PRIMARY CARE CLINICIAN PLAN

MEMBER HANDBOOK

Helping you with your health-plan benefits.

1-800-841-2900
TTY: 1-800-497-4648
www.mass.gov/masshealth

MassHealth

These extra pages are the Covered Services List for your coverage type. This is a list of the services and benefits MassHealth covers.

Please keep in mind that MassHealth services and benefits change from time to time. This Covered Services List is for your general information only. MassHealth's regulations govern the services and benefits available to you. To access MassHealth's regulations:

- go to MassHealth's website at **www.mass.gov/masshealth** or
- call MassHealth Customer Service at **1-800-841-2900** (**TTY: 1-800-497-4648** for people with partial or total hearing loss).

Check MassHealth regulations for more information about services and benefits covered by MassHealth, or call MassHealth Customer Service to ask questions. Remember to show your MassHealth ID card to receive your benefits and services.

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Notes

1. Welcome!

Welcome to the MassHealth Primary Care Clinician Plan (the PCC Plan). We're pleased to have you as a member.

This Handbook, along with the Covered Services List, will help you understand your benefits and services as a PCC Plan member. It will also tell you how to call us if you have any questions.

Because this Handbook contains important information, please keep it in a place where you can find it when you need it.

These are the important things you should know as a PCC Plan Member.

1. **This Handbook is about the benefits and services you receive because you are a MassHealth member enrolled in the Primary Care Clinician (PCC) Plan.**

   These services include emergency services, medical services, vision care services, behavioral health (mental health and substance use disorder) services, pharmacy services, and dental services.

   Please note that you will receive your behavioral health services through the Massachusetts Behavioral Health Partnership (MBHP). MBHP is MassHealth's behavioral health services contractor. There are a few important differences between the services you get directly from MassHealth and the behavioral health services you get from MBHP, especially concerning appeals and grievances. This Handbook explains those differences.

   - Read more about covered benefits and services, including behavioral health and dental services, later in this Handbook.

2. **Call us with your questions or changes.**

   Call the MassHealth Customer Service Center Monday through Friday, 8:00 a.m. to 5:00 p.m. The call is free.

   Call us

   - if you have questions about MassHealth;
   - if you have questions about your PCC Plan coverage or benefits;
   - if you have questions about Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for children under 21 (see page 32 to read more about EPSDT);
   - if you want to change your Primary Care Clinician (PCC);
   - if you want to change your health plan;
   - if you need a new MassHealth ID card;
   - if you move or change your phone number;

- if your employment status changes;
- if you're pregnant or have a baby;
- if you'd like help reading any material you get from MassHealth;
- if you want to ask for Spanish versions of information you get from the PCC Plan; or
- if you want to speak with someone who speaks Spanish or another language.

3. **Call MBHP with behavioral health (mental health and substance use disorder) questions.**
   - Call MBHP 24 hours a day if you have questions about MBHP or behavioral health services. The call is free.
   - Call MBHP
     - if you have questions about your behavioral health (mental health and substance use disorder) services or benefits;
     - if you want more information about how to get these services or find a provider;
     - to ask for help reading any material you get from MBHP;
     - to ask for Spanish versions of information you get from MBHP; or
     - to speak with someone who speaks Spanish or another language.

4. **You still have MassHealth when you join us.**

   As a PCC Plan member, you keep all your MassHealth coverage and benefits.

5. **You can be enrolled in the PCC Plan for as long as you're qualified and in MassHealth Managed Care.**

   As long as you still qualify and are in MassHealth managed care you can be covered by the PCC Plan. Call the MassHealth Customer Service Center if you have questions about managed care.

6. **You have a Primary Care Clinician (PCC).**

   Your PCC will take care of most of your health needs. Your PCC can be either a doctor or a nurse practitioner. You can change your PCC at any time. If you want to change your PCC, call the MassHealth Customer Service Center.

7. **The PCC Plan has providers and hospitals throughout the state.**

   You can find PCC Plan providers (such as medical care providers, medical-care specialists, behavioral health providers, and hospitals) all over Massachusetts. For information, call the MassHealth Customer Service Center.

   MBHP has behavioral health (mental health and substance use disorder) providers throughout the state, too. For information, call MBHP at 1-800-495-0086.

8. **Present Your MassHealth ID card when you need services.**

   You can use your MassHealth ID card to get PCC Plan services, such as health care and prescriptions. This includes the services you get from MBHP. Carry your MassHealth ID card with you always. If you lose your ID card, call MassHealth Customer Service.

9. **Let us know when your phone number or address changes.**

   Call MassHealth Customer Service to tell us if you move or change your phone number.

   If you do not notify us of changes, you may not receive important notifications from MassHealth.

10. **You have pharmacy coverage.**

    PCC Plan members can get medicines at pharmacies in Massachusetts that work with MassHealth. Call MassHealth Customer Service to find the pharmacy closest to you. Read more about pharmacy coverage later in this Handbook.

11. **You can receive emergency care for medical and behavioral health (mental health and substance use disorder) emergencies.**

    If you have a medical or behavioral health emergency, get care right away! Call 911, or if it's a behavioral health emergency, you may also contact the Emergency Services Program (ESP) in your area. Call the statewide, toll-free ESP number at 1-877-382-1609 to get the number for your local ESP, 24 hours a day.

12. **Some services require referrals or prior authorization or both.**

    Some covered services may need a referral or prior authorization (PA) or both. However, many covered services, such as emergency health care, obstetric (pregnancy) services, dental, and family planning services, do not require a referral or PA. Behavioral health services do not require a referral, although some behavioral health services require PA. Read more about referrals and PA later in this Handbook.

2. Your MassHealth PCC plan membership

What is MassHealth?

The Medicaid program in Massachusetts is called the MassHealth program. The Executive Office of Health and Human Services (EOHHS) runs this program.

What is the PCC Plan?

The Primary Care Clinician (PCC) Plan is a managed-care health plan for MassHealth members throughout Massachusetts.

Each PCC Plan member must choose a doctor or nurse practitioner to be a primary care clinician (PCC). If you do not choose a PCC, we will choose one for you. It's better if you make the choice!

You can see your PCC when you need a checkup or are sick. Your PCC will get to know your health needs, and help you get other health services if you need them. Read more about PCCs later in this Handbook.

PCC Plan Provider Network

The PCC Plan provider network includes doctors, nurse practitioners, hospitals, pharmacies, and other health care providers who are MassHealth providers.

Make sure you check to see if a provider accepts MassHealth before going for health care. If you go to a provider who does not accept MassHealth, MassHealth will not pay for the services unless it is an emergency.

- If you need help finding a MassHealth PCC Plan provider in your area, 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).

PCC Plan behavioral health provider network

As a PCC Plan member, you can get behavioral health (mental health and substance use disorder) services from the Massachusetts Behavioral Health Partnership (MBHP). MBHP is MassHealth's behavioral health services contractor. MBHP has a large network of mental health and substance-use disorder providers and hospitals throughout the state.

Use your MassHealth ID card to get behavioral health services from any MBHP provider. You do not need a referral to see any of MBHP's providers.

All you need to do is choose a behavioral health provider from the MBHP Provider Directory. You can find the directory online at www.masspartnership.com. Just click "Find a Provider" on the home page. If you would like a printed copy of the Provider Directory, please call MBHP at 1-800-495-0086.

After you choose a provider from the directory, please call MBHP to make sure your provider still works with MBHP. This directory is updated weekly, but providers may change from time to time.

Although you do not need a referral to see any MBHP provider, some covered services may need PA. For more information about PA, see page 13.

Out-of-Network Services

Medical services

The PCC Plan will not pay for services delivered by a provider who is not a MassHealth provider unless it is an emergency.

You can get care for emergencies from any provider. For more information about emergencies, see pages 19-20. If you have an emergency, get care right away!

Behavioral health services

MBHP will not pay for services provided by a behavioral health provider who is not in the network unless:

- it is an emergency; or
- the MBHP network cannot provide those services.

You can get care for behavioral health emergencies from any behavioral health provider. For more information about behavioral health emergencies, see pages 19-20. If you have a behavioral health emergency, get care right away!

If MBHP's network cannot provide the services, MBHP will cover the out-of-network services until the network can provide them.

Call MBHP if you have questions about out-of-network behavioral health services.

When you travel

The PCC Plan will pay for you to see an out-of-state provider for medical care only if:

- you have an emergency; or
- your health would be at risk if you had to travel home.

Keeping your providers up to date

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

- all the health care you are getting;
- the medicine you are taking (both prescription and over-the-counter medications); and
- any health problems you may have.

Keeping MassHealth up to date

It is important to tell MassHealth as soon as possible about changes, such as a new address or phone number, other health insurance, the birth of a baby and other family changes, or a change in your income.

Reporting address, phone number, and income changes

If MassHealth has your correct address, we can send you information about benefits and services. If we have the wrong address, we can't send you mail and we can't tell you when it's time to renew your MassHealth. You could lose your benefits. To tell MassHealth about your new address and phone number, call the MassHealth Customer Service Center. Also call this number to report changes in your income.

Other health insurance

If you have other health insurance, like Medicare, veterans' benefits, or health insurance through your job or a family member's job, or if you have a chance to get other insurance, call the MassHealth Customer Service Center. MassHealth may help you pay for the other insurance.

Birth of a baby

If you are expecting a baby, call the MassHealth Customer Service to find a doctor for your baby before the baby is born.

- After you have your baby, call the MassHealth Enrollment Center to tell them that you had your baby and help you enroll your baby in MassHealth.
- Once your baby is enrolled in MassHealth, call the MassHealth Customer Service Center to enroll your baby with a doctor of your choice.

If you receive benefits other than MassHealth

You should also report changes if you receive these additional benefits.

- If you get Transitional Assistance for Dependent Children (TAFDC) or Emergency Aid for Elderly, Disabled or Children (EAEDC), call your local Department of Transitional Assistance (DTA) office at 1-800-445-6604 (TTY: 1-888-448-7695).
- If you get Supplemental Security Income (SSI) or Social Security Disability Income (SSDI), call your nearest Social Security Administration (SSA) office at 1-800-772-1213 (TTY: 1-800-325-0778).
- If you get assistance from the Massachusetts Commission for the Blind (MCB), call the MCB at 1-800-392-6450 (TDD: 1-800-392-6556).

Changing your health plan

Most MassHealth members can change their health plan at any time. To find out about changing, call the MassHealth Customer Service Center and say, "I would like to change my health plan."

The MassHealth Customer Service Center can:

- give you information about other health plans in your area;
- change your health plan while you are on the phone; and
- tell you when you can start getting health care from your new health plan.

In general, you must enroll in a health plan that is offered in the service area where you live. You can call the MassHealth Customer Service Center to find out which health plans are offered in your service area. There are certain cases where you can choose a health plan that is not available in your service area. For more information about these cases, call the MassHealth Customer Service Center.

You must qualify for MassHealth to be in the PCC Plan

You cannot continue to be in the PCC Plan if you no longer qualify for MassHealth.

3. Your MassHealth ID card

MassHealth will send you a MassHealth ID card

MassHealth will send you a MassHealth ID card that looks like the one below. Carry it with you, and use it to get your PCC Plan services, including services from MBHP.

This is a sample of the front and back of a MassHealth ID card.

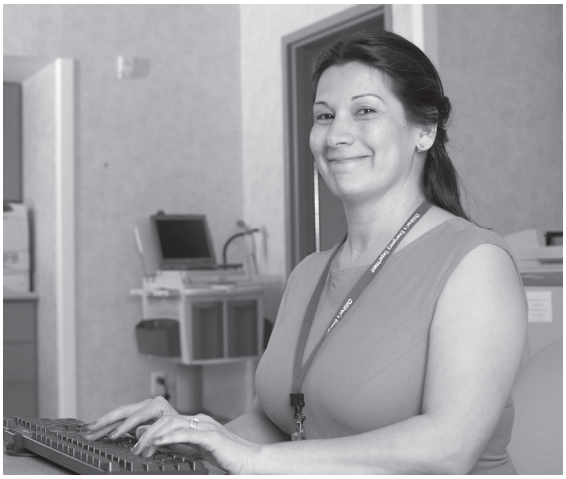
Remember to carry your MassHealth ID card and show it, or any other health insurance card you may have, to get health care services or medicine.

Please check your MassHealth ID card to make sure the information is correct. If it's not correct, if you did not get a card, or if you lose your card, please call the MassHealth Customer Service Center.

Lost your MassHealth ID card?

To get a new MassHealth ID card, call MassHealth Customer Service.

You can get health services even if you don't have your card. Your doctor or other provider can look for your name in the MassHealth system. If your provider cannot find your information in the system, he or she can call the MassHealth Customer Service Center. Or you can call MassHealth Customer Service.



 For questions about behavioral health (mental health and substance use disorder) services, call the Massachusetts Behavioral Health Partnership (MBHP) at 1-800-495-0086 (TTY: 1-877-509-6981 for people who are deaf, hard of hearing, or speech disabled). The call is free.

4. Your benefits

How to get benefits

As a PCC Plan member, you can get services from your PCC, MBHP providers, and other MassHealth providers. Just show your MassHealth ID card to get your benefits and services. You can also access the Care Management Program and the Nurse Advice Line.

Some covered services may need a referral or PA or both. However, many covered services, such as emergency health care, obstetric (pregnancy) services, and family planning services do not require a referral or PA. Behavioral health services do not require a referral, although some behavioral health services require PA.

You can look at the Covered Services List in this packet for more information about the services covered by MassHealth and the copayments for those services, and if the services need PCC referral or PA or both.

This list and the Handbook may change. For the most up-to-date information or if you need help getting benefits or services, you can

- talk to your PCC;
- call the MassHealth Customer Service Center; or
- call MBHP.

Transportation

You may be able to get transportation services when it is medically necessary to take you to get care. Call the MassHealth Customer Service Center to find out if you can get these services.

For questions about behavioral health (mental health and substance use disorder) services, call MBHP. The call is free.

Copayments

You may need to pay a copayment for some services, such as:

- hospital stays—$3 per stay for certain conditions; and
- pharmacy (see pages 22-23 for more information about your prescription drug coverage and pharmacy copayments).

Non-pharmacy copayment cap

If you have paid $36 in copayments in a calendar year (excluding pharmacy copayments), you have reached the non-pharmacy copayment cap, and you do not need to pay any more non-pharmacy copayments that year. You should get a letter from MassHealth telling you when you reach the copayment cap. If your providers try to charge you any more copayments that year for non-pharmacy services, show them your letter.

If you do not receive a letter or if you have any questions, call the MassHealth Customer Service Center. See page 22 for more information about your pharmacy copayment cap.

If you can't pay the copayment

The doctor, hospital, pharmacy, or other provider cannot refuse to give you the service or medicine even if you can't pay the copayment. However, the provider can bill you later for the copayment. Please call MassHealth Customer Service if a provider will not give you the service or medicine.

For more information about your plan, visit www.mass.gov/masshealth or call the MassHealth Customer Service Center Monday through Friday, 8:00 a.m. to 5:00 p.m. The call is free.

Specialty care and referrals

You may need to see a specialist for certain health problems. A specialist is a doctor or other health care provider who has special training, practices a special kind of care, or who provides special treatments. For example, if you have a problem with your heart, you may need to see a cardiologist.

As a PCC Plan member, you can see specialists. However, the PCC Plan requires you to have a referral to see certain types of specialists. A referral is permission to see a specialist. Your PCC will submit a referral to MassHealth if you need to see a specialist. Also, your PCC will work with your specialists to help you get the care you need. It makes good health sense to ask your PCC to help coordinate any specialty care you may need, even if you don't need a referral to see that specialist.

If you want to know if you need a referral you can

- ask your PCC;
- check the Covered Services List; or
- call the MassHealth Customer Service Center.
  - If you go to a specialist that requires a referral and you did not get a referral beforehand, the specialist may refuse to see you.
  - You may need a referral to see a specialist even if you have seen that specialist before.

Which services do not need a referral?

Some services do not need a referral, such as

- emergency services;
- behavioral health services;
- obstetric (pregnancy) services; and
- family planning services.

There may be other times when you don't need a referral. Ask your PCC or call MassHealth Customer Service.

Prior authorization

MassHealth or MBHP must approve certain health care and pharmacy services before you get them. This is called prior authorization (PA). During the PA process, MassHealth or MBHP determines if the requested service is medically necessary for you. If you want to know if you need a PA for a service or medication, you can

- ask your PCC;
- check the Covered Services List;
- call the MassHealth Customer Service Center for questions about health care services and medications;
- call MBHP for questions about behavioral health services; or
- go to www.mass.gov/druglist to see a list of medications that require PA.

If you disagree with a decision made about a request for PA, you can appeal the decision.

- Read more about appeals later in this Handbook.

PA from MassHealth for medical services, medical equipment, pharmacy, and transportation

When your PCC or another medical provider thinks you need a service or medication that needs PA, your provider will ask MassHealth for PA.

MassHealth must make a decision on your provider's request within the following time frames.

If you request this service	MassHealth has this long to decide
Pharmacy (medicine)	24 hours
Transportation	7 calendar days (or the number of days needed to avoid serious risk to the health or safety of the member)
Private-duty-nursing services	14 calendar days
Durable medical equipment	15 calendar days
All other services	21 calendar days

If MassHealth approves the PA request, we will send a letter to your provider so you can get the services or medication.

We will also send you a letter if MassHealth

- does not authorize any of the requested services or medication;
- approves only some of the requested services or medication; or
- does not approve the full amount, time period, or scope of the services or medication requested.

If MassHealth does not act on a request for PA within the time frames above, you can file an appeal with the Board of Hearings. Read more about appeals later in this Handbook.

MassHealth **will not pay** for a service that needs PA if approval was not given.

- **For more information about requesting PA for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, see page 32.**

Preadmission screening by MassHealth for certain hospital stays

All medical and surgical elective admissions to an acute hospital must be approved by MassHealth. If you plan to be hospitalized for an elective procedure, your doctor or nurse will submit the necessary paperwork to make a request on your behalf.

If MassHealth approves the request, we will notify you and your provider and you can get the requested services.

If MassHealth does not approve the hospitalization, we will send you a letter telling you so. You have the right to appeal the decision to the Board of Hearings.

PA from MBHP for behavioral health (mental health and substance use disorder) services

When your behavioral health provider thinks you need a service that needs PA, your provider will ask MBHP for the PA.

MBHP must make a decision on your provider's request within **14 calendar days** unless you, your provider, or MBHP asks for more time. This can be for up to **14 extra calendar days**. MBHP can ask for more time only if it's in your best interest and more information is needed.

If your provider or MBHP thinks that taking 14 days to decide the request will put your health at risk, MBHP will make a decision within **three working days**. This time frame may be extended by an additional **14 calendar days**, if you, your provider, or MBHP asks for more time. MBHP can ask for more time only if it is in your best interest and more information is needed.

Any time that MBHP asks for more time, MBHP will send you a letter to let you know the reasons. You have the right to file a grievance if you don't agree with MBHP's reasons. Read more about filing a grievance later in this Handbook. If MBHP approves the request, MBHP will pay for the service.

We will also send you a letter if MBHP

- does not authorize any of the requested services;
- approves only some of the requested services; or
- does not approve the full amount, time period, or scope of the services requested.

You have the right to appeal the decision to MBHP. Also, if MBHP does not act on the request within the time frames above, you can file an appeal with MBHP. Read more about filing an MBHP internal appeal later in this Handbook.

MBHP **will not pay** for a service that needs PA if approval was not given.

- **For more information about requesting PA for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, see page 32.**

If you get a bill for services

You should never get a bill for a covered service (except for a copayment) when you are an eligible PCC Plan member. Providers may not charge you or take money from you (except for copayments) for any services if they can get paid by MassHealth or MBHP.

If you get a bill for a MassHealth-covered service, call the doctor's office and say, "I am a PCC Plan member and I got a bill. Here is my MassHealth card number."

If you keep getting bills, call MassHealth Customer Service. We'll help you.

If you get a bill for a MassHealth-covered behavioral health (mental health and substance use disorder) service given by an MBHP provider, call MBHP.

5. Your Primary Care Clinician (PCC)

What is a primary care clinician (PCC)?

You and each of your family members enrolled in the PCC Plan must choose a primary care clinician (PCC). A PCC is your personal doctor, or can be a nurse practitioner. If there are adults and children in the family and everyone wants the same PCC, you can choose a family-practice provider to be the PCC for each family member.

Your PCC will do many things for you and your family, such as

- give you checkups and help you stay well;
- treat you for most of your medical problems;
- refer you to any specialists and work with your specialists to help you get the care you need;
- admit you to the hospital, if necessary;
- write prescriptions; and
- keep your medical records.

Providers who are PCCs

Here are some providers who can be PCCs.

- Family-practice doctors treat adults and children. They may also take care of pregnant women.
- Internal medicine doctors (internists) treat adults and older teenagers.
- Pediatric doctors (pediatricians) may treat children and young adults up to the age of 21.
- Independent nurse practitioners work with a MassHealth doctor and may treat patients of many ages.

PCCs practice at different places, such as

- single practices;
- group practices;
- community health centers;
- hospital-licensed health centers; and
- hospital outpatient departments.

Your first appointment with your new PCC

When you become a PCC Plan member, make an appointment to visit your PCC for a checkup if you have not had one with this provider before and if you have not had one recently. The following guide will let you know when checkups are due.

Call your PCC's office and tell the office staff this is your first visit with the PCC and you want to make an appointment for a full checkup. When you see your PCC for the first time, he or she will ask you questions about your health and your family's health. The more your PCC knows about your health history, the better he or she can help with your care. Before your visit, you might find it helpful to fill out a Health Needs Assessment and bring it with you. You can get a Health Needs Assessment online at www.masspartnership.com. If you need help filling it out, call MBHP and someone will walk you through it. If you have problems getting an appointment, call MassHealth Customer Service.

Here is a guide for how often visits are recommended for adults, pregnant women, and infants and children

Adults visit schedule

- Every 1-3 years, depending on your age and risk factors.

Discuss this with your PCC.

Visit schedule during pregnancy

Contact your provider to schedule your first appointment as soon as you think you may be pregnant.

Women with health or pregnancy problems may need more visits.

Stage of Pregnancy	Visit Frequency
Up to 28 weeks	Once a month
28 to 36 weeks	Once every two weeks
From 36 weeks until delivery (40-42 weeks)	Weekly
Postpartum visit	Usually four-to-six weeks after delivery; may be sooner or more frequent if needed

Infants and Children (Younger Than Age 21) Visit Schedule

- At 1 to 2 weeks
- At 1 month
- At 2 months
- At 4 months
- At 6 months
- At 9 months
- At 12 months
- At 15 months
- At 18 months
- From age 2 through 20 years old, your child should see his or her PCC once a year.

Read more about care for children on page 24, and on page 31.

Call your PCC first when you're sick, unless you think it's an emergency

If you think you're having a life-threatening emergency, call 911 or go to the closest emergency room right away! If it's a behavioral health emergency, you may also contact the Emergency Services Program (ESP) in your area. Call the statewide, toll-free ESP number at 1-877-382-1609 to get the number for your local ESP, 24 hours a day. At all other times, call your PCC and ask what to do. You can call your PCC 24 hours a day, seven days a week. If your PCC is not there, another doctor or health care provider will help you.

Specialty care and referrals

Read more about seeing specialists and getting referrals on page 12.

Changing your PCC

You can change your PCC whenever you want. To change your PCC, call the MassHealth Customer Service Center. We'll help you choose a PCC for you and each family member covered by the PCC Plan.

If a PCC requests to disenroll you from their practice

A PCC may ask to have you removed from his or her list of patients. The PCC can make this request if you have a pattern of noncompliant or disruptive behavior. If the PCC Plan approves the PCC's request, we will send you a letter to tell you that you need to choose a new PCC. You have the right to appeal this decision to the Board of Hearings. Read more about appeals later in this Handbook.

A PCC **cannot** ask to have you removed from the list for these reasons:

- your health condition has gotten much worse;
- you use a lot of medical services;
- your mental capacity is reduced; or
- your behavior has caused problems because you have special needs.

6. Your health care

Emergencies and urgent care

An **emergency** is any serious health care problem that you think needs to be treated right away. If you have an emergency, you should get care immediately! If you have a medical emergency, you can

- call 911; or
- go to the closest emergency room right away!

If you have a behavioral health emergency, you may also contact the Emergency Services Program (ESP) in your area. Call the state-wide, toll-free ESP number at 1-877-382-1609 to get the number for your local ESP, 24 hours a day. At all other times, call your PCC and ask what to do. You can call your PCC 24 hours a day, seven days a week. If your PCC is not there, another doctor or healthcare provider will help you.

Examples of emergencies

Here are some common medical and behavioral health (mental health and substance use disorder) emergencies, but there are other kinds of emergencies, too.

Medical emergencies

- broken bones
- chest pain
- convulsions
- fainting or dizzy spells
- heart attacks
- heavy bleeding
- loss of consciousness
- poisoning
- serious accidents
- severe burns
- severe headaches
- severe pain
- severe wounds
- shortness of breath
- stroke (this includes numbness or difficulty with speech)
- sudden change of vision
- sudden, severe pain or pressure in or below the chest
- throwing up blood
- throwing up a lot
- someone who won't wake up

Behavioral health emergencies

- wanting to harm yourself
- hearing voices
- wanting to harm other people

Other things you should know about emergency care

You do not need a referral or PA for emergency care. You can get ambulance transportation for emergencies. After an emergency, call your PCC and make a follow-up appointment. Also call your behavioral health provider after a behavioral health emergency.

Urgent care

An urgent condition is a health problem that's serious, but which you don't think is an emergency. You can call your PCC to get care. Your PCC must see you within 48 hours of your request.

If you have an urgent behavioral health condition, your behavioral health provider must see you within 48 hours of your request.

If you're out of town and have an urgent condition, call your PCC. Your PCC will tell you how to get care. You can call your PCC 24 hours a day, seven days a week. If your PCC is not there, another doctor or health care provider will call you back.

Getting an appointment when you need one

When you don't feel well or when you want to see your health care provider, you don't want to wait too long for an appointment. You should get care within these time frames.

Medical care appointments

- **Emergency care:** You must get care immediately after you ask for care from any provider of emergency medical services. See page 19 for emergency-care information.
- **Urgent care:** If something is wrong, but you do not think it is an emergency, you must get care from your PCC within 48 hours after you ask for an appointment. See page 19 for urgent-care information.
- **Primary care (non-urgent, symptomatic care):** If you are sick or have other symptoms that are not urgent, you must get care from your PCC within 10 calendar days after you ask for an appointment.
- **Primary care (routine, nonsymptomatic care):** If you're not sick and don't have any other symptoms, you must get care from your PCC within 45 calendar days after you ask for an appointment.

- **Children placed in the care or custody of the Department of Children and Families (DCF):** If you have responsibility for a child who is placed in the care or custody of DCF, the child's PCC must
  - provide an appointment for the child for a health care screening within seven calendar days after you or the DCF worker asks for it; and
  - provide an appointment for a full medical exam within 30 calendar days after you or the DCF worker asks for it (unless a shorter time frame is required by Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services schedule). See page 32 for EPSDT information.

You should keep appointments, be on time, and call in advance if you are going to be late or have to cancel.

Behavioral health (mental health and substance use disorder) care appointments

- Emergency care: You must get care immediately after you ask for care from an ESP or other provider of emergency behavioral health services. See pages 19-20 for emergency care information.
- Urgent care: If something is wrong, but you do not think it is an emergency, you must get care from a provider within 48 hours after you ask for an appointment. See page 20 for urgent care information.
- Nonsymptomatic or non-urgent care: You must get care from a provider within 10 working days after you ask for an appointment.
- If you do not get care or an appointment from a behavioral health provider within these time frames, you can file an appeal.
- Read more about appeals later in this Handbook.

You should keep appointments, be on time, and call in advance if you are going to be late or have to cancel.

Staying healthy

Remember, you can prevent some health problems if you get regular health care before you get sick.

If you haven't been receiving regular care from a primary care provider, you should make an appointment as soon as possible with the PCC you picked. Read more about preventive-care services for children on pages 31 and 32.

Pharmacy coverage

Your health care provider needs to write or call in a prescription for all medications you need, including those that are sold over the counter.

Pharmacy copayments

When you pick up your medications, you will need to pay a copayment. The copayment is

- $**1** for prescription **generic** (not brand-name) medications and **over-the-counter** generic and brand-name medications. The copayment is for first-time prescriptions and each refill; and
- $**3.65** for **brand-name** prescription medications. This is for first-time prescriptions and each refill.

You will not have a pharmacy copayment if

- you are younger than age 19;
- you are enrolled in MassHealth because you were in the care or custody of DSS when you turned 18, and your MassHealth coverage was continued;
- you are pregnant (you must tell the pharmacist you're pregnant);
- your pregnancy ended less than 60 days ago;
- you are receiving family planning supplies;
- you are in hospice care; or
- you are getting inpatient care in:
  - an acute hospital;
  - a nursing facility;
  - a chronic-disease hospital;
  - a rehabilitation hospital; or
  - an intermediate-care facility.

Pharmacy copayment cap

If you have paid $250 in pharmacy copayments in a calendar year, you have reached the pharmacy copayment cap, and you do not need to pay any more copayments that year. You should get a letter from MassHealth telling you when you reach the copayment cap. If your providers try to charge you any more pharmacy copayments that year, show them your letter.

If you do not receive a letter or if you have any questions, call the MassHealth Customer Service Center.

If you can't pay the copayment

The pharmacy must give you your medication even if you can't pay the copayment. However, the pharmacy can bill you later for the copayment.

Please call MassHealth Customer Service if a pharmacy will not give you your medication.

Finding behavioral health (mental health and substance use disorder) providers

If you need behavioral health (mental health or substance use disorder services), MBHP will work with you and your PCC to help you get the care you need. You can click "Find a Provider" on the MBHP website at www.masspartnership.com, or call MBHP to find a behavioral health provider in the MBHP network.

- You do not need a referral from your PCC to see a behavioral health provider.

Remember: If you have a behavioral health emergency, you can

- call 911; or
- contact the Emergency Services Program (ESP) in your area. Call the statewide, toll-free number at 1-877-382-1609 to get the number for your local ESP, 24 hours a day.

7. Oral health/dental services

Services for Children (Members Younger Than Age 21)

MassHealth pays for dental services, including screenings, fillings, sealants, cleanings, fluoride application, and many other treatments for children younger than the age of 21. Routine exams are visits to the dentist for a dental checkup. Dental checkups are an important part of your child's overall health. The dentist will look in your child's mouth to see if your child's teeth and gums and the bones supporting the teeth are healthy. At this time, the dentist will see if your child needs other dental services. Sometimes during the checkup the dentist will clean your child's teeth and take x rays.

Your child should begin going to the dentist when you see his or her first tooth appear, and no later than12 months old. Your child's PCC will do a dental screening at each well-child checkup and may also apply a fluoride varnish to your child's teeth to prevent cavities. The PCC will remind you to take your child to a dentist for a full oral examination and cleaning. Everyone should see a dentist for this full examination every six months. No referral is needed from your child's PCC to see a dentist for these services.

You can look at the Covered Services List in this packet for more information about the dental services covered by MassHealth.

- Members enrolled in MassHealth Standard and CommonHealth are eligible for all medically necessary dental services.
- MassHealth members younger than age 21 enrolled in Family Assistance and Limited are covered for medically necessary dental services according to the coverage type.

Some services may have to be approved by MassHealth before the dentist can provide them. The dentist will know which services these are and will request approval if he or she feels that you need these services. You do not need to do anything to request approval.

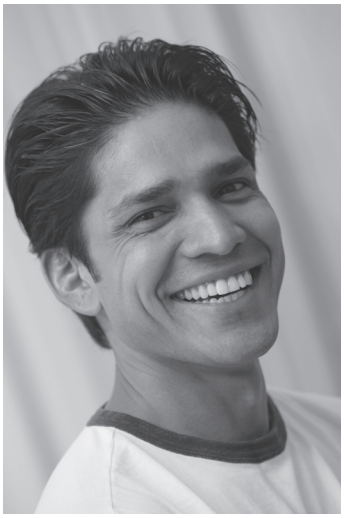
Services for Adults (Members Aged 21 and Older)

MassHealth members aged 21 and older are eligible for dental services performed by a MassHealth dentist. Covered dental services for adults include screenings, cleanings, fillings, extractions, dentures, and some oral surgeries. Please see the Covered Services List in this packet for more information about the dental services covered by MassHealth.

How to Find a Dentist

MassHealth will pay for covered dental services only if they are provided by dental providers enrolled in MassHealth. Dental customer service representatives can help you find a MassHealth dental provider who is taking new patients, and can even help you schedule an appointment. To speak with a dental customer service representative, call Dental Customer Service at 1-800-207-5019.

Dental customer service representatives can give you a list of dentists who are enrolled in MassHealth. The list is called the MassHealth Dental Provider Directory. You can view the directory yourself on the Internet at www.masshealth-dental.net.



8. Behavioral health care

Your behavioral health (mental health and substance use disorder services) coverage

You can look at the Covered Services List in this packet for more information about the services covered by MassHealth. You can also read in the EPSDT section of this Handbook about additional services for members younger than age 21.

This list and the Handbook may change. For the most up-to-date information or if you need help getting benefits or services, you can

- talk to your PCC; or
- call MBHP.

MBHP Member Engagement Center

The Member Engagement Center is the place to start to learn about the MBHP services available to you. When you call the Member Engagement Center at 1-800-495-0086, the team will

- help you understand the services available to you as a Member of the PCC Plan and MBHP;
- work with you to complete a Health Needs Assessment;
- connect you to other services with your health needs in mind; and
- help you join support groups, if you're interested.

9. Integrated Care Management Services

Integrated Care Management Program (ICMP) Care Management Program

The Massachusetts Behavioral Health Partnership (MBHP) offers an Integrated Care Management Program (ICMP) for MassHealth Primary Care Clinician (PCC) Plan Members with complex medical and/or behavioral health issues. The ICMP team is made up of licensed social workers, registered nurses, and other staff who work with you to:

- help you understand treatment plans prescribed by the primary care provider;
- help you understand and manage your health needs;
- provide you with scheduled calls, easy-to-understand written materials, and 24/7 access to a nurse advice line; and
- coordinate follow-up appointments and additional services.

This program is offered at no additional cost to you. Staff will work with you and/or your caregiver on a one-to-one basis to help you choose the care that's best for you.

To learn more about ICMP, or to join, call MBHP at 1-800-495-0086, Ext. 454165.

Nurse Advice Line

Questions about your care or how you are feeling can come up any time, day or night. When you have those questions, you can call the Nurse Advice Line. The Nurse Advice Line is open 24 hours a day, seven days a week, 365 days a year. Call 1-855-694-4382 and a nurse will help you get care for any of your health needs. The nurses are supported by doctors and will give you information you can trust.

If you have any questions about specialized care management or other behavioral health (mental health or substance use disorder) services and how to get them, call the MBHP Clinical Access Line at 1-800-495-0086 (TTY: 1-877-509-6981 if you have trouble hearing). The Clinical Access Line is available 24 hours a day, seven days a week.

Community Case Management (CCM)

Members who are younger than age 22 and who receive continuous nursing services may participate in the CCM program.

CCM registered nurses and other clinicians work with you, your health care providers, and other MassHealth providers to help plan home care for your child. A Nurse Case Manager visits your child to see what services he or she needs, such as

- full-time nursing;
- durable medical equipment;

- home health aides;
- part-time nursing visits;
- medical supplies;
- occupational therapy;
- personal care attendants;
- physical therapy; and
- speech therapy.

CCM staff help to manage these services when your child leaves the hospital or when the child is at home or somewhere else in the community. Call 1-800-863-6068 to get more information about the CCM program.

10. Pregnancy and family planning services

Pregnancy care

The health care you receive before becoming pregnant, while you are pregnant (before your baby is born), and after you have your baby is very important. It's the best way to

- learn what you can do to have a healthy baby even before you become pregnant;
- find out how your pregnancy is going and if there are any problems; and
- stay healthy after you have your baby.

Even if you've given birth before, it's very important for you to get this care.

Make an appointment with your PCC, obstetrician/gynecologist (OB/GYN), or nurse midwife

When you are planning to get pregnant, you should see your PCC, an obstetrician/gynecologist (OB/GYN) doctor, or a nurse midwife to talk about your health and ways to have a healthy birth. OB/GYNs and nurse midwives are trained to treat pregnant women and deliver babies.

As soon as you know you are pregnant, make an appointment with an OB/GYN doctor or a nurse midwife. Early and regular prenatal care is very important to help you have a healthy baby and a safe delivery. You should also see your OB/GYN doctor or nurse midwife as often as he or she wants to see you while you are pregnant and after your baby is born. The PCC Plan covers all these visits.

If you need help finding an OB/GYN doctor or a nurse midwife, ask your PCC to recommend one or call the MassHealth Customer Service Center.

If you are pregnant, you don't need a referral from your PCC to see an OB/GYN doctor or a nurse midwife. You do need a referral if you are not pregnant.

You should call to tell your PCC when you are pregnant. It is important to include your PCC because your PCC can provide important health information about you to your OB/GYN doctor or nurse midwife.

Pregnancy and Oral Health

Regular visits with your dentist are important while pregnant. During pregnancy, gums may become puffy and sensitive, and may even bleed when you brush your teeth. Women with cavities and poor oral health may be more likely to have small babies and to give birth earlier. There are simple ways to improve your oral health, such as brushing your teeth twice a day, flossing every day, and seeing a dentist, especially if you are pregnant. Keeping your teeth clean will help to avoid these problems. Talk to your dentist about your oral health.

Your new baby

Remember to let MassHealth know as soon as your baby is born, so your baby can be enrolled in a health plan. You should also choose a doctor for your baby. You can call the MassHealth Customer Service Center for help in selecting a MassHealth-enrolled provider that can see your baby after he or she is born.

Family planning

You can get family planning services from your PCC or from any MassHealth family planning provider. You do not need a referral.

Here are some of the family planning services you can get.

- family planning medical services;
- family planning counseling;
- birth-control advice;
- pregnancy tests;
- sterilization services;
- abortion services; and
- follow-up health care.

If you need help finding a family planning provider, ask your PCC to recommend one. You don't need a referral from your PCC to see a family planning provider.

11. Services for children

Preventive and well-child care for all children

Children who are younger than age 21 should go to their PCC for checkups even when they are well. As part of a well-child checkup, your child's PCC 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.

Behavioral health screenings can help you and your doctor or nurse to identify behavioral health concerns early.

MassHealth requires PCCs to offer to check all children under the age of 21 for behavioral health (mental health and substance use disorder) problems during each "well-child" visit. PCCs will use a short list of questions or a checklist that you or your child (if he or she is older) fills out and then talks about with the PCC. This list of questions or checklist is called a behavioral health screening tool.

You can ask which tool your child's PCC will use and for help in reading the questions. Using the tool will help the PCC better understand your child's strengths and needs. However, you can let your PCC know if you do not want your child's behavioral health to be screened.

If you are concerned with the way your child is acting or feeling, or your doctor or nurse thinks that your child needs to see a behavioral health provider, your PCC, MassHealth Customer Service, or the Massachusetts Behavioral Health Partnership (MBHP) can help you learn how to get these services.

MassHealth pays your child's PCC for these checkups. At well-child checkups, your child's PCC 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.

- at 1 to 2 weeks
- at 1 month
- at 2 months
- at 4 months
- at 6 months
- at 9 months
- at 12 months
- at 15 months
- at 18 months
- From age 2 through 20 years old, your child should see his or her PCC once a year.

Children should also visit their PCC 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 Health-Care Screening and Diagnosis (PPHSD) services for members enrolled in MassHealth Prenatal or Family Assistance

If you or your child is younger than the age of 21 and enrolled in MassHealth Prenatal or Family Assistance, the PCC Plan will pay for all medically necessary services covered under your child's coverage type. This means that when a PCC, dental provider, or any other clinician discovers a health condition, MassHealth will pay for any medically necessary treatment that is included in your or 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 members enrolled in MassHealth Standard or CommonHealth

If you or your child is younger than the age of 21 and enrolled in MassHealth Standard or CommonHealth, the PCC Plan will pay for all medically necessary services that are covered by federal Medicaid law, even if the services are not provided by the PCC Plan or MBHP. This coverage includes health care, diagnostic services, treatment, and other measures needed to correct or improve defects and physical, dental, and mental illnesses and conditions. When the child's PCC (or any other clinician) discovers a health condition, MassHealth 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 PCC can seek assistance from MassHealth or MBHP 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 or your child's MassHealth coverage type and are included on the Covered Services List. If the service is not already covered or is not on the list, the clinician or provider who will be delivering the service can ask MassHealth for prior authorization (PA). MassHealth uses this process to determine if the service is medically necessary. The PCC Plan will pay for the service if PA is given. If PA is denied, you have a right to appeal. See pages 41-51 for more information about the appeals processes. Talk to your or your child's PCC, behavioral health provider, or other specialist for help in getting these services.

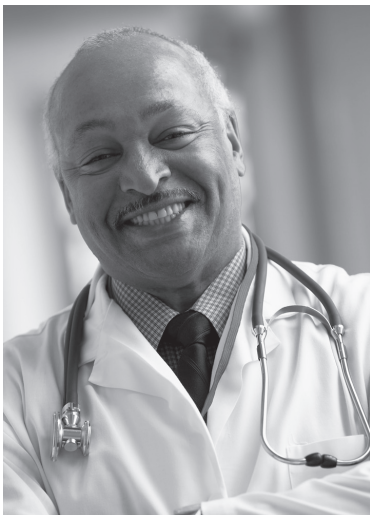
Early-intervention services for children with growth or developmental problems

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

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

All of these providers work with children under three years old, and their families, to make sure a child gets any necessary extra support. Some of the services are given at home, and some are at early-intervention centers.

Talk to your child's PCC as soon as possible if you think your child has growth or development problems, or contact your local early-intervention program directly.



12. Advance directives

Advance directives

An advance directive is a statement that you write or sign that indicates who you choose to make health care decisions for you, and which health care treatment you do or do not want if you get sick or injured and can't talk or write.

There are two kinds of advance directives: a health care proxy and a living will.

A **health care proxy** is your written permission for a family member or friend to make health care decisions for you in case you cannot make them yourself. This person is called your "agent" or "proxy."

A **living will** lets you tell what kind of care you want or do not want if you cannot make health care decisions. For example, you may not want to be kept alive using life support. Your living will helps your health care proxy make decisions for you. If you do not have a health care proxy or if your health care proxy is not available, the living will can help your providers care for you.

If you choose to sign a health care proxy or living will, you can change your mind at any time and write and sign new ones.

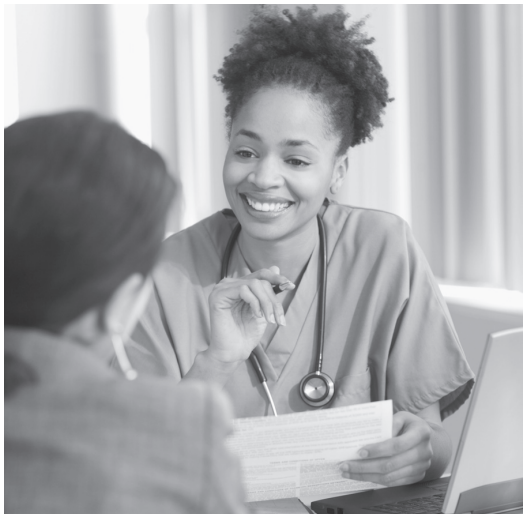
You should talk to a lawyer to learn more about advance directives. For more information, you can also call MassHealth Customer Service or MBHP.

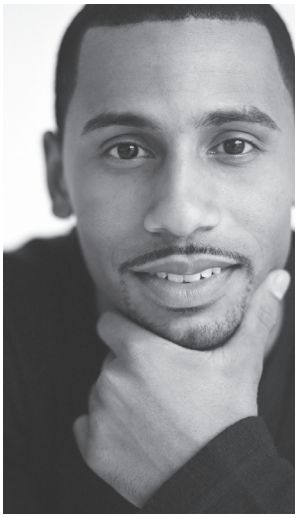
13. Member rights

As a member of the PCC Plan, you have certain rights. Your rights include the following.

- Your PCC cannot refuse to give you medically necessary treatment, but your PCC may refer you to a specialist for treatment.
- The employees of the PCC Plan and your providers must treat you with respect and dignity, and respect your right to privacy.
- The PCC Plan and your providers must keep your health information and records private. They must not give other people information about you unless you give permission or the law says they must (see page 46 for "Notice of Privacy Practices").
- Your providers must tell you in advance—in a manner you understand—about any treatments and alternatives that the providers think should be done, regardless of cost or coverage.
- Your providers must make you part of decisions about your health care. You can refuse treatment if you want to (as far as the law allows). You can also know what might happen if you refuse treatment.
- You can talk about your health care records with your providers, and get copies of all your records. You can also ask for changes to the records as the law allows.
- If you speak a language other than English, you can ask for an interpreter when you call MassHealth Customer Service.
- If you read a language other than English, you can get printed materials about the PCC Plan read aloud to you in your language by calling MassHealth Customer Service.
- If you have trouble seeing or reading, you can get MBHP materials read aloud to you by calling MassHealth Customer Service.
- You can choose your own primary-care clinician (PCC), and you can change your PCC at any time. Some members may be able to leave the PCC Plan and change to another MassHealth plan. To change your PCC or your health plan, call MassHealth Customer Service.
- You must get health care within the time frames on pages 14 and 15. If you do not get behavioral health care when you should, you can file an appeal with MBHP. If you do not get medical care when you should, you can file a grievance with MassHealth. For more information about appeals and grievances, see pages 37-45.

- You can file a grievance with MassHealth Customer Service. You can also appeal to the Board of Hearings and request a fair hearing if you disagree with certain actions or inactions by MassHealth or MBHP. See pages 37-45 for more information about appeals and grievances.
- The PCC Plan must tell you about all benefits, services, rights, and responsibilities you have under MassHealth.
- You can ask for a second opinion from another provider if you get behavioral health care from MBHP.
- You can get emergency care 24 hours a day, seven days a week. See page 19 for more information about emergencies.
- No one can physically hold you, or keep you away from other people, or do anything to force you to accept treatment.
- You can make recommendations regarding this member-rights policy.
- You can do anything on this list without worrying that PCC Plan providers will treat you differently.





14. Appeals and grievances

MassHealth expects that you will be treated well when you see a doctor or other provider. However, there may be times when you are not satisfied with the care you get from a MassHealth or MBHP provider. If so, you or your representative can file an appeal or grievance.

The appeals process for behavioral health services is a little different than the process for other health services and benefits. A behavioral health service is a mental health or substance use-disorder service provided by a mental health or substance use disorder provider in MBHP's provider network.

Naming a representative for your grievance or appeal

You can name someone to represent you at a MassHealth grievance, an MBHP grievance, an MBHP internal appeal, or an appeal to the Board of Hearings. Your representative should be someone who knows you (such as a family member or friend) and knows about your problem.

Your representative could also be someone who has the legal authority to act for you in making decisions related to health care or payment for health care. For example, a representative may be a:

- guardian;
- conservator;
- executor;
- administrator;
- holder of a power of attorney; or
- health care proxy.

This Handbook will tell you more on the following pages about how to name someone to represent you at your appeal or grievance.

What do you do if you do not speak or read English?

If you speak a language other than English, including sign language, you can ask for an interpreter when you call MassHealth Customer Service.

The grievance process

Filing a grievance about behavioral health (mental health and substance use disorder) services

You have the right to file a formal grievance if

- you were not treated with respect by MBHP staff or providers;

- your rights were not respected by MBHP staff or providers;
- you are not happy with the service you or a family member received from an MBHP provider;
- you are not happy with any other action or inaction by MBHP, except if it had to do with authorizing treatment or getting an appointment. In this case, you can file an MBHP internal appeal;
- you don't agree with MBHP's decision to extend the timelines for deciding your request for PA or for deciding an internal appeal; or
- you don't agree with MBHP's decision not to review your appeal as an expedited (fast) internal appeal.

It may be best to first talk to your provider about your concern. If you don't want to talk to your provider or don't like your provider's answer, you have the right to file a grievance with MBHP.

How to file a behavioral health grievance

Call MBHP at 1-800-495-0086. MBHP will also help you if you need an interpreter or TTY services (for people who are deaf, hard of hearing, or speech disabled).

You can also write a letter to MBHP telling them about your grievance. Send it to this address.

MBHP
Attn: Quality Management Specialist
1000 Washington Street, Suite 310
Boston, MA 02118-5002

When you file a grievance with MBHP, you can choose a representative. To choose a representative, you must give MBHP a signed and dated letter that tells MBHP the name of your representative and that this person can act for you.

MBHP will send you a letter to tell you that they received your grievance. MBHP will review your grievance and may call you or your provider to get more information.

MBHP will investigate and resolve your grievance within 30 days. MBHP will send you a letter when they decide.

Before MBHP finishes the review, you or your representative can ask for more time (an extension) of up to **14 days**. MBHP may also get a 14-day extension if it's in your best interest and they need more information. If MBHP gets more time, they will send you a letter to tell you the reason.

Filing a grievance about MassHealth services

You have the right to file a grievance to MassHealth about

- your care;
- your providers; or
- the services you receive from MassHealth.

When you file a grievance with MassHealth, you can choose a representative. To choose a representative, you must give MassHealth a signed and dated letter that tells MassHealth the name of your representative and that this person can act for you.

You may also need to fill out a Permission to Share Information form. This form will give your representative permission to speak for you during the grievance process. You can get a Permission to Share Information form by calling MassHealth Customer Service.

If possible, you should talk first to your provider about the problem. If you and your provider still do not agree, you can

- call MassHealth to ask for a grievance form. Fill out the form and send it to

  Director of Member Services
  MassHealth
  100 Hancock Street, 6th floor
  Quincy, MA 02171

or

- write a letter about your grievance, and send it here.

  Director of Member Services
  MassHealth
  100 Hancock Street, 6th floor
  Quincy, MA 02171

MassHealth will send you a letter to tell you that we received your grievance. MassHealth will review your grievance and may call you or your provider to get more information.

MassHealth will contact you within 30 days to let you know the result of your grievance review.

The MBHP internal appeals process

Filing an MBHP internal appeal for behavioral health (mental health and substance use disorder) services

You can file an internal appeal with MBHP if you don't agree with one of these actions or inactions by MBHP:

- MBHP denied your request for a service, approved less service than you asked for, or said that a service you asked for is not covered;
- MBHP reduced, suspended, or stopped a service MBHP had covered or approved for you in the past;
- MBHP did not decide your request for PA for a service within the time that we should have (see pages 13-15 for more information on PA); or
- you cannot get an appointment for behavioral health services within the time that you should be able to (see page 21 for more information on appointments).

In most cases, you will get a letter from MBHP about one of these actions. However, you may appeal even if you did not get a letter from MBHP.

How to file an MBHP internal appeal

If you get a letter from MBHP telling you about any of the actions or inactions above, you or your representative must file your appeal for treatment before you got treatment, or, if you have finished your treatment, then within 90 calendar days after you got the letter. If you did not get a letter from MBHP, you or your representative can appeal within 90 calendar days after you learned about one of the above actions or inactions.

You can file an appeal by telephone or in writing. Call MBHP, or write them a letter to this address.

Massachusetts Behavioral Health Partnership
Attn: Appeals Coordinator
1000 Washington Street, Suite 310
Boston, MA 02118-5002

MBHP will also help you if you need an interpreter or TTY services (for people who are deaf, hard of hearing, or speech disabled).

If you have an urgent behavioral health need, you can ask to have your appeal processed more quickly. This is called an **expedited appeal**.

Information you need to file an MBHP internal appeal

Please include:

- your full name;
- the name of the service that you're appealing if your appeal involves a decision by MBHP to:
  - deny your request for a service;
  - approve less service than you asked for;
  - not cover a service; or
  - reduce, suspend, or stop a service MBHP had covered or approved for you in the past;
- why you feel MBHP should change the decision; and
- if you would like to keep the service during your appeal.

If you are appealing because MBHP did not decide your request for PA for a service within the time that we should have, you will receive a letter from MBHP explaining how to appeal this decision.

If you are appealing because you could not get an appointment for behavioral health services within time frames, send a letter to MBHP including the following information:

- the type of service you were trying to get;
- the date you asked for the appointment; and
- the date of the appointment you got.

MBHP will send you a letter telling you that we got your appeal.

Continuing benefits during your MBHP internal appeal

If your internal appeal is about an MBHP decision to change a service you get now by ending it, reducing it, or stopping it, you may want to keep the service while you are appealing. If you keep the service but lose the appeal, your service may not be paid for.

If you want to keep your services during the appeal, you or your representative must send your appeal request within **10 calendar days** from the date of the letter that told you the service would change. You must also ask to keep your service while you are appealing.

After you file an MBHP internal appeal

You have the right to tell the facts and provide evidence (proof) about your appeal. You can do that on the phone or in writing. These facts and proofs will be used in the review of your appeal.

You may look at your case file, health care records, and other documents and records related to the appeal. If you would like to review these documents, call your provider or MBHP at 1-800-495-0086 (TTY: 1-877-509-6981 if you are deaf, hard of hearing, or speech disabled).

Getting a decision on your MBHP internal appeal

If you do not file an expedited (fast) internal appeal, MBHP will send you a written decision within **30 calendar days**. This could be up to **five days** longer if you, your representative, or MBHP asks for more time.

For questions about behavioral health (mental health and substance use disorder) services, call the MBHP. The call is free.

An expedited (fast) MBHP internal appeal

If you have an urgent behavioral health need and you think a 30-calendar-day review is too long, you, your representative, or your health care provider can ask MBHP for an expedited appeal (fast review).

In most cases, if your provider asks for a fast review, MBHP will approve the request. MBHP will refuse the request by your provider for a fast review only if it's not related to your health. If your provider isn't involved in the request, MBHP can decide if they should do a fast review.

If MBHP denies your request for a fast review, they will tell you in writing of this decision. MBHP will process your appeal within the 30-calendar-day time frame. You have the right to file a grievance if you don't agree with this decision (see pages 37-39 for more information).

If MBHP approves your request for a fast review, they will review your appeal within **three calendar days**. MBHP will send you a letter telling you the decision on your appeal. If you don't agree with MBHP's decision on your appeal, you can file a request for a fair hearing with the MassHealth Board of Hearings (see pages 44 and 45 for more information).

Extending MBHP internal appeal time frames

If more time is needed to resolve the appeal, you, your representative, or MBHP can ask for an extra five calendar days. If the appeal is an expedited (fast) appeal, you, your representative, or MBHP can ask for an extra 14 calendar days.

MBHP can ask for more time only if

- the extension is in your best interest;
- MBHP needs more information that may lead to approval of your request; and
- MBHP expects to receive this information within the extra time.

If MBHP asks for more time, they will send you a letter. If you don't agree, you or your representative may file a grievance (see page 38 for more information).

Approval of your MBHP internal appeal

You will get a "Notice of Appeal Resolution" that tells you that your appeal is approved. Your provider can immediately give you the service you asked for.

Denial of your MBHP internal appeal

If MBHP denies your internal appeal, they will send you a notice telling you.

If you do not agree with the decision, you can file an appeal directly with the Board of Hearings.

Dismissal of your MBHP internal appeal

MBHP may dismiss your internal appeal if

- someone else files the appeal for you and MBHP does not get your written permission for that person to serve as your representative before the time frame for resolving your appeal ends; or
- you or your representative filed the appeal more than **90 calendar days** after the letter from MBHP telling you that you had a right to appeal (or more than **90 calendar days** after you learned about MBHP's actions or inactions if you did not get a letter).

If MBHP dismisses your internal appeal, they will send you a notice telling you.

If you think that you filed an appeal within **90 calendar days** and have proof, you or your representative can disagree with MBHP's decision to dismiss your internal appeal.

You or your representative must send MBHP a letter asking for a review of this dismissal within **10 calendar days** of the notice telling you that your appeal was dismissed.

MBHP will review its decision and notify you if it will continue with your appeal.

If MBHP does not resolve your internal appeal within the required time frames

You can file your appeal with the Board of Hearings if

- MBHP does not resolve your appeal within **30 calendar days** (or within **five extra calendar days** if there is an extension); or
- MBHP does not resolve your expedited (fast) appeal within **three working days** (or within **14 extra calendar days** if there was extra time).

The Board of Hearings appeals process

You can ask for an appeal with the MassHealth Board of Hearings if you don't agree with the decision that MBHP made on your internal appeal. You can also appeal certain other actions or inactions by MassHealth about your medical and pharmacy benefits (for example, MassHealth refused to give PA for a service you think you should receive). For questions about these appeals, call the MassHealth Customer Service Center.

Appeals with the Board of Hearings are called fair hearings. You have the right to receive a fair hearing from an impartial hearing officer of the Board of Hearings.

Appeals relating to MBHP must first go through MBHP's internal appeals process. If you still don't agree with MBHP's decision, you can ask for a fair hearing.

How to file a Board of Hearings appeal

You must file your Board of Hearings appeal in writing within 30 calendar days of the decision you want to appeal. To file an appeal or to choose a representative for the purpose of your Board of Hearings appeal, you must fill out the Fair Hearing Request Form that comes with the notice about the decision.

The following Board of Hearings information is taken directly from the MBHP Appeals Process document on the MBHP website.

> *When MBHP denies your appeal, MBHP will provide you with instructions about how to request a hearing. Also, MBHP will generally send you a letter if it does not decide your appeal within the required timeframes, which will tell you about your right to appeal to the Board of Hearings and will instruct you how to request a hearing.*
>
> *MBHP will help you complete the application for a hearing. For help, call the MBHP Clinical Access line at 1-800-495-0086 (press 1 for the English menu or 2 for the Spanish menu; then press 4; then press 2).*
>
> *You cannot request a hearing at the Board of Hearings until you have gone through the MBHP internal appeal process unless MBHP did not decide your appeal during the required timeframes described above.*

An expedited (fast) fair hearing at the Board of Hearings

You can ask for an expedited (fast) fair hearing if

- you are appealing a decision to deny an acute hospital admission;
- you are appealing MBHP's decision on an expedited (fast) internal appeal; or
- you are appealing a discharge or transfer from a nursing facility.

If you want the Board of Hearings to handle your request as a fast fair hearing, you must ask for the fair hearing within **20 calendar days** from the day that you got the decision you are appealing. If you file between 21 and 30 calendar days after you got the decision, the Board of Hearings will not make the hearing faster.

Continuing benefits during your fair hearing at the Board of Hearings

If your fair hearing is about a decision to end, reduce, or stop a service that you get, you may want to keep the service during the fair hearing process. If you keep the service and lose the fair hearing, the cost of the service may not be paid for.

If you want to keep the service during the appeal, you or your representative must send your fair hearing request within **10 calendar days** from the date of the letter from MassHealth that told you the service would change. If you are appealing a decision by MBHP, you must file the appeal within **10 calendar days** from the date of the letter telling you MBHP's decision on your internal appeal. You must also ask to keep your service during the appeal process.

After you file a Board of Hearings appeal

You or your representative may read your case files to prepare for the Board of Hearings appeal process. The Board of Hearings does not have MBHP files, so you must contact MBHP to get your files if you are appealing a decision by MBHP.

At the hearing, you may represent yourself or come with an attorney or other representative at your own expense.

If you do not understand English or are hearing or sight impaired, tell the Board of Hearings. They will get an interpreter or assistive technology.

15. Notice of Privacy Practices

Notice of Privacy Practices

MassHealth has some information that explains how we may use health information about our members and give it to others. We call this our "Notice of Privacy Practices."

You can get a copy of our "Notice of Privacy Practices" by writing to the following address.

MassHealth Customer Service Center
55 Summer Street, 8th Floor
Boston, MA 02110

You can also get a copy of this notice by going to
www.mass.gov/Eeohhs2/docs/masshealth/privacy/npp-brochure.pdf.

To find out about how MBHP uses behavioral health information and shares it with others, you can call MBHP at 1-800-495-0068, or get a copy of MBHP's Notice of Privacy Practices by visiting MBHP's website at www.masspartnership.com.

Notes

A PROGRAM OF THE MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

WWW.MASS.GOV/MASSHEALTH