

MassHealth

ENROLLMENT GUIDE

COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services

MassHealth



Included with this guide are extra pages about the MassHealth health plans available in the service area where you live. Read these pages carefully to learn more about the differences between MassHealth health plans. Also, read the Summary of Benefits that came in the envelope with this guide to learn more about the health care benefits that all the health plans cover for your coverage type. We're here to serve you Monday–Friday, 8:00 a.m.–5:00 p.m. Call a MassHealth customer service representative at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled). Or, visit the MassHealth website at www.mass.gov/masshealth.

Table of Contents

1	Welcome to MassHealth	2	7	Covered services, bills, and copays . . .	16	
	What is MassHealth?	2		What MassHealth services can you get? . . .	16	
	Your MassHealth card	3		Bills and copayments	16	
	Enrolling in a health plan	3		What to do if you get a bill for a MassHealth- covered service or benefit	16	
2	A customer service representative can help	4		Going to specialists	16	
	Who are MassHealth customer service representatives?	4		Mental health and substance use disorder services	17	
3	Health plans and primary care providers	5		If you are pregnant	18	
	What is a health plan?	5		Prenatal care	18	
	What is a primary care provider?	5		Choosing a health plan and PCP for your baby	18	
	5 reasons you should have a primary care provider	6		Make a postpartum appointment	19	
	What your health plan can do for you	7		Checkups and treatment for your children	19	
4	How to choose	8		Dental care for your children	21	
	The six plans that work with MassHealth	8		Early intervention services for children with growth or development problems	21	
	How are health plans the same?	8	8	Emergency care	22	
	How are health plans different?	9		Going to the emergency room	22	
	Choosing the health plan that is best for you	9		Finding the emergency room closest to you	22	
	Choosing a primary care provider	10		Getting care outside of Massachusetts	22	
	Does each family member have to choose the same plan and provider?	10	9	Rights and responsibilities	23	
5	How to enroll	11		These are your rights as a MassHealth member	23	
	How do you enroll in a health plan?	11		These are your responsibilities as a MassHealth member	23	
6	After you enroll	12		Keep MassHealth up to date	24	
	Can you change your health plan?	12		If you receive benefits other than MassHealth	24	
	How can you change your health plan?	12		Questions, compliments, and complaints	25	
	Plan Selection and Fixed Enrollment Periods	12	10	Important reminders	26	
	What is your Plan Selection Period?	13		11	Important telephone numbers and websites	27
	Can you change your health plan during your Fixed Enrollment Period?	13		12	Keeping track of your children's health care	28
	Other Important Information after you enroll in a health plan	14			When did your child go for a checkup?	28
	Other health insurance	15				
	Helpful tips	15				

1 Welcome to MassHealth

What is MassHealth?

The Medicaid program in Massachusetts is called the MassHealth program. MassHealth helps people who get MassHealth benefits to join a health plan.

A *health plan* is a group of providers, hospitals, and other professionals who work together to help meet your health care needs.

Most MassHealth members now get their health care services through a health plan.

MassHealth members who **cannot enroll** in (join) a health plan are those:

- older than age 65;
- residing in an institution;
- having other comprehensive (total) health insurance; or
- determined eligible for MassHealth Limited.



MassHealth members who **can voluntarily enroll** with a health plan are:

- MassHealth members who are in the care or custody of the Department of Children and Families or the Department of Youth Services.
- MassHealth members who are enrolled in the Kaileigh Mulligan Program, described in 130 CMR 519.007(A): *The Kaileigh Mulligan Program*.
- MassHealth members who are enrolled in a home- and community-based services waiver.
- MassHealth members who are receiving Title IV-E adoption assistance as described at 130 CMR 522.003: *Adoption Assistance and Foster Care Maintenance*.

Note: MassHealth members who are younger than age 21 and who have comprehensive (total) health insurance, or are in the care or custody of the Department of Children and Families or the Department of Youth Services, receive behavioral health services from MassHealth's behavioral health managed care provider.

All other MassHealth members **are required to enroll** in a health plan.

If you are required to join a health plan, you must enroll in a health plan **within 14 days** from the date we mailed you this guide. **If you do not choose a health plan, MassHealth will choose one for you.**

Your MassHealth card

MassHealth will send you a member card.

If you already have a MassHealth card and a new one comes in the mail, call us at **1-800-841-2900** (TTY: **1-800-497-4648**) and ask which card to use.



Carry your MassHealth card and your health plan ID card. Show them whenever you get health care services and whenever you go to the pharmacy.

Your health plan will send an identification (ID) card. Carry that with you too, and show it to your health care provider. Show both cards when you go to a pharmacy.

Enrolling in a health plan

You must enroll in a health plan that is offered in the region where you live. The Comparison Chart that came with this guide will show you the plans that are available in your region. You will have 14 days from the date we mailed you this guide to enroll. Learn more on page 8.

To enroll in a health plan, do the following.

- Read about health plans in this guide.
- Choose a health plan in your region. There are certain times when you can choose a health plan that is not offered in your region. For more information, call us at 1-800-841-2900 (TTY: 1-800-497-4648).
- Choose a primary care provider.
- Call MassHealth Customer Service to enroll. You can call MassHealth Monday–Friday, 8:00 a.m.–5:00 p.m. Or, fill out the form in this guide and mail it to MassHealth in the envelope that came with this guide.
- Enroll in a health plan. You can enroll in a plan several ways:
 - » Visit www.mass.gov/masshealth to enroll online. Click on the “MassHealth Members and Applicants” button, then on “Enroll in a Health Plan.”
 - » Call us Monday–Friday, 8:00 a.m.–5:00 p.m.
 - » Fill out the form in this guide and mail it to us in the envelope that came with this guide.

IMPORTANT!

After you enroll in a MassHealth health plan, you may be subject to yearly Plan Selection and Fixed Enrollment Periods. For more information about these periods, see page 13.

2 A customer service representative can help

Who are MassHealth customer service representatives?

MassHealth customer service representatives are MassHealth workers who can answer your questions. They can help you to do the following.

- Learn about the MassHealth health plans.
- Enroll in a health plan that is offered in the region where you live and choose a primary care provider.
- Change your health plan, if you need to.
- If you are in a Fixed Enrollment Period, they can help answer your questions and process your request if you meet one of the acceptable reasons. More information about those reasons can be found on page 13 of this guide.
- Learn about services and benefits, including how to get them.
- Find providers in your area.

If you need help or have questions, call us at the MassHealth Customer Service Center.

- Our phone number is **1-800-841-2900**.
- Our TTY line (for people who are deaf, hard of hearing, or speech disabled) is **1-800-497-4648**.



You can call us Monday–Friday, 8:00 a.m.–5:00 p.m. The call is free.

MassHealth customer service representatives speak languages other than English, such as Chinese, Haitian Creole, Khmer, Portuguese, Russian, Spanish, and Vietnamese. For help in any language, call us **for free interpreter services**.

To get this information in braille or on audio tape, **call us at the number above**.

Remember, **you must enroll in a health plan** that is offered in the region where you live, and **choose a primary care provider within 14 days** from the date we mailed you this guide!

If you do not choose a health plan, MassHealth will choose one for you, but it is best for you to make this decision for yourself.

3 Health plans and primary care providers

What is a health plan?

A health plan is a group of providers, hospitals, and other health care professionals who work together to help meet your health care needs.

You must enroll in a health plan that is offered in the region where you live within 14 days from the date we mailed you this guide. After you enroll, you will get most of your health care services from the health plan.

Reminder: After you enroll in a MassHealth health plan, you may have yearly **Plan Selection** and **Fixed Enrollment Periods**. For more information about these periods, see page 13 of this guide.

What is a primary care provider?

When you enroll in a health plan, you need to choose a primary care provider.

A primary care provider (also called a PCP) is the health care provider you choose to give you routine care. Your primary care provider gives you all of your regular health care and refers you to specialists when necessary. Your primary care provider may be a doctor or a nurse practitioner.

Specialists are providers with extra training. You may need to get a referral from your primary care provider to see some specialists, but your health plan will give you more information about which specialists you can see without a referral. To get a referral, call your primary care provider. For more information, see page 16 of this guide.

Regular checkups keep you and your children healthy. All health plans pay for regular checkups for all their members.



5 REASONS you should have A PRIMARY CARE PROVIDER



1. You'll build an ongoing relationship with your provider. Your PCP will become a familiar face to you and will get to know you and your medical history well. Together, you'll make better, more-informed health decisions.



4. Easy referrals to specialists. Your PCP will know when you need care from a doctor with special expertise and will give you a referral, saving you the time and stress of finding one on your own.



2. Your PCP can catch health issues early. You'll see your PCP for regular checkups, tests, and screenings. And you'll know who to call when you aren't feeling right. This is your first line of defense against serious health conditions and disease.



5. Your PCP will understand the “whole” you. A PCP will look at health issues you may be having from every angle, and take a holistic approach that considers physical, social, and mental health issues that may affect how you feel.



3. Your PCP will help you stay focused on your health goals. If you are living with a chronic disease, like diabetes, your PCP will make sure you're doing everything you need to do to stay healthy—and out of the Emergency Room.

Choose a PCP today by calling your health plan, or contacting us at **1-800-841-2900**

(TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

What your health plan can do for you

To see all of your covered health care benefits, look at the **Summary of MassHealth Benefits** that came in the envelope with this guide. This Summary also tells you which benefits you get from MassHealth and which you get from your health plan.

Some services may have limits, including age limits. Many may require either a referral from your primary care provider or a prior authorization from your health plan, or both. Your health plan will provide you with more information about referrals and prior authorization. Also, you may have to pay a small fee (copayment) for some services.

Your health plan provides benefits such as:

- preventive care and regular checkups;
- drugs (medicine) at the pharmacy;
- drug and alcohol counseling;
- counseling to help you stop smoking;
- pregnancy care and family planning services;
- physical therapy and other rehabilitative care;
- inpatient hospital care;
- emergency care;
- mental health care;
- home health care;
- emergency transportation; and
- care for chronic (long-term) diseases or disabilities.

Your plan may also offer prevention programs, such as programs to help members lose weight and manage stress.

To find out exactly which benefits you can get from your health plan:

- look at the **Summary of MassHealth Benefits** that came in the envelope with this guide;
- read the member handbook that your health plan sends you after you enroll;
- call your plan's member services department. The phone number is on page 27 of this guide; or
- call us at **1-800-841-2900** (TTY: **1-800-497-4648**).

4 How to choose

The six plans that work with MassHealth

To learn more about the six plans that work with MassHealth, read the documents that are inside the front cover of this guide. They will tell you about the health plans available in the region where you live. You can also visit the website of any plan that might interest you.



How are health plans the same?

Health plans are the same in these ways.

- They have providers, hospitals, and specialists to take care of your health needs.
- They all cover the same MassHealth benefits, but each one may offer special benefits. To see the benefits that all the health plans cover, look at the **Summary of MassHealth Benefits** that came in the envelope with this guide. To see each health plan's special benefits, look at the documents that are inside the front cover of this guide. They will tell you about the health plans available in the region where you live.
- You need to show both your health plan ID card and a MassHealth card to get MassHealth covered services.
- You can call your primary care provider 24 hours a day, 7 days a week.
- They have a member services department to answer your questions.
- You can complain if you are unhappy with the health care that you get.

How are health plans different?

To find out what makes the health plans different from each other, read the documents that are inside the front cover of this guide. They will tell you about the health plans available in the region where you live.

Each plan offers special benefits, such as health education programs, services, and other benefits. You will see that some plans offer services in just one part of the state, while others serve the whole state. In general, you must enroll in a health plan that is in the region where you live. There are certain times when you can choose a health plan that is not in your region. For more information, call us at **1-800-841-2900** (TTY: **1-800-497-464**).

Some plans have yearly **Plan Selection** and **Fixed Enrollment Periods**.

If you choose to enroll in the PCC Plan, you do not have **Plan Selection** or **Fixed Enrollment Periods** and can choose to switch health plans at any time during the year.

If you choose to enroll in any other health plan, you will have a 90-day **Plan Selection Period**. During this time you can change your health plan for any reason. After 90 days, you will be in your **Fixed Enrollment Period**. During this time you cannot change your health plan unless certain reasons apply. For more information, see page 13.

Choosing the health plan that is best for you

Here are some tips on how to choose a health plan.

- **Make a list** of the providers, specialists, counselors, and hospitals that you and your family use now.
- **Find out what health plans are available in the region where you live.** You can call MassHealth Customer Service to find out which health plans are offered in your region. There are certain times when where you can choose a health plan that is not available in your region. For more information about these circumstances, call MassHealth Customer Service.
- **Decide** which person or hospital on the list is most important to you. All providers and specialists do not work with all plans.
- **Call** one of the following.
 - » **The provider, counselor, or hospital**, and say, “I would like to know which MassHealth plans you work with.”
 - » **MassHealth at 1-800-841-2900** (TTY: **1-800-497-4648**) to find out if a provider is part of a MassHealth health plan.

- » A health plan's Member Services Department, or check their website, to find out if your provider is part of that MassHealth health plan. You can find the phone number and websites for a health plan's member services department on page 27 of this guide.
- Choose the health plan that works with the provider, counselor, or hospital you want to keep using.

Choosing a primary care provider

You must choose **only one** provider in your health plan to be your primary care provider. If you do not choose, MassHealth or your health plan will pick a primary care provider for you.

If you do not have a primary care provider now, you can ask your family and friends to tell you about a primary care provider they go to and like. If you decide that you want that provider too, find out which health plans that provider works with.

You can always choose to change your primary care provider for any primary care provider that is in your health plan's networks, at any time, for any reason. You can change your primary care provider even if you are in a Fixed Enrollment Period.

Does each family member have to choose the same plan and provider?

No. Each person in your family can go to different primary care providers and different health plans.



5 How to enroll

How do you enroll in a health plan?

It's easy to enroll! Follow these three steps.

Step 1: Choose a health plan that is offered in the region where you live. There are certain times when you can choose a health plan that is not offered in your region. For more information, call us at 1-800-841-2900 (TTY: 1-800-497-4648).

Step 2: Choose a primary care provider.

Step 3: Enroll in a health plan. You can enroll in a plan several ways:

- » Visit www.mass.gov/masshealth to enroll online. Click on the “MassHealth Members and Applicants” button, then on “Enroll in a Health Plan”.
- » Call us Monday–Friday, 8:00 a.m.–5:00 p.m.
- » Fill out the form in this guide and mail it to us in the envelope that came with this guide.

Remember, you must enroll within **14 days** from the date we mailed you this guide. **If you do not choose a health plan and primary care provider within 14 days**, MassHealth will choose for you. It is better if you make the choice. You know what is best for you and your family.



6 After you enroll

Can you change your health plan?

The following individuals can change health plans at any time for any reason:

- Members who are in the care or custody of the Department of Children and Families or the Department of Youth Services
- Members enrolled in the Primary Care Clinician (PCC) Plan

All other MassHealth members who are enrolled in a MassHealth health plan will only be able to change their health plans during certain times a year. The time when you can change your health plan is called a **Plan Selection Period**. The time when you cannot change your health plan, except for certain reasons, is called a **Fixed Enrollment Period**. Additional information about the **Plan Selection** and **Fixed Enrollment Periods** can be found in the sections below.

Once you are enrolled in a health plan, MassHealth will send you a letter confirming your enrollment. This letter will also tell you if you will have a **Plan Selection Period** and **Fixed Enrollment Period**. More information about those periods can be found in the section entitled **Plan Selection and Fixed Enrollment Periods** below.

How can you change your health plan?

If you want to change your health plan, go to www.mass.gov/masshealth. Click the “Members and Applicants” button and then the “Enroll in a Health Plan” button.

Or call us at 1-800-841-2900 (TTY: 1-800-497-4648). Tell us that you would like to change your health plan and find out more about:

- Other health plans in your region. There are certain times when you can choose a health plan that is not offered in your region. Ask us for more information.
- If you are in your **Fixed Enrollment Period**, and if you meet one of the reasons that allow you to change your health plan. If you do not meet one of those reasons, you will need to wait until your next **Plan Selection Period** before you can change your health plan.

The MassHealth customer service representative can change your health plan while you are on the phone.

Plan Selection and Fixed Enrollment Periods

If you have a **Plan Selection Period**, you will only be able to change your health during a certain time of the year. This is called your **Plan Selection Period**. For the rest of the year, you will be in a **Fixed Enrollment Period** and will only be able to change your health plan if you meet certain reasons.

What is your Plan Selection Period?

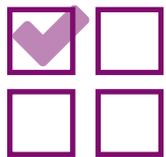
Your **Plan Selection Period** starts the day you enroll in any health plan, other than the PCC Plan. During this time you will have 90 days to change health plans for any reason. MassHealth will send you a letter letting you know you are in your **Plan Selection Period** and when your period ends.

If you are happy with your current health plan, you do not need to do anything at that time. Your **Plan Selection Period** is a time for you to try out the health plan you are enrolled in and see if it meets your health care needs.

Every year you will have a new 90-day **Plan Selection Period**. MassHealth will send you another letter letting you know when your new **Plan Selection Period** starts and ends. Questions to ask may include: Are the providers I see most frequently—including doctors, hospitals, and specialists—in my Plan’s network? Have my healthcare needs changed recently? This is the right time to shop around by visiting plan websites, calling MCOs directly, or speaking with MassHealth Customer Service.

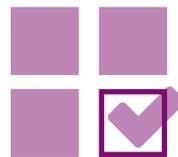
If you are enrolled in the PCC Plan, you can change your health plan at any time. However, if you enroll in a different health plan, other than the PCC Plan, you will have **Plan Selection** and **Fixed Enrollment Periods**.

PLAN Selection Period



You **CAN CHANGE** your health plan during this period.

FIXED Enrollment Period



You **CANNOT CHANGE** your health plan during this period, except for certain reasons (*see below*).

Can you change your health plan during your Fixed Enrollment Period?

After your **Plan Selection Period**, if you are enrolled in any health plan, other than the PCC Plan, you will be in a **Fixed Enrollment Period**. You will receive another letter from MassHealth when this happens. Once you are in the **Fixed Enrollment Period**, you will not be able to change your MCO health plan until the next **Plan Selection Period**, except for certain reasons listed below.

If you are in a **Fixed Enrollment Period**, you may request to change your health plan if one of the following reasons applies to you:

- You move out of your MCO health plan’s service area.
- Your MCO no longer serves your geographic area. MassHealth will let you know if this happens.

- You need related services to be performed at the same time, and those related services are not all available within your MCO health plan's network, and your primary care provider or another provider determines that receiving those related services separately would be an unnecessary risk to you.
- Your MCO health plan is not meeting your needs for other reasons including but not limited to poor quality of care, lack of access to covered services, or lack of access to providers experienced in dealing with your health-care needs.
- Your MCO has not provided access to health care providers that meet your health care needs over time, even after you've asked for help.
- MassHealth has information that you are homeless, and your MCO does not have providers who can meet your specific geographic needs.
- Your MCO is not meeting your language, communication, or other accessibility needs or preferences.
- Your key network providers, including primary care physicians, specialists, or behavioral health providers, have left your MCO's network.
- Your MCO health plan, because of moral or religious objections, does not cover a service you seek.
- Your MCO has substantially violated a material provision of its contract with MassHealth.
- MassHealth sanctions your MCO by allowing members to disenroll from the MCO. MassHealth will let you know if this happens.

If you would like to change your health plan during your **Fixed Enrollment Period** and feel that you meet one of the reasons listed above, call us at 1-800-841-2900 (TTY: 1-800-497-4648).

If MassHealth denies your request to transfer to another plan during your **Fixed Enrollment Period**, you can ask for a fair hearing (appeal). MassHealth will send you a letter letting you know that your request has been denied and will include a Fair Hearing Request Form. If you have questions on how to complete the form, please call MassHealth Customer Service.

Other Important Information after you enroll in a health plan

Can you change your primary care provider?

Yes, you can change your primary care provider to any primary care provider who participates with your health plan at any time and for any reason. You can change your primary care provider at any time, even if you are in a Fixed Enrollment Period.

To change your primary care provider, call the member services department of your health plan. Tell the member services department that you would like to choose a new primary care provider who participates with your health plan.

The member services department's phone number is on your health plan ID card and on page 27 of this guide. If you are a PCC Plan member, call us at 1-800-841-2900 (TTY: 1-800-497-4648)

Other health insurance

If you have other insurance such as Medicare, veterans' benefits, or health insurance through your job or a family member's job, call MassHealth to tell us. You must also tell us if you have a chance to get other insurance.

Call us at 1-800-841-2900 (TTY: 1-800-497-4648)

Monday–Friday, from 8:00 a.m.–5:00 p.m.

Having other insurance might not affect your MassHealth benefits. In fact, MassHealth may even help you pay for the other insurance.

If you have other insurance, you may not be able to stay in a MassHealth health plan, but you might still get MassHealth benefits. If you have questions about other insurance, call us.

Helpful tips

Here are some tips for what to do when you're in a health plan.

- Make an appointment with your primary care provider so he or she can get to know you.
- Visit your primary care provider for regular checkups or when you need care.
- Call your primary care provider if you have a question about getting health services.
- Go to a hospital emergency room or call 911 when you have a serious health problem that you think needs immediate attention (see page 22 for more information on emergency care).
- For a mental health or substance use disorder emergency, you can also call the Emergency Services Program in your area. You can find the number for the program in your area in your health plan's provider directory or member handbook.
- If you go to the emergency room, call your primary care provider within 48 hours for follow-up care. If you have a mental health or substance use disorder emergency, you should also call your mental health or substance use disorder provider.
- Always carry your MassHealth card and any other health plan ID cards with you.
- Show your MassHealth card and any other health plan ID cards whenever you get health care.
- Read everything that your health plan sends you.
- For assistance and information regarding benefits that you receive from MassHealth, call your health plan's member services department. The phone number is on your health plan ID card and on page 27 of this guide.

7 Covered services, bills, and copays

What MassHealth services can you get?

MassHealth offers many health care services. To find out what services you can get, read the **Summary of MassHealth Benefits** that came in the envelope with this guide. Some services may have limits, and many require either a referral from your primary care provider or a prior authorization from your health plan or both. The way to get these services may differ, depending on the health plan you choose.

Bills and copayments

You should not get a bill for any service that is covered by MassHealth, but you may need to pay a small fee (copayment) for some of the services listed in the enclosed Summary of MassHealth Benefits. To find out more about copayments, look in your health plan's member handbook.

Also, you may ask for a health care service that your provider or health plan decides is not “medically necessary” (needed) If you choose to have that service anyway, you might have to pay for the service.

A provider, hospital, pharmacy, or other health care professional cannot refuse to provide a service even if you cannot afford to pay. However, you may get a bill for the copayment.

What to do if you get a bill for a MassHealth-covered service or benefit

If you get a bill for any service that is covered by MassHealth, call your health plan's member services department. You can find the phone number for your health plan's member services department on your health plan ID card and on page 27 of this guide. If you are a PCC Plan member, call MassHealth Customer Service.

You can also call the provider who is sending you a bill. Tell the health care provider that you are a MassHealth member. Also tell the provider the name of your health plan and ask them to bill your health plan for the service.

Look at your MassHealth card and any other health plan ID card you have, and tell the provider, “I am a MassHealth member, and I got a bill for a covered service. Here is my MassHealth card number and my health plan ID card number.”

Going to specialists

A *specialist* is a provider with extra training. If your primary care provider thinks that you need to see a specialist, he or she will give you permission. Your primary care provider's permission is called a *referral*.

Check with your primary care provider or with your health plan's member services department to see if you need a referral. You may need a referral to see a specialist even if you have seen that specialist before.



Here are some services that **do not need a referral** from your primary care provider:

- treatment for an emergency health condition;
- mental health services;
- substance use disorder treatment services;
- family planning services; and
- dental care.

There may be other times when you do not need a referral. For more information, ask your primary care provider or call your health plan's member services department. You can find the phone number of the member services department on your health plan ID card and on page 27 of this guide.

Talk with your health plan if you have special health care needs or if you are pregnant.

Mental health and substance use disorder services

Once you enroll in a health plan, you can get mental health and substance use disorder services through your health plan's network of providers. If you or your child is younger than age 21, you may be able to get additional services. See the next section about checkups and treatment for your children.

If you get mental health or substance use disorder services now and want to keep your provider, you should enroll in a health plan that your provider works with.

Call your provider and say, "I am now a MassHealth member and I must enroll in a health plan. Which MassHealth health plans do you work with?" **You can also call us at 1-800-841-2900 (TTY: 1-800-497-4648)** to find out if a provider is part of a MassHealth health plan. Or, call your plan's member services department to find out if a provider is part of a MassHealth health plan. You can find the phone number for your health plan's member services department on your health plan ID card and on page 27 of this guide. If your new health plan does not cover your mental health or substance use disorder providers that you see now, ask the Member Services department if you can continue to see your current mental health or substance use disorder providers and ask for help to find a provider covered by the health plan.

If you are pregnant

If you are pregnant, call your primary care provider as soon as you can. Your primary care provider will send you to an obstetrician/gynecologist (OB/GYN), who is a doctor that treats pregnant women. You can also call your OB/GYN directly.

Prenatal care

Prenatal care means regular health care during pregnancy. Prenatal visits to your OB/GYN provider are important for you and your baby. When you see the provider, you can ask what you can do to have a healthy pregnancy and healthy baby.

Here are some important tips during pregnancy.

- Eat a balanced (good) diet.
- Take your prenatal vitamins.
- Get plenty of rest.
- Go to every prenatal visit.



Choosing a health plan and PCP for your baby

Your baby will need a health plan and a primary care provider, too. Choose before the baby is born, so your new baby can see a provider right away. **If you do not choose a health plan and a primary care provider for your baby, MassHealth will choose them for you.** To choose the best PCP for your children:

- Primary care providers for children can be either pediatricians (providers who take care of babies and children), family practitioners (providers who take care of people of all ages), or nurse practitioners. Ask your member services department for a list of these providers.
- Talk to your family and friends—you might like the provider they use.
- Call the provider's office to make sure it is in a place you can get to easily.
- Choose while you are pregnant, so the provider can check your baby as soon as he or she is born.
- After your baby is born, tell your health plan the name of your baby's primary care provider.

Make a postpartum appointment

Make an appointment to visit your OB/GYN provider four to six weeks after your baby is born so the OB/GYN can check to see how you are doing. This visit is called a “postpartum visit.”

Checkups and treatment for your children

All health plans pay for well-child checkups plus treatment services for children who are younger than 21 years old. Children who are younger than age 21 should go to their primary care provider for checkups even when they are well.

As part of a well-child checkup, your child’s primary care provider 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 screening services. Your provider may make treatment recommendations or give you referrals as a result of these screenings.

If your child receives a referral to see a behavioral health provider, the provider will use the Child and Adolescent Needs and Strengths (CANS) tool to help collect and record information gathered from his or her assessments. CANS will help to better identify and assess your child’s behavioral health strengths and needs, and will help you and your provider plan treatment and monitor your child’s progress. The behavioral health provider will update the information in the CANS at least every 90 days as long as you continue to see him or her. Ask your behavioral health provider to tell you more about CANS.

All health plans pay your primary care providers for these checkups. At well-child checkups, primary care providers can find and treat small problems before they become big ones.

Take a child for full physical exams and screenings when they are:

- 1 to 2 weeks
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years through 20 years

After age 2, 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 or behavioral health, even if it is not time for a regular checkup.

You and your primary care provider should talk about any treatment your child may need after the checkup. All health plans pay for the following treatment for your child.

- **Preventive Pediatric Health-care Screening and Diagnosis (PPHSD) services for children enrolled in MassHealth Family Assistance.** Each health plan pays for all medically necessary services that are covered under your child's coverage type. This means that, when a primary care provider (or any other clinician) discovers a health condition, your health plan will pay for any medically necessary treatment that is included in your child's coverage type if it is prescribed by a provider who is qualified and willing to provide the service.
- **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for children enrolled in MassHealth Standard or CommonHealth.** Each health plan pays for all medically necessary services that are covered by federal Medicaid law, even if the services are not provided by MassHealth or your health plan. 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 primary care provider (or any other clinician) discovers a health condition, your health plan 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 a MassHealth-enrolled physician, nurse practitioner, or nurse midwife supports in writing the medical necessity of the service. You and your primary care provider can seek assistance from MassHealth to determine what providers may be available to provide these services, and how to use providers outside your health plan's network, if necessary.

Most of the time, these services are covered by your child's MassHealth coverage type. If the service is not already covered, the clinician or provider who will be delivering the service can ask your health plan or MassHealth for prior authorization for the service. Procedures for requesting prior authorization of EPSDT services are described in MassHealth regulations found at 130 CMR 450.144. MassHealth or your health plan uses this process to determine if the service is medically necessary. Talk to your child's primary care provider, behavioral health provider, or other specialist for help in getting these services.

Call the MassHealth Customer Service Center at **1-800-841-2900** (TTY: **1-800-497-4648** for people who are deaf, hard of hearing, or speech disabled) or your health plan's member services department to find out more about how to get medically necessary services covered by MassHealth. You can find the phone number of your health plan's member services department on your health plan ID card and on page 27 of this guide.

Dental care for your children

All health plans pay for dental services, such as screenings and cleanings, for children younger than age 21.

Primary care providers do a dental exam at each well-child checkup. When a child is three years old, his or her primary care provider will suggest that he or she visit a dentist at least twice a year.

When children go for routine dental exams, the dentist will give a full dental exam, teeth cleaning, and fluoride treatment. It is important that children get the following dental care.

- A dental checkup every six months, starting no later than age three.
- A dental cleaning every six months, starting no later than age three.
- Other dental treatments needed, even before age three, if a child's primary care provider or dentist finds problems with a child's teeth or oral health.

Children who are younger than 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 younger than age 21 and enrolled in Family Assistance can get all medically necessary services covered under the child's benefit package, including dental treatment.

Talk to the child's primary care provider or dentist for help getting these services.

- Children do not need a referral to see a MassHealth dentist.
- Children can visit a dentist before age three.

Early intervention services for children with growth or development problems

Some children need extra help for healthy growth and development. Providers who are early intervention specialists can help them. Some examples of these specialists are:

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

All of these providers work with children who are under three years old—and their families—to give these children extra necessary support. Some of the services are given at home and some are at early intervention centers.

Talk to your child's primary care provider as soon as possible if you think your child has growth or development problems. All health plans pay for early intervention services.

8 Emergency care

Going to the emergency room

Emergency room care is only for health problems that you believe are serious enough to require immediate attention. **If you are having a health emergency, you can go to any emergency room or call 911.** For all other health problems, you should call your primary care provider. You can reach your primary care provider (or someone in the office) 24 hours a day, including weekends.

You can also get mental health and substance use disorder emergency services from the Emergency Service Program in your region. You can find the number in your health plan's provider directory.

Some examples of emergencies are:

- heavy bleeding;
- severe vomiting;
- severe or sudden pain or pressure;
- poisoning;
- difficulty breathing;
- loss of consciousness (passing out or fainting);
- convulsions or seizures (shaking all over that you cannot control); and
- thoughts of hurting yourself or others.

Finding the emergency room closest to you

To find a local emergency room, do one of the following.

- Call your health plan's member services department. The phone number is on your health plan ID card and on page 27 of this guide.
- Call MassHealth at **1-800-841-2900** (TTY: **1-800-497-4648**).
- Call **911**.

If you are not sure whether you need emergency care, you can call your primary care provider first. Your primary care provider might be able to see you at the office.

All health plans cover treatment for emergencies. You do not need a referral for emergency care.

Getting care outside of Massachusetts

If you get emergency care when you are outside of Massachusetts, certain rules apply. Ask your health plan's member services department what to do if you plan to travel out of the state so you will know what to do if you have an emergency.

9 Rights and responsibilities

These are your rights as a MassHealth member

- Your health care providers will treat you with respect.
- Your health care providers will keep your health information and records private.
- Your health care providers will give you information about treatment clearly, so that it is easy to understand.
- You can ask for a copy of your health records any time, and you will get them. You can also ask your health plan to change or correct your records; your health plan will do that if the law allows.
- You can bring a friend or relative with you to a health care visit to help you and speak for you.
- Your providers will make you part of all decisions about your health care.
- You can refuse health care treatment.
- You can call your primary care provider's office 24 hours a day, 7 days a week.
- If you think MassHealth or your health plan made a mistake, or denied you a medically necessary service or treatment, you can file a grievance and sometimes appeal the decision. For information on filing a grievance or making an appeal, look in your health plan's member handbook.
- You can change your health plan at any time.
- You can change your primary care provider at any time.

These are your responsibilities as a MassHealth member

- You must go to your health care appointments on time. Call your health care provider if you are going to be late or if you need to cancel an appointment.
- You should tell your primary care provider if you visit the emergency room. If you had a mental health emergency, you should also tell your mental health provider.
- You must tell MassHealth and your health plan about any changes, such as a new address, a new phone number, a new baby, or a change in your income.
- You may need to get a referral from your primary care provider before getting services from other providers.
- You must treat all your health care providers with respect.

Keep MassHealth up to date

It is important to tell MassHealth and your health plan about changes in your life.

Tell us as soon as possible about changes such as:

- the birth of a baby;
- a change in your income;
- a new address; or
- a new telephone number

We need your address so that we can send you important information about benefits and services for you and your family. If we have the wrong address and your mail is sent back to us, MassHealth may stop your health coverage.

If you receive benefits other than MassHealth

You should also report changes, such as your address and income, if you get any of the following benefits.

- Transitional Aid to Families with Dependent Children (TAFDC) or Emergency Aid to the Elderly, Disabled, and Children (EAEDC) benefits from the Department of Transitional Assistance (DTA). Call your local DTA office at 1-800-445-6604 (TTY: 1-888-448-7695);
- Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits from the Social Security Administration (SSA). Call your local SSA office at 1-800-772-1213 (TTY: 1-800-325-0778); or
- Assistance from the Massachusetts Commission for the Blind (MCB). Call MCB at 1-800-392-6450 (TDD: 1-800-392-6556). TTY numbers are for people who are deaf, hard of hearing, or speech disabled.



Questions, compliments, and complaints

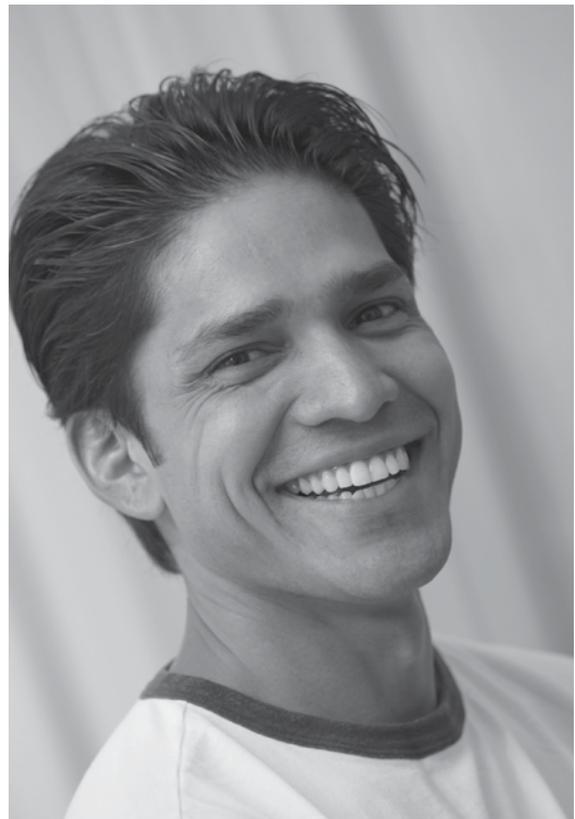
We want to make sure that all MassHealth members get quality health care. Whether you have good news about your family's health care or have a complaint or concern, call us at 1-800-841-2900 (TTY: 1-800-497-4648). We want to hear from you.

Call MassHealth Customer Service to let us know what you think about your health care. We want to hear your questions, complaints, and compliments.

MassHealth will try to answer any questions and concerns you have. If you would like to put your comments in writing, ask us to send you a form, or write to us at the following address.

MassHealth Customer Service Center
PO Box 45
Boston, MA 02112-0045

Also, tell your health plan if you are having a problem. You can find the phone number for your health plan's member services department on your health plan ID card and on page 27 of this guide.



10 Important reminders

Please remember

- In general, you must choose a health plan that is offered in the region where you live. There are certain times when you can choose a health plan that is not available in your region. For more information, call us at 1-800-841-2900 (TTY: 1-800-497-4648).
- You must choose a health plan and a primary care provider **within 14 days** from the date we mailed you this guide.
- You should go to the emergency room only for a serious problem.
- You can also get emergency mental health and substance use disorder services through Emergency Service Program (ESP) providers. The number for the program in your area is in your health plan's provider directory or your *PCC Plan Member Handbook*.
- Bring your MassHealth card and health plan ID card to every health care visit.
- Be on time for health care appointments.
- Call your health care provider's office if you will be late for an appointment or if you need to cancel.
- Call MassHealth and your health plan to report any changes, such as a different address or telephone number, or a new job.
- Call a MassHealth customer service representative if you have questions. You can call us Monday–Friday, 8:00 a.m.–5:00 p.m. The call is free.



11 Important telephone numbers and websites

Health plan telephone numbers and websites

These are the MassHealth health plans. Call your primary care provider or health plan if you have questions about health care.

Boston Medical Center HealthNet Plan (www.bmchp.org)

Customer Service Department: 1-888-566-0010; 1-888-566-0012

(TTY: 1-866-765-0055; Relay operator: 1-800-421-1220)

Fallon Community Health Plan (www.fchp.org)

Customer Service Department: 1-800-341-4848 (TTY please call TRS Relay 711)

Mental Health and Substance Use Disorder Services: 1-888-421-8861

(TTY: TRD 711 for people with partial or total hearing loss.)

Health New England (www.hne.com)

Member Services Department: 1-800-786-9999 (TTY: 711)

Mental Health and Substance Use Disorder Services: 1-800-495-0086

(TTY: 1-877-509-6981)

Neighborhood Health Plan (www.nhp.org)

Member Services Department: 1-800-462-5449 (TTY: 711)

Mental Health and Substance Use Disorder Services: 1-800-414-2820

(TTY: 1-781-994-7660)

Tufts Health Plan (www.tuftshealthplan.com)

Together Customer Service including mental health and substance use disorders:

1-888-257-1985 (TTY: 1-888-391-5535)

Primary Care Clinician Plan (PCC Plan)

Member Services Department: 1-800-841-2900 (TTY: 1-800-497-4648)

Mental Health and Substance Use Disorder Services: 1-800-495-0086

(TTY: 1-617-790-4130)

TTY numbers are for people who are deaf, hard of hearing, or speech disabled.

Telephone numbers of your primary care provider, specialists, and other health care providers

Use the space below to write the names and phone numbers of your family providers, specialists, and other health care providers.

12 Keeping track of your children's health care

When did your child go for a checkup?

Name of child _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Name of child _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Age at time of checkup _____ Date of checkup _____

Important! If you need an interpreter or translation help, or if you have any questions, please call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled). MassHealth does not discriminate on the basis of national origin.