. HNE Be Healthy does not require Referrals for Specialist services provided by in-Network HNE Be Healthy Providers.

Routine Care
Care that is not Urgent or Emergency care. Examples of Routine Care are physical exams and well-child care visits.

Second Opinion
A consultation with a second provider when the Member is unsure of a proposed service or procedure, test, or treatment or when the Member has received conflicting information regarding a diagnosis.

Service Area
The geographical area approved by MassHealth within which HNE Be Healthy has developed a Network of Providers to provide adequate access to Covered Services to HNE Be Healthy Members. The HNE Be Healthy Service Area includes Hampden, Hampshire, Franklin, and Berkshire counties.

Specialist
A Provider who is trained and certified by the state of Massachusetts to provide specialty services. Examples include cardiologists (heart doctors), obstetricians, and dermatologists (skin doctors).

Subrogation
The process by which HNE Be Healthy recovers some or all of the costs of a Member's healthcare from another source when appropriate. See Section 12 for more details.

Urgent Care
Medical care required promptly to prevent impairment of health due to symptoms that a prudent lay person would believe are not an Emergency but do require medical attention. Urgent Care does not include Routine Care.

Utilization Review
Pre-service, concurrent, or post service review to determine medical necessity

Utilization Management
Evaluation process to determine coverage as well as appropriateness and medical necessity of medical and Behavioral Health services.

SECTION 15 –COVERED SERVICES LIST FOR HNE BE HEALTHY MEMBERS WITH MASSHEALTH CAREPLUS COVERAGE

This is a list of all covered services and benefits for MassHealth CarePlus members enrolled in HNE Be Healthy. The list also indicates if a prior authorization is required by HNE Be Healthy and/or if a referral by your Primary Care Provider (PCP) is necessary. Please note that it is HNE Be Healthy's responsibility to coordinate all covered services listed below. It is your responsibility to always carry your HNE Be Healthy and your MassHealth identification cards and show them to your provider at all appointments.

You can call HNE Member Services for more information about services and benefits. Please see the telephone number and hours of operation for HNE Be Healthy Member Services at the bottom of every page of this covered services list.

- For questions about medical health services, please call HNE Be Healthy at 800.786.9999 or TTY: 800.439.2370 for people with partial or total hearing loss. See below for hours of operation.
- For questions about behavioral-health services, please call 800.495.0086 or TTY: 617.790.4130 for people with partial or total hearing loss.
- For more information about pharmacy services, go to HNE Be Healthy's medicine list at www.HNE.com or call HNE Member Services at 413.788.0123 or TTY: 800.439.2370 for people with partial hearing loss.
- For questions about dental services, please call DentaQuest Customer Service at 800.207.5019 or TTY: 800.466.7566 or Translation Services at 800.207.5019. Hours: 8:00 a.m. - 6:00 p.m.

"Yes" in either the "Authorization Required for Some or All of the Services?" or the "Primary Care Provider (PCP) Referral Required for Some or All of the Services?" column means that prior authorization, or a PCP referral (or both) is required for some or all of the services in the category. There is more information about authorizations and PCP referrals in your Member Handbook.

Please keep in mind that services and benefits change from time to time. This Covered Services List is for your general information only. Please call HNE Be Healthy for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth's Web site www.mass.gov/masshealth; or
- Call MassHealth Customer Service at 800.841.2900 (TTY: 800.497.4648 for people with partial or total hearing loss) Monday through Friday from 8:00 a.m. – 5:00 p.m.

MassHealth CarePlus Covered Services for Be Healthy Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Emergency Services – Medical and Behavioral Health		
Emergency Transportation Services – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	No	No
Emergency Inpatient and Outpatient Services	No	No
Medical Services		
Abortion Services	No	No

MassHealth CarePlus Covered Services for Be Healthy Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Acupuncture Treatment For pain relief or anesthesia.	Yes PA required after the 20th visit. For PA please contact Optum Health at 888.676.7768.	No
Acute Inpatient Hospital Services Includes all inpatient services such as daily physician intervention, surgery, obstetrics, radiology, laboratory and other diagnostic and treatment procedures and shall include Administratively Necessary Days.	Yes	No
Ambulatory Surgery Services - outpatient surgical, related diagnostic and medical and dental services	Yes	No
Audiologist (Hearing) Services	No	No
Breast Pumps – to expectant and new mothers as specifically prescribed by their attending physicians and consistent with the provisions of the Affordable Care Act of 2010.	No	No
Chiropractic Services	No	No
Community Health Center Services For example: • office visits for primary care and specialists • OB/GYN and prenatal care* • health education • medical social services • nutrition services, including diabetes self-management training and medical nutrition therapy • tobacco cessation services • vaccines/immunization (HEP A and B) • diabetes self-management training	No	No
Dental Services • Emergency related dental care • Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition • Preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for adults.	Yes	No
Dialysis Services	No	No
Durable Medical Equipment Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items.	Yes	No

MassHealth CarePlus Covered Services for Be Healthy Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Family Planning Services[3]	No	No
Hearing Aid Services	Yes	No
Home Health Services	Yes	No
Hospice Services[4]	Yes	No
Infertility Diagnosis of infertility and treatment of underlying medical condition.	No	No
Laboratory Services All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health.	Yes	No
Orthotic Services Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body	Yes	No
Outpatient Hospital Services Services provided at an outpatient hospital, for example: • outpatient surgical and related diagnostic, medical and dental services • office visits for primary care and specialists • OB/GYN and prenatal care* • therapy services (physical, occupational and speech) • diabetes self-management training • medical nutritional therapy • tobacco cessation services	Yes	No
Oxygen & Respiratory Therapy Equipment	No	No
Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services **For example:** • office visits for primary care and specialists • OB/GYN and prenatal care* • diabetes self-management training • medical nutritional therapy • tobacco cessation services	No	No

[3] An HNE Be Healthy member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of HNE Be Healthy's provider network.

[4] An HNE Be Healthy member can get hospice care from HNE Be Healthy or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from HNE Be Healthy and receive all of your health care services from MassHealth.

MassHealth CarePlus Covered Services for Be Healthy Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Podiatrist Services (Foot Care)	Yes	No
Prosthetic Services	Yes	No
Radiology and Diagnostic Services **For example:** • X-Rays • Magnetic Resonance Imagery (MRI) and other imaging studies • Radiation Oncology Services performed at Radiation Oncology Centers (ROCs) which are independent of an acute outpatient hospital or physician service.	Yes	No
Skilled Nursing Facility, Chronic Disease and Rehabilitation Hospital Services[5]	Yes	No
Therapy Services **For example:** • occupational therapy • physical therapy • speech/language therapy	Yes	No
Transportation Services (Non-Emergency • Non-emergency transportation by land ambulance, chair car, taxi, and common carriers that generally are pre-arranged to transport an Enrollee to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border • Non-emergent to out-of-state location – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border	Yes	No
Vision Care **For example**: • comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary • vision training • ocular prosthesis • contacts, when medically necessary, as a medical treatment for a medical	Yes	No

[5] HNE Be Healthy covers up to100 days of a combination of Skilled Nursing, Chronic Disease and Rehabilitation Hospital Services in a Contract Year. If you need Chronic Disease and Rehabilitation Hospital Services beyond the 100 days provided by your health plan, you will be disenrolled from HNE Be Healthy and receive such services from MassHealth on a fee-for-service basis. If you need Skilled Nursing Facility Services beyond the 100 days provided by your health plan, you may qualify for MassHealth Standard. Call MassHealth Customer Service to see if you qualify; if you do, you will be disenrolled from HNE Be Healthy and will receive such services form MassHealth instead of HNE Be Healthy. Call HNE Be Healthy or MassHealth Customer Service for more information.

MassHealth CarePlus Covered Services for Be Healthy Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
condition such as keratoconus • bandage lenses • Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts		
Wigs – as prescribed by a physician related to a medical condition	No	No
Pharmacy Services (Medications) See co-payment information on the last page.		
• Prescription Medicines • Over-the-Counter Medicines	Yes	No
Behavioral Health (Mental Health and Substance Abuse) Services		
Non-24 Hour Diversionary Services ▪ community support programs ▪ partial hospitalization ▪ Structured Outpatient Addiction Program (SOAP) ▪ Intensive Outpatient Program (IOP) ▪ psychiatric day treatment	Yes	No
24 Hour Diversionary Services ▪ crisis stabilization unit ▪ acute treatment services for substance abuse (Level III.7) ▪ clinical support services – substance abuse (Level III.5)	Yes	No
Emergency Services Program (ESP) Services: ▪ crisis assessment, intervention, and stabilization ▪ medication evaluation ▪ specialing - a one-to-one monitoring service	Yes	No
Inpatient Services: ▪ Inpatient mental health services ▪ Inpatient substance abuse services (Level IV)	Yes	No
Outpatient Services, such as: ▪ individual, group, and family counseling ▪ medication visits ▪ family and case consultations ▪ diagnostic evaluations ▪ psychological testing narcotic-treatment services (including acupuncture) ▪ electro-convulsive therapy	Yes	No

***If you are pregnant, you should contact MassHealth or HNE Be Healthy because you will qualify for additional benefits due to your pregnancy.**

Copayments:
Most members must pay the following pharmacy copayments:

If you have questions, call HNE Be Healthy Member Services at 800.786.9999 (TTY: 800.439.2370 for people with partial or total hearing loss). Hours of operations are Monday through Friday 8:00 a.m. to 5:00 p.m.

- $1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin)
- $3.65 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor
- $3.65 for both first-time prescriptions and refills for certain covered generic and OTC drugs
- $3.65 for both first time prescriptions and refills of covered brand-name drugs

Members who do NOT have pharmacy copayments:
These members do not have any copayments:

- Pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy)
- Members who are in hospice care
- American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian Tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law
- Members who are receiving inpatient care in an acute hospital, nursing facility, chronic disease hospital, rehabilitation hospital, or intermediate-care facility for the developmentally delayed.

In addition, members do not have to pay copayments for family planning supplies (birth control).

Co-payment Cap
Unless you don't need to pay a co-payment as described above, CarePlus members have a co-payment cap (limit) on the co-payments pharmacies can charge each calendar year. The cap is the total amount of co-payments pharmacies have charged you, not what you paid. Call HNE Member Services for more information.

Excluded Services
Except as otherwise noted or determined Medically Necessary, the following services are not covered under MassHealth and as such are not covered by HNE Be Healthy.

1. Cosmetic surgery, except as determined by HNE Be Healthy to be necessary for:
    a. Correction or repair of damage following an injury or illness
    b. Mammoplasty following a mastectomy
    c. Any other medical necessity as determined by HNE Be Healthy

All such services determined by HNE Be Healthy to be Medically Necessary shall constitute an MCO Covered Service under the Contract.

2. Treatment for infertility, including but not limited to in-vitro fertilization and gamete intrafallopian tube (GIFT) procedures.
3. Experimental treatment
4. Personal comfort items including air conditioners, radios, telephones, and televisions
5. A service or supply which is not provided by or at the direction of a Network Provider, except for:
    a. Emergency Services
    b. Family Planning Services
    c. Non-covered laboratory services

Call HNE Member Services at **800.786.9999** (TTY: 800.439.2370 for people with partial or total hearing loss) for more information about copayment exceptions. HNE Be Healthy will coordinate your MassHealth covered services.

SECTION 16 – COVERED SERVICES LIST FOR HNE BE HEALTHY MEMBERS WITH MASSHEALTH FAMILY ASSISTANCE COVERAGE

This is a list of all covered services and benefits for MassHealth Family Assistance members enrolled in HNE Be Healthy. The list also indicates if a prior authorization is required by HNE Be Healthy and/or if a referral by your Primary Care Provider (PCP) is necessary. Please note that it is HNE Be Healthy's responsibility to coordinate all covered services listed below. It is your responsibility to always carry your HNE Be Healthy and your MassHealth identification cards and show them to your provider at all appointments.

You can call HNE Member Services for more information about services and benefits. Please see the telephone number and hours of operation for HNE Be Healthy Member Services at the bottom of every page of this covered services list.

- For questions about medical health services, please call HNE Be Healthy at 800.786.9999 or TTY: 800.439.2370 for people with partial or total hearing loss. See below for hours of operation.
- For questions about behavioral-health services, please call 800.495.0086 or TTY: 617.790.4130 for people with partial or total hearing loss.
- For more information about pharmacy services, go to HNE Be Healthy's medicine list at www.HNE.com or call HNE Member Services at 413.788.0123 or TTY: 800.439.2370 for people with partial hearing loss.
- For questions about dental services, please call DentaQuest Customer Service at 800.207.5019 or TTY: 800.466.7566 or Translation Services at 800.207.5019. Hours: 8:00 a.m. - 6:00 p.m.

"Yes" in either the "Prior Authorization Required for Some or All of the Services?" or the "Primary Care Provider (PCP) Referral Required for Some or All of the Services?" column means that prior authorization, or a PCP referral (or both) is required for some or all of the services in the category. There is more information about authorizations and PCP referrals in your Member Handbook.

Please keep in mind that services and benefits change from time to time. This Covered Services List is for your general information only. Please call HNE Be Healthy for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth's Web site www.mass.gov/masshealth; or
- Call MassHealth Customer Service at 800.841.2900 (TTY: 800.497.4648 for people with partial or total hearing loss) Monday through Friday from 8:00 a.m. – 5:00 p.m.

MassHealth Family Assistance Covered Services for Be Healthy Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Emergency Services - Medical and Behavioral Health		
Emergency Transportation Services – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	No	No
Emergency Inpatient and Outpatient Services	No	No
Medical Services		
Abortion Services	No	No
Acute Inpatient Hospital Services Includes all inpatient services such as daily physician intervention, surgery,	Yes	No

MassHealth Family Assistance Covered Services for Be Healthy Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
obstetrics, radiology, laboratory and other diagnostic and treatment procedures and shall include Administratively Necessary Days.		
Ambulatory Surgery Services - outpatient, surgical, related diagnostic and medical and dental services	Yes	No
Audiologist (Hearing) Services	No	No
Breast Pumps – to expectant and new mothers as specifically prescribed by their attending physicians and consistent with the provisions of the Affordable Care Act of 2010.	No	No
Chiropractic Services	No	No
Chronic Disease and Rehabilitation Hospital Services[6]	Yes	No
Community Health Center Services For example: • office visits for primary care and specialists • OB/GYN and prenatal care • pediatric services, including PPHSD • health education • medical social services • nutrition services, including diabetes self-management training and medical nutrition therapy • tobacco cessation services • fluoride varnish to prevent tooth decay in children and teens • vaccines/immunizations (HEP A & B) • diabetes self-management training	No	No
Dental Services • Emergency related dental care • Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition • Preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for adults	Yes	No
Dialysis Services	No	No
Durable Medical Equipment - Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items	Yes	No

[6] HNE Be Healthy covers up to 100 days of a combination of Chronic Disease and Rehabilitation Hospital Services in a Contract Year. If you need Chronic Disease and Rehabilitation Hospital Services beyond the 100 days provided by your health plan, you will be disenrolled from HNE Be Healthy and receive such services from MassHealth on a fee-for-service basis. Call HNE Be Healthy or MassHealth Customer Service for more information.

MassHealth Family Assistance Covered Services for Be Healthy Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Early Intervention Services	No	No
Family Planning Services [7]	No	No
Hearing Aid Services	Yes	No
Home Health Services	Yes	No
Hospice Services[8]	Yes	No
Infertility Diagnosis of infertility and treatment of underlying medical condition in certain cases. Please contact your MCO for additional information about coverage.	No	No
Intensive Early Intervention Services Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.	No	No
Laboratory Services All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health	Yes	No
Orthotic Services Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. For individual over age 21, certain limitations apply.	Yes	No
Outpatient Hospital Services Services provided at an outpatient hospital, for example: • outpatient surgical and related diagnostic, medical and dental services • office visits for primary care and specialists • OB/GYN and prenatal care • therapy services (physical, occupational and speech) • diabetes self-management training • medical nutritional therapy • tobacco cessation services • fluoride varnish to prevent tooth decay in children and teens	Yes	No
Oxygen & Respiratory Therapy Equipment	No	No
Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services	No	No

[7] An HNE Be Healthy member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of HNE Be Healthy's provider network.

[8] An HNE Be Healthy member can get hospice care from HNE Be Healthy or MassHealth. If you choose to receive hospice care from MassHealth, you will be disenrolled from HNE Be Healthy and receive all of your health care services from MassHealth.
If you have questions, call HNE Be Healthy Member Services at 800.786.9999 (TTY: 800.439.2370 for people with partial or total hearing loss). Hours of operations are Monday through Friday 8:00 a.m. to 5:00 p.m.

MassHealth Family Assistance Covered Services for Be Healthy Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
For example: • office visits for primary care and specialists • OB/GYN and prenatal care • diabetes self-management training • medical nutritional therapy • tobacco cessation services • fluoride varnish to prevent tooth decay in children and teens		
Podiatrist Services (Foot Care)	Yes	No
Prosthetic Services	Yes	No
Radiology and Diagnostic Services **For example:** • X-Rays • Magnetic Resonance Imagery (MRI) and other imaging studies • Radiation Oncology Services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service.	Yes	No
Therapy Services **For example:** • occupational therapy • physical therapy • speech/language therapy	Yes	No
Vision Care **For example:** • comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary • vision training • ocular prosthesis • contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus • bandage lenses • Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts	Yes	No
Wigs – as prescribed by a physician related to a medical condition	Yes	No
Pharmacy Services (Medications) See co-payment information on the last page.		
• Prescription Medicines • Over-the-Counter Medicines	Yes	No

MassHealth Family Assistance Covered Services for Be Healthy Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Behavioral Health (Mental Health and Substance Abuse) Services		
Non-24 Hour Diversionary Services: ▪ community support programs ▪ partial hospitalization ▪ Structured Outpatient Addiction Program (SOAP) ▪ Intensive Outpatient Program (IOP) ▪ psychiatric day treatment	Yes	No
24 Hour Diversionary Services: ▪ crisis stabilization unit ▪ Community-based Acute Treatment for children and adolescents (CBAT) ▪ acute treatment services for substance abuse (Level III.7) ▪ clinical support services – substance abuse (Level III.5) ▪ transitional care unit	Yes	No
Emergency Services Program (ESP) Services: ▪ crisis assessment, intervention, and stabilization ▪ mobile crisis intervention for children under 21 ▪ medication evaluation ▪ specialing – a one-to-one monitoring service	Yes	No
Inpatient Services: ▪ Inpatient mental health services ▪ Inpatient substance abuse services (Level IV)	Yes	No
Outpatient Services, such as: ▪ individual, group, and family counseling ▪ medication visits ▪ family and case consultations ▪ collateral contacts for children under age 21 ▪ diagnostic evaluations ▪ psychological testing or special education psychological testing ▪ narcotic-treatment services (including acupuncture) ▪ electro-convulsive therapy	Yes	No
Intensive Home or Community Based Outpatient Services for Youth: ▪ in-home therapy services	Yes	No
Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services		
Screening Services Children who are under age 21 should go to their PCP for checkups even when they are well. As part of a well-child checkup, the PCP will perform screenings that are needed to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral-health, developmental, and immunization status screenings. MassHealth pays PCPs for these checkups. At well-child	No	No

MassHealth Family Assistance Covered Services for Be Healthy Members	Prior Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
checkups, PCPs can find and treat small problems before they become big ones. More information about the schedule for checkups is in your Member Handbook under "Additional services for children." In addition to regular checkups, children should also visit their PCP any time there is a concern about their medical or behavioral health, even if it is not time for a regular checkup. Children under age 21 are also entitled to get regular visits with a dental provider.		

Copayments:
Most members who are age 21 and older must pay the following pharmacy copayments:

- $1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin)
- $3.65 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor
- $3.65 for both first-time prescriptions and refills for certain covered generic and OTC drugs
- $3.65 for both first time prescriptions and refills of covered brand-name drugs

Members who do NOT have pharmacy copayments:
These members do not have any copayments:

- Members under age 21
- Pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy)
- Members who are in hospice care
- American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian Tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law
- Members who are receiving inpatient care in an acute hospital, nursing facility, chronic disease hospital, rehabilitation hospital, or intermediate-care facility for the developmentally delayed.

In addition, members do not have to pay copayments for family planning supplies (birth control).

Co-payment Cap
Unless you don't need to pay a co-payment as described above, Family Assistance members ages 21 and older have a co-payment cap (limit) on the co-payments pharmacies can charge each calendar year. The cap is the total amount of co-payments pharmacies have charged you, not what you paid. Call HNE Member Services for more information.

Excluded Services
Except as otherwise noted or determined Medically Necessary, the following services are not covered under MassHealth and as such are not covered by HNE Be Healthy.

1. Cosmetic surgery, except as determined by HNE Be Healthy to be necessary for:
    a. Correction or repair of damage following an injury or illness
    b. Mammoplasty following a mastectomy
    c. Any other medical necessity as determined by HNE Be Healthy

All such services determined by HNE Be Healthy to be Medically Necessary shall constitute an MCO Covered Service under the Contract.

2. Treatment for infertility, including but not limited to in-vitro fertilization and gamete intrafallopian tube (GIFT) procedures.
3. Experimental treatment
4. Personal comfort items including air conditioners, radios, telephones, and televisions
5. A service or supply which is not provided by or at the direction of a Network Provider, except for:
    a. Emergency Services
    b. Family Planning Services
    c. Non-covered laboratory services

Call HNE Member Services at **800.786.9999** (TTY: 800.439.2370 for people with partial or total hearing loss) for more information about copayment exceptions. HNE Be Healthy will coordinate your MassHealth covered services.

SECTION 17 – COVERED SERVICES LIST FOR HNE BE HEALTHY MEMBERS WITH MASSHEALTH STANDARD OR COMMONHEALTH COVERAGE

This is a list of all covered services and benefits for MassHealth Standard and CommonHealth members enrolled in HNE Be Healthy[9]. The list also indicates if a prior authorization is required by HNE Be Healthy and/or if a referral by your Primary Care Provider (PCP) is necessary. Please note that it is HNE Be Healthy's responsibility to coordinate all covered services listed below. It is your responsibility to always carry your HNE Be Healthy and your MassHealth identification cards and show them to your provider at all appointments.

You can call HNE Member Services for more information about services and benefits. Please see the telephone number and hours of operation for HNE Be Healthy Member Services at the bottom of every page of this covered services list.

- For questions about medical health services, please call HNE Be Healthy at 800.786.9999 or TTY: 800.439.2370 for people with partial or total hearing loss. See below for hours of operation.
- For questions about behavioral-health services, please call 800.495.0086 or TTY: 617.790.4130 for people with partial or total hearing loss.
- For more information about pharmacy services, go to HNE Be Healthy's medicine list at www.HNE.com or call HNE Member Services at 413.788.0123 or TTY: 800.439.2370 for people with partial hearing loss.
- For questions about dental services, please call DentaQuest Customer Service at 800.207.5019 or TTY: 800.466.7566 or Translation Services at 800.207.5019. Hours: 8:00 a.m. - 6:00 p.m.

"Yes" in either the "Authorization Required for Some or All of the Services?" or the "Primary Care Provider (PCP) Referral Required for Some or All of the Services?" column means that prior authorization, or a PCP referral (or both) is required for some or all of the services in the category. There is more information about authorizations and PCP referrals in your Member Handbook.

Please keep in mind that services and benefits change from time to time. This Covered Services List is for your general information only. Please call HNE Be Healthy for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth's Web site www.mass.gov/masshealth; or
- Call MassHealth Customer Service at 800.841.2900 (TTY: 800.497.4648 for people with partial or total hearing loss) Monday through Friday from 8:00 a.m. – 5:00 p.m.

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Emergency Services – Medical and Behavioral Health		
Emergency Transportation Services – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	No	No
Emergency Inpatient and Outpatient Services	No	No

[9] Members enrolled in MassHealth through either the Breast and Cervical Cancer Waiver or the HIV Waiver are eligible for the covered services under the Standard/ CommonHealth benefit plan.
If you have questions, call HNE Be Healthy Member Services at 800.786.9999 (TTY: 800.439.2370 for people with partial or total hearing loss). Hours of operations are Monday through Friday 8:00 a.m. to 5:00 p.m.

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Medical Services		
Abortion Services	No	No
Acupuncture Treatment For pain relief or anesthesia.	Yes PA required after the 20th visit. For PA please contact Optum Health at 888.676.7768.	No
Acute Inpatient Hospital Services Includes all inpatient services such as daily physician intervention, surgery, obstetrics, radiology, laboratory and other diagnostic and treatment procedures and shall include Administratively Necessary Days.	Yes	No
Adult Day Health Services Center based services offered by adult day health providers may include: • nursing services and health oversight • therapy • assistance with activities of daily living • nutritional and dietary services • counseling activities • care management • transportation	Yes	No
Adult Foster Care Services Residential based services offered by adult foster care providers may include: • assistance with activities of daily living, instrumental activities of daily living and personal care • care management • nursing services and oversight	Yes	No
Ambulatory Surgery Services - outpatient, surgical, related diagnostic and medical and dental services	Yes	No
Audiologist (Hearing) Services	No	No
Breast Pumps – to expectant and new mothers as specifically prescribed by their attending physicians and consistent with the provisions of the Affordable Care Act of 2010.	No	No
Chiropractic Services	No	No
Community Health Center Services For example: • office visits for primary care and specialists • OB/GYN and prenatal care • pediatric services, including EPSDT • health education	No	No

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
• medical social services • nutrition services, including diabetes self-management training and medical nutrition therapy • tobacco cessation services • fluoride varnish to prevent tooth decay in children and teens • vaccines/immunization (HEP A and B) • diabetes self-management training		
Day Habilitation Services Center based services for members with mental retardation or developmental disabilities offered by day habilitation providers may include: • nursing services and health care supervision • developmental skills training • therapy services • assistance with activities of daily living	No	No
Dental Services • Emergency related dental care • Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition • Preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for children and adults.	Yes	No
Dialysis Services	No	No
Durable Medical Equipment - Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items	Yes	No
Early Intervention Services	No	No
Family Planning Services[10]	No	No
Group Adult Foster Care Services Services provided by group adult foster care providers are offered in a group supported housing environment and may include: • assistance with activities of daily living, instrumental activities of daily living and personal care • care management • nursing services and oversight	Yes	No

[10] An HNE Be Healthy member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of HNE Be Healthy's provider network.

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Hearing Aid Services	Yes	No
Home Health Services	Yes	No
Hospice Services[11]	Yes	No
Infertility Diagnosis of infertility and treatment of underlying medical condition.	No	No
Intensive Early Intervention Services Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.	No	No
Laboratory Services All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health.	Yes	No
Orthotic Services Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. For individuals over age 21, certain limitations apply.	Yes	No
Outpatient Hospital Services Services provided at an outpatient hospital, for example: • outpatient surgical and related diagnostic, medical and dental services • office visits for primary care and specialists • OB/GYN and prenatal care • therapy services (physical, occupational and speech) • diabetes self-management training • medical nutritional therapy • tobacco cessation services • fluoride varnish to prevent tooth decay in children and teens	Yes	No
Oxygen & Respiratory Therapy Equipment	No	No
Personal Care Attendant Services to assist members with activities of daily living and instrumental activities of daily living, for example: • bathing • feeding • dressing • medication management	Yes	No

[11] An HNE Be Healthy member can get hospice care from HNE Be Healthy or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from HNE Be Healthy and receive all of your health care services from MassHealth.

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services **For example:** • office visits for primary care and specialists • OB/GYN and prenatal care • diabetes self-management training • medical nutritional therapy • tobacco cessation services • fluoride varnish to prevent tooth decay in children and teens	No	No
Podiatrist Services (Foot Care)	Yes	No
Private Duty Nursing/Continuous Skilled Nursing A nursing visit of more than two continuous hours of nursing services. This service can be provided be either a home health agency or Independent Nurse.	Yes	No
Prosthetic Services	Yes	No
Radiology and Diagnostic Services **For example:** • X-Rays • Magnetic Resonance Imagery (MRI) and other imaging studies • Radiation Oncology Services performed at Radiation Oncology Centers (ROCs) which are independent of an acute outpatient hospital or physician service.	Yes	No
Skilled Nursing Facility, Chronic Disease and Rehabilitation Hospital Services [12]	Yes	No
Therapy Services **For example:** • occupational therapy • physical therapy • speech/language therapy	Yes	No
Transportation Services (Non-Emergency) • Non-emergency transportation by land ambulance, chair car, taxi, and common carriers that generally are pre-arranged to transport an Enrollee to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border • Non-emergent to out-of-state location – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a	Yes Yes	No No

[12] HNE Be Healthy covers up to 100 days of a combination of Skilled Nursing, Chronic Disease and Rehabilitation Hospital Services in a Contract Year. If you need Skilled Nursing, Chronic Disease and Rehabilitation Hospital Services beyond the 100 days provided by your health plan, you will be disenrolled from HNE Be Healthy and receive such services from MassHealth on a fee-for-service basis. Call HNE Be Healthy or MassHealth Customer Service for more information.
If you have questions, call HNE Be Healthy Member Services at 800.786.9999 (TTY: 800.439.2370 for people with partial or total hearing loss). Hours of operations are Monday through Friday 8:00 a.m. to 5:00 p.m.

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
service that is located outside a 50-mile radius of the Massachusetts border		
Vision Care **For example:** • comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary • vision training • ocular prosthesis • contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus • bandage lenses • Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts	Yes	No
Wigs – as prescribed by a physician related to a medical condition	Yes	no
Pharmacy Services (Medications) See co-payment information at the end of this document.		
• Prescription Medicines • Over-the-Counter Medicines	Yes	No
Behavioral Health (Mental Health and Substance Abuse) Services		
Non-24 Hour Diversionary Services, such as: ▪ community support programs ▪ partial hospitalization ▪ Structured Outpatient Addiction Program (SOAP) ▪ Intensive Outpatient Program (IOP) ▪ psychiatric day treatment	Yes	No
24 Hour Diversionary Services, such as: ▪ crisis stabilization unit ▪ Community-Based Acute Treatment for children and adolescents (CBAT) ▪ acute treatment services for substance abuse (Level III.7) ▪ enhanced acute treatment services for substance abuse ▪ clinical support services – substance abuse (Level III.5) ▪ transitional care unit	Yes	No
Emergency Services Program (ESP) Services: ▪ crisis assessment, intervention, and stabilization ▪ mobile crisis intervention for children under 21 ▪ medication evaluation ▪ specialing – a one-to-one services	No	No

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Inpatient Services: ▪ Inpatient mental health services ▪ Inpatient substance abuse services (Level IV)	Yes	No
Outpatient Services, such as: ▪ individual, group, and family counseling ▪ medication visits ▪ family and case consultations ▪ collateral contacts for children under age 21 ▪ diagnostic evaluations ▪ psychological testing or special education psychological testing ▪ narcotic-treatment services (including acupuncture) ▪ electro-convulsive therapy	Yes	No
Intensive Home or Community Based Outpatient Services for Youth: ▪ Intensive Care Coordination (ICC) ▪ family support and training ▪ in-home therapy services ▪ in-home behavioral services ▪ therapeutic mentoring services	Yes	No
Enrollees under age 21Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services.		
Screening Services Children who are under age 21 should go to their PCP for checkups even when they are well. As part of a well-child checkup, the PCP will perform screenings that are needed to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral-health, developmental, and immunization status screenings. MassHealth pays PCPs for these checkups. At well-child checkups, PCPs can find and treat small problems before they become big ones. More information about the schedule for checkups is in your Member Handbook under “Additional services for children.” In addition to regular checkups, children should also visit their PCP any time there is a concern about their medical or behavioral health, even if it is not time for a regular checkup. Children under age 21 are also entitled to get regular visits with a dental provider.	No	No

MassHealth Standard & CommonHealth Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
Diagnosis and Treatment Services HNE Be Healthy pays for all medically necessary services that are covered by federal Medicaid law, even if the services are not provided by HNE Be Healthy. This coverage includes health care, diagnostic services, treatment, and other measures needed to correct or improve defects and physical and mental illnesses and conditions. When a PCP (or any other clinician) discovers a health condition, HNE Be Healthy will pay for any medically necessary treatment covered under Medicaid law if it is delivered by a provider who is qualified and willing to provide the service and an HNE Be Healthy-enrolled physician, nurse practitioner, or nurse midwife supports, in writing, the medical necessity of the service. You and your PCP can seek assistance from HNE Be Healthy to determine what providers may be available in the network to provide these services, and how to use out of network providers, if necessary. Most of the time, these services are covered by your child's MassHealth coverage type and are included as a covered service elsewhere in this list. If the service is not already covered or is not listed elsewhere on this list, the clinician or provider who will deliver the service can ask HNE Be Healthy for prior authorization for the service. HNE Be Healthy uses this process to determine if the service is medically necessary. HNE Be Healthy will pay for the service if prior authorization is given. If prior authorization is denied, you have the right to appeal. More information about appeals is in your Member Handbook under "Appeals and Grievances." Talk to your child's PCP, behavioral-health provider, or other specialist for help in getting these services.	Yes	No

Copayments:
Most members who are age 21 and older must pay the following pharmacy copayments:

- $1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin)
- $3.65 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor
- $3.65 for both first-time prescriptions and refills for certain covered generic and OTC drugs
- $3.65 for both first time prescriptions and refills of covered brand-name drugs

Members who do NOT have pharmacy copayments:
These members do not have any copayments:

- Members under age 21
- Pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy)
- Members who are in hospice care
- American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian Tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law
- Members who are receiving inpatient care in an acute hospital, nursing facility, chronic disease hospital, rehabilitation hospital, or intermediate-care facility for the developmentally delayed.

In addition, members do not have to pay copayments for family planning supplies (birth control).

Co-payment Cap
Unless you don't need to pay a co-payment as described above, Standard/CommonHealth members ages 21 and older have a co-payment cap (limit) on the co-payments pharmacies can charge each calendar year. The cap is the total amount of co-payments pharmacies have charged you, not what you paid. Call HNE Member Services for more information.

Excluded Services
Except as otherwise noted or determined Medically Necessary, the following services are not covered under MassHealth and as such are not covered by HNE Be Healthy.

1. Cosmetic surgery, except as determined by HNE Be Healthy to be necessary for:
    a. Correction or repair of damage following an injury or illness
    b. Mammoplasty following a mastectomy
    c. Any other medical necessity as determined by HNE Be Healthy

All such services determined by HNE Be Healthy to be Medically Necessary shall constitute an MCO Covered Service under the Contract.

2. Treatment for infertility, including but not limited to in-vitro fertilization and gamete intrafallopian tube (GIFT) procedures.
3. Experimental treatment
4. Personal comfort items including air conditioners, radios, telephones, and televisions
5. A service or supply which is not provided by or at the direction of a Network Provider, except for:
    a. Emergency Services b. Family Planning Services
    c. Non-covered laboratory services

Call HNE Member Services at **800.786.9999** (TTY: 800.439.2370 for people with partial or total hearing loss) for more information about copayment exceptions. HNE Be Healthy will coordinate your MassHealth covered services.

Benefit Packages: XX, XX, XX, XX, XX
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One Monarch Place, Suite 1500 • Springfield, MA 01144 • 413.788.0123 • 800.786.999 • TTY: 800.439.2370 • hne.com

To learn more about HNE Be Healthy and all of your health plan options, call the MassHealth Customer Service Center 800.841.2900 (TDD/TTY: 800.497.4648) • Monday – Friday, 8 am- 5 pm