



| BeHealthy PartnershipSM

MEMBER HANDBOOK

Welcome to the BeHealthy Partnership plan, a collaboration between Baystate Health Care Alliance and Health New England. Please read this handbook to learn more about your benefit and plan details.

BeHealthy PartnershipSM

Baystate Health Care Alliance in Partnership with Health New England

IMPORTANT PHONE NUMBERS TO CALL FOR HELP

BeHealthy PartnershipSM Member Services:

(800) 786-9999 - TTY: 711,

Monday through Friday, 8:00 a.m. to 6:00 p.m.

Call for:

- Questions about your BeHealthy PartnershipSM Enrollment
- Reporting changes in your address or phone number, marital status, or family size (including birth of a baby)
- Information about the BeHealthy Partnership service area or network providers
- BeHealthy Partnership member ID card concerns, including wrong information, loss or theft
- Help choosing a primary care provider (PCP) or getting a copy of the BeHealthy Partnership Provider Directory
- Help finding a doctor
- Information about covered services, our pharmacy program and how your care is managed
- Filing a grievance or an appeal
- Questions about covered services managed by Health New England's subcontractors for the BeHealthy Partnership, including:
 - Massachusetts Behavioral Health Partnership (MBHP) for Behavioral Health (mental health and/or substance use services)
 - OptumRx for pharmacy services
 - Optum Health Care Solutions for covered chiropractic services

Massachusetts Behavioral Health Partnership (MBHP) Member Services:

(800) 495-0086, TTY: (617) 790-4131

24 hours a day, seven days a week

Call for:

- Questions about your behavioral health (mental health and/or substance use) coverage
- Information about behavioral health providers or help finding a behavioral health provider
- Help filing a behavioral health appeal
- Information about the Children's Behavioral Health Initiative (CBHI)

For behavioral health after-hours care, call your behavioral health provider first, if you have one.

MBHP's Clinical Department:

(800) 495-0086, TTY: (617) 790-4130

24 hours a day, seven days a week

Call to:

- Obtain a referral for a provider
- Learn about specialized care management or other behavioral health services and how to get them

MassHealth Customer Service Center:

(800) 841-2900, TTY: (800) 497-4648

Monday through Friday, 8:30 a.m. to 5:00 p.m.

Call for:

- Questions about MassHealth enrollment and to learn about all your health plan options
- A renewal form, if you do not receive an eligibility review verification form 10 to 11 months after the date you last applied for MassHealth
- Questions about how to fill out the MassHealth Eligibility Review Verification Re-determination form
- Reporting changes in your address or phone number, marital status, or family size (including birth of a baby)
- MassHealth member ID card concerns, including wrong information, loss or theft
- Requesting disenrollment from the BeHealthy Partnership
- Filing a complaint about BeHealthy Partnership

Health New England Health Information Line:

(866) 389-7613

24 hours a day, seven days a week

Call to talk to a Registered Nurse about:

- General medical information
- Making the best decision for you regarding accessing emergency or urgent care

Health Information Line is a covered benefit you receive with BeHealthy Partnership and is not meant to take the place of your PCP or health care provider.

Compliance Helpline: (800) 453-3959

Call and report any member or provider fraud. You do not need to identify yourself.

New England Organ Bank: (800) 446-6362, (800) 446-NEOB

Call for information about organ/tissue donation.

EXTRA BENEFITS AND SPECIAL PROGRAMS

Did you know?

BeHealthy PartnershipSM members get free extra benefits.

Certain restrictions may apply. Call Health New England Member Services for more information at (800) 786-9999, Monday through Friday, 8:00 a.m. to 6:00 p.m.

- **Wellness reimbursement allowance (\$50 per person, \$200 for a family of four)**
- **Free dental kit upon request**
- **Free prenatal classes from participating providers**
- **Free car seat or booster seat**
- **Free bike helmet**
- **Discount program**

Other Resources Available:

- **Free 24-hour Health Information Line**
- **Free member newsletter**

To learn more, visit behealthypartnership.org/benefits or call Health New England Member Services.



Please be sure to fill out your Care Needs Screening (CNS) form located in the back of this handbook.

SPECIAL PROGRAMS

Coordination of Care:

The BeHealthy Partnership provides resources to your primary care provider, and offers care coordination and special programs to help you manage certain complex health care needs.

Additional Care Coordination:

If you qualify, the BeHealthy Partnership provides you access to Behavioral Health (BH) and Long-Term Services and Supports (LTSS) through the Community Partners Program.

Community Support Programs:

Providers in the community offer a wide range of support services for those with behavioral health issues who need assistance with improving or maintaining their life in the community.

Transition of Care Program:

For members who qualify, the Transition of Care team will help make your move from the hospital to home easier, so you can stay safe and healthy after your hospital stay.



Baystate Health Care Alliance in Partnership with Health New England

Member Handbook

Effective 1/01/2022

Notice Informing Individuals of Nondiscrimination and Accessibility

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

Health New England:

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

If you need these services, contact Susan O'Connor, Vice President and General Counsel.

If you believe that Health New England has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Susan O'Connor, Vice President and General Counsel, One Monarch Place, Suite 1500, Springfield, MA 01104-1500, Phone: (888) 270-0189, TTY: 711, Fax: (413) 233-2685 or ComplaintsAppeals@hne.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Susan O'Connor, Vice President and General Counsel, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, (800) 368-1019, (800) 537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Services

We're here to help you. We can give you information in other formats and different languages. All translation services are free to members. If you have questions regarding this document, please call the toll-free member phone number listed on your health plan ID card, (TTY: 711), Monday through Friday, 8:00 a.m. - 6:00 p.m.

BeHealthy Partnership members, this information is about your BeHealthy Partnership benefits. If you have questions, need this document translated, need someone to read this or other printed information to you, or want to learn more about any of our benefits or services, call the toll-free member phone number listed on your health plan ID card, (TTY: 711), Monday through Friday, 8:00 a.m. – 6:00 p.m. For questions about your Behavioral Health, call MBHP at: (800) 495-0086 (TTY: (617) 790-4130) 24 hours a day, 7 days a week, or visit www.masspartnership.com.

Medicare Advantage members, Health New England Medicare Advantage is an HMO and HMO-POS Plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal. If you have any questions regarding this document, please contact the toll-free member phone number listed on your health plan ID card, (TTY: 711).

Spanish	Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 0. (TTY: 711)
Portuguese	Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0. (TTY: 711)
Chinese	您有權免費以您使用的語言獲得幫助和訊息。如需口譯員，請撥打您的保健計劃 ID 卡上列出的免費會員電話號碼，按 0。(TTY: 711)
French Creole	Ou gen dwa pou jwenn èd ak enfòmasyon nan lang natifnatal ou gratis. Pou mande yon entèprèt, rele nimewo gratis manm lan ki endike sou kat ID plan sante ou, peze 0. (TTY: 711)
Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 0. (TTY: 711).
Russian	Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты и нажмите 0. Линия (телетайп: 711)
Arabic	بحق لك الحصول على المساعدة والمعلومات بلغتك مجاناً. لطلب مترجم، اتصل برقم هاتف العضو المجاني على بطاقة تعريف خطتك الصحية، ثم اضغط على 0. (TTY: 711)
Mon-Khmer, Cambodian	អ្នកមានសិទ្ធិទទួលបានជំនួយ និងព័ត៌មាន ជាភាសារបស់អ្នក ដោយមិនអ្វីថ្លៃ។ ដើម្បីសុំមនុស្សនាំសំឡេងមកបកប្រែ សូមទូរស័ព្ទទៅអនុវត្តកម្មវិធីសុខភាពសមាជិក ឬ សមាជិកកម្មវិធីសុខភាព ID កម្មវិធីសុខភាពរបស់អ្នក រួចមេ 10 01 (TTY: 711)
French	Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé et appuyez sur la touche 0. (ATS: 711).
Italian	Hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per richiedere un interprete, chiama il numero telefonico verde indicato sulla tua tessera identificativa del piano sanitario e premi lo 0. Dispositivi per non udenti (TTY: 711).
Korean	귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사들 요청하기 위해서는 귀하의 플랜 ID카드에 기재된 무료 회원 전화번호로 전화하여 0번을 누르십시오. TTY 711
Greek	Έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να ζητήσετε διερμηνεία, καλέστε το δωρεάν αριθμό τηλεφώνου που βρίσκεται στην κάρτα μέλους ασφάλισης, πατήστε 0. (TTY: 711).
Polish	Masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Po usługi tłumacza zadzwoń pod bezpłatny numer umieszczony na karcie identyfikacyjnej planu medycznego i wcisnij 0. (TTY: 711).
Hindi	आप के पास अपनी भाषा में सहायता एवं जानकारी नि:शुल्क प्राप्त करने का अधिकार है। दुभाषिण के लिए अनुरोध करने के लिए, अपने हेल्थ प्लान ID कार्ड पर सूचीबद्ध टोल-फ्री नंबर पर फोन करें, 0 दबाएं। TTY 711
Gujarati	તમારી ભાષામાં વિના મૂલ્યે મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયાની વિનંતી કરવા માટે તમારા હેલ્થ પ્લાન ID કાર્ડ પર જણાવેલા ટોલ-ફ્રી નંબર પર કોલ કરો અને 0 દબાવો. (TTY: 711).
Lao	ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອ ແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານ ບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຂໍ ຮ້ອງນາຍພາສາ, ໂທພີອີຕາທມາຍເວກໂທລະສັບສາວັບສະມາຊິກທີ່ໄດ້ລະບຸໄວ້ໃນບັດສະມາຊິກຂອງທ່ານ, ກົດເວກ 0. (TTY: 711).
Albanian	Ju keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të kërkuar një përkthyes, telefononi në numrin që gjendet në kartën e planit tuaj shëndetësor, shtypni 0. (TTY: 711).
Tagalog	May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tawagan ang toll-free na numero ng telepono na nakalagay sa iyong ID card ng planong pangkalusugan, pindutin ang 0. (TTY: 711).

Welcome to the BeHealthy Partnership

The BeHealthy Partnership is a MassHealth accountable care partnership plan option. The BeHealthy Partnership is made up of the Baystate Health Care Alliance, which is an accountable care organization (ACO), and Health New England (HNE), which is the managed care organization (MCO) for the plan. An ACO is a group of PCPs and other providers, who are in charge of providing quality care and helping you meet your health care needs. Your PCP and his or her care team works with you and the ACO's network of providers to connect you with services and support at the right time and in the right place.

The BeHealthy Partnership includes primary care providers (PCPs) who are based at five nearby health centers located in Springfield, Massachusetts:

- Brightwood Health Center
- Caring Health Center
- High Street Adult Health Center
- High Street Pediatric Health Center
- Mason Square Health Center

As a member, you will still see your PCP at one of these health centers. Your PCP and the care team at your health center will arrange your care when and where you need it. They will help direct your care so you can:

- Stay healthy and out of the hospital
- Avoid emergency room visits, when not needed
- Manage chronic illnesses better
- Access mental health care and social services easily

You will be able to use quality local services offered by Baystate Health and have access to nurse care managers, care coordinators, and community health workers and resources. Through the BeHealthy Partnership plan, you will get the support of caring health care providers who live and work in your community.

This Member Handbook contains important information about your Covered Services and benefits as well as the things we will do for you, and things we need you to do as Member of BeHealthy Partnership.

For the purposes of this Member Handbook, the word "you" or "your" means "Members of the BeHealthy Partnership, Baystate Health Care Alliance in Partnership with HNE" and BeHealthy Partnership often calls itself "we" or "us."

Words with Special Meaning

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

Your BeHealthy Partnership Covered Services and Benefits

At the end of this document is a complete list of Covered Services which will help you know your BeHealthy Partnership benefits and services. This includes medical, social and Behavioral Health (mental health and/or substance use disorder).

As a member, you have access to the Massachusetts Behavioral Health Partnership (MBHP). This provides all Behavioral Health services to you and the members of your family. Page 15 of this Member Handbook tells you all about your MBHP services.

Contact Us

If you need help understanding your Member Handbook, contact Member Services. Their phone number can be found on page 5.

Translation and Other Formats

This Member Handbook and Provider Directory are offered in both English and Spanish. Call HNE Member Services to request, free of charge, the BeHealthy Partnership Member Handbook in other formats, such as Braille, large type size, and American Sign Language video clips. In addition, a HNE Member Services representative can explain written materials in other languages over the phone to you free of charge.

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

Please note that you can learn about all of MassHealth's health plan options, including the BeHealthy Partnership, by calling the MassHealth Customer Service Center. Contact information can be found on page 5 on this Member handbook.

IMPORTANT PHONE NUMBERS AND RESOURCES

Our Member Service representatives want you to get the most from your BeHealthy Partnership membership. Call the HNE Member Services Department if you:

- Have any questions about your BeHealthy Partnership Covered Services and benefits
- Need help picking a new PCP
- Receive a bill for Covered Services
- Lose your BeHealthy Partnership Member ID Card
- Want to file a Grievance or Appeal
- Move
- Get a new telephone number

In addition, please be sure to let MassHealth know if you:

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

BeHealthy Partnership Member Services Contact Information

CALL (413)788-0123 or Toll-Free (800) 786-9999
Calls to this number are free. Monday – Friday 8 a.m. to 6 p.m. Member Services also has free language interpreter services available for non-English speakers.

TTY 711
This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Calls to this number are free.

WEBSITE
<http://behealthypartnership.org/>

MassHealth Customer Service Center Contact Information

CALL (800) 841-2900
Calls to this number are free. Self-service available 24/7 in English and Spanish. Other services available. Monday – Friday 8 a.m. to 5 p.m.; Interpreter service available

TTY (800) 497-4648
This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Calls to this number are free.

WEBSITE <http://mass.gov>

Massachusetts Behavioral Partnership (MBHP) Member Engagement Center

CALL (800) 495-0086
Calls to this number are free.
24hrs a day, 7 days a week

TTY (877) 509-6981
This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Calls to this number are free.

WEBSITE <http://masspartnership.com>

Table of Contents

Welcome to the BeHealthy Partnership.....	3
Words with Special Meaning.....	3
Your BeHealthy Partnership Covered Services and Benefits.....	3
Contact Us	4
Translation and Other Formats	4
Important Phone Numbers and Resources	5
WHERE TO GET SERVICES	9
The BeHealthy Partnership’s Service Area	9
The BeHealthy Partnership Health Centers.....	9
Emergency & Urgent Care	9
How Do I Get Care When I Travel Outside the BeHealthy Partnership Service Area?	10
Teladoc®	11
YOUR HEALTH CARE PROVIDERS	12
The <i>Provider Directory</i>	12
Primary Care Providers (PCPs) and Why They Are Important.....	12
Behavioral Health Care for BeHealthy Partnership Members	14
Second Opinion	16
Non-Emergency Hospital Care.....	16
Family Planning Services	16
Standards of Care	17
MEMBER ENROLLMENT, DISENROLLMENT AND ID CARDS	18
Online Member Portal.....	18
Disenrollment	18
Voluntary Disenrollment	18
Member Disenrollment Due to Loss of Eligibility.....	19
Member Disenrollment for Cause	19
How to Keep Your MassHealth Coverage.....	19
Member ID Cards.....	19
Your MassHealth ID Card.....	20
THE BEHEALTHY PARTNERSHIP BENEFITS	21
General Coverage Requirements	21
How to Access Benefits Not Covered by the BeHealthy Partnership that are Available Directly through MassHealth.....	23
Excluded Services	23
Preventive Health Care for Children.....	23
Children’s Behavioral Health Initiative (CBHI).....	25
Dental Care for Children.....	25
Early Intervention Services for Children with Growth or Development Issues.....	26
Preventive Care for Adults	26
Maternity Care	27
YOUR PHARMACY BENEFIT	28
Filling Prescriptions.....	28
Over-the-Counter Drugs	28

Safe and Appropriate Use of Prescription Drugs.....	28
Quantity Limit.....	28
Mandatory Generic Policy	28
Step Therapy.....	29
Specialty Pharmacy Program.....	29
New-to-Market Medication Program.....	29
Excluded Services	29
CARE MANAGEMENT	31
<i>Wellness Program</i>	31
<i>Intensive Clinical Management (ICM)</i>	32
<i>Specialized Behavioral Health Care Management Services for Members</i>	32
PRIOR AUTHORIZATIONS	33
PROGRAMS TO MAINTAIN QUALITY AND APPROPRIATE SERVICES	35
Utilization Management.....	35
Quality Assurance Program	35
CONCERNS, INQUIRIES, GRIEVANCES AND APPEALS	36
<i>Concerns</i>	36
Inquiries.....	36
Grievance’s	36
Appeals	37
When You Have Other Coverage	44
<i>Coordination of Benefits</i>	44
<i>Subrogation</i>	45
Motor vehicle accidents and/or work-related injury/illness.....	46
Glossary	47
ACO COVERED SERVICES	54
LEGAL NOTICES AND FORMS.....	55
Advance Directives: Planning for Future Health Care	56
Notice of Privacy Practices	57
<i>How does HNE use or share your health information?</i>	57
How does HNE use and disclose my protected health information?	58
Will HNE give my PHI to my family or friends?	60
Will HNE disclose my personal health information to anyone outside of HNE?	60
Will HNE disclose my personal health information to my employer?	61
When does HNE need my written authorization to use or disclose my personal health information?	61
Who should I contact if I have a question about this notice or a complaint about how HNE is using my personal health information?	62
Authorization of Personal Representative Form Instructions.....	63
Care Needs Screening Form	67
Children’s Care Needs Screening (Adult).....	8
Children’s Care Needs Screening.....	10
Member Rights and Responsibilities	12

Your Rights as a BeHealthy Partnership Member	12
Your Responsibilities as a BeHealthy Partnership Member	13
Your Confidentiality	13

WHERE TO GET SERVICES

The BeHealthy Partnership's Service Area

Our Service Area includes Northampton, Holyoke, Springfield and Westfield. We work with doctors, hospitals and other Providers within this Service Area to offer health care services. For more information, call our Member Services Department at the number listed on page 5

Some services you may receive outside of the Service Area without Prior Authorization. These services include Emergency Care, Family Planning or a service not available from your Provider. You can contact HNE Member Services at the phone number listed on page 5 for more information.

The BeHealthy Partnership Health Centers

The BeHealthy Partnership is a MassHealth Accountable Care Organization (ACO) plan option. The partnership between the Baystate Health Care Alliance and HNE. The BeHealthy Partnership It is made up of five participating health centers located in Springfield, Massachusetts:

- Brightwood Healthy
- Caring Health Center
- High Street Adult Health Center
- High Street Pediatric Health Center
- Mason Square Health Center

Emergency & Urgent Care

Medical Emergency

A Medical Emergency is a condition that may put your health in serious danger if you do not receive immediate medical care. Examples of these types of medical emergencies are:

- Broken Bones
- Chest pain
- Convulsions
- Deep cuts
- Loss of consciousness
- Poisoning
- Trouble breathing
- Severe bleeding

Behavioral Health Emergency

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

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

You are Covered for Medical and Behavioral Health Emergencies

Emergency Care is a Covered Service under the BeHealthy Partnership. This includes ambulance transportation and Post-Stabilization Care services that are related to an Emergency. Call 911 or your local Emergency number whenever you have an Emergency health condition that you believe will put your health in serious danger if you do not receive immediate attention. For Behavioral Health Emergencies, you may also call your

local Behavioral Health ESP Provider.

For a list of hospital Emergency rooms and Behavioral Health ESP Providers in all areas of the state, look at your Provider Directory or go to www.behealthypartnership.org and click on “Find a Provider” in the top right hand corner.

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

You should call your PCP within 48 hours of receiving Emergency Services.

For Behavioral Health emergencies, call your Behavioral Health Provider within 48 hours of receiving Emergency Services. Unless it’s an Emergency, anytime you need health care, call your PCP first. For Behavioral Health care, you also can call your Behavioral Health Provider. Don’t go to the Emergency room unless it is really an Emergency. Your PCP will work with you to meet your health care needs when you are healthy and when you are sick. If you need care from any other Provider, hospital or clinic, your PCP will coordinate the right services for you. Remember, you can call your PCP’s office 24 hours a day, 7 days a week. If your PCP is not available, somebody else will be able to help you.

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

Urgent Care

An Urgent Care situation is when you experience a health problem that needs attention right away, but you do not believe you are having an Emergency. You may experience a health problem that is serious but does not put your life in danger or risk permanent damage to your health. For an Urgent Care visit, call your PCP or Behavioral Health Provider. You can contact your PCP or Behavioral Health Provider 24 hours a day, 7 days a week. For Behavioral Health problems, you may call MBHP’s clinical department 24 hours a day, 7 days a week. If your condition worsens before you are seen by your PCP or Behavioral Health Provider, you can go to the nearest hospital Emergency room. For Behavioral Health Emergencies, you can also call your local ESP Provider.

For a list of hospital Emergency rooms and Behavioral Health ESP Providers in all areas of the state, look at your Provider Directory or go to www.behealthypartnership.org and click on “Find a Provider” in the top right hand corner.

How Do I Get Care When I Travel Outside the BeHealthy Partnership Service Area?

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

If you need Emergency Care or Urgent Care while you are outside the Service Area, go to the nearest doctor

or hospital Emergency room. You do not have to call your PCP or Behavioral Health Provider before seeking Emergency or Urgent Care while outside the Service Area. You or a family member should call your PCP, or your Behavioral Health Provider, within 48 hours of receiving care outside of the Service Area.

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

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

A Provider may ask you to pay for care that you receive when you are outside of the Service Area. If you pay for Emergency Care, Post-Stabilization Care, or Urgent Care you received while outside of the Service Area, you may submit a bill or Claim to the BeHealthy Partnership.

Be sure to include the following information:

- Member's full name
- Member's date of birth
- Member's BeHealthy Partnership Member ID Card number
- Date the health care service was provided
- A brief description of the illness or injury
- A copy of the bill from the Provider
- Proof of payment (such as a receipt)

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

Teladoc®

This Benefit allows you to talk to U.S. board- certified doctors over the phone or online video, 24 hours a day, 7 days a week. This does not replace your main doctor. It is an easy, free option to help treat health issues that are not an Emergency, like flu, allergies, ear infections and more. To talk to a doctor, call (800) 835-2362 or visit [Teladoc.com](https://www.teladoc.com).

YOUR HEALTH CARE PROVIDERS

The Provider Directory

The *Provider Directory* includes a listing of PCPs and important information about them, such as:

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

Members can also find additional resources by searching the following:

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

To find out more about a doctor licensed in Massachusetts, you can call Physicians Profiles at (781) 876-8230. Toll free in Massachusetts only call (800) 377-0550. You can also visit massmedboard.org. Physicians Profiles is a service of the Board of Registration in Medicine. It provides information on residency, education, languages spoken, etc.

To find the most up-to-date listing of BeHealthy Partnership Providers, go to www.behealthypartnership.org and click on “Find a Provider” in the top right hand corner. To request a copy of the Provider Directory, call the HNE Member Services department.

Primary Care Providers (PCPs) and Why They Are Important

All BeHealthy Partnership Members have a Primary Care Provider (PCP) that is in the network of health professionals. A PCP may be a doctor of internal medicine, family practice, general practice, pediatrics, OB/GYN. Your PCP provides and arranges most of your health care such as ongoing care, guidance on preventing illness, helping to diagnose disease and getting you to the right specialist if needed. Your PCP is the first person you should call when you need health care except in an Emergency.

Each family member covered by the BeHealthy Partnership may have a different PCP.

To find a provider, visit our online Provider Directory at www.behealthypartnership.org/find-a-provider and click on “Find a Provider” in the top right hand corner. If you would like a printed copy of the Provider Directory, call the HNE Member Services department.

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

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

PCP changes take effect right away. You may change to any participating BeHealthy Partnership PCP who is taking new patients. The Provider Directory shows which PCPs are not taking new patients. You also can find this information online at www.behealthypartnership.org. Once you are on the site, click on “Find a Provider” in the top right hand corner. You may also call HNE Member Services on page 5

Once you choose a new PCP, call his or her office and make an appointment. This allows your PCP to begin taking care of your health care needs before you get sick. You can visit our online Provider Directory at www.behealthypartnership.org by clicking on “Find a Provider” in the top right hand corner.

Before your first appointment, ask your previous doctor(s) to send your medical records to your new PCP. This helps him or her know about your medical history. When you go to your appointment, show both your BeHealthy Partnership and MassHealth Member ID Cards. After this first appointment, call your PCP’s office whenever you need health care. Your PCP’s office is available 24 hours a day, 7 days a week. Someone will be able to help you. Your PCP is also there to help you get care from Specialists or other doctors.

What happens if my PCP is no longer available?

If your PCP decides to leave the BeHealthy Partnership Provider Network, you will be notified in writing. We will try to change your PCP at the same site. If you want a different PCP than the one chosen for you, call the HNE Member Services Department.

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

When to Call Your PCP

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

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

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

If you think you (or another BeHealthy Partnership Member in your family) have a health Emergency and need immediate attention:

- Call 911
- Call your local Emergency phone number
- Go to the nearest hospital Emergency room

For Behavioral Health Emergencies, you may also call your local Behavioral Health Emergency Services Program (ESP) Provider. A more detailed description of Emergency care and what to do in an Emergency is available later in this section.

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

What if I need care after hours?

Health problems may occur at any time, the BeHealthy Partnership requires our PCPs to be available to Members by phone 24 hours a day, 7 days a week. If you have an Urgent Care problem, call your PCP’s

office. If you reach an answering service let them know:

- You are a Member of the BeHealthy Partnership.
- Give your name and phone number.
- Describe your symptoms.
- Ask for the doctor or nurse to call you back to talk about your problem and help you decide what to do next.

For Behavioral Health after-hours care, call your Behavioral Health Provider first. You also may call MBHP's Member Services department, 24 hours a day, 7 days a week at the number listed on page 5

What if I can't make it to a scheduled appointment?

Your relationship with your PCP is important for your health. When you miss an appointment, you miss a chance to work with your PCP and your health care team to manage your care. Try to keep all of your appointments.

If you have to miss an appointment, call and cancel. When you miss an appointment and don't call, it can slow your health care provider's office down, may affect scheduling and delay your progress of care. Your PCP's office may also have rules about missed appointments. Patients who miss more than one appointment without calling maybe discharged after so many missed appointments. Check with your PCP's office to find out more. Sometimes, you just can't make it to an appointment. That's understandable. Just make sure to call your PCP's office so they can help you reschedule. Your health care is important!

Health New England's Health Information Line

HNE provides a free Health Information Line to answer questions about your condition or other health care concerns. We provide 24-hour access by phone or email to a licensed nurse or clinician.

Call the Nurse Line

The Nurse Line is available 24-hour a day, 7 days a week at (866-389-7613). Interpretation services are also available for your call.

Behavioral Health Care for BeHealthy Partnership Members

Mental Health Parity:

Federal and state laws require that all Accountable Care Organizations (ACOs), including the BeHealthy Partnership, provide Behavioral Health services to MassHealth Members in the same way they provide physical health services. This is what is referred to as "parity". In general, this means that:

1. The BeHealthy Partnership must provide the same level of benefits for any mental health and substance use disorder problems you may have as for other physical problems you may have.
2. The BeHealthy Partnership must have similar Prior Authorization requirements and treatment limitations for mental health and substance use disorder services as it does for physical health services.
3. The BeHealthy Partnership must provide you or your Provider with the medical necessity criteria used by HNE for Prior Authorization upon your or your Provider's request.
4. The BeHealthy Partnership must also provide you within a reasonable time frame the reason for any denial of Authorization for mental or substance use disorder services.

If you think that the BeHealthy Partnership is not providing parity as explained above, you have the right to file a Grievance with HNE, Massachusetts Behavioral Health Partnership (MBHP), or MassHealth. For more information about Grievances and how to file them, please see the section titled

“Concerns, Inquiries, Grievances and Appeals” of your Member Handbook.

You may also file a Grievance directly with MassHealth. You can do this by calling the MassHealth Customer Service Center at (800) 841-2900 (TTY: (800) 497-4648) Monday – Friday 8:00 a.m. to 5:00 p.m.

Massachusetts Behavioral Health Partnership (MBHP), is a Behavioral Health partner to the BeHealthy Partnership. It provides all Behavioral Health services to Members. MBHP manages the mental health and substance use disorder services for Members of the plan. MBHP works with BeHealthy Partnership Members, their families, advocates, providers, and other stakeholders. MBHP has created a community-based system of care that combines mental health and primary care. This section of your Member Handbook, along with the Covered Services list, will help you understand the Behavioral Health Covered Services and benefits you get as a BeHealthy Partnership Member.

If you need help with your Behavioral Health benefits, call MBHP at any time at the toll free number listed on page 5. You can also call and talk to a HNE Member Services representative.

MBHP and the BeHealthy Partnership representatives are available if you:

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

MBHP has Behavioral Health Providers throughout the BeHealthy Partnership Service Area, which includes Northampton, Holyoke, Springfield and Westfield. You do not need a Referral from your Primary Care Provider to see an MBHP Behavioral Health Provider.

Call HNE Member Services at the number listed on page 5. of this Member Handbook to request a BeHealthy Partnership Provider Directory. The BeHealthy Partnership Provider Directory includes a list of the BeHealthy Partnership Behavioral Health Providers, and a statewide listing of Emergency Screening Providers (ESP) who are there to help during a crisis. You also may visit the BeHealthy Partnership website at www.behealthypartnership.org and click on “Find a Provider” in the top right hand corner. To choose a new Behavioral Health Provider or to change to a different one, call MBHP and they will help you find another Provider.

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

We will tell you in writing when your Behavioral Health Provider decides to leave the BeHealthy Partnership Provider Network. To select a new Behavioral Health Provider, call the MBHP Member Services Department on page 5. To stay with your provider, please visit Mass.gov/service-details/fixed-enrollment-period. You will learn more about fix enrollment and requesting an exception to follow your PCP.

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

What if I Need Care After Hours?

For Behavioral Health after-hours care, call your Behavioral Health Provider first. You also may call MBHP’s Member Services department 24 hours a day, 7 days a week at the MBHP phone number listed on page 5.

Specialty Care

You can receive care from any BeHealthy Partnership Network Specialist without a Referral; however, your PCP is the best person to help you find a Specialist in our network and coordinate your health care. Examples

of Specialists are:

- Cardiologist (heart doctor)
- Audiologist (hearing doctor)
- Allergist (allergy doctor)
- Neurologist (brain/nervous system doctor)

Some Specialists will require information about your health and needs from your PCP before they will see you. The Specialist will send a full report to your PCP. Behavioral Health Specialists will send this report only with your written permission. This report will help your PCP decide about any further care you may need.

Out-of-Network Specialty Care

You may visit most Out-of-Network Specialists only if the BeHealthy Partnership approves it in advance. Services provided by Out-of-Network Specialists require Prior Authorization.

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

Second Opinion

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

Non-Emergency Hospital Care

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

Family Planning Services

Family Planning Services include:

- Birth control methods
- Exams
- Counseling
- Pregnancy testing
- Some lab tests

Your PCP can help you find to Family Planning Services. To find a Family Planning Services Provider, you may go to www.behealthypartnership.org. Click on "Find a Provider" in the top right hand corner. You may also call our Member Services department for help. You can also ask for a printed copy of the BeHealthy Partnership Provider Directory with our Member Services department.

You do not need an Authorization to go to a BeHealthy Partnership or MassHealth Family Planning Services Provider.

Standards of Care

Health Care Access Standards

You should be able to get health care when you need it in a timely way. Our Providers are told how quickly they are required to give you services, depending on how sick you are. These rules for how quickly a Provider is supposed to see you are called “access standards.”

You have the right to file an Appeal (See “Concerns, Inquiries, Grievances and Concerns” for information on how to file an Appeal) if you have to wait longer than the following access standards for each type of service.

Type of Service	You Can Get...
Medical Care	
<i>Emergency Services</i>	<ul style="list-style-type: none"> • Immediately, twenty-four (24) hours a day, seven days a week, when you go to an Emergency room or other health care Provider of Emergency services. You are also covered for ambulance transportation and Post-Stabilization Care services that are related to an Emergency.
<i>Urgent Care</i>	<ul style="list-style-type: none"> • Within forty-eight (48) hours of your request
<i>Primary Care</i>	<ul style="list-style-type: none"> • Non-urgent, symptomatic care must be available within ten calendar days of your request. • Routine, non-symptomatic care must be available within forty-five (45) calendar days of your request.
<i>Specialty Medical Care</i>	<ul style="list-style-type: none"> • Non-urgent, symptomatic care within 30 days of your asking for an appointment. • Routine, non-symptomatic care – within sixty (60) calendar days of your asking for an appointment
Behavioral Health	
<i>Emergency Services</i>	<ul style="list-style-type: none"> • Immediately, twenty-four (24) hours a day, seven days a week, when you go to an Emergency room, ESP Provider or other health care Provider of Emergency services. You are also covered for ambulance transportation and Post-Stabilization Care services that are related to an Emergency.
<i>Urgent Care</i>	<ul style="list-style-type: none"> • Within forty-eight (48) hours of your request
<i>Non-urgent, symptomatic and non-symptomatic</i>	<ul style="list-style-type: none"> • Within ten business days of your request
<i>Upon discharge, members who are in an Inpatient or 24-hour Diversionary Services setting</i>	<ul style="list-style-type: none"> • Non-24-hour diversionary services within two (2) calendar days • Medication management within 14 calendar days • Other outpatient services within seven calendar days • Intensive Care Coordination (ICC) services within 24 hours of referral, including self-referral offering a face-to-face interview with family.
Children in the Care or Custody of the Department of Child and Family Services (DCF)	
<i>Children in the Care or Custody of DCF</i>	<ul style="list-style-type: none"> • A health care screening within seven calendar days after you or the DCF worker asks for it. • A full medical exam within 30 calendar days after you or the DCF worker asks for it (unless a shorter time is required by Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services schedule.

MEMBER ENROLLMENT, DISENROLLMENT AND ID CARDS

Enrollment with the BeHealthy Partnership begins when we receive notification of your Enrollment from MassHealth. We will mail a Member ID Card to you within fifteen (15) business days of your Enrollment into the BeHealthy Partnership. Your Member ID Card is valid and the BeHealthy Partnership is responsible for providing you all of your Covered Services as of the Effective Date of your Enrollment. Covered Services are listed at the end. If you do not receive your card, please call HNE Member Services listed on page 5.

When you enroll in the BeHealthy Partnership, you are accepted regardless:

- Of your physical or mental condition
- Age
- Gender
- Sexual orientation
- Religion
- Physical or mental disability
- Ethnicity or race
- Previous status as a Member
- Pre-existing conditions
- Expected health status

Online Member Portal

You have access to our online Member Portal at www.behealthypartnership.org. Here you can view all of your health care claims and benefits in one place.

All you have to do is go to my.HealthNewEngland.org and register. You will have access to:

- View recently processed medical and pharmacy claims
- Change your PCP selection by finding who is accepting new patients
- Reference benefits included in your health plan
- Get quick access to Teladoc, your telehealth benefit

Disenrollment

MassHealth now enrolls during a Plan Selection Period. When the Plan Selection period ends, a Fixed Enrollment period begins. This means you will not be able to change to a new health plan until the next Plan Selection Period, except for certain reasons. To learn more about these exceptions, please visit www.mass.gov/service-details/fixed-enrollment-period or call the MassHealth Customer Service Center listed on page 5.

Voluntary Disenrollment

To disenroll from the BeHealthy Partnership plan, MassHealth will send the request to BeHealthy Partnership. Once we receive the request, your membership will end one (1) business day after the request from MassHealth is received. After the disenrollment, the BeHealthy Partnership will continue to provide coverage for:

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

Member Disenrollment Due to Loss of Eligibility

If you lose Eligibility for MassHealth coverage, MassHealth will disenroll you from the BeHealthy Partnership. As of the date of your MassHealth Disenrollment, you will no longer qualify for coverage. If MassHealth decides you qualify for MassHealth again, you may be re-enrolled in the BeHealthy Partnership without having to do anything.

Member Disenrollment for Cause

There may be cases where the BeHealthy Partnership may submit a request in writing to MassHealth to disenroll a Member. For example, if a Member treats staff in an unfriendly or threatening manner. The BeHealthy Partnership will not request to disenroll a Member due to:

- An adverse change in a Member's health status
- Member's utilization of medical services
- Reduced mental capacity
- Difficult or disruptive behavior resulting from his or her special needs

MassHealth will decide whether to allow the BeHealthy Partnership's request to disenroll the member. If you are disenrolled from, MassHealth will notify you in writing that you have been disenrolled. Then, you will be contacted by MassHealth to choose another health plan.

How to Keep Your MassHealth Coverage

Make sure to renew your MassHealth coverage every year on time. This will help to make sure you are not disenrolled from MassHealth or the BeHealthy Partnership. MassHealth will mail you an Eligibility Review verification form. This form will arrive 10 to 11 months from the date you last applied for MassHealth. If you do not receive a form or have questions about how to fill out the MassHealth re-determination form call MassHealth's Customer Service Center listed on page 5. Complete the form and return it to MassHealth immediately. If you do not complete the form and return it on time, you will lose your MassHealth and the BeHealthy Partnership coverage.

Member ID Cards

MassHealth members in the BeHealthy Partnership plan will have two insurance cards. One is your MassHealth card and the other is from the BeHealthy Partnership. There are some services that are covered by the BeHealthy Partnership and others that are covered by MassHealth. However, all services are coordinated by the BeHealthy Partnership.

You must present your BeHealthy Partnership Member ID Card to receive Covered Services from a Provider. You and each of your family members enrolled in the BeHealthy Partnership will receive a BeHealthy Partnership Member ID Card. Each Member ID Card has important information about you and your benefits. It also tells Providers and pharmacists that you are a Member of the BeHealthy Partnership. Always carry your BeHealthy Partnership Member ID Card and your MassHealth ID.

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

If you do not receive your BeHealthy Partnership Member ID Card(s), call the HNE Member Services Department. They will confirm that we have your correct address.

A sample BeHealthy Partnership Member ID Card looks like this:



Your ID Card does not guarantee you will receive Covered Services. To receive Covered Services, you must have MassHealth and be a Member of the BeHealthy Partnership at the time you receive the service. If you allow others to use your Member ID Card to get services to which they are not allowed, that is Fraud. See “Legal Notices and Forms” for more information on Fraud.

Your MassHealth ID Card

As a Member of the BeHealthy Partnership, you will also have a MassHealth ID Card. For the most complete coverage, be sure to carry both cards with you at all times. Show both your BeHealthy Partnership Member ID Card and MassHealth ID Card whenever you get health care or fill a prescription.

For information about your MassHealth ID Card, call the MassHealth Customer Service Center located on page 5



THE BEHEALTHY PARTNERSHIP BENEFITS

General Coverage Requirements

- You must be eligible for MassHealth. You must be enrolled in the BeHealthy Partnership to receive BeHealthy Partnership Covered Services.
- All services must be BeHealthy Partnership “Covered Services.” The list at the end of this Member Handbook.
- Most health care services and medical supplies must be provided by or arranged by the Member’s BeHealthy Partnership PCP or Specialist. A limited number of services may be provided by MassHealth Providers who are not BeHealthy Partnership Providers. These services are described in the Covered Services list.
- Some Covered Services require Prior Authorization. See “*Prior Authorizations*” for more information on how to get Prior Authorization for Covered Services or medical supplies.
- All services must be Medically Necessary.

Continuity of Care

Continuity of Care means having coverage for services during times of transition. An example, your current Provider is caring for you but is not part of the BeHealthy Partnership’s Provider Network. As you transition as a new Member, we may be able to provide coverage for some services.

For example:

- **If you are pregnant, you may remain under the** care of your current OB/GYN (even if Out-of-Network) through delivery and follow-up check-up within the first six weeks of delivery.
- You also may keep the Provider for a limited period, if you are receiving ongoing covered treatment or management of chronic issues, including previously authorized services for Covered Services.

Since Authorization is required to see a provider outside of the BeHealthy Partnership network, you may ask your Primary Care Provider to arrange this or call the HNE Member Services at the number listed on page 5.

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

- The Provider is your PCP; Coverage will be provided for up to 30 days.
- The Provider, including a PCP, is providing you with active treatment for a chronic or acute medical condition.
- Coverage will be provided for up to 90 days or until that active treatment is completed, whichever comes first.
- If you are pregnant, you may remain under the care of your current OB/GYN (even if Out- of-Network) through delivery and follow-up within the first six weeks of delivery.
- You have a terminal illness. Coverage will apply to services rendered until death.

The BeHealthy Partnership also covers Providers that are not part of its Provider Network for the following reasons:

- A participating In-Network Provider is unavailable because of distance and travel.
- To minimize disruption of care when delays in accessing a participating In-Network Provider, other than those attributed to the Member, would result in interrupted access to Medically Necessary Services.
- In the absence of a participating In-Network Provider with the qualifications and expertise matching with the health care needs of the Member.

- In the case of a terminal illness where coverage applies to services rendered until the death.

To continue care in all the above situations, the Provider must:

- Adhere to the quality standards of the BeHealthy Partnership
- Provide the BeHealthy Partnership with necessary medical information related to the care provided
- Follow the BeHealthy Partnership's policies and procedures, including those about authorizations
- Provide services according to a treatment plan, if any, approved by the BeHealthy Partnership.

In the case of a disenrolled Provider, that Provider must:

- Agree to accept payment from the BeHealthy Partnership (at the rates applied prior to notice of Disenrollment) as payment in full:
- Not ask that you or the BeHealthy Partnership pay for any services you or the BeHealthy Partnership would not have had to pay for *before* the Provider was disenrolled

Failure of a Provider to agree to these conditions may result in a denial of coverage for the provided service. If you have any questions regarding this matter, please call HNE Member Services. The number listed on page 5.

When Coverage Begins While You Are in the Hospital

Your BeHealthy Partnership coverage may begin while you are in the hospital. The BeHealthy Partnership covers your hospital care from the Effective Date of Enrollment.

If you were a MassHealth Member before you joined the BeHealthy Partnership, you are not responsible for paying for any hospital days prior to joining the BeHealthy Partnership.

Care Needs Screening (CNS)

Soon after the BeHealthy Partnership receives notice of your Enrollment, a representative will call you. They will call to go over your plan benefits. They will ask if you have any questions or concerns about your new membership with the BeHealthy Partnership. During this call, you also will be asked to complete a care needs screening.

The care needs screening is a tool to help us understand your medical, mental health and social needs. Your answers help us decide what kinds of health care services we should add to your health center and how we can help you be as healthy as you can be. Your answers will NOT affect your MassHealth/BeHealthy Partnership benefits. We will only share your answers with your health care providers and your health insurance.

A CNS form can be found at the end of your Member Handbook. If you cannot complete the form on your own, you can do so at your next health center visit. You may also call the BeHealthy Partnership Member Services at (413-788-0123) to request someone to help you.

Transportation Assistance

Some BeHealthy Partnership Members may be eligible to have non-Emergency transportation. This is a benefit from MassHealth. This non-Emergency transportation can be arranged for them to go to health care visits. This is a service that the BeHealthy Partnership coordinates for MassHealth. In order to be eligible for this benefit:

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

For more information, call the HNE Member Services department. You should contact us well in advance of

your appointment. To arrange your non-Emergency ride, call us well in advance of your appointment so we can schedule it.

How to Access Benefits Not Covered by the BeHealthy Partnership that are Available Directly through MassHealth

There are services not covered but are provided directly through MassHealth. These services include non-Emergency rides to health care services. To find out more, call our Member Services department. A Member Services representative will answer any questions you have about the MassHealth service. They will help you get that service, if you are eligible. The Member Services representative may also refer you to the MassHealth customer service center for additional information about that MassHealth service.

Excluded Services

Except as otherwise noted or determined Medically Necessary by the Executive Office of Health and Human Services (EOHHS), the following services are not covered under MassHealth and, as such, are not covered by the BeHealthy Partnership:

- Cosmetic surgery. However, the following services are not cosmetic and will be provided when determined by the BeHealthy Partnership to be Medically Necessary:
 - Correction or repair of damage following an injury or illness
 - Mammoplasty following a mastectomy
 - Any other service that the BeHealthy Partnership determines is Medically Necessary or appropriate
- Treatment for infertility including but not limited to in-vitro fertilization (IVF) and gamete intrafallopian tube (GIFT) procedures.
- Experimental treatments
- Personal comfort items including air conditioners, radios, telephones and televisions
- Services not otherwise covered by MassHealth, except as determined by the BeHealthy Partnership to be Medically Necessary for MassHealth Standard and CommonHealth Members under the age of 21
- A service or supply which is not provided by or at the direction of a BeHealthy Partnership Plan Network Provider, except for:
 - Emergency Services
 - Family Planning Services

Preventive Health Care for Children

Children who are under age 21 should go to their PCP for checkups. Checkups can be done even when they are well. As part of a well-child checkup, your child's PCP will offer screenings. These screenings are needed to find out if there are any health problems.

Screenings include:

- Health
- Vision
- Dental
- Hearing
- Behavioral Health (can help you and your doctor or nurse identify concerns early)
- Developmental and immunization status screenings

During a "well-child" visit, MassHealth requires that PCPs and nurses use standardized screening tools. These tools are approved by MassHealth to check a child's Behavioral Health status. Screening tools are short questionnaires or checklists. The parent or child (depending on the child's age) fills them out. Then discusses with the doctor or nurse. The screening tool might be the Pediatric Symptom Checklist (PSC) or the

Parents' Evaluation of Developmental Status (PEDS). Your PCP may use another screening tool. You can ask your Primary Care Provider which tool he or she has chosen to use when screening your child for Behavioral Health concerns.

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

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

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

One to two weeks	12 months
One month	15 months
Two months	18 months
Four months	Ages two through 20 – Children should visit their Primary Care Provider once a year.
Six months	
Nine months	

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

Preventive Pediatric Health Care Screening and Diagnosis (PPHSD) Services for Children Enrolled in MassHealth Family Assistance

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

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

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

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

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

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

Most of the time, these services are covered by your child's MassHealth coverage and are included on the Covered Services list. If the service is not covered, or is not on the list, the clinician or Provider who will be

delivering the service can ask the BeHealthy Partnership for Prior Authorization. The BeHealthy Partnership uses this process to determine if the service is Medically Necessary. The BeHealthy Partnership will pay for the service if Prior Authorization is given. Talk to your child's Primary Care Provider, Behavioral Health Provider or other Specialist for help in getting these services.

If Prior Authorization is denied, you or your Appeal Representative have a right to file an Appeal. See *"Concerns, Inquiries, Grievances and Appeals"* section for more information about the Appeals processes.

Children's Behavioral Health Initiative (CBHI)

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

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

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

Dental Care for Children

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

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

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

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

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

Note:

- Children who are under age 21 and enrolled in MassHealth Standard or CommonHealth can get all Medically Necessary treatment covered under Medicaid law, including dental treatment, even if the service is not otherwise covered by MassHealth.

- Children who are under age 21 and enrolled in MassHealth Family Assistance can get all Medically Necessary Services covered under their coverage type, including dental treatment.
- Talk to your child’s Primary Care Provider or dentist for help in getting these services.
- Children do not need a Referral to see a MassHealth dentist.
- Children can visit a dentist before age three.

Early Intervention Services for Children with Growth or Development Issues

Children who are under 21 years old are entitled to certain additional services under federal law. Some children need extra help for healthy growth and development. Providers who are early intervention Specialists can help them. Some early intervention Specialists are:

- Social workers
- Nurses
- Physical, occupational and speech therapists

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

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

Preventive Care for Adults

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

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

The BeHealthy Partnership covers many more preventive care services. See your PCP for your routine health care needs.

Maternity Care

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

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

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

If you have questions about how to enroll your new baby into the BeHealthy Partnership, call the HNE Member Services department at the number listed on page 5.

YOUR PHARMACY BENEFIT

BeHealthy Partnership covers most prescription drugs and select over-the-counter drugs, with a prescription. You must use generic drugs when available, unless your health care provider writes “no substitutions” on the prescription and a prior authorization has been approved.

Please refer to the covered services list in Appendix C for pharmacy co-pay information.

Filling Prescriptions

BeHealthy Partnership covers many prescription drugs with any applicable copay at participating Massachusetts pharmacies. Participating pharmacies include most major chains and most community pharmacies in Massachusetts. Refer to the BeHealthy Partnership Provider Directory for a listing of pharmacies. For a listing of participating pharmacies, go to BeHealthyPartnership.org, click on “Find a Provider,” then click “Pharmacy.” Be sure to show your BeHealthy Partnership Member ID Card so the pharmacy will know you are a member of BeHealthy Partnership.

Over-the-Counter Drugs

BeHealthy Partnership covers many over-the-counter drugs such as cough, cold, and allergy medicines, with applicable copay. You can get up to a 30-day supply of these drugs with a prescription from your provider. Please call BeHealthy Partnership Members Services at (413) 788-0123 or (800) 786-9999 (TTY: 711) for more information.

Safe and Appropriate Use of Prescription Drugs

BeHealthy Partnership uses a number of pharmacy programs to encourage the safe and correct use of prescription drugs. Some drugs need a prior authorization before we will cover them. You can see which drugs are covered on the BeHealthy Partnership drug look up tool. Go to BeHealthyPartnership.org, then click “Find a Drug.”

If you want a copy of the covered drug list, please call BeHealthy Partnership Member Services at (413) 788-0123 or (800) 786-9999 (TTY: 711) 8 a.m. to 6 p.m.

If your provider feels that it is medically necessary for you to take a drug that is not covered, they can submit a prior authorization request to BeHealthy Partnership. If the prior authorization request is denied, you or your authorized appeal representative can appeal the decision. If you want more information, visit our website at BeHealthyPartnership.org or call BeHealthy Partnership Member Services at (413) 788-0123 or (800) 786-9999 (TTY: 711) 8 a.m. to 6 p.m.

Quantity Limit

BeHealthy Partnership may limit the number of units of a drug you may get to ensure safe and correct use. These limits are based on recommended dosing schedules and the strengths of the drug. If your provider feels that quantities greater than the allowed amount are medically necessary, they can submit a prior authorization request. If the prior authorization request is denied, you or your authorized appeal representative can appeal the decision. Refer to your Member Handbook for more information about grievances and appeals.

Mandatory Generic Policy

Massachusetts law requires that a member try a generic version of a drug before the brand name drug may be covered a generic drug is the same medicine and works in the same way as the brand name if your healthcare provider considers it medically necessary for you to take the brand name drug, your provider must request a

prior authorization from BeHealthy Partnership. If you want more information, visit our website at behealthypartnership.org or call BeHealthy Partnership member services at (413) 788-0123 or (800) 786-9999 (TTY: 711) 8 a.m. to 6 p.m.

Step Therapy

This program requires that members try certain drugs before BeHealthy Partnership will cover another drug of that type. If your provider feels the drug is medically necessary, they can submit a prior authorization request. If the prior authorization request is denied, you or your authorized appeal representative can appeal the decision. Refer to your Member Handbook for more information about grievances and appeals.

Specialty Pharmacy Program

Certain drugs and injectables are covered only when filled by BeHealthy Partnership's preferred list of specialty pharmacies. To find out if a drug must be filled at a specialty pharmacy, visit our website at BeHealthyPartnership.org, then click "Find a Drug."

For additional help, or if you have any questions about BeHealthy Partnership's specialty pharmacy program, please call BeHealthy Partnership Member Services at (413) 788-0123 or (800) 786-9999 (TTY: 711) 8 a.m. to 6 p.m.

New-to-Market Medication Program

BeHealthy Partnership reviews new drugs for safety and to make sure they work before we add them to our drug list. If your provider feels that a new to market drug is medically necessary, they can submit a prior authorization request. If the prior authorization request is denied, you or your authorized appeal representative can appeal the decision. See the "*Concerns, Inquiries, Grievances and Appeals*" section for more information about Grievances and Appeals.

Excluded Services

The BeHealthy Partnership's prescription drug benefit features an open preferred drug list, in which the following drugs or services are excluded. However, if you or your provider feels that it is medically necessary for you to take a listed drug, he or she can submit an authorization request that will be looked at by a clinician. If it is approved, the BeHealthy Partnership will cover the drug. If the prior authorization request is denied, you, or your authorized appeal representative, can appeal the decision. See "*Concerns, Inquiries, Grievances and Appeals*" section for more information about Grievances and Appeals.

Exclusions include:

- Dietary supplements¹
- Therapeutic devices or appliances (except where noted)¹
- Biologicals, immunization agents or vaccines²
- Blood or blood plasma²
- Medications which are to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals²
- Charges for the administration or injection of any drug²
- If an FDA-approved generic drug is available, the brand-name equivalent is not covered
- Anabolic steroids
- Progesterone supplements
- Fluoride supplements/vitamins after age 13
- Drugs whose sole purpose is to promote or stimulate hair growth, or for cosmetic purposes only
- Drugs labeled "Caution – limited by federal law to investigational use," or experimental drugs, even

though a charge is made to the individual

- Medications for which the cost is recoverable under Worker’s Compensation or Occupational Disease Law or any state or governmental agency, or medication furnished by any other drug or medical service for which no charge is made to the member
- Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician’s original order

The BeHealthy Partnership has a number of online tools to help you understand your prescription drug benefits. Please refer to our website at www.BeHealthyPartnership.org and click on “Find a Drug” in the top right hand corner for a listing of covered drugs. You can also contact Health New England Member Services Department.

¹Covered in certain circumstances under the Durable Medical Equipment (DME) benefit.

²Covered in certain circumstances under medical benefit.

CARE MANAGEMENT

The BeHealthy Partnership knows how tough it can be if you have a health condition. We are here to help. We want to work with you to ensure that you are as healthy as you can be. The BeHealthy Partnership provides resources to your Primary Care Provider (PCP) and your health center team. These resources offer a combined approach to care management and care coordination. These resources even help with complex health care needs and support for mental health and substance abuse services.

Speak to your PCP about Care Management options if you are in need of assistance. You may be managing multiple situations, services, and/or Providers at one time. The situations may be medical, behavioral, social and/or environmental in nature. The services may be related to prevention, wellness, disease, and treatment or housing-related. The Providers may include you or a family member's PCP, Specialists, other health care Providers — such as home health care agencies — as well as staff from state agencies.

Your PCP handles Care Management for medical situations and MBHP offers Care Management for Behavioral Health situations. Care Management program services highlight prevention, Continuity of Care and coordination of services across Providers and settings. Members may be identified as eligible for Care Management by several means. An MBHP staff person, you, or another member of your health care team (including a Behavioral Health Provider) may refer you to speak to your PCP about Care Management.

Care Management programs are staffed by a dedicated team of clinical and non-clinical personnel.

Care Management staff include:

- Care facilitators
- Nurse case managers
- Social workers
- Behavioral Health clinicians
- Nurse practitioners
- Advanced-practice registered nurses
- Health educators
- Care coordination staff from physician offices and community health centers
- Other members of the Provider Network

The BeHealthy Partnership offers two distinct program categories that provide services for our Members. The two program categories are our Wellness Program, and Intensive Clinical Management (ICM).

Wellness Program

Staying healthy is important and we are here to help you with health and wellness activities. The BeHealthy Partnership offers health and wellness programs free to all our Members. We are here to help you with health and wellness activities. This program includes various types of health classes, access to the WebMD portal where members can find recipes, tools and topics to help manage health.

Living with a condition that may be lifelong can be hard. Our goal is to help you to improve your health. We'll make sure you know ways to try to stay healthy. We will support the relationship that you have with your Provider. Our program works to help prevent your condition from getting worse. We will work with you to help you manage your condition the very best that you can.

For more information about the BeHealthy Partnership's Wellness programs, go to www.behealthypartnership.org or call the HNE Member Services Department.

Intensive Clinical Management (ICM)

This program is there for BeHealthy Partnership Members who are dealing with Behavioral Health or psychosocial conditions, sometimes along with medical concerns. Adults and children can join the ICM program. ICM is voluntary. ICM is generally a short-term program. This program, partners with Members and their treatment Providers, to coordinate and make the best use of resources for:

- Care
- The assessment
- Care planning
- Discharge planning
- Mobilization of resources

The program is designed to be flexible in nature. The program is designed to meet the individual needs of Members. The case manager actively works together with the Member and the Member's health care team to be an advocate. The case manager also helps with linking to necessary supports and services. The case manager will facilitate coordination with family and other involved parties. An individualized care plan is developed with input from, and agreement by, the Member and the Member's health care team. The care plan sets up short- and long-term goals. The care plan identifies resources to help in meeting the goals. ICM is offered by licensed clinicians who provide services by phone with Members and care Providers and through attendance at care planning meetings. If you have a health concern, the BeHealthy Partnership has care managers who can support you and your health care Provider. This will help you receive the care you need. Our care managers can help you with both medical and Behavioral Health care needs.

Specialized Behavioral Health Care Management Services for Members

MBHP offers specialized Care Management services for Members with specific Behavioral Health concerns. MBHP provides the following specialized Care Management services for BeHealthy Partnership Members:

- **Targeted outreach** provides short-term help for Members who worry about getting Behavioral Health care and community-based services. MBHP uses specific resources aiming at getting you the help you need. The services include finding a ride to and from the Behavioral Health Provider's office. To get these services, you need to be eligible.
- **Care coordination** helps Members who have Behavioral Health needs and makes sure that they are getting the right services. MBHP coordinates all of the different services you get to support you. They also help you to understand and do what your Provider tells you to do. MBHP works with you (and your family if you want us to) to develop a crisis- prevention plan to help you stay healthy and avoid going to the hospital.
- **Intensive Clinical Management (ICM)** is for Members who have major Behavioral Health needs. These Members may have to go to the hospital a lot. ICM coordinates all of the Covered Services. They also provide the support you may need. Care managers work with you and your Providers to coordinate your Behavioral Health services and medical care. Our goal is to help you avoid having a crisis. We give you help to live in the community. If you are pregnant with an alcohol or substance use disorder concern, you may qualify for ICM services. ICM services help to keep you and your baby healthy. ICM can help you get a clinical Provider who focuses his or her works on helping with pregnant women with alcohol or substance use disorder concerns.

If you have any questions about specialized Care Management or other Behavioral Health services and how to get them, ask your PCP. You may also visit www.behealthypartnership.org/benefits or call MBHP at the number listed on page 5. The MBHP clinical access line is available 24 hours a day, 7 days a week.

PRIOR AUTHORIZATIONS

Special approval is required before receiving some Covered Services. This is called Prior Authorization. Not all Covered Services need a Prior Authorization. If a Covered Service does need a Prior Authorization, you must get one *before* you receive the service. Otherwise, the service will not be covered. Your Primary Care Provider or other treating Provider will be the person to ask for Prior Authorization if it is needed. Ask your PCP to help with Authorizations needed before you receive services. You may also reference the covered services section at the back of this book or call HNE's Member Services Department.

The Covered Services tells you which service needs a Prior Authorization. The list will tell you if you need Prior Authorization from BeHealthy Partnership, MassHealth or MBHP. The list can be found at the end of this book.

Some examples of Covered Services that need Authorization are:

- Physical therapy
- Speech therapy
- Elective admissions
- Certain Behavioral Health services, including Inpatient psychiatric care

Your PCP and care team will need to know where to send Prior Authorization requests for which service:

- Some Behavioral Health service, the Authorization request goes to MBHP
- Some non-Behavioral Health service, the Authorization request goes to BeHealthy Partnership

Your Provider can request an expedited (fast) Prior Authorization decision if he or she feels that the standard Authorization decision time could seriously jeopardize:

- Your life
- Your health
- Your ability to get, maintain or regain maximum function

The BeHealthy Partnership reviews all requests and will make decisions within the time frames listed below.

Types of Prior Authorization and time frames for decision making and notification

We make Prior Authorization decisions to help you get care as soon as you need it. We also make decisions based on your health care needs. For standard Prior Authorization requests, we always make decisions within 14 calendar days after your Provider sends us the request. Sometimes your Provider might ask for a ("fast") decision on Prior Authorization. The BeHealthy Partnership takes 72 hours after they receive the "fast" Prior Authorization request to make a decision.

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

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

If we need more time to make a decision, we will send you and your Provider a letter. This letter will explain why we need more time to make a decision. We will help you and your Appeal Representative know how to

file a Grievance if you disagree with our decision to take an extension. You can find more information about how to file a Grievance in *“Concerns, Inquiries, Grievances and Appeals”* section. You may also call the HNE’s Member Services Department for more information.

You or your Appeal Representative may file an Internal Appeal if the BeHealthy Partnership goes beyond the stated time to make Prior Authorization decisions. For more details on filing the Internal Appeal, please go to *“Concerns, Inquiries, Grievances and Appeals”* section of this book. You may also call the HNE’s Member Services Department for more information.

The BeHealthy Partnership will review the Prior Authorization. We will inform you and your Provider of our decision. Before getting any service(s) that you need, make sure you have this Authorization.

The BeHealthy Partnership will send a denial letter to you and your provider when:

- We do not authorize any of the service(s) asked for,
- Approves only some of the service(s)
- Does not authorize the full amount
- Does not authorize the duration or scope of service(s)

The BeHealthy Partnership will not pay for any service(s) that are not authorized. The BeHealthy Partnership will also send you and your Provider a notice:

- If we decide to reduce previously authorized service(s)
- If we decide to suspend previously authorized service(s)
- If we decide to terminate previously authorized service(s)

An Internal Appeal may be filed by you or your Appeal Representative when you disagree with any decision. For more information, please refer to *“Concerns, Inquiries, Grievances and Appeals”* section

Ask your PCP to help with Authorizations needed before you receive services. You may also reference the covered services section at the back of this book or call HNE’s Member Services Department.

PROGRAMS TO MAINTAIN QUALITY AND APPROPRIATE SERVICES

Utilization Management

Utilization Management, helps us get you the right amount and type of care needed at the right place and time. We understand that using medical services less than they are needed may be bad for your health and wellness. Utilization Management, helps us get you the right amount and type of care needed at the right place and time.

The BeHealthy Partnership's Utilization Review program uses doctors and nurses to look at the health care Members received and determine if the services were Medically Necessary. If we determine that services you got were not Medically Necessary, we will contact your Provider. Decisions are based only on correct use of care, service and existence of coverage.

The BeHealthy Partnership does not reward those doing Utilization Review for deciding to authorize services or not. Denial of coverage or service and decisions resulting in underutilization are also not rewarded.

Access and Utilization

For information about the Utilization Management process and Authorization requests and decisions, you can call our Utilization Management office from 8:00 a.m. to 5:00 p.m., Monday through Friday at (413) 788-0123 or (800) 786-9999 (TTY: 711). If you have questions about Utilization Management requests or decisions after hours, you may leave a message at these numbers or send a fax to (413) 233-2700, 24 hours a day, 7 days a week. We will return all requests and messages left after 5:00 p.m. on the next business day (Monday through Friday, excluding holidays).

Quality Assurance Program

HNE's Quality Assurance program oversees the quality of clinical services provided under the BeHealthy Partnership. The BeHealthy Partnership's Utilization Review staff decides if the care Members receive is Medically Necessary. The BeHealthy Partnership also provides planning services to make sure Members receive services they need after they have been in the hospital.

Clinical Guidelines

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

Experimental Therapies, Medical Devices, Treatment in Clinical Trials

New technology for experimental therapies, medical devices and treatment in clinical trials are reviewed on a case-by-case basis, as well as on a benefit level. Decisions to approve the use of a new technology is based on what will give the highest benefit and lowest risk to the Member.

The BeHealthy Partnership's review of new technologies includes:

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

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

CONCERNS, INQUIRIES, GRIEVANCES AND APPEALS

Concerns

At any time, you may voice a concern that you may have with the BeHealthy Partnership or MassHealth. Representatives are available at the number listed in on page 5 of this Member Handbook, Monday through Friday between 8:00 a.m. and 5:00 p.m.

Inquiries

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

Grievance's

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

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

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

We also ask that you:

- Sign and return the Authorization of Personal Representative form, if you are appointing an Appeal Representative (refer to "Can I choose someone to represent me during the Grievance Process?"). For a copy of this form, visit www.behealthypartnership.org/forms, or contact HNE Member Services at the number listed on page 5.
- Provide us with a means (current address and/or phone number) to communicate with you concerning your Grievance

What types of things can I file a Grievance for?

You or your Appeal Representative can file a Grievance whenever you had an unsatisfactory experience with the BeHealthy Partnership, MBHP, or with any of our Providers.

Examples of types of Grievances you can file:

- You are not satisfied with the quality of care or services provided
- Your rights were not to respected
- The person helping you was rude
- You disagree with the decisions made with extending time to resolve an Internal Appeal
- You disagree with the decision made on Authorization
- You disagree with the decision to not treat an Internal Appeal as an Expedited (fast) Internal Appeal

How do I file a Grievance?

To file a Grievance, you or your Appeal Representative can write to the BeHealthy Partnership at:

HNE BeHealthy Partnership
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

The BeHealthy Partnership is responsible for processing all Grievances, including Grievances regarding Behavioral Health care. You can also provide information in person, or call our HNE Member Services department on page 5.

When we receive your request to file a Grievance, we will send you and your Appeal Representative an acknowledgement letter within one (1) business day. The acknowledgement letter describes your Grievance as we understand it. If it's not right, call the HNE Member Services department at the number listed on page 5.

You may also file a Grievance directly with MassHealth. You can do this by calling the MassHealth Customer Service Center at (800) 841-2900 TTY: (800) 497-4648) Monday – Friday 8:00 a.m. to 5:00 p.m.

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

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

Who will review my Grievance?

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

What if the BeHealthy Partnership needs more information?

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

When will I know the result of my Grievance?

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

Appeals***Internal Appeal Process and Rights for BeHealthy Partnership Members***

The BeHealthy Partnership is responsible for Internal Appeals regarding pharmacy services and medical care. MBHP is responsible for Internal Appeals regarding Behavioral Health care. The information in this section applies to Internal Appeals filed with either the BeHealthy Partnership or MBHP.

If you are not satisfied with a decision regarding health care coverage made by the BeHealthy Partnership or MBHP, or you have had a problem accessing health care services, you have the right to file an Internal Appeal. An Internal Appeal is a request for the BeHealthy Partnership or MBHP to investigate and respond to an Adverse Action. For an explanation of what an Adverse Action is, refer to the question "For what types

of things can I file an Appeal?" below.

Your rights during the Appeal Process include:

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

We ask that you:

- Sign and return the "Authorization to Release Health Information" form, if asked (See "What if the BeHealthy Partnership or MBHP needs more information?" below)
- Sign and return the Designation of Appeal Representative form, if you are appointing an Appeal Representative (See "What is an Appeal Representative?" below)
- Provide the BeHealthy Partnership or MBHP with a current address or phone number so that we can contact you during the Internal Appeal Process

For what types of things can I file an Appeal?

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

- Coverage of a requested health care service that requires Prior Authorization is denied or limited
- Coverage of a service that was previously approved is reduced or stopped
- Payment for a service is denied because we feel it is not Medically Necessary
- An Authorization request is not responded to in a timely manner, as detailed in the "Prior Authorization" section.
- You (the Member) could not get medical treatment from a BeHealthy Partnership or MBHP Provider within a timely manner, as detailed in the "Concerns, Inquiries, Grievances and Appeals" section.
- You did not receive a timely response to your Internal Appeal request. In this instance, you may file an Appeal directly with the Office of Medicaid's Board of Hearings as described below (See "How do I file my Appeal with the Office of Medicaid's Board of Hearings?").

What types of Appeals can I file?

You or your Appeal Representative can file an Internal Appeal or an Expedited (fast) Internal Appeal with the BeHealthy Partnership or, for Behavioral Health, with MBHP. An Internal Appeal is a standard review of an Adverse Action (refer to "How do I file an Internal Appeal?" below). An Expedited (fast) Internal Appeal is a fast review of an Adverse Action (refer to "Can I get a decision sooner than 30 days from the BeHealthy Partnership or MBHP?"). These different types of Internal Appeals are described in more detail below.

How do I file an Internal Appeal?

To begin the Internal Appeal process, you or your Appeal Representative may call the HNE Member

Services department at the number listed on page 5.

You can also write to:

HNE BeHealthy Partnership
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

For Behavioral Health Internal Appeals, you or your Appeal Representative may call the MBHP Member Appeals Coordinator at (800) 495-0086 (TTY: (617) 790-4131). You can also write to:

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

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

What is an Appeal Representative?

An Appeal Representative is anyone you choose, in writing, to act on your behalf in filing an Internal Appeal. An Appeal Representative can be a family member, a friend, a Provider or anyone else you choose. Your Appeal Representative will have the same rights as you do in filing your Internal Appeal. Please note, however, that if you wish to choose an Appeal Representative, you must sign and return an Authorization of Personal Representative form. If you do choose to use an Appeal Representative and we do not receive a signed Authorization of Personal Representative form by the deadline for resolving your Internal Appeal, we will dismiss your Internal Appeal. For an Expedited (fast) Internal Appeal, the review will be processed even if we have not received the Authorization of Personal Representative Form within the required time frame. In addition, a Treating Physician filing an appeal on an Enrollee's behalf will be considered the Enrollee's Appeal Representative, but HNE will not require a signed Authorization of Personal Representative form from the Enrollee before the Internal Appeal is processed.

If we dismiss your Internal Appeal, we will notify you and your Appeal Representative in writing. If you believe that you did in fact authorize your Appeal Representative in writing before the deadline for resolving your Internal Appeal expired, you or your Appeal Representative can request, in writing, that we vacate (reverse) this dismissal and proceed with your Internal Appeal.

We must receive this request within 10 calendar days of your receiving our dismissal letter. Send your request to:

HNE BeHealthy Partnership
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

For Behavioral Health Internal Appeals, send your request to:

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

We will either make the dismissal final or vacate (reverse) the dismissal and process your Internal Appeal. We will notify you and your Appeal Representative of this decision in writing. If we make your dismissal final, you

can appeal to the Office of Medicaid's Board of Hearings (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?"). An Expedited (fast) Internal Appeal will be dismissed and processed as a standard Internal Appeal if the request to expedite (process fast) is unrelated to your health condition.

What if I chose an Appeal Representative but I no longer wish to use them?

If a Member wishes to terminate (dismiss) their Appeal Representative, they should call the Complaints and Appeals Coordinator (CAC) that is working on their case as soon as possible. The CAC's phone number can be found on the acknowledgment letter sent to the Member after HNE receives the Appeal. The Member can also call the HNE Member Services department and speak to a Member Services representative about terminating (dismissing) their Appeal Representative. The HNE Member Services representative will then notify the CAC working on the Appeal of this change. This will ensure that all correspondence will be sent directly to the Member, and not the Appeal Representative, after the change.

Please note: Behavioral Health (BH) Appeals are not handled by HNE. If the Member is terminating (dismissing) an Appeal Representative for a BH Appeal, the Member needs to contact the Massachusetts Behavioral Health Partnership (MBHP) to notify them of this change.

Is there a time limit for filing an Internal Appeal?

Yes. In the case of a denial for a new service request, you or your Appeal Representative must file your Internal Appeal within 60 calendar days of receiving notice of this decision.

In the case of a decision to reduce or stop covering a service that was previously approved, you or your Appeal Representative must file your Internal Appeal. The appeal must be filed within 60 calendar days of receiving notice of this decision. If you would like to have services continue while your Appeal is being processed, you must file your Internal Appeal within 10 calendar days of receiving notice of the decision.

In the case where we did not respond to your request for coverage of a service in a timely manner, as described in your Member Handbook, you or your Appeal Representative must file your Internal Appeal within 60 calendar days of our failure to act within required time frames for making Authorization decisions.

In the case where you did not get medical treatment from a BeHealthy Partnership Provider within a timely manner, as described in your Member Handbook, you or your Appeal Representative must file your Internal Appeal within 60 calendar days from the date required access standards as described in this Handbook were not met.

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

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

HNE BeHealthy Partnership
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

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

MBHP Member Appeals Coordinator
Massachusetts Behavioral Health Partnership
1000 Washington Street, Suite 310
Boston, MA 02110

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

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

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

Who will review my Internal Appeal?

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

What if the BeHealthy Partnership or MBHP needs more information?

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

How long will it take the BeHealthy Partnership or MBHP to decide my Internal Appeal?

We will make our decision within 30 calendar days of your request for an Internal Appeal. If we need more information before we can make a decision, we will extend the decision time up to 14 calendar days if you or your Appeal Representative requests the extension. The time frame may also be extended by us if we can justify that the extension is in your best interest and that there is a need for additional information that can reasonably be expected to be received within the extended time frame and that such information would likely lead to an approval of the request. If we choose to take an extension, we will notify you and your Appeal Representative in writing.

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

HNE BeHealthy Partnership
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

You may also call HNE Member Services at the number listed on page 5.

Can I provide additional information for the BeHealthy Partnership or MBHP to consider?

Yes. You or your Appeal Representative may provide additional information, in writing, by phone, or in person, at any time during the Internal Appeal process. If you or your Appeal Representative would like to extend the 30 calendar days Appeal time frame to submit your additional information, you can do so by up to an additional 14 calendar days.

How will I know the BeHealthy Partnership's or MBHP's decision on my Internal Appeal?

We will send you and your Appeal Representative a written decision within 30 calendar days of your request for an Internal Appeal unless there has been a 14 calendar day extension.

Can I get a decision sooner than 30 days from the BeHealthy Partnership or MBHP?

If you or your health care Provider believes that your health, life or ability to regain maximum function may

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

HNE BeHealthy Partnership
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

You may also call the HNE Member Services department at the number listed on page 5.

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

- A BeHealthy Partnership doctor will decide this for medical services
- An MBHP doctor will decide this for Behavioral Health services

If we decide that an Expedited (fast) Internal Appeal is not necessary, we will inform you and your Appeal Representative of that decision by phone and send a written notice within two calendar days. Your Internal Appeal will be processed in accordance with standard Internal

Appeal time frames described above. If you or your Appeal Representative do not agree with our decision not to expedite (process fast) your Internal Appeal, you or your Appeal Representative may file a Grievance by visiting or writing to:

HNE BeHealthy Partnership
Complaints and Appeals Department
One Monarch Place, Suite 1500
Springfield, MA 01144

You or your Appeal Representative may also call HNE Member Services at the number listed on page 5.

Can I provide additional information for the BeHealthy Partnership or MBHP to consider during an Expedited (fast) Internal Appeal?

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

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

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

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

If you or your Appeal Representative are not satisfied with the decision on your Internal Appeal or Expedited (fast) Internal Appeal, you or your Appeal Representative can request that the Executive Office of Health and Human Services, Office of Medicaid's Board of Hearings, review your Appeal (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?"). The Board of Hearings is separate from the BeHealthy Partnership or MBHP.

What can I do if the BeHealthy Partnership or MBHP does not respond to my Internal Appeal in a timely fashion?

If we do not respond to your Internal Appeal within the time frames noted above, you or your Appeal Representative can file an Appeal with the Office of Medicaid's Board of Hearings (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?"). Your Appeal request must be received by the Board of Hearings within 120 calendar days from the date on which we should have informed you and your Appeal Representative of our decision or within 20 calendar days if your Appeal was an Expedited (fast) Internal Appeal and you or your Appeal Representative want the Board of Hearings to make an expedited (fast) decision, too.

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

If you or your Appeal Representative want to have the Office of Medicaid's Board of Hearings review your Appeal, you and your Appeal Representative, must complete a "Request for a Fair Hearing" form, which we will provide to you and your Appeal Representative. You or your Appeal Representative must mail this form to the Board of Hearings within 120 calendar days of the decision you are appealing or within 20 calendar days if your Internal Appeal was an Expedited (fast) Internal Appeal and you want the Board of Hearings to make an expedited (fast) decision, too. Please contact the BeHealthy Partnership if you or your Appeal Representative need help to complete the "Request for Fair Hearing" form.

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

You can continue receiving services that are the subject of your Board of Hearings Appeal, as long as you or your Appeal Representative submit your request for an Appeal to the Board of Hearings within ten calendar days of receiving our decision on your Internal Appeal. You may also choose to not continue to receive services during your Board of Hearings Appeal.

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

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

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

The BeHealthy Partnership will honor the decision made by the Board of Hearings and, if the Appeal is approved, will cover the service or procedure that is the subject of the Appeal.

When You Have Other Coverage

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

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

The BeHealthy Partnership is the payer of last resort for payment of medical services involving Benefit Coordination and third-party liability or Subrogation.

When you have other health insurance coverage, we work with your other insurance to coordinate your BeHealthy Partnership benefits. The way we work with the other companies depends on your situation. This process is called Benefit Coordination. Through this Benefit Coordination, you will often get your health insurance coverage as usual through us. If you have other health insurance, our coverage will always be secondary when the other plan provides you with health care coverage, unless the law states something different. In other situations, such as for care we do not cover, another insurer other than us may be able to cover you. If you have additional health insurance, please call us at the number listed on page 5. of this Member Handbook to find out how payment will be handled.

If you have comprehensive health insurance with another health plan, including Medicare, you cannot get MassHealth benefits from Accountable Care Organizations (ACOs), including the BeHealthy Partnership. If you fit this category, MassHealth will disenroll you from the BeHealthy Partnership. MassHealth will notify you about this.

Coordination of Benefits

When you have other health insurance coverage, we work with your other insurance to coordinate your BeHealthy Partnership benefits. The way we work with the other companies depends on your situation. This process is called Coordination of Benefits. Through this Benefit Coordination, you will often get your health insurance coverage as usual through us. If you have other health insurance, our coverage will always be secondary when the other plan provides you with health care coverage, unless the law states something different. In other situations, such as for care we do not cover, another insurer other than us may be able to cover you. If you have additional health insurance, please call us at the number listed at the bottom of these pages to on page 5 of find out how payment will be handled.

If you have comprehensive health insurance with another health plan, including Medicare, you cannot get MassHealth benefits from Accountable Care Organizations (ACOs), including the BeHealthy Partnership. If you fit this category, MassHealth will disenroll you from the BeHealthy Partnership. MassHealth will notify you about this.

BeHealthy Partnership works with MassHealth to coordinate coverage and payment for health care services. The Coordination of Benefits process matches commercial records with MassHealth Enrollment records. This process is used to identify Members who are covered by another insurer. Examples of other insurers include, but are not limited to:

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

Subrogation

Subrogation is the process by which the BeHealthy Partnership recovers some or all of the costs of a Member's health care from another source when appropriate. Examples include:

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

If an insurer other than the BeHealthy Partnership is or may be liable to pay for services related to an illness or injury, the BeHealthy Partnership has the right to ask that insurer to pay for reimbursement of any health care costs.

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

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

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

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

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

Right of Reimbursement

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

As a Member of the BeHealthy Partnership, you agree to:

- Notify the BeHealthy Partnership of any events which may affect the BeHealthy Partnership's rights of Subrogation or Reimbursement
- Cooperate with the BeHealthy Partnership when the BeHealthy Partnership asks for information and assistance with Coordination of Benefits, Subrogation or Reimbursement

- Sign documents to help the BeHealthy Partnership with its rights to Subrogation and Reimbursement
- Authorize the BeHealthy Partnership to investigate, request and release information which is necessary to carry out Coordination of Benefits, Subrogation and Reimbursement to the extent allowed by law

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

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

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

Member cooperation

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

We ask that you:

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

You also must agree to do nothing to prejudice or interfere with our rights to Subrogation or Benefit Coordination. Nothing in this Member Handbook may be interpreted to limit our right to use any means provided by law to enforce our rights to Subrogation or Benefit Coordination under this plan.

GLOSSARY

Accountable Care Organization (ACO)

A group of PCPs and other providers that is in charge of providing quality care and helping you meet your health care needs. In an ACO, your PCP, and their care team works with you and the ACO's network of providers to connect you with services and supports at the right time and in the right place.

Advance Directive

Something you write or sign that states whom you would like to make health care decisions for you and what health care treatment

you do or do not want if you get sick or injured and can't talk or write. It is a written statement that tells a Provider what to do if an illness or accident takes away the Member's ability to make decisions about his or her health care.

Adverse Action

The following actions or inactions by the BeHealthy Partnership:

- Denying or limiting coverage of a requested health care service
- Reducing or stopping coverage for a service that was previously approved
- Denying payment for a service because it was not Medically Necessary
- Not responding to an Authorization request in a timely manner, as detailed in the *"Prior Authorization"* section.
- The Member not being able to get medical treatment from a BeHealthy Partnership or MBHP Provider within a timely manner, as detailed in *"Your Health Care Providers"* section.
- Not resolving an Appeal request within the deadlines described in the section *"Concerns, Inquiries, Grievances and Appeals."*

Appeal

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

Appeal Representative

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

Authorization (See Prior Authorization)

A special approval by the BeHealthy Partnership for payment of certain services that is done prior to receiving services.

Behavioral Health

Mental health and/or substance use disorder treatment.

BeHealthy Partnership

Your MassHealth health plan. The BeHealthy Partnership is made up of Baystate Health Care Alliance and HNE. The goal is to be your health care partner, where the focus is on you and your family's overall well-being. The BeHealthy Partnership includes primary care providers (PCPs) who are based at five nearby health centers

in Springfield, Massachusetts (Brightwood Health Center, Caring Health Center, High Street Adult Health Center, High Street Pediatric Health Center and Mason Square Health Center)

Board of Hearings

The Office of Medicaid's Board that is available to review an Appeal once you have completed an Internal Appeal. The Medicaid Board of Hearing is independent of the BeHealthy Partnership.

Board of Hearings (BOH) Appeal

A written request to the BOH, made by a Member or Appeal Representative to review the correctness of a Final Internal Appeal decision by the BeHealthy Partnership.

Care Management

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

Care Needs Screening (CNS)

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

Children's Behavioral Health Initiative (CBHI)

An interagency undertaking by EOHHS and MassHealth whose mission is to strengthen, expand and integrate Behavioral Health services for Members under the age of 21 into a comprehensive system of community-based, culturally competent care.

Claim

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

Complex Care Management

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

Continuity of Care

HNE may continue covering services you are receiving from a Provider who is not in the BeHealthy Partnership Network. See "*The BeHealthy Partnership Benefits*" section for details.

Coordination of Benefits

Needed when payment for services may be the responsibility of someone other than the BeHealthy Partnership, for example, automobile insurance or Workers' Compensation. See "*When You Have Other Coverage*" section.

Copayment

The amount that you must pay for Covered Services or prescriptions. Keep in mind that your Copayment amount may be \$0. The Covered Services list included at the end of this Handbook describes these amounts.

Covered Services

The services and supplies covered by the BeHealthy Partnership and MassHealth, described in the Covered Services list included at the end of this Handbook.

Dependent

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

Disenrollment

The process by which a Member's BeHealthy Partnership coverage ends.

Disease Management

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

Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT)

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

Effective Date

The date on which an individual becomes a Member of the BeHealthy Partnership and is eligible for Covered Benefits.

Eligibility

Meeting all the criteria necessary to be covered by the BeHealthy Partnership.

Emergency

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

Emergency Services Program (ESP) Providers

Providers that give you Emergency Behavioral Health screenings, Emergency services, and Emergency crisis and stabilization services. ESPs give you a way to get these services on a 24-hour basis, seven days a week. If you think you need to go to an ESP, you can call one yourself. The BeHealthy Partnership Provider Directory lists the Emergency Services Program (ESP) Providers in all areas of the state. You also can call toll-free numbers of the BeHealthy Partnership and MBHP at the number listed on page 5.

Enrollment

The process by which HNE registers individuals for Membership in the BeHealthy Partnership.

EOHHS

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

Expedited (fast) Internal Appeal

A seventy-two (72) hour Appeals process.

Family Planning Services

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

Formulary

A list of covered prescription drugs. Formularies are based on evaluations of efficacy, safety and cost effectiveness of drugs.

Fraud

An instance where someone attempts to receive services or payment for services to which he or she is not entitled under MassHealth. See *“Member Rights and Responsibilities”* for more details.

Grievance

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

Health Care Proxy

The individual responsible for making health care decisions for a person in the event of that person’s incapacitation.

Health Information Line

The BeHealthy Partnership’s phone connection to a registered nurse who can provide medical advice 24 hours a day, seven days a week. The phone number is listed on page 5.

Health New England (HNE)

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

Inpatient

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

Intensive Care Coordination (ICC)

A service that aids care planning and coordination services for youth with serious emotional disturbance (SED), under the age of 21, and enrolled in MassHealth Standard or CommonHealth. Care planning is driven by the needs of the youth and developed through the wrap around services of the Children’s Behavioral Health Initiative (CBHI). The ICC care planning process ensures that a care coordinator organizes and matches care across Providers and child-serving systems to enable the youth to be served in their home community.

Intensive Clinical Management (ICM)

A program that coordinates all of the Covered Services for Members who have Behavioral Health needs and may need to go to the hospital a lot. ICM provides the support you may need. Care managers work with you and your Providers to coordinate your Behavioral Health services and medical care. Our goals are to help you avoid having a crisis and to help you live in the community. ICM is a voluntary, generally short-term program designed to be flexible in nature in order to meet the individual needs of Members.

Internal Appeal

A request by a MassHealth Member or Appeal Representative to the BeHealthy Partnership, or, for Behavioral Health services, to MBHP, for review of an Adverse Action.

Inquiry

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

Living Will

An advanced directive that a person can use to identify his or her health care wishes in the event that he or she is unable to communicate those wishes himself or herself.

Managed Care

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

MassHealth

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

MassHealth CarePlus

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

MassHealth CommonHealth

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

MassHealth Family Assistance

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

MassHealth Standard

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

Massachusetts Behavioral Health Partnership (MBHP)

The organization contracted by the BeHealthy Partnership to administer the BeHealthy Partnership's mental health and substance use disorder Covered Services, when Medically Necessary.

Medically Necessary Services

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

Medicare

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

Member

Any individual enrolled in the BeHealthy Partnership and MassHealth.

Member Handbook

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

Member ID Card (for the BeHealthy Partnership)

The card that identifies an individual as a Member of the BeHealthy Partnership. The Member Card includes the Member's identification number and information about the Member's coverage. The Member Card must be shown to Providers prior to receipt of services.

Member ID Card (for MassHealth)

The card that identifies an individual as a Member of MassHealth. The Member Card includes the Member's identification number and information about the Member's coverage. The Member Card must be shown to Providers prior to receipt of services.

Network

The group of Providers contracted by HNE to provide health care services to BeHealthy Partnership Members.

Out-of-Network

Any Provider who is not part of the BeHealthy Partnership Network.

Pharmacy Programs

Programs that provide wide-ranging pharmaceutical management procedures designed to improve quality of care and utilization management for our clients. These programs are based on clinical criteria, evidence-based findings and input from expert practitioners. Programs include utilization management functions for formulary management and quality initiatives for improving clinical care and patient safety.

Post-Stabilization Care

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

Preventive Pediatric Health Care Screening and Diagnosis

Services covered by the BeHealthy Partnership for children under the age of 21 who are enrolled in the Family Assistance and CarePlus plans. See the section "*The BeHealthy Partnership Benefits*" for more information.

Primary Care Provider (PCP)

A primary doctor or nurse practitioner selected by the Member or assigned by the BeHealthy Partnership to provide and coordinate a Member's health care needs. Other health care Providers, such as registered nurses, nurse practitioners, physician's assistants or nurse midwives, acting on behalf of and in consultation with a PCP, may provide primary care services.

Prior Authorization

Permission from the BeHealthy Partnership to receive a service in advance of having it provided.

Protected Health Information (PHI)

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

Provider

A health care professional or facility licensed as required by state law. Providers include doctors, hospitals,

laboratories, pharmacies, skilled nursing facilities, nurse practitioners, registered nurses, psychiatrists, social workers, licensed mental health counselors, clinical Specialists in psychiatric and mental health nursing and others. The BeHealthy Partnership will cover services of a Provider if those services are Covered Benefits and within the scope of the Provider's license.

Provider Directory

A book containing a list of the BeHealthy Partnership's affiliated medical facilities and professionals, including PCPs, Specialists and Behavioral Health Providers.

Quality Assurance

The program used by the BeHealthy Partnership to review clinical services to make sure that they are appropriate and meet established standards. See section *"Programs to Maintain Quality and Appropriate Services"* for more details.

Referral

A recommendation by a PCP for a Member to receive care from a different Provider. The BeHealthy Partnership does not require Referrals for Specialist services provided by In-Network BeHealthy Partnership Providers.

Routine Care

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

Second Opinion

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

Service Area

The geographical area approved by MassHealth within which the BeHealthy Partnership has developed a Network of Providers to provide adequate access to Covered Services to BeHealthy Partnership Members. The BeHealthy Partnership Service Area includes Northampton, Holyoke, Springfield and Westfield.

Specialist

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

Subrogation

The process by which the BeHealthy Partnership recovers some or all of the costs of a Member's health care from another source when appropriate. See *"When You Have Other Coverage"* for more details.

Urgent Care

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

Utilization Review

Pre-service, concurrent or post service review to determine Medical Necessity.

Utilization Management

Evaluation process to determine coverage as well as appropriateness and Medical Necessity of medical and Behavioral Health services.

Covered Services List for BeHealthy Partnership Members with Standard & MassHealth CommonHealth Coverage

Overview

The following table is an overview of the covered services and benefits for BeHealthy Partnership Standard and CommonHealth members. All services and benefits are covered directly by BeHealthy Partnership, except for behavioral health services, which are covered by the MassHealth behavioral health services contractor, the Massachusetts Behavioral Health Partnership (MBHP).

The table also shows whether each service requires a referral (approval from your primary care clinician (PCC) or primary care provider (PCP)), prior authorization (permission from BeHealthy Partnership or one of our vendors), or both to receive the service. There is more information about prior authorizations and referrals in your member handbook. Before you receive some services, providers may ask for information related to your health care needs to determine if the service is appropriate and to register you for the service with your health plan (if required).

All services and benefits are covered directly by BeHealthy Partnership, except certain services are covered directly by MassHealth that we have indicated with an asterisk (*). BeHealthy Partnership will still coordinate these services for you.

You can call the BeHealthy Partnership Customer Service Center for more information about services and benefits or to ask questions at (800) 786-9999 or TTY at (711) for people who are deaf, hard of hearing, or speech disabled. You can also contact MassHealth Customer Service Center for more information about services and benefits or to ask questions at (800) 841-2900 or TTY at (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled.

- For questions about behavioral health services, please call MBHP at (800) 495-0086 or TTY at (617) 790-4130 for people who are deaf, hard of hearing, or speech disabled.
- For more information about the pharmacy covered service, go to the MassHealth Drug List at www.mass.gov/druglist.
- For questions about dental services, please call (800) 207-5019 or TTY at (800) 466-7566 for people who are deaf, hard of hearing, or speech disabled or go to www.masshealth-dental.net.

Please keep in mind that MassHealth covered services and benefits change from time to time and flexibilities may be available because of COVID-19. This Covered Services List is for your general information only and should not serve as a sole resource for determining coverage (for example, there may be limits to what is covered for a service). MassHealth regulations control the covered services and benefits available to you. To access MassHealth regulations:

- go to MassHealth's website at www.mass.gov/masshealth or
- call the MassHealth Customer Service Center at (800) 841-2900 or TTY at (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled Monday through Friday from 8:00 a.m. – 5:00 p.m.

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Emergency Services		
Emergency Inpatient and Outpatient Services	No	No
Medical Services		
Abortion Services	No	No
Acupuncture Treatment – For use for pain relief or anesthesia	No	No
Acute Inpatient Hospital Services – Includes all inpatient services in an acute hospital, such as daily physician intervention, surgery, obstetrics, behavioral health, radiology, laboratory, and other diagnostic and treatment procedures. (May require pre-screening.)	No	No
Acute Outpatient Hospital Services – Services in a hospital’s outpatient department or satellite clinic. They are generally provided, directed, or ordered by a physician. Services include specialty care, observation services, day surgery, diagnostic services, and rehabilitation services.	Yes	No
Adult Day Health Services* – Center-based services, offered by DPH licensed adult day health providers, have the general goal of meeting activities of daily living (ADLs) and/or skilled nursing and therapeutic needs and may include: <ul style="list-style-type: none"> • Nursing services and health oversight • Nutritional or dietary services • Care management and social service advocacy and support • Counseling activities • Transportation 	Yes	No
Adult Foster Care (AFC) Services* – Community-based services provided to members 16 and older by a live-in caregiver that meet member’s need for assistance with: <ul style="list-style-type: none"> • Activities of daily living (ADLs) and • Instrumental activities of daily living (IADLs). • Nursing oversight and care management are provided by the AFC provider. 	Yes	No
Ambulatory Surgery Services – Surgical, diagnostic, and medical services that provide diagnosis or treatment through operative procedures, including oral surgery, requiring general, local, or regional anesthesia to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure.	Yes	No

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Audiologist (Hearing) Services – Services include, but are not limited to, testing related to the determination of hearing loss, evaluation for hearing aids, prescription for hearing-aid devices, and aural rehabilitation.	No	No
Chiropractic Services – Chiropractic manipulative treatment, office visits, and some radiology services (e.g., X-rays).	No	No
Chronic Disease and Rehabilitation Hospital (CDRH) Services – Services in a chronic disease hospital or rehabilitation hospital. After 100 days in a CDRH, you will be transferred from your plan to MassHealth fee-for-service to keep receiving CDRH services. [Note: Members who also receive Nursing Facility Services will be transferred after 100 days of combined CDRH and Nursing Facility Services.]	Yes	No
Community Health Center Services - Examples include: <ul style="list-style-type: none"> • Specialty office visits • OB/GYN services • Pediatric services, including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services • Medical social services • Nutrition services, including diabetes self-management training and medical nutrition therapy • Vaccines/immunizations • Health education 	No	No
Day Habilitation Services* – Center-based services for members with intellectual or developmental disabilities offered by a day habilitation provider may include: <ul style="list-style-type: none"> • Nursing services and health care supervision • Developmental skills training • Individualized activities or therapies • Assistance with activities of daily living (ADLs) 	No	No
Diabetes Self-Management Training – Diabetes self-management training and education services furnished to an individual with pre-diabetes or diabetes by a physician or certain accredited qualified health care professionals (e.g., registered nurses, physician assistants, nurse practitioners, and licensed dieticians).	No	No
Dialysis Services – Medically necessary renal dialysis that includes all services, supplies, and routine laboratory tests; also includes training for home dialysis.	No	No

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Durable Medical Equipment (DME) – <ul style="list-style-type: none"> • Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items. • Enteral Nutritional Supplements (formula) and breast pumps (one per birth or as medically necessary) are covered under your DME benefit. 	Yes	No
Early Intervention Services	No	No
Family Planning Services	No	No
Fluoride Varnish – Fluoride varnish applied by pediatricians and other qualified health care professionals (physician assistants, nurse practitioners, registered nurses, and licensed practical nurses) to members under age 21, during a pediatric preventive care visit.	No	No
Group Adult Foster Care (GAFC)* – Community-based services, provided to members 22 or older by a GAFC direct care aide that meet member’s need for assistance with: <ul style="list-style-type: none"> • Activities of daily living (ADLs) and • Instrumental activities of daily living (IADLs). • Nursing oversight and care management are provided by the GAFC provider. 	No	No
Hearing Aid Services	Yes	No
Home Health Services – Skilled and supportive care services provided in the member’s home to meet skilled care needs and associated activities of daily living to allow the member to safely stay in their home. Available services include skilled nursing, medication administration, home health aide, and occupational, physical, and speech/language therapy.	Yes	No
Hospice Services – Members should discuss with MassHealth or their health plan the options for receiving hospice services.	No	No
Infertility Services - Diagnosis of infertility and treatment of underlying medical condition.	Yes	No
Intensive Early Intervention Services – Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.	Yes	No
Laboratory Services – All services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health.	Yes	No

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Medical Nutritional Therapy – Nutritional, diagnostic, therapy and counseling services for the purpose of a medical condition that are furnished by a physician, licensed dietician, licensed dietician/nutritionist, or other accredited qualified health care professionals (e.g., registered nurses, physician assistants, and nurse practitioners).	No	No
Nursing Facility Services – Services in a nursing facility. After 100 days in a nursing facility, you will be transferred from your plan to MassHealth fee-for-service to keep receiving Nursing Facility Services. [Note: Members who also receive Chronic Disease Rehabilitation Hospital (CDRH) Services will be transferred after 100 days of combined CDRH and Nursing Facility Services.]	Yes	No
Orthotic Services – Braces (nondental) and other mechanical or molded devices to support or correct any defect of form or function of the human body.	Yes	No
Oxygen and Respiratory Therapy Equipment	Yes	No
Personal Care Attendant* – Services to assist members with activities of daily living and instrumental activities of daily living, for example: <ul style="list-style-type: none"> • Bathing • Dressing • Mobility/Transfers • Passive range of motion • Toileting • Eating • Medication management 	Yes	No
Podiatrist Services – Services for footcare	No	No
Primary Care (provided by member’s PCC or PCP) – Examples include: <ul style="list-style-type: none"> • Office visits for primary care • Annual gynecological exams • Prenatal care • Diabetes self-management training • Tobacco cessation services • Fluoride varnish to prevent tooth decay in children and teens up to age 21 	No	No
Private Duty Nursing/Continuous Skilled Nursing* – A nursing visit of more than two continuous hours of nursing services. This service can be provided by a home health agency, continuous skilled nursing agency, or an independent nurse.	Yes	No
Prosthetic Services	Yes	No

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Radiology and Diagnostic Services – Examples include: <ul style="list-style-type: none"> • X-Rays • Magnetic resonance imagery (MRI) and other imaging studies • Radiation oncology services performed at radiation oncology centers (ROCs) that are independent of an acute outpatient hospital or physician service 	Yes	No
School Based Health Center Services – All covered services delivered in School Based Health Centers (SBHCs), when such services are rendered by a hospital, hospital-licensed health center, or community health center.	Yes	No
Specialists – Examples include: <ul style="list-style-type: none"> • Office visits for specialty care • OB/GYN (No referral needed for prenatal care and annual gynecological exam) • Medical nutritional therapy 	No	No
Therapy Services – Therapy services include diagnostic evaluation and therapeutic intervention, which are designed to improve, develop, correct, rehabilitate, or prevent the worsening of functional capabilities and/or disease, injury, or congenital disorder. Examples include: <ul style="list-style-type: none"> • Occupational therapy • Physical therapy • Speech/language therapy 	Yes	No
Tobacco Cessation Services – Face-to-face individual and group tobacco cessation counseling and tobacco cessation drugs, including nicotine replacement therapy (NRT).	No	No
Wigs - As prescribed by a physician and related to a medical condition	Yes	No
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services for children under age 21		
Screening Services – Children should go to their Primary Care Provider (PCP) for preventive healthcare visits even when they are well. As part of these visits, PCPs can perform screenings that can identify health problems or risks. These screenings include physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems. Routine visits with a dental provider are also covered for children under age 21.	No	No
Diagnosis and Treatment Services – Diagnostic testing is performed to follow up when a risk is identified. Treatment is used to control, correct, or reduce health problems.	Yes	No
Dental Services		
Adult Dentures* – Full and partial dentures, and adjustments and repairs to those dentures, for adults ages 21 and over.	No	No

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Diagnostic, Preventive, Restorative, and Major Dental Services* – Used for the prevention, control, and treatment of dental diseases and the maintenance of oral health for children and adults.	No	No
Emergency-Related Dental Care	No	No
Oral Surgery* – Performed in a dental office, outpatient hospital, or ambulatory surgery setting and which is medically necessary to treat an underlying medical condition. (*Procedure specific)	Yes	No
Transportation Services		
Transportation Services: Emergency – Ambulance (air and land) transport that generally is not scheduled but is needed on an emergency basis. These include specialty care transport (that is, an ambulance transport of a critically injured or ill member from one facility to another, requiring care beyond the scope of a paramedic).	No	No
Transportation Services: Non-Emergency* – Transportation by land ambulance, chair car, taxi, and common carriers to transport a member to and from a covered service.	Yes	No
Vision Services		
Vision Care* – Includes: <ul style="list-style-type: none"> • Comprehensive eye exams once every year for members under 21 and once every 24 months for members 21 and over, and whenever medically necessary • Vision training • Ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus • Bandage lenses • Prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts (*item dependent)	Yes	No
Pharmacy Services		
See copay information at the end of this section.		
Over-the-counter medicines	No	No
Prescription drugs	Yes	No

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Behavioral Health Services		
Non 24-hour Diversionary Services		
<p>Community Support Program (CSP) – Services delivered by a community-based, mobile, multi-disciplinary team. These services help members with a long-standing mental health or substance use disorder diagnosis. Services support members, and their families, who are at increased medical risk, and children and adolescents whose behavioral health issues impact how well they can function at home or in the community. Services include outreach and supportive services.</p>	No	No
<p>Intensive Outpatient Program (IOP) – A clinically intensive service that follows a discharge from an inpatient stay and helps members avoid readmission to an inpatient service and help move back to the community. The service provides coordinated treatment using a range of specialists.</p>	No	No
<p>Partial Hospitalization (PHP) – These services offer short-term day mental health programming available seven days per week, as an alternative to inpatient hospital services. These services include daily psychiatric management.</p>	Yes	No
<p>Program of Assertive Community Treatment (PACT) – A treatment team approach to providing acute, active, and long-term community-based mental health treatment, outreach, rehabilitation, and support. This service helps members to maximize their recovery, set goals, and be in the community. Services are provided in the community and are available 24 hours a day, seven days a week, 365 days a year, as needed.</p>	No	No
<p>Psychiatric Day Treatment – Mental health services for members who do not need an inpatient hospital stay, but who needs more treatment than a weekly visit. Psychiatric day treatment includes diagnostic, treatment, and rehabilitative services.</p>	No	No
<p>Recovery Coaching – A non-clinical service provided by peers who have lived experience with substance use disorder and who have been certified as recovery coaches. Members are connected with recovery coaches. Recovery coaches help members start treatment and serve as a guide to maintain recovery and to stay in the community.</p>	No	No
<p>Recovery Support Navigators (RSN) – Specialized care coordination services for members who have substance use disorder. This service helps members to access and receive treatment, including withdrawal management and step-down services, and to stay motivated for treatment and recovery.</p>	No	No

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<p>Structured Outpatient Addiction Program (SOAP) – Substance use disorder services that are clinically intensive and offered in a structured setting in the day or evening. These programs can be used to help a member transition from an inpatient substance use disorder program. It can also be used by individuals who need more structured outpatient services for a substance use disorder. These programs may include specialized services for pregnant members, adolescents, and adults who need 24-hour monitoring.</p>	No	No
<p>24 Hour Diversionary Services</p>		
<p>Mental health and substance use disorder services used instead of inpatient hospital services. These services support a member returning to the community after an inpatient hospital stay, or help a member maintain functioning in the community.</p>		
<p>Acute Treatment Services (ATS) for Substance Use Disorders – Services used to treat substance use disorders on a 24-hour, seven days a week basis. Services may include assessment; use of approved medications for addictions; individual and group counseling; educational groups; and discharge planning. Pregnant members receive specialized services. Members receive additional services to treat other mental health conditions.</p>	No	No
<p>Clinical Support Services for Substance Use Disorders – 24-hour treatment services that can be used by themselves or after acute treatment services for substance use disorders. Services include education and counseling; outreach to families and significant others; medications for treating substance use disorders; referrals to primary care and community supports; and planning for recovery. Members with other mental health disorders receive coordination of transportation and referrals to mental health providers. Pregnant members receive coordination with their obstetrical care.</p>	No	No
<p>Community-Based Acute Treatment for Children and Adolescents (CBAT) – Intensive mental health services in a secure setting on a 24-hour basis, with clinical staffing to ensure the safety of the child or adolescent. Treatment may include: checking medications; psychiatric assessment; nursing; one-to-one treatments to maintain the member’s safety (specializing); individual, group, and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing. This service may be used as an alternative to or transition from inpatient hospital services.</p>	Yes	No
<p>Community Crisis Stabilization – Services provided instead of inpatient hospital services. These services provide 24-hour observation and supervision for members.</p>	No	No

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<p>Transitional Care Unit (TCU)* – A community-based treatment program with high levels of supervision, structure, and support within an unlocked setting. This service serves children and adolescents under age 19 who are in the custody of the Department of Children and Families (DCF), who need group care or foster care, but who no longer require an acute level of care. This comprehensive service includes a therapeutic setting, psychiatry, case management, and treatments with a range of specialists.</p>	Yes	No
Substance Use Disorder Diversionary Services		
<p>Adult Residential Rehabilitation Services for Substance Use Disorders – Services for substance use disorder offered in a 24-hour residential setting. Services include: at least five hours of individual or group therapy each week; case management; education; and rehabilitation based in the residence. Some residential programs serve pregnant and post-partum members, and provide assessment and management of gynecological, obstetric, and other prenatal needs, and offer parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups. Members receive coordination of transportation and referrals to mental health providers to ensure treatment for any other mental health conditions.</p>	No	No
<p>Co-occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour, safe, structured setting in the community. These services support the member’s recovery from substance use disorders and moderate to severe mental health conditions. The services support a move back into the community and a return to social, work, and educational roles. Services are provided to support recovery. Clinical services, additional outpatient levels of care, and access to prescribers for medications are available.</p>	No	No
<p>Family Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for families in which a parent has a substance use disorder. Rehabilitative services that support parents and children are provided along with ongoing support for developing and maintaining interpersonal and parenting skills and support family reunification and stability. Members receive therapy, case management, education, and rehabilitation based in the residence.</p>	No	No

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for youth ages 16 to 21 or young adults ages 18 to 25 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.	No	No
Youth Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for youth ages 13 to 17 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.	No	No
Inpatient Services		
24-hour hospital services that provide mental health or substance use disorder treatment, diagnoses, or both.		
Administratively Necessary Day (AND) Services – Day(s) of inpatient hospital services for members who are ready for discharge, but the right setting is not available. Services include appropriate continuing clinical services.	No	No
Inpatient Mental Health Services – Inpatient hospital services to evaluate and treat acute psychiatric conditions.	Yes	No
Inpatient Substance Use Disorder Services – Inpatient hospital services that provide medically directed care and treatment to members with complex withdrawal needs, as well as co-occurring medical and behavioral health conditions.	No	No
Observation/Holding Beds – Hospital services, for a period of up to 24 hours, that are used to assess, stabilize, and identify resources for members.	Yes	No
Outpatient Behavioral Health Services		
Acupuncture Treatment – The insertion of metal needles through the skin at certain points on the body as an aid to persons who are withdrawing from, or in recovery from, dependence on substances.	No	No
Ambulatory Withdrawal Management – Outpatient services for members who are experiencing a serious episode of excessive substance use or complications from withdrawal when neither life nor significant bodily functions are threatened.	No	No

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<p>Applied Behavioral Analysis for members under 21 years of age (ABA Services) – A service for a member under the age of 21 with Autism Spectrum Disorder diagnosis (ASD). It is used to treat challenging behaviors that interfere with a youth’s ability to function successfully. This service includes behavioral assessments; interpretation of behaviors; development of a treatment plan; supervision and coordination of treatments; and parent training to address specific goals.</p>	Yes	No
<p>Assessment for Safe and Appropriate Placement (ASAP) – An assessment for certain sexually abusive youth or arsonists who are in the care and custody of the Department of Children and Families (DCF), and who are being discharged from an inpatient or certain diversionary settings to a family home care setting. Services are provided through a DCF designated ASAP provider.</p>	No	No
<p>Case Consultation – A meeting between the treating provider and other behavioral health clinicians or the member’s primary care physician, concerning a member. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual’s progress.</p>	No	No
<p>Collateral Contact – A communication between a provider and individuals who are involved in the care or treatment of a member under 21 years old. Providers may include school and day care personnel, state agency staff, and human services agency staff.</p>	No	No
<p>Couples/Family Treatment – Therapy and counseling to treat a member and their partner or family in the same session.</p>	No	No
<p>Diagnostic Evaluation – An assessment of a member’s functioning, used to diagnose and to design a treatment plan.</p>	No	No
<p>Dialectical Behavioral Therapy (DBT) – Outpatient treatment involving strategies from behavioral, cognitive, and supportive psychotherapies for members with certain disorders, including members with borderline personality disorder.</p>	No	No
<p>Family Consultation – A meeting with family members or others who are important to the member and to a member’s treatment. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual’s progress.</p>	No	No
<p>Group Treatment – Therapy and counseling to treat unrelated individuals in a group setting.</p>	No	No
<p>Individual Treatment – Therapy or counseling to treat an individual on a one-to-one basis.</p>	No	No

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Inpatient-Outpatient Bridge Visit – A single-session consultation led by an outpatient provider while a member is still in an inpatient psychiatric unit. This visit includes the member and the inpatient provider.	No	No
Medication Visit – A visit to evaluate the appropriateness of the member’s prescriptions for drugs used for behavioral health needs, as well as any need for monitoring by a psychiatrist or registered nurse clinical specialist for whether such drugs are useful and any side effects.	No	No
Opioid Treatment Services – Supervised assessment and treatment of an individual, using medications approved by the Food and Drug Administration, along with a range of medical and rehabilitative services to relieve the effects of opiate addiction. Includes detoxification and maintenance treatment.	No	No
Psychiatric Consultation on an Inpatient Medical Unit – A meeting between a psychiatrist or advanced practice registered nurse clinical specialist and a member at the request of the medical unit. It is used to assess the member’s mental status and to consult on a behavioral health plan, including proper medications, with the medical staff.	No	No
Psychological Testing – Standardized tests used to assess a member’s cognitive, emotional, neuropsychological, and verbal functioning.	No	No
Special Education Psychological Testing* – Testing used toward the development of, or to determine the need for, an Individualized Educational Plan (IEP) for children.	No	No
Intensive Home and Community-Based Services for Youth		
Intensive behavioral health services provided to members in a community-based setting.		
<p>Family Support and Training – A service provided to the parent or caregiver of a youth under the age of 21 where the youth lives. The purpose of this service is to help with the youth’s emotional and behavioral needs by improving the capacity of the parent or caregiver to parent the youth. Services may include: education; help in identifying and navigating available resources; fostering empowerment; links to peer/parent support and self-help groups; coaching and training for the parent or caregiver.</p> <p>(Referral required by Outpatient Therapy, In-Home Therapy, and Intensive Care Coordination.)</p>	No	No

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<p>In-Home Behavioral Services – This service usually includes a combination of behavior management therapy and behavior management monitoring, as follows:</p> <p>Behavior Management Therapy – This service includes assessment, development of a behavior plan, and supervision and coordination of interventions to address specific behavioral goals or performance. This service addresses behaviors that interfere with the child’s successful functioning. The therapist develops and monitors objectives and interventions, including a crisis-response strategy, that are written into the child’s treatment plan. The therapist may also provide short-term counseling and assistance.</p> <p>Behavior Management Monitoring – This service includes putting the behavior plan into effect, monitoring the child’s behavior, reinforcement of the plan by parents or other caregivers, and reporting to the behavior management therapist on progress toward goals in the behavior plan.</p>	No	No
<p>In-Home Therapy Services – This service for children that often is delivered in a teamed approach, it includes a therapeutic clinical intervention and training and therapeutic support paraprofessional, as follows:</p> <p>Therapeutic Clinical Intervention – A therapeutic relationship between a masters clinician and the child and family. The aim is to treat the child’s mental health needs by improving the family’s ability to support the healthy functioning of the child within the family. The clinician develops a treatment plan and works with the family to improve problem-solving, limit-setting, communication, and emotional support or other functions. The qualified clinician may often work with in a Therapeutic Training and Support paraprofessional.</p> <p>Therapeutic Training and Support – A service provided by paraprofessional working under the direction of the Masters level clinician to support implementation of a licensed clinician’s treatment plan to achieve the goals of the treatment plan. This trained individual works with a master clinician to support a treatment plan that addresses the child’s mental health and emotional challenges.</p>	No	No
<p>Intensive Care Coordination – A service that provides targeted case management services to individuals under 21 with a serious emotional disturbance (SED). This service includes assessment, development of an individualized care plan, referral, and related activities to put the care plan into effect and to monitor the care plan.</p>	No	No

MassHealth Standard and CommonHealth Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Therapeutic Mentoring Services – This service provides a structured, one-to-one relationship between a therapeutic mentor and a child or adolescent up to the age of 21. Its goal is to address daily living, social, and communication needs. Goals are written into a treatment plan that is developed by the child or adolescent and their treatment team. The service includes supporting, coaching, and training the child or adolescent in age-appropriate behaviors, communication, problem-solving, conflict resolution, and relating to others in a healthy way. The therapeutic mentor works in settings such as home, school or community.	No	No
Other Behavioral Health Services		
Electro-Convulsive Therapy (ECT) – A treatment that is used to treat depression that has not responded to medications and psychotherapy. This treatment initiates a seizure with an electric impulse while the individual is under anesthesia.	Yes	No
Emergency Services Program (ESP) – Services provided to adults age 18 and over who are experiencing a behavioral health crisis. This service is provided by designated emergency service program providers or, in some cases, by outpatient hospital emergency departments. Services help identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.	No	No
Repetitive Transcranial Magnetic Stimulation (rTMS) – A treatment that is used to treat depression that has not responded to medications and psychotherapy. In this treatment, rapidly changing magnetic fields are applied to the brain through a wire attached to the scalp.	Yes	No
Specialing – Treatment services provided to a member in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual’s safety.	Yes	No
Youth Mobile Crisis Intervention – Services for youth under the age of 21 who are experiencing a behavioral health emergency. This service includes short-term mobile, on-site, and face-to-face treatment. It is used to identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.	No	No

Copays

A copay is a small amount that a member pays when they get health services. The only time that a member may have a copay is when they get certain prescription drugs. Most members pay the following pharmacy copays:

- \$1 for each prescription and refill for each generic drug and over-the-counter drug covered by MassHealth in the following drug classes: antihyperglycemics, antihypertensives, and antihyperlipidemics; and
- \$3.65 for each prescription and refill for all other generic, brand-name, and over-the-counter drugs covered by MassHealth that are not \$1 as outlined above or excluded.

If a member is receiving a 90-day supply of a MassHealth covered prescription drug, the total copay amount for that 90-day supply will still either be \$1 or \$3.65 as outlined above.

The following prescriptions and refills do NOT have any pharmacy copays:

- Drugs used for substance use disorder (SUD) treatment, such as medication-assisted therapy (MAT) (for example, Suboxone or Vivitrol),
- Certain preventive drugs such as low-dose aspirin for heart conditions, drugs used to prevent HIV, and drugs used to prepare for a colonoscopy,
- Certain vaccines and their administration,
- Family planning drugs or supplies, such as birth control pills (oral contraceptives),
- Drugs to help you stop smoking,
- Emergency services,
- Provider preventable services, or
- Other services described in MassHealth regulations (130 CMR 506.015 and 130 CMR 520.037).

Prescription drugs are the only benefit that may have copays. There are no copays for other covered services and benefits.

Members who do NOT have pharmacy copays

Some members do not have to pay a copay at all. You do not have to pay a MassHealth copay for any service covered by MassHealth if:

- Your income is at or below 50% of the federal poverty level (FPL)
- You are eligible for MassHealth because you are receiving certain public assistance benefits such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children (TAFDC), or services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program. See regulations at 130 CMR 506.015 and 130 CMR 520.037
- You are under 21 years old
- You are pregnant or you have recently given birth (you are in the postpartum period)
- You are receiving benefits under MassHealth Limited (Emergency Medicaid)
- You are a member who has MassHealth Senior Buy-In or MassHealth Standard, and you are receiving a drug that is covered under Medicare Parts A and B only, when provided by a Medicare-certified provider,
- You are in a long-term care facility such as:
 - A nursing facility
 - Chronic-disease or rehabilitation hospital, or
 - Intermediate-care facility for individuals with intellectual disabilities
 - or
 - You have been admitted to a hospital from such a facility or hospital
- You are receiving hospice services
- You were a foster care child and you are eligible for MassHealth Standard, until age 21 or 26 as described in regulations at 130 CMR 505.002(H),
- You are American Indian or an Alaska Native and you are currently receiving or have ever received services at the Indian Health Service (IHS), an Indian tribe, a tribal organization, or an urban Indian organization, or
- You are in another exempt category (see regulations at 130 CMR 506.015 or 130 CMR 520.037).

Copay Cap

Members are responsible for MassHealth pharmacy copays up to a monthly limit, called a copay cap, not to exceed 2% of the member's monthly household income.

- A copay cap is the highest dollar amount that members can be charged in pharmacy copays in a month.
- MassHealth calculates a monthly copay cap for each member based on the lowest income in their household and their household size. MassHealth rounds the copay cap down to the nearest \$10 amount. No copay will be more than \$60. The following table shows what the member's final monthly copay cap will be:

If the member's monthly copay cap is calculated to be:	The member's final monthly copay cap will be:
\$0 to \$9.99	No Copays
\$10 to \$19.99	\$10
\$20 to \$29.99	\$20
\$30 to \$39.99	\$30
\$40 to \$49.99	\$40
\$50 to \$59.99	\$50
\$60 or More	\$60

- For example, if your monthly copay cap is \$12.50 in July, you will not be charged more than \$10 of copays in July. If your household income or family size changes in August, your monthly copay cap may change for August.

Members do not need to pay any more pharmacy copays once they have reached their pharmacy copay cap for the month. MassHealth will send members a letter when they reach the monthly copay cap. If the pharmacy tries to charge the member any more copays for that month, the member should show the pharmacy the letter and the pharmacy should not charge the copay. Members who do not receive a letter, or who have any questions, should call the MassHealth Customer Service Center. See contact information below.

Members who CANNOT pay the copay

The pharmacy cannot refuse to give members their covered drugs even if they cannot pay the copay. However, the pharmacy can bill members later for the copay. Members must call the MassHealth Customer Service if a pharmacy does not give them the drugs. See contact information below.

Excluded Services

The following services or supplies are not covered under MassHealth, unless they are medically necessary, or as noted.

- Cosmetic surgery. There are exceptions if MassHealth agrees it is necessary for
 - Treating damage following injury or illness;
 - Breast reconstruction following a mastectomy; or
 - Other procedures that MassHealth determines are medically necessary
- Treatment for infertility. This includes in-vitro fertilization (IVF) and gamete intrafallopian tube (GIFT) procedures
- Experimental treatment
- A service or supply that is not provided by, or at the direction of, your provider or MassHealth. There are exceptions for:
 - Emergency services
 - Family planning services
- Noncovered laboratory services
- Personal comfort items such as air conditioners, radios, telephones, and televisions

Contact MassHealth

If you have questions, call the MassHealth Customer Service Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at (800) 841-2900 or TTY at (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled.

Covered Services List for BeHealthy Partnership Members with MassHealth Family Assistance Coverage

Overview

The following table is an overview of the covered services and benefits for BeHealthy Partnership Family Assistance members. All services and benefits are covered directly by BeHealthy Partnership, except for behavioral health services, which are covered by the MassHealth behavioral health services contractor, the Massachusetts Behavioral Health Partnership (MBHP).

The table also shows whether each service requires a referral (approval from your primary care clinician (PCC) or primary care provider (PCP)), prior authorization (permission from BeHealthy Partnership or one of our vendors), or both to receive the service. There is more information about prior authorizations and referrals in your member handbook. Before you receive some services, providers may ask for information related to your health care needs to determine if the service is appropriate and to register you for the service with your health plan (if required).

All services and benefits are covered directly by BeHealthy Partnership, except certain services are covered directly by MassHealth that we have indicated with an asterisk (*). BeHealthy Partnership will still coordinate these services for you.

You can call the BeHealthy Partnership Customer Service Center for more information about services and benefits or to ask questions at (800) 786-9999 or TTY at (711) for people who are deaf, hard of hearing, or speech disabled. You can also contact MassHealth Customer Service Center for more information about services and benefits or to ask questions at (800) 841-2900 or TTY at (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled.

- For questions about behavioral health services, please call the MBHP at (800) 495-0086 or TTY at (617) 790-4130 for people who are deaf, hard of hearing, or speech disabled.
- For more information about the pharmacy covered service, go to the MassHealth Drug List at www.mass.gov/druglist.
- For questions about dental services, please call (800) 207-5019 or TTY at (800) 466-7566 for people who are deaf, hard of hearing, or speech disabled or go to www.masshealth-dental.net.

Please keep in mind that MassHealth covered services and benefits change from time to time and flexibilities may be available because of COVID-19. This Covered Services List is for your general information only and should not serve as a sole resource for determining coverage (for example, there may be limits to what is covered for a service). MassHealth regulations control the covered services and benefits available to you. To access MassHealth regulations:

- go to MassHealth's website at www.mass.gov/masshealth or
- call the MassHealth Customer Service Center at (800) 841-2900 or TTY at (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled Monday through Friday from 8:00 a.m. – 5:00 p.m.

MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Emergency Services		
Emergency Inpatient and Outpatient Services	No	No
Medical Services		
Abortion Services	No	No
Acute Inpatient Hospital Services – Includes all inpatient services in an acute hospital, such as daily physician intervention, surgery, obstetrics, behavioral health, radiology, laboratory, and other diagnostic and treatment procedures. (May require pre-screening.)	No	No
Acute Outpatient Hospital Services – Services in a hospital’s outpatient department or satellite clinic. They are generally provided, directed, or ordered by a physician. Services include specialty care, observation services, day surgery, diagnostic services, and rehabilitation services.	Yes	No
Ambulatory Surgery Services – Surgical, diagnostic, and medical services that provide diagnosis or treatment through operative procedures, including oral surgery, requiring general, local, or regional anesthesia to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure.	Yes	No
Audiologist (Hearing) Services – Services include, but are not limited to, testing related to the determination of hearing loss, evaluation for hearing aids, prescription for hearing-aid devices, and aural rehabilitation.	No	No
Chiropractic Services – Chiropractic manipulative treatment, office visits, and some radiology services (e.g., X-rays).	No	No
Chronic Disease and Rehabilitation Hospital (CDRH) Services – Services in a chronic disease hospital or rehabilitation hospital for up to 100 days per admission. You may be transferred from your plan to MassHealth fee-for-service to keep receiving CDRH services. If the member becomes eligible for another MassHealth coverage type (e.g., MassHealth Standard or CommonHealth), this coverage may be extended beyond 100 days per admission. [Note: Admission in a CDRH and a Nursing Facility will be treated as separate admissions, even if they occur within 30 days of one another. In those cases, up to 100 days of CDRH services and a separate 100 days of Nursing Facility Services are covered.]	Yes	No
Community Health Center Services - Examples include: <ul style="list-style-type: none"> • Specialty office visits • OB/GYN services • Pediatric services, including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services • Medical social services • Nutrition services, including diabetes self-management training and medical nutrition therapy • Vaccines/immunizations • Health education 	No	No

MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Diabetes Self-Management Training – Diabetes self-management training and education services furnished to an individual with pre-diabetes or diabetes by a physician or certain accredited qualified health care professionals (e.g., registered nurses, physician assistants, nurse practitioners, and licensed dietitians).	No	No
Dialysis Services – Medically necessary renal dialysis that includes all services, supplies, and routine laboratory tests; also includes training for home dialysis.	No	No
Durable Medical Equipment (DME) – Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items. Enteral Nutritional Supplements (formula) and breast pumps (one per birth or as medically necessary) are covered under your DME benefit.	Yes	No
Early Intervention Services	No	No
Family Planning Services	No	No
Fluoride Varnish – Fluoride varnish applied by pediatricians and other qualified health care professionals (physician assistants, nurse practitioners, registered nurses, and licensed practical nurses) to members under age 21, during a pediatric preventive care visit.	No	No
Hearing Aid Services	Yes	No
Home Health Services – Skilled and supportive care services provided in the member’s home to meet skilled care needs and associated activities of daily living to allow the member to safely stay in their home. Available services include skilled nursing, medication administration, home health aide, and occupational, physical, and speech/language therapy.	Yes	No
Hospice Services – Members should discuss with MassHealth or their health plan the options for receiving hospice services.	No	No
Infertility Services - Diagnosis of infertility and treatment of underlying medical condition.	Yes	No
Intensive Early Intervention Services – Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.	Yes	No
Laboratory Services – All services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health.	Yes	No
Medical Nutritional Therapy – Nutritional, diagnostic, therapy and counseling services for the purpose of a medical condition that are furnished by a physician, licensed dietician, licensed dietician/nutritionist, or other accredited qualified health care professionals (e.g., registered nurses, physician assistants, and nurse practitioners).	No	No
Nursing Facility Services – Services in a nursing facility for up to 100 days per admission. You may be transferred from your plan to MassHealth fee-for-service to keep receiving Nursing Facility Services. If the member becomes eligible for another MassHealth coverage type (e.g., MassHealth Standard or CommonHealth), this coverage may be extended beyond 100 days per admission. [Note: Admission in a CDRH and a Nursing Facility will be treated as separate admissions, even if they occur within 30 days of one another. In those cases, up to 100 days of CDRH services and a separate 100 days of Nursing Facility Services are covered.]	Yes	No

MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Orthotic Services – Braces (nondental) and other mechanical or molded devices to support or correct any defect of form or function of the human body.	Yes	No
Oxygen and Respiratory Therapy Equipment	Yes	No
Podiatrist Services – Services for footcare	No	No
Primary Care (provided by member’s PCC or PCP) – Examples include: <ul style="list-style-type: none"> • Office visits for primary care • Annual gynecological exams • Prenatal care • Diabetes self-management training • Tobacco cessation services • Fluoride varnish to prevent tooth decay in children and teens up to age 21 	No	No
Prosthetic Services	Yes	No
Radiology and Diagnostic Services – Examples include: <ul style="list-style-type: none"> • X-Rays • Magnetic resonance imagery (MRI) and other imaging studies • Radiation oncology services performed at radiation oncology centers (ROCs) that are independent of an acute outpatient hospital or physician service 	Yes	No
School Based Health Center Services – All covered services delivered in School Based Health Centers (SBHCs), when such services are rendered by a hospital, hospital-licensed health center, or community health center.	Yes	No
Specialists – Examples include: Office visits for specialty care OB/GYN (No referral needed for prenatal care and annual gynecological exam) Medical nutritional therapy	No	No
Therapy Services – Therapy services include diagnostic evaluation and therapeutic intervention, which are designed to improve, develop, correct, rehabilitate, or prevent the worsening of functional capabilities and/or disease, injury, or congenital disorder. Examples include: Occupational therapy Physical therapy Speech/language therapy	Yes	No
Tobacco Cessation Services – Face-to-face individual and group tobacco cessation counseling and tobacco cessation drugs, including nicotine replacement therapy (NRT).	No	No
Wigs - As prescribed by a physician and related to a medical condition	Yes	No

MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Preventative Pediatric Health-Care Screening & Diagnosis Services (PPHSD)		
Screening Services – Children should go to their Primary Care Provider (PCP) for preventive healthcare visits even when they are well. As part of these visits, PCPs can perform screenings that can identify health problems or risks. These screenings include physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems. Routine visits with a dental provider are also covered for children under age 21.	No	No
Diagnosis Services – Diagnostic testing is performed to follow up when a risk is identified.	Yes	No
Dental Services		
Adult Dentures* – Full and partial dentures, and adjustments and repairs to those dentures, for adults ages 21 and over.	No	No
Diagnostic, Preventive, Restorative, and Major Dental Services* – Used for the prevention, control, and treatment of dental diseases and the maintenance of oral health for children and adults.	No	No
Emergency-Related Dental Care	No	No
Oral Surgery* – Performed in a dental office, outpatient hospital, or ambulatory surgery setting and which is medically necessary to treat an underlying medical condition. (*Procedure specific)	Yes	No
Transportation Services		
Transportation Services: Emergency – Ambulance (air and land) transport that generally is not scheduled but is needed on an emergency basis. These include specialty care transport (that is, an ambulance transport of a critically injured or ill member from one facility to another, requiring care beyond the scope of a paramedic).	No	No
Vision Services		
Vision Care* – Includes: <ul style="list-style-type: none"> • Comprehensive eye exams once every year for members under 21 and once every 24 months for members 21 and over, and whenever medically necessary • Vision training • Ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus • Bandage lenses • Prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts (*item dependent)	Yes	No
Pharmacy Services		
See copay information at the end of this section.		
Over-the-counter medicines	No	No
Prescription drugs	Yes	No

MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Behavioral Health Services		
Non 24-hour Diversionary Services		
<p>Community Support Program (CSP) – Services delivered by a community-based, mobile, multi-disciplinary team. These services help members with a long-standing mental health or substance use disorder diagnosis. Services support members, and their families, who are at increased medical risk, and children and adolescents whose behavioral health issues impact how well they can function at home or in the community. Services include outreach and supportive services.</p>	No	No
<p>Intensive Outpatient Program (IOP) – A clinically intensive service that follows a discharge from an inpatient stay and helps members avoid readmission to an inpatient service and help move back to the community. The service provides coordinated treatment using a range of specialists.</p>	No	No
<p>Partial Hospitalization (PHP) – These services offer short-term day mental health programming available seven days per week, as an alternative to inpatient hospital services. These services include daily psychiatric management.</p>	Yes	No
<p>Program of Assertive Community Treatment (PACT) – A treatment team approach to providing acute, active, and long-term community-based mental health treatment, outreach, rehabilitation, and support. This service helps members to maximize their recovery, set goals, and be in the community. Services are provided in the community and are available 24 hours a day, seven days a week, 365 days a year, as needed.</p>	No	No
<p>Psychiatric Day Treatment – Mental health services for members who do not need an inpatient hospital stay, but who needs more treatment than a weekly visit. Psychiatric day treatment includes diagnostic, treatment, and rehabilitative services.</p>	No	No
<p>Recovery Coaching – A non-clinical service provided by peers who have lived experience with substance use disorder and who have been certified as recovery coaches. Members are connected with recovery coaches. Recovery coaches help members start treatment and serve as a guide to maintain recovery and to stay in the community.</p>	No	No
<p>Recovery Support Navigators (RSN) – Specialized care coordination services for members who have substance use disorder. This service helps members to access and receive treatment, including withdrawal management and step-down services, and to stay motivated for treatment and recovery.</p>	No	No

MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<p>Structured Outpatient Addiction Program (SOAP) – Substance use disorder services that are clinically intensive and offered in a structured setting in the day or evening. These programs can be used to help a member transition from an inpatient substance use disorder program. It can also be used by individuals who need more structured outpatient services for a substance use disorder. These programs may include specialized services for pregnant members, adolescents, and adults who need 24-hour monitoring.</p>	No	No
24 Hour Diversionary Services		
Mental health and substance use disorder services used instead of inpatient hospital services. These services support a member returning to the community after an inpatient hospital stay, or help a member maintain functioning in the community.		
<p>Acute Treatment Services (ATS) for Substance Use Disorders – Services used to treat substance use disorders on a 24-hour, seven days a week basis. Services may include assessment; use of approved medications for addictions; individual and group counseling; educational groups; and discharge planning. Pregnant members receive specialized services. Members receive additional services to treat other mental health conditions.</p>	No	No
<p>Clinical Support Services for Substance Use Disorders – 24-hour treatment services that can be used by themselves or after acute treatment services for substance use disorders. Services include education and counseling; outreach to families and significant others; medications for treating substance use disorders; referrals to primary care and community supports; and planning for recovery. Members with other mental health disorders receive coordination of transportation and referrals to mental health providers. Pregnant members receive coordination with their obstetrical care.</p>	No	No
<p>Community-Based Acute Treatment for Children and Adolescents (CBAT) – Intensive mental health services in a secure setting on a 24-hour basis, with clinical staffing to ensure the safety of the child or adolescent. Treatment may include: checking medications; psychiatric assessment; nursing; one-to-one treatments to maintain the member’s safety (specializing); individual, group, and family therapy; case management; family assessment and consultation; discharge planning; and psychological testing. This service may be used as an alternative to or transition from inpatient hospital services.</p>	Yes	No
<p>Community Crisis Stabilization – Services provided instead of inpatient hospital services. These services provide 24-hour observation and supervision for members.</p>	No	No

MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
<p>Transitional Care Unit (TCU)* – A community-based treatment program with high levels of supervision, structure, and support within an unlocked setting. This service serves children and adolescents under age 19 who are in the custody of the Department of Children and Families (DCF), who need group care or foster care, but who no longer require an acute level of care. This comprehensive service includes a therapeutic setting, psychiatry, case management, and treatments with a range of specialists.</p>	Yes	No
Substance Use Disorder Diversionary Services		
<p>Adult Residential Rehabilitation Services for Substance Use Disorders – Services for substance use disorder offered in a 24-hour residential setting. Services include: at least five hours of individual or group therapy each week; case management; education; and rehabilitation based in the residence. Some residential programs serve pregnant and post-partum members, and provide assessment and management of gynecological, obstetric, and other prenatal needs, and offer parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups. Members receive coordination of transportation and referrals to mental health providers to ensure treatment for any other mental health conditions.</p>	No	No
<p>Co-occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour, safe, structured setting in the community. These services support the member’s recovery from substance use disorders and moderate to severe mental health conditions. The services support a move back into the community and a return to social, work, and educational roles. Services are provided to support recovery. Clinical services, additional outpatient levels of care, and access to prescribers for medications are available.</p>	No	No
<p>Family Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for families in which a parent has a substance use disorder. Rehabilitative services that support parents and children are provided along with ongoing support for developing and maintaining interpersonal and parenting skills and support family reunification and stability. Members receive therapy, case management, education, and rehabilitation based in the residence.</p>	No	No
<p>Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for youth ages 16 to 21 or young adults ages 18 to 25 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.</p>	No	No

MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Youth Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for youth ages 13 to 17 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.	No	No
Inpatient Services		
24-hour hospital services that provide mental health or substance use disorder treatment, diagnoses, or both.		
Administratively Necessary Day (AND) Services – Day(s) of inpatient hospital services for members who are ready for discharge, but the right setting is not available. Services include appropriate continuing clinical services.	No	No
Inpatient Mental Health Services – Inpatient hospital services to evaluate and treat acute psychiatric conditions.	Yes	No
Inpatient Substance Use Disorder Services – Inpatient hospital services that provide medically directed care and treatment to members with complex withdrawal needs, as well as co-occurring medical and behavioral health conditions.	No	No
Observation/Holding Beds – Hospital services, for a period of up to 24 hours, that are used to assess, stabilize, and identify resources for members.	Yes	No
Outpatient Behavioral Health Services		
Acupuncture Treatment – The insertion of metal needles through the skin at certain points on the body as an aid to persons who are withdrawing from, or in recovery from, dependence on substances.	No	No
Ambulatory Withdrawal Management – Outpatient services for members who are experiencing a serious episode of excessive substance use or complications from withdrawal when neither life nor significant bodily functions are threatened.	No	No
Applied Behavioral Analysis for members under 21 years of age (ABA Services) – A service for a member under the age of 21 with Autism Spectrum Disorder diagnosis (ASD). It is used to treat challenging behaviors that interfere with a youth’s ability to function successfully. This service includes behavioral assessments; interpretation of behaviors; development of a treatment plan; supervision and coordination of treatments; and parent training to address specific goals.	Yes	No
Assessment for Safe and Appropriate Placement (ASAP) – An assessment for certain sexually abusive youth or arsonists who are in the care and custody of the Department of Children and Families (DCF), and who are being discharged from an inpatient or certain diversionary settings to a family home care setting. Services are provided through a DCF designated ASAP provider.	No	No

MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Case Consultation – A meeting between the treating provider and other behavioral health clinicians or the member’s primary care physician, concerning a member. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual’s progress.	No	No
Collateral Contact – A communication between a provider and individuals who are involved in the care or treatment of a member under 21 years old. Providers may include school and day care personnel, state agency staff, and human services agency staff.	No	No
Couples/Family Treatment – Therapy and counseling to treat a member and their partner or family in the same session.	No	No
Diagnostic Evaluation – An assessment of a member’s functioning, used to diagnose and to design a treatment plan.	No	No
Dialectical Behavioral Therapy (DBT) – Outpatient treatment involving strategies from behavioral, cognitive, and supportive psychotherapies for members with certain disorders, including members with borderline personality disorder.	No	No
Family Consultation – A meeting with family members or others who are important to the member and to a member’s treatment. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual’s progress.	No	No
Group Treatment – Therapy and counseling to treat unrelated individuals in a group setting.	No	No
Individual Treatment – Therapy or counseling to treat an individual on a one-to-one basis.	No	No
Inpatient-Outpatient Bridge Visit – A single-session consultation led by an outpatient provider while a member is still in an inpatient psychiatric unit. This visit includes the member and the inpatient provider.	No	No
Medication Visit – A visit to evaluate the appropriateness of the member’s prescriptions for drugs used for behavioral health needs, as well as any need for monitoring by a psychiatrist or registered nurse clinical specialist for whether such drugs are useful and any side effects.	No	No
Opioid Treatment Services – Supervised assessment and treatment of an individual, using medications approved by the Food and Drug Administration, along with a range of medical and rehabilitative services to relieve the effects of opiate addiction. Includes detoxification and maintenance treatment.	No	No
Psychiatric Consultation on an Inpatient Medical Unit – A meeting between a psychiatrist or advanced practice registered nurse clinical specialist and a member at the request of the medical unit. It is used to assess the member’s mental status and to consult on a behavioral health plan, including proper medications, with the medical staff.	No	No
Psychological Testing – Standardized tests used to assess a member’s cognitive, emotional, neuropsychological, and verbal functioning.	No	No
Special Education Psychological Testing* – Testing used toward the development of, or to determine the need for, an Individualized Educational Plan (IEP) for children.	No	No

MassHealth Family Assistance Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Intensive Home and Community-Based Services for Youth		
Intensive behavioral health services provided to members in a community-based setting.		
<p>In-Home Therapy Services – This service for children that often is delivered in a teamed approach, it includes a therapeutic clinical intervention and training and therapeutic support paraprofessional, as follows:</p> <p>Therapeutic Clinical Intervention – A therapeutic relationship between a masters clinician and the child and family. The aim is to treat the child’s mental health needs by improving the family’s ability to support the healthy functioning of the child within the family. The clinician develops a treatment plan and works with the family to improve problem-solving, limit-setting, communication, and emotional support or other functions. The qualified clinician may often work with in a Therapeutic Training and Support paraprofessional.</p> <p>Therapeutic Training and Support – A service provided by paraprofessional working under the direction of the Masters level clinician to support implementation of a licensed clinician’s treatment plan to achieve the goals of the treatment plan. This trained individual works with a master clinician to support a treatment plan that addresses the child’s mental health and emotional challenges.</p>	No	No
Other Behavioral Health Services		
<p>Electro-Convulsive Therapy (ECT) – A treatment that is used to treat depression that has not responded to medications and psychotherapy. This treatment initiates a seizure with an electric impulse while the individual is under anesthesia.</p>	Yes	No
<p>Emergency Services Program (ESP) – Services provided to adults age 18 and over who are experiencing a behavioral health crisis. This service is provided by designated emergency service program providers or, in some cases, by outpatient hospital emergency departments. Services help identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.</p>	No	No
<p>Repetitive Transcranial Magnetic Stimulation (rTMS) – A treatment that is used to treat depression that has not responded to medications and psychotherapy. In this treatment, rapidly changing magnetic fields are applied to the brain through a wire attached to the scalp.</p>	Yes	No
<p>Specialing – Treatment services provided to a member in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual’s safety.</p>	Yes	No
<p>Youth Mobile Crisis Intervention – Services for youth under the age of 21 who are experiencing a behavioral health emergency. This service includes short-term mobile, on-site, and face-to-face treatment. It is used to identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.</p>	No	No

Copays

A copay is a small amount that a member pays when they get health services. The only time that a member may have a copay is when they get certain prescription drugs. Most members pay the following pharmacy copays:

- \$1 for each prescription and refill for each generic drug and over-the-counter drug covered by MassHealth in the following drug classes: antihyperglycemics, antihypertensives, and antihyperlipidemics; and
- \$3.65 for each prescription and refill for all other generic, brand-name, and over-the-counter drugs covered by MassHealth that are not \$1 as outlined above or excluded.

If a member is receiving a 90-day supply of a MassHealth covered prescription drug, the total copay amount for that 90-day supply will still either be \$1 or \$3.65 as outlined above.

The following prescriptions and refills do NOT have any pharmacy copays:

- Drugs used for substance use disorder (SUD) treatment, such as medication-assisted therapy (MAT) (for example, Suboxone or Vivitrol),
- Certain preventive drugs such as low-dose aspirin for heart conditions, drugs used to prevent HIV, and drugs used to prepare for a colonoscopy,
- Certain vaccines and their administration,
- Family planning drugs or supplies, such as birth control pills (oral contraceptives),
- Drugs to help you stop smoking,
- Emergency services,
- Provider preventable services, or
- Other services described in MassHealth regulations (130 CMR 506.015 and 130 CMR 520.037).

Prescription drugs are the only benefit that may have copays. There are no copays for other covered services and benefits.

Members who do NOT have pharmacy copays

Some members do not have to pay a copay at all. You do not have to pay a MassHealth copay for any service covered by MassHealth if:

- Your income is at or below 50% of the federal poverty level (FPL)
- You are eligible for MassHealth because you are receiving certain public assistance benefits such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children (TAFDC), or services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program. See regulations at 130 CMR 506.015 and 130 CMR 520.037
- You are under 21 years old
- You are pregnant or you have recently given birth (you are in the postpartum period)
- You are receiving benefits under MassHealth Limited (Emergency Medicaid)
- You are a member who has MassHealth Senior Buy-In or MassHealth Standard, and you are receiving a drug that is covered under Medicare Parts A and B only, when provided by a Medicare-certified provider,
- You are in a long-term care facility such as:
 - A nursing facility
 - Chronic-disease or rehabilitation hospital, or
 - Intermediate-care facility for individuals with intellectual disabilities
or
 - You have been admitted to a hospital from such a facility or hospital
- You are receiving hospice services
- You were a foster care child and you are eligible for MassHealth Standard, until age 21 or 26 as described in regulations at 130 CMR 505.002(H),
- You are American Indian or an Alaska Native and you are currently receiving or have ever received services at the

Indian Health Service (IHS), an Indian tribe, a tribal organization, or an urban Indian organization, or

- You are in another exempt category (see regulations at 130 CMR 506.015 or 130 CMR 520.037).

Copay Cap

Members are responsible for MassHealth pharmacy copays up to a monthly limit, called a copay cap, not to exceed 2% of the member's monthly household income.

- A copay cap is the highest dollar amount that members can be charged in pharmacy copays in a month.
- MassHealth calculates a monthly copay cap for each member based on the lowest income in their household and their household size. MassHealth rounds the copay cap down to the nearest \$10 amount. No copay will be more than \$60. The following table shows what the member's final monthly copay cap will be:

If the member's monthly copay cap is calculated to be:	The member's final monthly copay cap will be:
\$0 to \$9.99	No Copays
\$10 to \$19.99	\$10
\$20 to \$29.99	\$20
\$30 to \$39.99	\$30
\$40 to \$49.99	\$40
\$50 to \$59.99	\$50
\$60 or More	\$60

- For example, if your monthly copay cap is \$12.50 in July, you will not be charged more than \$10 of copays in July. If your household income or family size changes in August, your monthly copay cap may change for August.

Members do not need to pay any more pharmacy copays once they have reached their pharmacy copay cap for the month. MassHealth will send members a letter when they reach the monthly copay cap. If the pharmacy tries to charge the member any more copays for that month, the member should show the pharmacy the letter and the pharmacy should not charge the copay. Members who do not receive a letter, or who have any questions, should call the MassHealth Customer Service Center. See contact information below.

Members who CANNOT pay the copay

The pharmacy cannot refuse to give members their covered drugs even if they cannot pay the copay. However, the pharmacy can bill members later for the copay. Members must call the MassHealth Customer Service if a pharmacy does not give them the drugs. See contact information below.

Excluded Services

The following services or supplies are not covered under MassHealth, unless they are medically necessary, or as noted.

- Cosmetic surgery. There are exceptions if MassHealth agrees it is necessary for
 - Treating damage following injury or illness;
 - Breast reconstruction following a mastectomy; or
 - Other procedures that MassHealth determines are medically necessary
- Treatment for infertility. This includes in-vitro fertilization (IVF) and gamete intrafallopian tube (GIFT) procedures
- Experimental treatment
- A service or supply that is not provided by, or at the direction of, your provider or MassHealth. There are exceptions for:
 - Emergency services
 - Family planning services
- Noncovered laboratory services
- Personal comfort items such as air conditioners, radios, telephones, and televisions

Contact MassHealth

If you have questions, call the MassHealth Customer Service Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at (800) 841-2900 or TTY at (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled.

Covered Services List for BeHealthy Partnership Members with CarePlus Coverage

Overview

The following table is an overview of the covered services and benefits for BeHealthy Partnership CarePlus members. All services and benefits are covered directly by BeHealthy Partnership, except for behavioral health services, which are covered by the MassHealth behavioral health services contractor, the Massachusetts Behavioral Health Partnership (MBHP).

The table also shows whether each service requires a referral (approval from your primary care clinician (PCC) or primary care provider (PCP)), prior authorization (permission from BeHealthy Partnership or one of our vendors), or both to receive the service. There is more information about prior authorizations and referrals in your member handbook. Before you receive some services, providers may ask for information related to your health care needs to determine if the service is appropriate and to register you for the service with your health plan (if required).

All services and benefits are covered directly by BeHealthy Partnership, except certain services are covered directly by MassHealth that we have indicated with an asterisk (*). BeHealthy Partnership will still coordinate these services for you.

You can call the BeHealthy Partnership Customer Service Center for more information about services and benefits or to ask questions at (800) 786-9999 or TTY at (711) for people who are deaf, hard of hearing, or speech disabled. You can also contact MassHealth Customer Service Center for more information about services and benefits or to ask questions at (800) 841-2900 or TTY at (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled.

- For questions about behavioral health services, please call the MBHP at (800) 495-0086 or TTY at (617) 790-4130 for people who are deaf, hard of hearing, or speech disabled.
- For more information about the pharmacy covered service, go to the MassHealth Drug List at www.mass.gov/druglist.
- For questions about dental services, please call (800) 207-5019 or TTY at (800) 466-7566 for people who are deaf, hard of hearing, or speech disabled or go to www.masshealth-dental.net.

Please keep in mind that MassHealth covered services and benefits change from time to time and flexibilities may be available because of COVID-19. This Covered Services List is for your general information only and should not serve as a sole resource for determining coverage (for example, there may be limits to what is covered for a service). MassHealth regulations control the covered services and benefits available to you. To access MassHealth regulations:

- go to MassHealth's website at www.mass.gov/masshealth or
- call the MassHealth Customer Service Center at (800) 841-2900 or TTY at (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled Monday through Friday from 8:00 a.m. – 5:00 p.m.

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Emergency Services		
Emergency Inpatient and Outpatient Services	No	No
Medical Services		
Abortion Services	No	No
Acupuncture Treatment – For use for pain relief or anesthesia	No	No
Acute Inpatient Hospital Services – Includes all inpatient services in an acute hospital, such as daily physician intervention, surgery, obstetrics, behavioral health, radiology, laboratory, and other diagnostic and treatment procedures. (May require pre-screening.)	No	No
Acute Outpatient Hospital Services – Services in a hospital’s outpatient department or satellite clinic. They are generally provided, directed, or ordered by a physician. Services include specialty care, observation services, day surgery, diagnostic services, and rehabilitation services.	Yes	No
Ambulatory Surgery Services – Surgical, diagnostic, and medical services that provide diagnosis or treatment through operative procedures, including oral surgery, requiring general, local, or regional anesthesia to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure.	Yes	No
Audiologist (Hearing) Services – Services include, but are not limited to, testing related to the determination of hearing loss, evaluation for hearing aids, prescription for hearing-aid devices, and aural rehabilitation.	No	No
Chiropractic Services – Chiropractic manipulative treatment, office visits, and some radiology services (e.g., X-rays).	No	No
Chronic Disease and Rehabilitation Hospital (CDRH) Services – Services in a chronic disease hospital or rehabilitation hospital for up to 100 days. If the member becomes eligible for another MassHealth coverage type (e.g., MassHealth Standard or CommonHealth), this coverage may be extended beyond 100 days. [Note: Admission in a CDRH and a Nursing Facility will be treated as one admission. In those cases, 100 days of combined CDRH and Nursing Facility Services is covered.]	Yes	No
Community Health Center Services - Examples include: <ul style="list-style-type: none"> • Specialty office visits • OB/GYN services • Pediatric services, including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services • Medical social services • Nutrition services, including diabetes self-management training and medical nutrition therapy • Vaccines/immunizations • Health education 	No	No
Dialysis Services – Medically necessary renal dialysis that includes all services, supplies, and routine laboratory tests; also includes training	No	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
for home dialysis.		
Diabetes Self-Management Training – Diabetes self-management training and education services furnished to an individual with pre-diabetes or diabetes by a physician or certain accredited qualified health care professionals (e.g., registered nurses, physician assistants, nurse practitioners, and licensed dietitians).	No	No
Durable Medical Equipment (DME) – <ul style="list-style-type: none"> • Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items. • Enteral Nutritional Supplements (formula) and breast pumps (one per birth or as medically necessary) are covered under your DME benefit. 	Yes	No
Family Planning Services	No	No
Hearing Aid Services	Yes	No
Home Health Services – Skilled and supportive care services provided in the member’s home to meet skilled care needs and associated activities of daily living to allow the member to safely stay in their home. Available services include skilled nursing, medication administration, home health aide, and occupational, physical, and speech/language therapy.	Yes	No
Hospice Services – Members should discuss with MassHealth or their health plan the options for receiving hospice services.	No	No
Infertility Services - Diagnosis of infertility and treatment of underlying medical condition.	Yes	No
Laboratory Services – All services necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of health.	Yes	No
Medical Nutritional Therapy – Nutritional, diagnostic, therapy and counseling services for the purpose of a medical condition that are furnished by a physician, licensed dietitian, licensed dietician/nutritionist, or other accredited qualified health care professionals (e.g., registered nurses, physician assistants, and nurse practitioners).	No	No
Nursing Facility Services – Services in a nursing facility for up to 100 days. If the member becomes eligible for another MassHealth coverage type (e.g., MassHealth Standard or CommonHealth), this coverage may be extended beyond 100 days. [Note: Admission in a Nursing Facility and a CDRH will be treated as one admission. In those cases, 100 days of combined Nursing Facility and CDRH services is covered.]	Yes	No
Orthotic Services – Braces (nondental) and other mechanical or molded devices to support or correct any defect of form or function of the human body.	Yes	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Oxygen and Respiratory Therapy Equipment	Yes	No
Podiatrist Services – Services for footcare	No	No
Primary Care (provided by member’s PCC or PCP) – Examples include: <ul style="list-style-type: none"> • Office visits for primary care • Annual gynecological exams • Prenatal care • Diabetes self-management training • Tobacco cessation services 	No	No
Prosthetic Services	Yes	No
Radiology and Diagnostic Services – Examples include: <ul style="list-style-type: none"> • X-Rays • Magnetic resonance imagery (MRI) and other imaging studies Radiation oncology services performed at radiation oncology centers (ROCs) that are independent of an acute outpatient hospital or physician service	Yes	No
Specialists – Examples include: <ul style="list-style-type: none"> • Office visits for specialty care • OB/GYN (No referral needed for prenatal care and annual gynecological exam) • Medical nutritional therapy 	No	No
Therapy Services – Therapy services include diagnostic evaluation and therapeutic intervention, which are designed to improve, develop, correct, rehabilitate, or prevent the worsening of functional capabilities and/or disease, injury, or congenital disorder. Examples include: <ul style="list-style-type: none"> • Occupational therapy • Physical therapy • Speech/language therapy 	Yes	No
Tobacco Cessation Services – Face-to-face individual and group tobacco cessation counseling and tobacco cessation drugs, including nicotine replacement therapy (NRT).	No	No
Wigs - As prescribed by a physician and related to a medical condition	Yes	No
Dental Services		
Adult Dentures* – Full and partial dentures, and adjustments and repairs to those dentures, for adults ages 21 and over.	No	No
Diagnostic, Preventive, Restorative, and Major Dental Services* – Used for the prevention, control, and treatment of dental diseases and the maintenance of oral health for children and adults.	No	No
Emergency-Related Dental Care	No	No
Oral Surgery* – Performed in a dental office, outpatient hospital, or ambulatory surgery setting and which is medically necessary to treat an underlying medical condition. (*Procedure specific)	Yes	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Transportation Services		
Transportation Services: Emergency – Ambulance (air and land) transport that generally is not scheduled but is needed on an emergency basis. These include specialty care transport (that is, an ambulance transport of a critically injured or ill member from one facility to another, requiring care beyond the scope of a paramedic).	No	No
Transportation Services: Non-Emergency* – Transportation by land ambulance, chair car, taxi, and common carriers to transport a member to and from a covered service.	Yes	No
Vision Services		
Vision Care* – Includes: <ul style="list-style-type: none"> • Comprehensive eye exams once every year for members under 21 and once every 24 months for members 21 and over, and whenever medically necessary • Vision training • Ocular prosthesis; contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus • Bandage lenses • Prescription and dispensing of ophthalmic materials, including eyeglasses and other visual aids, excluding contacts (*item dependent)	Yes	No
Pharmacy Services		
See copay information at the end of this section.		
Over-the-counter medicines	No	No
Prescription drugs	Yes	No
Behavioral Health Services		
Non 24-hour Diversionary Services		
Community Support Program (CSP) – Services delivered by a community-based, mobile, multi-disciplinary team. These services help members with a long-standing mental health or substance use disorder diagnosis. Services support members, and their families, who are at increased medical risk, and children and adolescents whose behavioral health issues impact how well they can function at home or in the community. Services include outreach and supportive services.	No	No
Intensive Outpatient Program (IOP) – A clinically intensive service that follows a discharge from an inpatient stay and helps members avoid readmission to an inpatient service and help move back to the community. The service provides coordinated treatment using a range of specialists.	No	No
Partial Hospitalization (PHP) – These services offer short-term day mental health programming available seven days per week, as an alternative to inpatient hospital services. These services include daily psychiatric management.	Yes	No
Program of Assertive Community Treatment (PACT) – A treatment team approach to providing acute, active, and long-term community-	No	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
based mental health treatment, outreach, rehabilitation, and support. This service helps members to maximize their recovery, set goals, and be in the community. Services are provided in the community and are available 24 hours a day, seven days a week, 365 days a year, as needed.		
Psychiatric Day Treatment – Mental health services for members who do not need an inpatient hospital stay, but who needs more treatment than a weekly visit. Psychiatric day treatment includes diagnostic, treatment, and rehabilitative services.	No	No
Recovery Coaching – A non-clinical service provided by peers who have lived experience with substance use disorder and who have been certified as recovery coaches. Members are connected with recovery coaches. Recovery coaches help members start treatment and serve as a guide to maintain recovery and to stay in the community.	No	No
Recovery Support Navigators (RSN) – Specialized care coordination services for members who have substance use disorder. This service helps members to access and receive treatment, including withdrawal management and step-down services, and to stay motivated for treatment and recovery.	No	No
Structured Outpatient Addiction Program (SOAP) – Substance use disorder services that are clinically intensive and offered in a structured setting in the day or evening. These programs can be used to help a member transition from an inpatient substance use disorder program. It can also be used by individuals who need more structured outpatient services for a substance use disorder. These programs may include specialized services for pregnant members, adolescents, and adults who need 24-hour monitoring.	No	No
24 Hour Diversionary Services		
Mental health and substance use disorder services used instead of inpatient hospital services. These services support a member returning to the community after an inpatient hospital stay, or help a member maintain functioning in the community.		
Acute Treatment Services (ATS) for Substance Use Disorders – Services used to treat substance use disorders on a 24-hour, seven days a week basis. Services may include assessment; use of approved medications for addictions; individual and group counseling; educational groups; and discharge planning. Pregnant members receive specialized services. Members receive additional services to treat other mental health conditions.	No	No
Clinical Support Services for Substance Use Disorders – 24-hour treatment services that can be used by themselves or after acute treatment services for substance use disorders. Services include education and counseling; outreach to families and significant others; medications for treating substance use disorders; referrals to primary care and community supports; and planning for recovery. Members with other mental health disorders receive coordination of transportation and referrals to mental health providers. Pregnant members receive coordination with their obstetrical care.	No	No
Community Crisis Stabilization – Services provided instead of inpatient	No	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
hospital services. These services provide 24-hour observation and supervision for members.		
Substance Use Disorder Diversionary Services		
Adult Residential Rehabilitation Services for Substance Use Disorders – Services for substance use disorder offered in a 24-hour residential setting. Services include: at least five hours of individual or group therapy each week; case management; education; and rehabilitation based in the residence. Some residential programs serve pregnant and post-partum members, and provide assessment and management of gynecological, obstetric, and other prenatal needs, and offer parenting skills education, child development education, parent support, family planning, nutrition, as well as opportunities for parent/child relational and developmental groups. Members receive coordination of transportation and referrals to mental health providers to ensure treatment for any other mental health conditions.	No	No
Family Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for families in which a parent has a substance use disorder. Rehabilitative services that support parents and children are provided along with ongoing support for developing and maintaining interpersonal and parenting skills and support family reunification and stability. Members receive therapy, case management, education, and rehabilitation based in the residence.	No	No
Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders – Services provided in a 24-hour residential setting for youth ages 16 to 21 or young adults ages 18 to 25 who are recovering from alcohol or other drug problems. Services include: individual or group therapy; case management; education; and rehabilitation based in the residence. Members also receive coordination of transportation and referrals to mental health providers for any co-occurring mental health conditions.	No	No
Inpatient Services		
24-hour hospital services that provide mental health or substance use disorder treatment, diagnoses, or both.		
Administratively Necessary Day (AND) Services – Day(s) of inpatient hospital services for members who are ready for discharge, but the right setting is not available. Services include appropriate continuing clinical services.	No	No
Inpatient Mental Health Services – Inpatient hospital services to evaluate and treat acute psychiatric conditions.	Yes	No
Inpatient Substance Use Disorder Services – Inpatient hospital services that provide medically directed care and treatment to members with complex withdrawal needs, as well as co-occurring medical and behavioral health conditions.	No	No
Observation/Holding Beds – Hospital services, for a period of up to 24 hours, that are used to assess, stabilize, and identify resources for members.	Yes	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Outpatient Behavioral Health Services		
Acupuncture Treatment – The insertion of metal needles through the skin at certain points on the body as an aid to persons who are withdrawing from, or in recovery from, dependence on substances.	No	No
Ambulatory Withdrawal Management – Outpatient services for members who are experiencing a serious episode of excessive substance use or complications from withdrawal when neither life nor significant bodily functions are threatened.	No	No
Case Consultation – A meeting between the treating provider and other behavioral health clinicians or the member’s primary care physician, concerning a member. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual’s progress.	No	No
Couples/Family Treatment – Therapy and counseling to treat a member and their partner or family in the same session.	No	No
Diagnostic Evaluation – An assessment of a member’s functioning, used to diagnose and to design a treatment plan.	No	No
Dialectical Behavioral Therapy (DBT) – Outpatient treatment involving strategies from behavioral, cognitive, and supportive psychotherapies for members with certain disorders, including members with borderline personality disorder.	No	No
Family Consultation – A meeting with family members or others who are important to the member and to a member’s treatment. The meeting is used to identify and plan for additional services; coordinate or revise a treatment plan; and review the individual’s progress.	No	No
Group Treatment – Therapy and counseling to treat unrelated individuals in a group setting.	No	No
Individual Treatment – Therapy or counseling to treat an individual on a one-to-one basis.	No	No
Inpatient-Outpatient Bridge Visit – A single-session consultation led by an outpatient provider while a member is still in an inpatient psychiatric unit. This visit includes the member and the inpatient provider.	No	No
Medication Visit – A visit to evaluate the appropriateness of the member’s prescriptions for drugs used for behavioral health needs, as well as any need for monitoring by a psychiatrist or registered nurse clinical specialist for whether such drugs are useful and any side effects.	No	No
Opioid Treatment Services – Supervised assessment and treatment of an individual, using medications approved by the Food and Drug Administration, along with a range of medical and rehabilitative services to relieve the effects of opiate addiction. Includes detoxification and maintenance treatment.	No	No
Psychiatric Consultation on an Inpatient Medical Unit – A meeting between a psychiatrist or advanced practice registered nurse clinical specialist and a member at the request of the medical unit. It is used to assess the member’s mental status and to consult on a behavioral health plan, including proper medications, with the medical staff.	No	No

MassHealth CarePlus Covered Services	Prior authorization required for some or all of the services?	Referral required for some or all of the services?
Psychological Testing – Standardized tests used to assess a member’s cognitive, emotional, neuropsychological, and verbal functioning.	No	No
Other Behavioral Health Services		
Electro-Convulsive Therapy (ECT) – A treatment that is used to treat depression that has not responded to medications and psychotherapy. This treatment initiates a seizure with an electric impulse while the individual is under anesthesia.	Yes	No
Emergency Services Program (ESP) – Services provided to adults age 18 and over who are experiencing a behavioral health crisis. This service is provided by designated emergency service program providers or, in some cases, by outpatient hospital emergency departments. Services help identify, assess, treat, and stabilize the situation and to reduce the immediate risk of danger. Services are available 24 hours a day, seven days a week.	No	No
Repetitive Transcranial Magnetic Stimulation (rTMS) – A treatment that is used to treat depression that has not responded to medications and psychotherapy. In this treatment, rapidly changing magnetic fields are applied to the brain through a wire attached to the scalp.	Yes	No
Specialing – Treatment services provided to a member in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual’s safety.	Yes	No

Copays

A copay is a small amount that a member pays when they get health services. The only time that a member may have a copay is when they get certain prescription drugs. Most members pay the following pharmacy copays:

- \$1 for each prescription and refill for each generic drug and over-the-counter drug covered by MassHealth in the following drug classes: antihyperglycemics, antihypertensives, and antihyperlipidemics; and
- \$3.65 for each prescription and refill for all other generic, brand-name, and over-the-counter drugs covered by MassHealth that are not \$1 as outlined above or excluded.

If a member is receiving a 90-day supply of a MassHealth covered prescription drug, the total copay amount for that 90-day supply will still either be \$1 or \$3.65 as outlined above.

The following prescriptions and refills do NOT have any pharmacy copays:

- Drugs used for substance use disorder (SUD) treatment, such as medication-assisted therapy (MAT) (for example, Suboxone or Vivitrol),
- Certain preventive drugs such as low-dose aspirin for heart conditions, drugs used to prevent HIV, and drugs used to prepare for a colonoscopy,
- Certain vaccines and their administration,
- Family planning drugs or supplies, such as birth control pills (oral contraceptives),
- Drugs to help you stop smoking,
- Emergency services,
- Provider preventable services, or
- Other services described in MassHealth regulations (130 CMR 506.015 and 130 CMR 520.037).

Prescription drugs are the only benefit that may have copays. There are no copays for other covered

services and benefits.

Members who do NOT have pharmacy copays

Some members do not have to pay a copay at all. You do not have to pay a MassHealth copay for any service covered by MassHealth if:

- Your income is at or below 50% of the federal poverty level (FPL)
- You are eligible for MassHealth because you are receiving certain public assistance benefits such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children (TAFDC), or services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program. See regulations at 130 CMR 506.015 and 130 CMR 520.037
- You are under 21 years old
- You are pregnant or you have recently given birth (you are in the postpartum period)
- You are receiving benefits under MassHealth Limited (Emergency Medicaid)
- You are a member who has MassHealth Senior Buy-In or MassHealth Standard, and you are receiving a drug that is covered under Medicare Parts A and B only, when provided by a Medicare-certified provider,
- You are in a long-term care facility such as:
 - A nursing facility
 - Chronic-disease or rehabilitation hospital, or
 - Intermediate-care facility for individuals with intellectual disabilities or
 - You have been admitted to a hospital from such a facility or hospital
- You are receiving hospice services
- You were a foster care child and you are eligible for MassHealth Standard, until age 21 or 26 as described in regulations at 130 CMR 505.002(H),
- You are American Indian or an Alaska Native and you are currently receiving or have ever received services at the Indian Health Service (IHS), an Indian tribe, a tribal organization, or an urban Indian organization, or
- You are in another exempt category (see regulations at 130 CMR 506.015 or 130 CMR 520.037).

Copay Cap

Members are responsible for MassHealth pharmacy copays up to a monthly limit, called a copay cap, not to exceed 2% of the member's monthly household income.

- A copay cap is the highest dollar amount that members can be charged in pharmacy copays in a month.
- MassHealth calculates a monthly copay cap for each member based on the lowest income in their household and their household size. MassHealth rounds the copay cap down to the nearest \$10 amount. No copay will be more than \$60. The following table shows what the member's final monthly copay cap will be:

If the member's monthly copay cap is calculated to be:	The member's final monthly copay cap will be:
\$0 to \$9.99	No Copays
\$10 to \$19.99	\$10
\$20 to \$29.99	\$20
\$30 to \$39.99	\$30
\$40 to \$49.99	\$40
\$50 to \$59.99	\$50
\$60 or More	\$60

- For example, if your monthly copay cap is \$12.50 in July, you will not be charged more than \$10 of copays in July. If your household income or family size changes in August, your monthly copay cap may change for August.

Members do not need to pay any more pharmacy copays once they have reached their pharmacy copay cap for the month. MassHealth will send members a letter when they reach the monthly copay cap. If the pharmacy tries to charge the member any more copays for that month, the member should show the pharmacy the letter and the pharmacy should not charge the copay. Members who do not receive a letter, or who have any questions, should call the MassHealth Customer Service Center. See contact information below.

Members who CANNOT pay the copay

The pharmacy cannot refuse to give members their covered drugs even if they cannot pay the copay. However, the pharmacy can bill members later for the copay. Members must call the MassHealth Customer Service if a pharmacy does not give them the drugs. See contact information below.

Excluded Services

The following services or supplies are not covered under MassHealth, unless they are medically necessary, or as noted.

- Cosmetic surgery. There are exceptions if MassHealth agrees it is necessary for
 - Treating damage following injury or illness;
 - Breast reconstruction following a mastectomy; or
 - Other procedures that MassHealth determines are medically necessary
- Treatment for infertility. This includes in-vitro fertilization (IVF) and gamete intrafallopian tube (GIFT) procedures
- Experimental treatment
- A service or supply that is not provided by, or at the direction of, your provider or MassHealth. There are exceptions for:
 - Emergency services
 - Family planning services
- Noncovered laboratory services
- Personal comfort items such as air conditioners, radios, telephones, and televisions

Contact MassHealth

If you have questions, call the MassHealth Customer Service Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at (800) 841-2900 or TTY at (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled.

LEGAL NOTICES AND FORMS

Advance Directives: Planning for Future Health Care

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

There are two kinds of Advance Directives: *A Health Care Proxy and a Living Will.*

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

A Living Will lets you state what kind of care you want or do not want if you cannot make 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 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 a Living Will, you can change your mind at any time and write and sign a new Health Care Proxy or Living Will.

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

You can talk to your doctor to learn more about Advance Directives. For more information, you can call the HNE Member Services department at the number listed on page 5.

Notice of Privacy Practices

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

Health New England (HNE) knows how important it is to protect your privacy at all times and in all settings. This Notice of Privacy Practices describes how HNE may collect, use and disclose your protected health information, and your rights concerning your protected health information. “Protected health information” or “PHI” is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

State and federal law require us to maintain the privacy of your protected health information. This includes protecting all of your information whether it is oral, written or in electronic format. The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) also requires us to provide you this notice about our legal duties and privacy practices.

This notice takes effect January 1, 2021. We must follow the privacy practices described in this Notice while it is in effect. We may change the terms of this Notice at any time in the future and make the new Notice effective for all PHI that we maintain. This Notice replaces any other information you have previously received from us with respect to your PHI. Whenever we make an important change, we will publish the updated Notice on our website at <http://healthnewengland.org/notice-of-privacy-practices>. We will inform subscribers whenever we make a material change to the privacy practices described in this notice in one of our periodic mailings.

How does HNE protect my personal health information?

HNE has a detailed policy on confidentiality. All HNE employees are required to protect the confidentiality of your PHI. An employee may only access your information when they have an appropriate reason to do so. Each employee or temporary employee must sign a statement that he or she has read and understands the policy. On an annual basis, HNE will send a notice to employees to remind them of this policy. Any employee who violates the policy is subject to discipline, up to and including dismissal. If you would like a copy of HNE’s Policy on Confidentiality, you may request a copy from HNE Member Services. In addition, HNE includes confidentiality provisions in all of its contracts with plan providers. HNE also maintains physical, electronic, and procedural safeguards to protect your information.

How does HNE use or share your health information?

HNE and its affiliated entities participates in an organized health care arrangement (OHCA) and Accountable Care Organizations (ACOs), such as the Pioneer Valley Accountable Care ACO and the BeHealthy Partnership ACO. HNE providers and other participants in these OHCA and ACOs, will share your medical information among themselves, for treatment, payment, and operations related to the OHCA or ACO.

How does HNE collect protected health information?

HNE gets PHI from:

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

How does HNE use and disclose my protected health information?

HIPAA and other laws allow or require us to use or disclose your PHI for many different reasons. We can use or disclose your PHI for some reasons without your written agreement. For other reasons, we need you to agree in writing that we can use or disclose your PHI.

Uses and Disclosures for Treatment, Payment and Health Care Operations: HNE uses and discloses protected health information in a number of different ways in connection with your treatment, the payment for your health care, and our health care operations. We can also disclose your information to providers and other health plans that have a relationship with you, for their treatment, payment and some limited health care operations. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

The following are only a few examples of the types of uses and disclosures of your protected health information that we are permitted to make without your authorization for these purposes:

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

Payment: We will use and disclose your protected health information to administer your health benefits policy or contract, which may involve:

- Determining your eligibility for benefits;
- Paying claims for services you receive;
- Making medical necessity determinations;
- Coordinating your care, benefits or other services;
- Coordinating your HNE coverage with that of other plans (if you have coverage through more than one plan to make sure that the services are not paid twice);
- Responding to complaints, appeals and external review requests;
- Obtaining premiums, underwriting, ratemaking and determining cost sharing amounts; and
- Disclosing information to providers for their payment purposes.

Health Care Operations: We will use and disclose your protected health information to support HNE's other business activities, including the following:

- Conducting quality assessment activities, or for the quality assessment activities of providers and other health plans that have a relationship with you;
- Developing clinical guidelines;
- Reviewing the competence or qualifications of providers that treat our members;
- Evaluating our providers' performance as well as our own performance;
- Obtaining accreditation by independent organizations such as the National Committee for Quality Assurance;
- Maintaining state licenses and accreditations;
- Conducting or arranging for medical review, legal services and auditing functions including fraud and abuse detection and compliance programs;
- Business planning and development, including the development of HNE's drug formulary;
- Operation of preventive health, early detection and disease and case management and coordination of care programs, including contacting you or your doctors to provide appointment reminders or information about treatment alternatives, therapies, health care providers, settings of care or other health-related benefits and services;

- Reinsurance activities; and
- Other general administrative activities, including data and information systems management and customer service.

Health Information Exchanges: We participate in secure health information exchanges (“HIEs”), such as those operated by Pioneer Valley Information Exchange and the Massachusetts statewide HIE (“Mass HIway”). HIEs help coordinate patient care efficiently by allowing health care providers involved in your care to share health information with each other in a secure and timely manner. Your health information will be accessed, used and disclosed via the HIEs in which Health New England participates for purposes of treatment, payment and health care operations.

Other Permitted or Required Uses and Disclosures of Protected Health Information In addition to treatment, payment and health care operations, federal law allows or requires us to use or disclose your protected health information in the following additional situations without your authorization:

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

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

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

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

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

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

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

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

Public Health Activities: We may disclose your protected health information to an authorized public health authority for purposes of public health activities. The information may be disclosed for such reasons as controlling disease, injury or disability. We also may have to disclose your PHI to a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading the

disease. In addition, we may make disclosures to a person subject to the jurisdiction of the Food and Drug Administration, for the purpose of activities related to the quality, safety or effectiveness of an FDA-regulated product or activity.

Research: We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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

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

Other Uses and Disclosures (Requires Written Authorization): For all other uses or disclosures not described above, HNE will always obtain your written authorization prior to conducting these activities.

Disclosure of "Highly Confidential" PHI: Certain kinds of PHI are deemed as "highly confidential" due to the sensitivity of the information. For example:

- Alcohol and drug abuse prevention, treatment and referral
- Genetic testing information
- HIV/AIDS or other sexually transmitted diseases testing, diagnosis or treatment
- Psychotherapy notes

Additional protection might be added for these kinds of PHI as required by state and federal law. HNE will only disclose "highly confidential" PHI only when we have obtained prior written authorization from you unless otherwise required by law.

Will HNE give my PHI to my family or friends?

We will only disclose your PHI to a member of your family (including your spouse), a relative, or a close friend in the following circumstances:

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

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

HNE may share your protected health information with affiliates and third party "business associates" that perform various activities for us or on our behalf. For example, HNE may delegate certain functions, such as

medical management or claims repricing, to a third party that is not affiliated with HNE. HNE may also share your personal health information with an individual or company that is working as a contractor or consultant for HNE. HNE's financial auditors may review claims or other confidential data in connection with their services. A contractor or consultant may have access to such data when they repair or maintain HNE's computer systems. Whenever such an arrangement involves the use or disclosure of your protected health information, we will have a written contract that contains terms designed to protect the privacy of your protected health information. HNE may also disclose information about you to your Primary Care Physician, other providers that treat you and other health plans that have a relationship with you, for their treatment, payment and some of their health care operations.

Will HNE disclose my personal health information to my employer?

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

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

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

Many members ask us to disclose their protected health information to third parties for reasons not described in this notice. For example, elderly members often ask us to make their records available to caregivers. To authorize us to disclose any of your protected health information to a person or organization for reasons other than those described in this notice, please call our Member Services Department and ask for an:

Authorization of Personal Representative Form (also found on Health New England's website at <https://healthnewengland.org/forms>). You should return the completed form to HNE's Enrollment Department at One Monarch Place, Suite 1500, Springfield, MA 01144. You may revoke the authorization at any time by sending us a letter to the same address. Please include your name, address, member identification number and a telephone number where we can reach you.

What are my rights with respect to my PHI?

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

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

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

Your request must be in writing.

Right to Access Your Protected Health Information: You have the right to see and get a copy of the protected health information about you that is contained in a “designated record set,” with some specified exceptions. Your “designated record set” includes enrollment, payment, claims adjudication, case or medical management records and any other records that we use to make decisions about you. Requests for access to copies of your records must be in writing and sent to the attention of the HNE Legal Department. Please provide us with the specific information we need to fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies.

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

Right to Request a List (accounting) of Certain Disclosures: You have the right to request an account of the times we have shared your health information. This accounting requirement applies for six years from the date of the disclosure, beginning with disclosures occurring after April 14, 2003. HNE will provide an accounting for all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee.

Right to a Notice in the event of a Breach: In the event of a data breach, you have the right to receive notice regarding the incident.

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

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

To exercise your rights under this Notice or to file a complaint with HNE, please call us at (413) 787-4004, toll-free at (800) 310-2835 (TTY: 711) or write to:

Privacy Officer - Compliance
Department Health New England
One Monarch Place, Suite 1500
Springfield, MA 01144-1500

Complaints to the Federal Government: If you believe your privacy rights have been violated, you also have the right to file a complaint with the Secretary of the Department of Health and Human Services by calling 1-877-696-6775 or visit their website at <https://www.hhs.gov/ocr/complaints/index.html>.

You will not be retaliated against for filing a complaint with us or the federal government.

AUTHORIZATION OF PERSONAL REPRESENTATIVE FORM INSTRUCTIONS

State and federal law gives you the right to choose one or more persons to act on your behalf with respect to the health information that pertains to you. By completing the Authorization of Personal Representative form, you are telling BeHealthy Partnership that you chose the named person as your Personal Representative. This form also allows BeHealthy Partnership to disclose your Protected Health Information (PHI) to the person you choose. The signature of a minor over the age of 12 is required to authorize release of sensitive information to their parent or legal guardian. (To authorize the release, the minor must complete Section 3 and sign this form.)

If you have questions about this form, call Member Services at **(413) 788-0123 or (800) 786-9999**.

INSTRUCTIONS: Complete all sections of the form. Please type or print all responses. This form must be filled out completely to be valid.

Once completed, print and mail or fax the form to:

BeHealthy Partnership
Attention: Enrollment Department
One Monarch Place, Suite 1500
Springfield, MA 01144-1500
Fax: (413) 233-2635

Please note: This form is available to print online at behealthypartnership.org/forms.

Section 1. Provide the following Member identifying information

- Member ID# from your BeHealthy Partnership member ID card.
- Name, Address, Telephone and Date of Birth of member.

Section 2. Provide the following Personal Representative identifying information:

- Representative Name: Name of the individual you are authorizing to receive your PHI
- Address: Address of your Personal Representative
- Telephone: Telephone #s (home, cell and work) of your Personal Representative
- Relationship to Member: Personal Representative's relationship to the member (for example, parent, spouse, friend or attorney)

Section 3. Provide the Type of Information that may be disclosed and any date limitations.

- *All Information:* Check if authorizing all PHI to be shared with your Personal Representative except for Sensitive Health Information. (Please note that you still need to check the boxes for sharing any Sensitive Information if you wish to authorize release of this information.)
- *Sensitive Health Information:* Check the boxes for the types of information authorized if any. Please note: The signature of a minor over the age of 12 is required to authorize release of Sensitive Health Information to their parent or legal guardian in order for BeHealthy Partnership to disclose this information. (To authorize the release, the minor must complete this section and sign the form along with the parent/guardian to be valid.)
- *Only the information specified (type(s)/date(s)):* Provide the type(s) of information and any date ranges authorized. For example, you may authorize BeHealthy Partnership to share information

about specific claims for specific dates of service.

Section 4. Provide the Purpose of the authorization.

- *Any and all:* Check if you are authorizing disclosure for any and all reasons. Your Personal Representative shall have all of the rights and privileges that you have with respect to your health information, including, but not limited to, requesting authorization on your behalf for certain services, changing your Primary Care Provider, discussing your eligibility, billing or claims information, and requesting copies of your records.
- *Grievance/Appeal:* Check if you are only authorizing disclosure to help with an appeal or grievance. Specify in Section 3 the type of information – for example, the name of the provider and the date(s) of the denied claim or authorization you wish to appeal. Such authorization shall include the right to view any documents, including medical records, related to this appeal.
- *Other purpose (specify):* Specify other specific reasons for disclosure, for example, to “Help with my bill.” Again, be sure to include any limits on what you want to allow us to discuss.

Section 5. Review the Terms of the Authorization and specify an end date, if appropriate.

If you do not provide an end date, the authorization will remain in effect until you send us a written notice that you wish to end the authorization. To revoke the authorization, the Revocation of Authorization form is available to print online at behealthypartnership.org/forms.

Section 6. Print, sign and date the form.

(Please note: a minor over age 12 must sign the form here and complete Section 3 if the minor wishes to authorize a parent to receive Sensitive Information as noted above.)

Section 7. If the individual is a minor or is otherwise unable to sign (for example, due to incapacitation), the Personal Representative also needs to sign and complete this section.

(If other than “parent,” please attach documentation, such as court appointment, power of attorney, etc.)

1.	Member ID # (BeHealthy Partnership card #):										
	Member Name:										
	Home Address:										
	Home Telephone:	Date of Birth:									
2.	Representative Name:										
	Address:										
	Telephone:	Home:	Cell:2 Work:								
	Relationship to Member:										
3.	<p>Provide the Type of Information that may be disclosed and any date limitations. I authorize BeHealthy Partnership to disclose the following health information to my Personal Representative: <input type="checkbox"/> All non-sensitive health information</p> <p>The following types of sensitive health information (check all that you authorize)*</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Abortion</td> <td><input type="checkbox"/> Alcohol/Substance Abuse</td> <td><input type="checkbox"/> Mental Health</td> <td><input type="checkbox"/> Pregnancy</td> </tr> <tr> <td><input type="checkbox"/> AIDS/HIV</td> <td><input type="checkbox"/> Genetic Testing</td> <td><input type="checkbox"/> Physical Abuse</td> <td><input type="checkbox"/> Sexually Transmitted Diseases</td> </tr> </table> <p><input type="checkbox"/> Only the information specified (type(s)/date(s)):</p> <p>_____</p> <p><i>*Members age 12 or older must specifically authorize each type of Sensitive Health Information that can be disclosed</i></p>			<input type="checkbox"/> Abortion	<input type="checkbox"/> Alcohol/Substance Abuse	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Genetic Testing	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Sexually Transmitted Diseases
<input type="checkbox"/> Abortion	<input type="checkbox"/> Alcohol/Substance Abuse	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Pregnancy								
<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Genetic Testing	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Sexually Transmitted Diseases								
4.	Purpose: <input type="checkbox"/> Any and all <input type="checkbox"/> Grievance/Appeal only <input type="checkbox"/> Other: _____										
5.	<p>Terms of this Authorization:</p> <p>a. I understand that once my information is disclosed to my Personal Representative, BeHealthy Partnership cannot guarantee that my Personal Representative will not disclose my health information to a third party, and that state and federal laws may no longer protect such information.</p> <p>b. I understand that I may refuse to sign or may revoke (at any time) this Authorization for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of BeHealthy Partnership's treatment of me, enrollment in the health plan, or eligibility for benefits.</p> <p>c. I understand that this Authorization will remain in effect until: (date) or (if no date is provided) until I provide written revocation notice to the address listed below. The revocation will be effective immediately upon BeHealthy Partnership's receipt and processing of my written notice, except that the revocation will not have any effect on any action taken in reliance on my Authorization before BeHealthy Partnership received my written notice of its revocation.</p>										

6.	<p>I have read and understand the terms of this Authorization. I hereby, knowingly and voluntarily, authorize BeHealthy Partnership to use or disclose my information in the manner described above.</p>
	<p>_____</p>
7.	<p>If Individual is a minor or is otherwise unable to sign, please sign and complete below. (If other than "parent," please attach documentation, such as court appointment, power of attorney, etc.)</p>
	<p>_____</p>
	<p>Signature of Individual Authorizing Release of Health Information Date</p>
	<p>Signature of Authorized Legal Guardian, Health Care Agent or other Personal Representative Relationship Date</p>

BeHealthy PartnershipSM

Baystate Health Care Alliance in Partnership with Health New England

CARE NEEDS SCREENING FORM

Please take a few minutes to complete this survey

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

Survey Instructions

1. Please fill out one assessment form for each new member.
2. You will need to have on hand:
 - a. Your BeHealthy Partnership member insurance card number
 - b. The names, phone numbers and addresses of your doctor or nurse
3. Answer each of the questions by checking the appropriate box and/or filling in your response in the space provided.
4. You are sometimes told to skip over some questions in this survey. When this happens, you will see a note that tells you what questions to skip and what question to answer next.
5. This survey will take about 30 minutes to complete.

Thank you for taking the time to fill out this assessment form. BeHealthy Partnership will review your responses to determine if there are care management programs, educational materials or other resources that you may find helpful.

Personal Information

Name of Person Completing this form:

Relationship of person completing this form to the member:

Self Parent Spouse/Partner Professional Caregiver Authorized Representative

Member Name (Last, First, MI):

MassHealth BeHealthy Partnership Member ID:

Date of Birth:

1. With what gender do you identify:

- Male Female
 Transgender Male Transgender Female
 Gender Variant/Non-Conforming
 Other _____
 Choose not to answer this question

2. Do you consider yourself to be:

- Heterosexual or Straight
 Homosexual
 Bisexual
 Other _____
 Choose not to answer this question

Address (number and street)

City/Town

State

Zip Code

Phone Number:

HOME ()

CELL ()

WORK ()

Email Address:

<p>3. How would you describe your race? Please check as many as apply.</p> <p><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American <input type="checkbox"/> Other Race</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown/not specified</p> <p><input type="checkbox"/> Choose not to answer this question</p>	
<p>4. How would you describe your cultural/ethnic background? Please check as many as apply.</p> <p><input type="checkbox"/> African <input type="checkbox"/> Guatemalan</p> <p><input type="checkbox"/> African American <input type="checkbox"/> Haitian</p> <p><input type="checkbox"/> American <input type="checkbox"/> Honduran</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Brazilian <input type="checkbox"/> Laotian</p> <p><input type="checkbox"/> Cambodian <input type="checkbox"/> Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Cape Verdean <input type="checkbox"/> Middle Eastern</p> <p><input type="checkbox"/> Caribbean Islander <input type="checkbox"/> Nepali</p> <p><input type="checkbox"/> Central American <input type="checkbox"/> Portuguese</p> <p><input type="checkbox"/> Chinese <input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Colombian <input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Cuban <input type="checkbox"/> Salvadorian</p> <p><input type="checkbox"/> Dominican <input type="checkbox"/> Somalian</p> <p><input type="checkbox"/> Eastern European <input type="checkbox"/> South American</p> <p><input type="checkbox"/> European <input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Filipino <input type="checkbox"/> Other _____</p>	
<p>5. Preferred language spoken</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Other</p> <p>If Other, please identify _____</p> <p><input type="checkbox"/> Choose not to answer this question</p>	<p>6. How would you rate your ability to read?</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Okay</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Choose not to answer this question</p>
<p>7. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?</p> <p><input type="checkbox"/> Always <input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Often <input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes <input type="checkbox"/> Choose not to answer this question</p>	
<p>8. What is your current employment status?</p> <p><input type="checkbox"/> Employed Full-time <input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Employed Part-time <input type="checkbox"/> Homemaker</p> <p><input type="checkbox"/> Unemployed and currently looking for work <input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> Unemployed and not currently looking for work <input type="checkbox"/> Unable to work</p> <p><input type="checkbox"/> Student <input type="checkbox"/> Choose not to answer this question</p>	

9. What is the highest degree or level of school you have completed? *If currently enrolled, highest degree received.*

- | | |
|--|---|
| <input type="checkbox"/> Completed some primary school | <input type="checkbox"/> Completed some postgraduate |
| <input type="checkbox"/> Completed some high school | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Ph.D., law or medical degree |
| <input type="checkbox"/> Completed some college | <input type="checkbox"/> Other advanced degree beyond a Master's degree |
| <input type="checkbox"/> Associate degree | <input type="checkbox"/> Never attended school |
| <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Choose not to answer this question |

Health Information

<p>10. How would you describe your health now?</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Choose not to answer this question	<p>11. Are you deaf or do you have serious difficulty hearing?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure <input type="checkbox"/> Choose not to answer this question	<p>12. Are you blind or do you have serious difficulty seeing, even when wearing glasses?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure <input type="checkbox"/> Choose not to answer this question
<p>13. Do you have a doctor or nurse that you usually go to for health care needs?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No (If chosen, skip next 2 questions) <input type="checkbox"/> Choose not to answer this question	<p>13a & b. If yes, please provide Doctor's name and address:</p>	<p>13c. Have you seen your doctor in the last 12 months?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

14. Have you ever been AND/OR are you currently being treated for any of the following health problems? Check all that apply:

	Current	Past	N/A
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity/Weight Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>15. Do you currently take any prescription medications on a regular basis?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If chosen, skip next question)</p> <p><input type="checkbox"/> Choose not to answer this question</p>	<p>15a. If yes, how many?</p> <p><input type="checkbox"/> 1-3</p> <p><input type="checkbox"/> 4 or more</p>																																	
<p>16. In the last 12 months, did you get care in an emergency room?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If chosen, skip next question)</p> <p><input type="checkbox"/> Choose not to answer this question</p>	<p>16a. If yes, how many times?</p> <p><input type="checkbox"/> 1-3</p> <p><input type="checkbox"/> 4-6</p> <p><input type="checkbox"/> More than 6</p>																																	
<p>17. In the last 12 months, have you stayed overnight in a hospital?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If chosen, skip next question)</p> <p><input type="checkbox"/> Choose not to answer this question</p>	<p>17a. If yes, how many times?</p> <p><input type="checkbox"/> 1-3</p> <p><input type="checkbox"/> 4-6</p> <p><input type="checkbox"/> More than 6</p>																																	
<p>18. Do you currently use or need any medical and/or diagnostic equipment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If chosen, skip next question)</p> <p><input type="checkbox"/> Choose not to answer this question</p>	<p>18a. Please check all that apply:</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Use</th> <th style="text-align: center;">Need</th> </tr> </thead> <tbody> <tr> <td>Wheelchair</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cane</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Walker</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Crutches</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Oxygen</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CPAP (for Sleep Apnea)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Glucose Monitor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Blood Pressure Monitor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Thermometer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Use	Need	Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	Cane	<input type="checkbox"/>	<input type="checkbox"/>	Walker	<input type="checkbox"/>	<input type="checkbox"/>	Crutches	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	CPAP (for Sleep Apnea)	<input type="checkbox"/>	<input type="checkbox"/>	Glucose Monitor	<input type="checkbox"/>	<input type="checkbox"/>	Blood Pressure Monitor	<input type="checkbox"/>	<input type="checkbox"/>	Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Use	Need																																
Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>																																
Cane	<input type="checkbox"/>	<input type="checkbox"/>																																
Walker	<input type="checkbox"/>	<input type="checkbox"/>																																
Crutches	<input type="checkbox"/>	<input type="checkbox"/>																																
Oxygen	<input type="checkbox"/>	<input type="checkbox"/>																																
CPAP (for Sleep Apnea)	<input type="checkbox"/>	<input type="checkbox"/>																																
Glucose Monitor	<input type="checkbox"/>	<input type="checkbox"/>																																
Blood Pressure Monitor	<input type="checkbox"/>	<input type="checkbox"/>																																
Thermometer	<input type="checkbox"/>	<input type="checkbox"/>																																
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>																																
<p>19. Do you currently use any of the following behavioral health services? Please check all that apply.</p> <p><input type="checkbox"/> Inpatient Mental Health Treatment</p> <p><input type="checkbox"/> Outpatient Mental Health Treatment (Counseling)</p> <p><input type="checkbox"/> Emergency Screening Programs (Crisis Services)</p> <p><input type="checkbox"/> Prescription Drug Treatment for Mental Health (Seroquel, Prozac, Depakote)</p> <p><input type="checkbox"/> Inpatient Substance Use Disorder Treatment (Detox)</p> <p><input type="checkbox"/> Outpatient Substance Use Disorder Treatment (Counseling)</p> <p><input type="checkbox"/> Specialty Substance Use Facility Treatment (Medication assisted treatment for substance use disorder- such as Suboxone, Methadone, Vivitrol)</p> <p><input type="checkbox"/> I do not use any of the above services</p> <p><input type="checkbox"/> Other: _____</p>																																		

20. Have you been diagnosed with any of the following mental illnesses? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Dementia/Alzheimer's |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> I have not been diagnosed with a mental illness |
| <input type="checkbox"/> Anxiety/Panic Attacks | <input type="checkbox"/> Choose not to answer this question |
| <input type="checkbox"/> PTSD | <input type="checkbox"/> Other _____ |

21. Do you currently use any of the following substances other than those required for a medical reason? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> Nicotine (Cigarettes, Chewing Tobacco, Electronic Vapor) | <input type="checkbox"/> LSD/acid |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Anti-anxiety (Valium) | <input type="checkbox"/> Meth/Crystal Meth |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Prescription Painkillers (Morphine/Percocet) |
| <input type="checkbox"/> Cocaine/crack | <input type="checkbox"/> I have never used any of the above substances |
| <input type="checkbox"/> Choose not to answer this question | <input type="checkbox"/> Other _____ |

22. Have you, or has a relative, friend, doctor, or other healthcare worker been concerned about your drinking or drug use or suggested you cut down?

- Yes No Choose not to answer

23. Are you currently using any of the following MassHealth services? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Adult Day Health Services | <input type="checkbox"/> Inpatient and Outpatient Chronic Disease Rehabilitation Hospital Services (post-100 days of services) |
| <input type="checkbox"/> Adult Foster Care Services | <input type="checkbox"/> Personal Care Attendant Services (including Transitional Living Program) |
| <input type="checkbox"/> Continuous Skilled Nursing Services (post-100 days of services) | <input type="checkbox"/> I am not using any MassHealth services at this time |
| <input type="checkbox"/> Day Habilitation Services | <input type="checkbox"/> Choose not to answer this question |
| <input type="checkbox"/> Group Adult Foster Care Services | |
| <input type="checkbox"/> Nursing Facility Services (post-100 days of services) | |

24. Are you currently participating in a Home and Community Based Services (HCBS) Waiver?

- Yes No Choose not to answer

25. Do you currently get services from any of the following state agencies? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Bureau of Substance Abuse Services (BSAS) | <input type="checkbox"/> Massachusetts Commission for the Blind (MCB) |
| <input type="checkbox"/> Department of Mental Health (DMH) | <input type="checkbox"/> Massachusetts Commission for the Deaf and Hard of Hearing |
| <input type="checkbox"/> Department of Developmental Services (DDS) | <input type="checkbox"/> Massachusetts Rehabilitation Commission (MRC) |
| <input type="checkbox"/> Department of Children and Families (DCF) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Executive Office of Elder Affairs (EOEA) | <input type="checkbox"/> I have not received services from any state agencies |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Choose not to answer |
| <input type="checkbox"/> Early Intervention Program | |

<p>26. Do you need help with any of the following activities? Please check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Grooming <input type="checkbox"/> Toileting <input type="checkbox"/> Eating a nutritious diet <input type="checkbox"/> Getting out of bed <input type="checkbox"/> Getting out of a chair <input type="checkbox"/> Walking <input type="checkbox"/> I do not need help with these activities <input type="checkbox"/> Choose not to answer this question 	<p>27. Do you need help with any of the following activities? Please check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Using the telephone <input type="checkbox"/> Shopping for personal items <input type="checkbox"/> Transportation <input type="checkbox"/> Managing money <input type="checkbox"/> Doing laundry <input type="checkbox"/> Doing light housework <input type="checkbox"/> Preparing meals <input type="checkbox"/> I do not need help with these activities <input type="checkbox"/> Choose not to answer
--	---

<p>28. Is there anything you would like to do to improve your health?</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Exercise <input type="checkbox"/> Quit Smoking <input type="checkbox"/> Reduce Alcohol Intake <input type="checkbox"/> Reduce Weight <input type="checkbox"/> Reduce Stress <input type="checkbox"/> Have an eating plan 	<ul style="list-style-type: none"> <input type="checkbox"/> Take Medication Properly <input type="checkbox"/> Reduce Salt Intake <input type="checkbox"/> Self-monitor my health <input type="checkbox"/> I do not have any health goals or concerns at this time <input type="checkbox"/> Choose not to answer this question <input type="checkbox"/> Other _____

Home and Environment Information

29. How many people, including yourself, do you currently live with? _____

<p>30. What is your housing situation today?</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have housing <input type="checkbox"/> I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park) <input type="checkbox"/> I have housing today, but I am worried about losing housing in the future <input type="checkbox"/> Choose not to answer this question 	<p>31. Think about the place you live. Do you have problems with any of the following? Check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bug infestation <input type="checkbox"/> Mold <input type="checkbox"/> Lead paint or pipes <input type="checkbox"/> Inadequate heat <input type="checkbox"/> Oven or stove not working <input type="checkbox"/> No or not working smoke detectors <input type="checkbox"/> Water leaks <input type="checkbox"/> None of the above <input type="checkbox"/> Choose not to answer this question
--	---

<p>32. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already shut off <input type="checkbox"/> Choose not to answer this question 	<p>33. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? Check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, it has kept me from medical appointments or getting medications <input type="checkbox"/> Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer this question
---	--

<p>34. Within the past 12 months, you worried that your food would run out before you got money to buy more.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Often True <input type="checkbox"/> Sometimes True <input type="checkbox"/> Never True <input type="checkbox"/> Choose not to answer this question 	<p>35. On average, how many days per week do you get at least 30 minutes of exercise or other physical activity? <i>Examples: walking, running, weight-lifting, team sports or gardening</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 5-7 days (if chosen, skip next question) <input type="checkbox"/> 3-4 days (if chosen, skip next question) <input type="checkbox"/> 1-2 days <input type="checkbox"/> Only occasionally <input type="checkbox"/> Choose not to answer this question
<p>35a. What obstacles prevent you from getting regular exercise? Check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not enough time in my day <input type="checkbox"/> I don't know how to properly exercise <input type="checkbox"/> I don't know where to go for exercise <input type="checkbox"/> I'm not healthy enough to exercise <input type="checkbox"/> It's hard to stay motivated <input type="checkbox"/> Not Sure 	<p>36. Has there ever been a time in your life where you felt someone physically hurt you, insulted you, threatened you, or screamed at you?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No (If chosen, skip next question) <input type="checkbox"/> Choose not to answer this question
<p>36a. How often does anyone, including family, physically hurt you, insult you, threaten you, or scream at you?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly often <input type="checkbox"/> Frequently 	<p>37. Do you find yourself having physical reactions (ex: heart pounding, trouble breathing, sweating) when something reminds you of a stressful experience from the past?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly often <input type="checkbox"/> Frequently <input type="checkbox"/> Choose not to answer this question
<p>38. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much <input type="checkbox"/> I choose not to answer this question 	

CHILDREN'S CARE NEEDS SCREENING (ADULT)

Please take a few minutes to complete this survey

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

Survey Instructions

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

2. You will need to have on hand:

a. Your BeHealthy Partnership member insurance card number

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

3. Answer each of the questions by checking the appropriate box and/or filling in your response in the space provided.

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

5. This survey will take about 30 minutes to complete.

Thank you for taking the time to fill out this assessment form. BeHealthy Partnership will review your responses to determine if there are care management programs, educational materials or other resources that you may find helpful.

Personal Information

Name of Person Completing this form:

Relationship of person completing this form to the member:

Self Parent Spouse/Partner Professional Caregiver Authorized Representative

Member Name (Last, First, MI):

MassHealth BeHealthy Partnership member ID:

Date of Birth:

/ /

1. With what gender does your child identify:

- Male Female
 Transgender Male Transgender Female
 Gender Variant/Non-Conforming
 Other _____
 Choose not to answer

2. Do you consider your child to be:

- Heterosexual or Straight
 Homosexual
 Bisexual
 Other _____
 Choose not to answer

Address (number and street)

City/Town

State

Zip Code

Phone Number:

HOME ()

CELL ()

WORK ()

Email Address:

<p>3. How would you describe your child's race? Please check as many as apply.</p> <p><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> White</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other Race _____</p> <p><input type="checkbox"/> Black/African American <input type="checkbox"/> Unknown/not specified</p> <p><input type="checkbox"/> Choose not to answer</p>	
<p>4. How would you describe your child's cultural/ethnic background? Please check as many as apply.</p> <p><input type="checkbox"/> African <input type="checkbox"/> Guatemalan</p> <p><input type="checkbox"/> African American <input type="checkbox"/> Haitian</p> <p><input type="checkbox"/> American <input type="checkbox"/> Honduran</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Brazilian <input type="checkbox"/> Laotian</p> <p><input type="checkbox"/> Cambodian <input type="checkbox"/> Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Cape Verdean <input type="checkbox"/> Middle Eastern</p> <p><input type="checkbox"/> Caribbean Islander <input type="checkbox"/> Nepali</p> <p><input type="checkbox"/> Central American <input type="checkbox"/> Portuguese</p> <p><input type="checkbox"/> Chinese <input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Colombian <input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Cuban <input type="checkbox"/> Salvadorian</p> <p><input type="checkbox"/> Dominican <input type="checkbox"/> Somalian</p> <p><input type="checkbox"/> Eastern European <input type="checkbox"/> South American</p> <p><input type="checkbox"/> European <input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Filipino <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Choose not to answer <input type="checkbox"/> Unknown/not specified</p>	
<p>5. Preferred language spoken</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Choose not to answer</p> <p><input type="checkbox"/> Other</p> <p>If Other, please identify _____</p>	<p>6. How would you rate your child's ability to read?</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Okay</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Choose not to answer</p>
<p>7. How often does your child need to have someone help when reading instructions, pamphlets, or other written material from your doctor or pharmacy?</p> <p><input type="checkbox"/> Always <input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Often <input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes <input type="checkbox"/> Choose not to answer</p>	
<p>8. What is your child's current employment status?</p> <p><input type="checkbox"/> Employed Full-time <input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Employed Part-time <input type="checkbox"/> Homemaker</p> <p><input type="checkbox"/> Unemployed and currently looking for work <input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> Unemployed and not currently looking for work <input type="checkbox"/> Unable to work</p> <p><input type="checkbox"/> Student <input type="checkbox"/> Choose not to answer</p>	

9. What is the highest degree or level of school your child has completed? *If currently enrolled, highest degree received.*

- | | |
|--|---|
| <input type="checkbox"/> Completed some primary school | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Completed some high school | <input type="checkbox"/> Completed some postgraduate |
| <input type="checkbox"/> High School graduate or GED | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some college (some community college, associate's degree) | <input type="checkbox"/> My child is not currently enrolled in school |
| | <input type="checkbox"/> Choose not to answer |

Health Information

<p>10. How would you describe your child's health now?</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Choose not to answer	<p>11. Is your child deaf or has serious difficulty hearing?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure <input type="checkbox"/> Choose not to answer	<p>12. Is your child blind or has serious difficulty seeing, even when wearing glasses?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure <input type="checkbox"/> Choose not to answer
<p>13. Does your child have a doctor or nurse that they usually go to for health care needs?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No (If chosen, skip next 2 questions) <input type="checkbox"/> Choose not to answer	<p>13a & b. Please provide Doctor's name and address:</p>	<p>13c. Has your child seen their doctor in the last 12 months?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

14. Has your child ever been AND/OR is your child currently being treated for any of the following health problems? Check all that apply.

	Current	Past	N/A
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity/Weight Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>15. Does your child currently take any prescription medications on a regular basis?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If chosen, skip next question)</p> <p><input type="checkbox"/> Choose not to answer</p>	<p>15a. If yes, how many?</p> <p><input type="checkbox"/> 1-3</p> <p><input type="checkbox"/> 4 or more</p>																																	
<p>16. In the last 12 months, did your child get care in an emergency room?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If chosen, skip next question)</p> <p><input type="checkbox"/> Choose not to answer</p>	<p>16a. If yes, how many times?</p> <p><input type="checkbox"/> 1-3</p> <p><input type="checkbox"/> 4-6</p> <p><input type="checkbox"/> More than 6</p>																																	
<p>17. In the last 12 months, has your child stayed overnight in a hospital?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If chosen, skip next question)</p> <p><input type="checkbox"/> Choose not to answer</p>	<p>17a. If yes, how many times?</p> <p><input type="checkbox"/> 1-3</p> <p><input type="checkbox"/> 4-6</p> <p><input type="checkbox"/> More than 6</p>																																	
<p>18. Does your child currently use or need any medical and/or diagnostic equipment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If chosen, skip next question)</p> <p><input type="checkbox"/> Choose not to answer</p>	<p>18a. Please check all that apply.</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Use</th> <th style="text-align: center;">Need</th> </tr> </thead> <tbody> <tr> <td>Wheelchair</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cane</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Walker</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Crutches</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Oxygen</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CPAP (for Sleep Apnea)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Glucose Monitor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Blood Pressure Monitor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Thermometer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Use	Need	Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	Cane	<input type="checkbox"/>	<input type="checkbox"/>	Walker	<input type="checkbox"/>	<input type="checkbox"/>	Crutches	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	CPAP (for Sleep Apnea)	<input type="checkbox"/>	<input type="checkbox"/>	Glucose Monitor	<input type="checkbox"/>	<input type="checkbox"/>	Blood Pressure Monitor	<input type="checkbox"/>	<input type="checkbox"/>	Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Use	Need																																
Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>																																
Cane	<input type="checkbox"/>	<input type="checkbox"/>																																
Walker	<input type="checkbox"/>	<input type="checkbox"/>																																
Crutches	<input type="checkbox"/>	<input type="checkbox"/>																																
Oxygen	<input type="checkbox"/>	<input type="checkbox"/>																																
CPAP (for Sleep Apnea)	<input type="checkbox"/>	<input type="checkbox"/>																																
Glucose Monitor	<input type="checkbox"/>	<input type="checkbox"/>																																
Blood Pressure Monitor	<input type="checkbox"/>	<input type="checkbox"/>																																
Thermometer	<input type="checkbox"/>	<input type="checkbox"/>																																
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>																																
<p>19. Does your child currently use any of the following behavioral health services?</p> <p><input type="checkbox"/> Inpatient Mental Health Treatment</p> <p><input type="checkbox"/> Outpatient Mental Health Treatment (Counseling)</p> <p><input type="checkbox"/> Emergency Screening Programs (Crisis Services)</p> <p><input type="checkbox"/> Prescription Drug Treatment for Mental Health (Risperidone, Seroquel, Prozac, Depakote)</p> <p><input type="checkbox"/> Inpatient Substance Use Disorder Treatment (Detox)</p> <p><input type="checkbox"/> Outpatient Substance Use Disorder (Counseling)</p> <p><input type="checkbox"/> Specialty Substance Abuse Facility Treatment (Medication assisted treatment for substance use disorder- such as Suboxone, Methadone, Vivitrol)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> No, my child does not use any of the above services</p> <p><input type="checkbox"/> Choose not to answer</p>																																		

20. Has your child been diagnosed with any of the following mental illnesses? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Dementia/Alzheimer's |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Anxiety/Panic Attacks | <input type="checkbox"/> No, my child has not been diagnosed with a mental illness |
| <input type="checkbox"/> PTSD | <input type="checkbox"/> Choose not to answer |

21. Does your child currently use any of the following substances other than those required for a medical reason? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> Nicotine (Cigarettes, Chewing Tobacco, Electronic Vapor) | <input type="checkbox"/> LSD/acid |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Anti-anxiety (Valium) | <input type="checkbox"/> Meth/Crystal Meth |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Prescription Painkillers (Morphine/Percocet) |
| <input type="checkbox"/> Cocaine/crack | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Choose not to answer | <input type="checkbox"/> No, my child has never used any of the above substances |

22. Have you, or has a relative, friend, doctor, or other healthcare worker been concerned about your child's drinking or drug use or suggested your child cut down?

- Yes No Choose not to answer

23. Is your child currently using any of the following MassHealth services? Please check all that apply

- Adult Day Health Services
- Adult Foster Care Services
- Continuous Skilled Nursing Services (post-100 days of services)
- Day Habilitation Services
- Nursing Facility Services (post-100 days of services)
- Inpatient and Outpatient Chronic Disease
- Rehabilitation Hospital Services (post-100 days of services)
- Pediatric Palliative Care Network
- Personal Care Attendant Services (including Transitional Living Program)
- No, my child is not using any MassHealth Services at this time
- Choose not to answer this question

24. Is your child currently participating in a Home and Community Based Services (HCBS) Waiver?

- Yes No Choose not to answer

25. Does your child currently get services from any of the following state agencies? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Bureau of Substance Abuse Services (BSAS) | <input type="checkbox"/> Massachusetts Commission for the Blind (MCB) |
| <input type="checkbox"/> Department of Mental Health (DMH) | <input type="checkbox"/> Massachusetts Commission for the Deaf and Hard of Hearing |
| <input type="checkbox"/> Department of Developmental Services (DDS) | <input type="checkbox"/> Massachusetts Rehabilitation Commission (MRC) |
| <input type="checkbox"/> Department of Children and Families (DCF) | <input type="checkbox"/> No, my child has not received services from any State agencies |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Early Intervention Program |
| <input type="checkbox"/> Executive Office of Elder Affairs (EOEA) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Early Intervention Program | <input type="checkbox"/> Choose not to answer |

26. Does your child need help with any of the following activities? Please check all that apply.

- Bathing
- Dressing
- Grooming
- Toileting
- Eating a nutritious diet
- Getting out of bed
- Getting out of a chair
- Walking
- No, my child does not need help with these activities
- Choose not to answer

27. Does your child need help with any of the following activities? Please check all that apply.

- Using the telephone
- Shopping for personal items
- Transportation
- Managing money
- Doing laundry
- Doing light housework
- Preparing meals
- No, my child does not need help with these activities
- Choose not to answer

28. Is there anything your child would like to do to improve their health?

- | | |
|---|---|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Reduce Salt Intake |
| <input type="checkbox"/> Quit Smoking | <input type="checkbox"/> Self-monitor my health |
| <input type="checkbox"/> Reduce Alcohol Intake | <input type="checkbox"/> No, my child does not have any health goals or concerns at this time |
| <input type="checkbox"/> Reduce Weight | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Reduce Stress | <input type="checkbox"/> Choose not to Answer |
| <input type="checkbox"/> Take Medication Properly | |
| <input type="checkbox"/> Have an eating plan | |

Home and Environment Information

29. How many people, including your child, does your child currently live with? _____

30. What is your child's housing situation today?

- My child has housing
- My child does not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- My child has housing today, but could lose housing in the future
- Choose not to answer

31. Think about the place your child lives. Does your child have problems with any of the following? Check all that apply.

- Bug infestation
- Mold
- Lead paint or pipes
- Inadequate heat
- Oven or stove not working
- No or not working smoke detectors
- Water leaks
- None of the above
- Choose not to answer

<p>32. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your child's home?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Already shut off</p> <p><input type="checkbox"/> Choose not to answer</p>	<p>33. In the past 12 months, has lack of transportation kept your child from medical appointments, meetings, work or from getting things needed for daily living? Check all that apply.</p> <p><input type="checkbox"/> Yes, it has kept my child from medical appointments or getting medications</p> <p><input type="checkbox"/> Yes, it has kept my child from non-medical meetings, appointments, work, or getting things that my child needs</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Choose not to answer</p>
<p>34. Within the past 12 months, you worried that your child's food would run out before you got money to buy more.</p> <p><input type="checkbox"/> Often True</p> <p><input type="checkbox"/> Sometimes True</p> <p><input type="checkbox"/> Never True</p> <p><input type="checkbox"/> Choose not to answer</p>	<p>35. On average, how many days per week does your child get at least 30 minutes of exercise or other physical activity? <i>Examples: walking, running, weight-lifting, team sports or gardening</i></p> <p><input type="checkbox"/> 5-7 days (if chosen, skip next question)</p> <p><input type="checkbox"/> 3-4 days (if chosen, skip next question)</p> <p><input type="checkbox"/> 1-2 days</p> <p><input type="checkbox"/> Only occasionally</p> <p><input type="checkbox"/> Choose not to answer</p>
<p>35a. What obstacles prevent your child from getting regular exercise? Check all that apply.</p> <p><input type="checkbox"/> Not enough time in my child's day</p> <p><input type="checkbox"/> My child doesn't know how to properly exercise</p> <p><input type="checkbox"/> My child doesn't know where to go for exercise</p> <p><input type="checkbox"/> My child is not healthy enough to exercise</p> <p><input type="checkbox"/> It's hard for my child to stay motivated</p> <p><input type="checkbox"/> Not Sure</p>	<p>36. Has there ever been a time in your child's life where your child felt someone physically hurt, insulted, threatened, or screamed at them?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Choose not to answer</p>
<p>36a. How often does anyone, including family, physically hurt, insult, threaten, or scream at your child?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Fairly often</p> <p><input type="checkbox"/> Frequently</p>	<p>37. Does your child find themselves having physical reactions (ex: heart pounding, trouble breathing, sweating) when something reminds them of a stressful experience from the past?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Fairly often</p> <p><input type="checkbox"/> Frequently</p> <p><input type="checkbox"/> Choose not to answer</p>
<p>38. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed is your child?</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> A little bit</p> <p><input type="checkbox"/> Somewhat</p> <p><input type="checkbox"/> Quite a bit</p> <p><input type="checkbox"/> Very much</p> <p><input type="checkbox"/> Choose not to answer</p>	

Family and Home Needs for your Child

39. If you have children under age 8 in your household, do you use a car seat for them when driving?

- Yes
- No
- Sometimes
- This question does not apply to me

40. Excluding the bathroom, how many rooms does your child’s household use? _____

41. How often does your child see or talk to people that they care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

- Less than once a week
- 1 or 2 times a week
- 3 to 5 times a week
- 5 or more times a week
- Choose not to answer

42. Does your child usually get the breakfast that their school provides?

- Yes
- No
- This question does not apply to my child
- Choose not to answer

43. During the past 2 years, have you had a child care subsidy taken away?

- Yes
- No
- This question does not apply to me
- Choose not to answer

44. Do you have trouble affording basic necessities for your child? (Ex: diapers, clothing, car seats and/or back to school supplies)

- Yes
- No
- Choose not to answer

45. How often in the past month did your child go without getting enough to eat?

- Every day
- A few times per week (2-6 times per week)
- A few times per month
- Once
- Never (If chosen, skip next question)
- Choose not to answer

45a. Why didn’t your child get enough to eat? Choose all that apply.

- Not enough money to buy food
- No one is able to prepare it
- No water/wood/electricity
- Other: _____

46. The last time you sought treatment from someone outside of the home for your child’s illness, where did you go?

- Hospital
- Health center
- Dispensary/Pharmacy
- Community health worker
- MCH clinic
- Mobile/outreach clinic
- Private physician
- Traditional healer
- Friend/relative
- Don’t Know
- Choose not to answer
- Other: _____

47. How did you get there?

- Walk/bicycle
- Public transportation
- Own vehicle/someone else’s vehicle
- N/A (mobile services)
- Don’t Know
- Choose not to answer
- Other: _____

48. What worries you the most about your responsibilities as a guardian for your child? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Money to send children to school/day care | <input type="checkbox"/> Caring for a child who is sickly |
| <input type="checkbox"/> Money for food | <input type="checkbox"/> My own poor health or old age, physical limitations |
| <input type="checkbox"/> Money for clothes | <input type="checkbox"/> I do not have any worries at this time |
| <input type="checkbox"/> Housing or money for housing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other financial concerns | <input type="checkbox"/> Choose not to answer |
| <input type="checkbox"/> Money to send children to school/day care | |

CHILDREN'S CARE NEEDS SCREENING

Please take a few minutes to complete this survey

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

Survey Instructions

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

2. You will need to have on hand:

a. Your BeHealthy Partnership member insurance card number

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

3. Answer each of the questions by checking the appropriate box and/or filling in your response in the space provided.

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

5. This survey will take about 30 minutes to complete.

Thank you for taking the time to fill out this assessment form. BeHealthy Partnership will review your responses to determine if there are care management programs, educational materials or other resources that you may find helpful.

Personal Information

Name of Person Completing this form:

Relationship of person completing this form to the member:

Self Parent Spouse/Partner Professional Caregiver Authorized Representative

Member Name (Last, First, MI):

MassHealth BeHealthy Partnership member ID:

Date of Birth:

/ /

1. With what gender do you identify:

- Male Female
 Transgender Male Transgender Female
 Gender Variant/Non-Conforming
 Other _____
 Choose not to answer this question

2. Do you consider yourself to be:

- Heterosexual or Straight
 Homosexual
 Bisexual
 Other _____
 Choose not to answer this question

Address (number and street)

City/Town

State

Zip Code

Phone Number:

HOME ()

CELL ()

WORK ()

Email Address:

3. How would you describe your race? Please check as many as apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Other Race |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Unknown/not specified |
| <input type="checkbox"/> Choose not to answer this question | |

4. How would you describe your cultural/ethnic background? Please check as many as apply.

- | | |
|---|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Guatemalan |
| <input type="checkbox"/> African American | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> American | <input type="checkbox"/> Honduran |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Mexican, Mexican American, Chicano |
| <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Caribbean Islander | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Salvadorian |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Somalian |
| <input type="checkbox"/> Eastern European | <input type="checkbox"/> South American |
| <input type="checkbox"/> European | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other _____ |

5. Preferred language spoken

- English
- Spanish
- Choose not to answer this question
- Other

If Other, please specify _____

6. How would you rate your ability to read?

- Excellent
- Good
- Okay
- Poor
- Choose not to answer this question

7. How often do you need to have someone help when reading instructions, pamphlets, or other written material from your doctor or pharmacy?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Often | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Choose not to answer this question |

8. What is your current employment status?

- | | |
|--|---|
| <input type="checkbox"/> Employed Full-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed Part-time | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Unemployed and currently looking for work | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Unemployed and not currently looking for work | <input type="checkbox"/> Unable to work |
| <input type="checkbox"/> Student | <input type="checkbox"/> Choose not to answer this question |

9. What is the highest degree or level of school you have completed? *If currently enrolled, highest degree received.*

- | | |
|--|--|
| <input type="checkbox"/> Completed some primary school | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Completed some high school | <input type="checkbox"/> Completed some postgraduate |
| <input type="checkbox"/> High School graduate or GED | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some college (some community college, associate's degree) | <input type="checkbox"/> I am not currently enrolled in school |
| | <input type="checkbox"/> Choose not to answer this question |

Health Information

<p>10. How would you describe your health now?</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Choose not to answer this question</p>	<p>11. Are you deaf or have serious difficulty hearing?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I'm not sure</p> <p><input type="checkbox"/> Choose not to answer this question</p>	<p>12. Are you blind or have serious difficulty seeing, even when wearing glasses?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I'm not sure</p> <p><input type="checkbox"/> Choose not to answer this question</p>
<p>13. Do you have a doctor or nurse that you usually go to for health care needs?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If chosen, skip next 2 questions)</p> <p><input type="checkbox"/> Choose not to answer this question</p>	<p>13a & b. Please provide Doctor's name and address:</p>	<p>13c. Have you seen your doctor in the last 12 months?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

14. Have you ever been AND/OR are you currently being treated for any of the following health problems? Check all that apply.

	Current	Past	N/A
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity/Weight Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>15. Do you currently take any prescription medications on a regular basis?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If chosen, skip next question)</p> <p><input type="checkbox"/> Choose not to answer this question</p>	<p>15a. If yes, how many?</p> <p><input type="checkbox"/> 1-3</p> <p><input type="checkbox"/> 4 or more</p>																																										
<p>16. In the last 12 months, did you get care in an emergency room?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If chosen, skip next question)</p> <p><input type="checkbox"/> Choose not to answer this question</p>	<p>16a. If yes, how many times?</p> <p><input type="checkbox"/> 1-3</p> <p><input type="checkbox"/> 4-6</p> <p><input type="checkbox"/> More than 6</p>																																										
<p>17. In the last 12 months, have you stayed overnight in a hospital?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If chosen, skip next question)</p> <p><input type="checkbox"/> Choose not to answer this question</p>	<p>17a. If yes, how many times?</p> <p><input type="checkbox"/> 1-3</p> <p><input type="checkbox"/> 4-6</p> <p><input type="checkbox"/> More than 6</p>																																										
<p>18. Do you currently use or need any medical and/or diagnostic equipment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If chosen, skip next question)</p> <p><input type="checkbox"/> Choose not to answer this question</p>	<p>18a. Please check all that apply.</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Use</th> <th style="text-align: center;">Need</th> </tr> </thead> <tbody> <tr><td>Wheelchair</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Cane</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Walker</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Crutches</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Oxygen</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>CPAP (for Sleep Apnea)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Glucose Monitor</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Blood Pressure Monitor</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Thermometer</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>CPAP (for Sleep Apnea)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Gastrostomy Tube</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Tracheostomy</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Other: _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		Use	Need	Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	Cane	<input type="checkbox"/>	<input type="checkbox"/>	Walker	<input type="checkbox"/>	<input type="checkbox"/>	Crutches	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	CPAP (for Sleep Apnea)	<input type="checkbox"/>	<input type="checkbox"/>	Glucose Monitor	<input type="checkbox"/>	<input type="checkbox"/>	Blood Pressure Monitor	<input type="checkbox"/>	<input type="checkbox"/>	Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	CPAP (for Sleep Apnea)	<input type="checkbox"/>	<input type="checkbox"/>	Gastrostomy Tube	<input type="checkbox"/>	<input type="checkbox"/>	Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Use	Need																																									
Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>																																									
Cane	<input type="checkbox"/>	<input type="checkbox"/>																																									
Walker	<input type="checkbox"/>	<input type="checkbox"/>																																									
Crutches	<input type="checkbox"/>	<input type="checkbox"/>																																									
Oxygen	<input type="checkbox"/>	<input type="checkbox"/>																																									
CPAP (for Sleep Apnea)	<input type="checkbox"/>	<input type="checkbox"/>																																									
Glucose Monitor	<input type="checkbox"/>	<input type="checkbox"/>																																									
Blood Pressure Monitor	<input type="checkbox"/>	<input type="checkbox"/>																																									
Thermometer	<input type="checkbox"/>	<input type="checkbox"/>																																									
CPAP (for Sleep Apnea)	<input type="checkbox"/>	<input type="checkbox"/>																																									
Gastrostomy Tube	<input type="checkbox"/>	<input type="checkbox"/>																																									
Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>																																									
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>																																									
<p>19. Do you currently use any of the following behavioral health services?</p> <p><input type="checkbox"/> Inpatient Mental Health Treatment</p> <p><input type="checkbox"/> Outpatient Mental Health Treatment (Counseling)</p> <p><input type="checkbox"/> Emergency Screening Programs (Crisis Services)</p> <p><input type="checkbox"/> Prescription Drug Treatment for Mental Health (Risperidone, Seroquel, Prozac, Depakote)</p> <p><input type="checkbox"/> Inpatient Substance Use Disorder Treatment (Detox)</p> <p><input type="checkbox"/> Outpatient Substance Use Disorder (Counseling)</p> <p><input type="checkbox"/> Specialty Substance Abuse Facility Treatment (Medication assisted treatment for substance use disorder- such as Suboxone, Methadone, Vivitrol)</p> <p><input type="checkbox"/> No, I do not use any of the above services</p> <p><input type="checkbox"/> Choose not to answer this question</p> <p><input type="checkbox"/> Other _____</p>																																											

20. Have you been diagnosed with any of the following mental illnesses? Please check all that apply.

<input type="checkbox"/> ADHD	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Depression	<input type="checkbox"/> Dementia/Alzheimer's
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> No, I have not been diagnosed with a mental illness
<input type="checkbox"/> Anxiety/Panic Attacks	<input type="checkbox"/> Other: _____
<input type="checkbox"/> PTSD	<input type="checkbox"/> Choose not to answer this question

21. Do you currently use any of the following substances other than those required for a medical reason? Please check all that apply.

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Heroin
<input type="checkbox"/> Nicotine (Cigarettes, Chewing Tobacco, Electronic Vapor)	<input type="checkbox"/> LSD/acid
<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Marijuana
<input type="checkbox"/> Anti-anxiety (Valium)	<input type="checkbox"/> Meth/Crystal Meth
<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Prescription Painkillers (Morphine/Percocet)
<input type="checkbox"/> Cocaine/crack	<input type="checkbox"/> Other _____
<input type="checkbox"/> Choose not to answer this question	<input type="checkbox"/> No, I have never used any of the above substances

22. Have you, or has a relative, friend, doctor, or other healthcare worker been concerned about your drinking or drug use or suggested you cut down?

Yes No Choose not to answer this question

23. Are you currently using any of the following MassHealth services? Please check all that apply.

- Adult Day Health Services
- Adult Foster Care Services
- Continuous Skilled Nursing Services (post-100 days of services)
- Day Habilitation Services
- Nursing Facility Services (post-100 days of services)
- Inpatient and Outpatient Chronic Disease
- Rehabilitation Hospital Services (post-100 days of services)
- Pediatric Palliative Care Network
- Personal Care Attendant Services (including Transitional Living Program)
- No, my child is not using any MassHealth Services at this time
- Choose not to answer this question

24. Are you currently participating in a Home and Community Based Services (HCBS) Waiver?

Yes No Choose not to answer this question

25. Do you currently get services from any of the following state agencies? Please check all that apply.

<input type="checkbox"/> Bureau of Substance Abuse Services (BSAS)	<input type="checkbox"/> Massachusetts Commission for the Blind (MCB)
<input type="checkbox"/> Department of Mental Health (DMH)	<input type="checkbox"/> Massachusetts Commission for the Deaf and Hard of Hearing
<input type="checkbox"/> Department of Developmental Services (DDS)	<input type="checkbox"/> Massachusetts Rehabilitation Commission (MRC)
<input type="checkbox"/> Department of Children and Families (DCF)	<input type="checkbox"/> No, my child has not received services from any State agencies
<input type="checkbox"/> Special Education	<input type="checkbox"/> Early Intervention Program
<input type="checkbox"/> Executive Office of Elder Affairs (EOEA)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Early Intervention Program	<input type="checkbox"/> Choose not to answer

<p>26. Do you need help with any of the following activities? Please check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Grooming <input type="checkbox"/> Toileting <input type="checkbox"/> Eating a nutritious diet <input type="checkbox"/> Getting out of bed <input type="checkbox"/> Getting out of a chair <input type="checkbox"/> Walking <input type="checkbox"/> No, I do not need help with these activities <input type="checkbox"/> Choose not to answer this question 	<p>27. Do you need help with any of the following activities? Please check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Using the telephone <input type="checkbox"/> Shopping for personal items <input type="checkbox"/> Transportation <input type="checkbox"/> Managing money <input type="checkbox"/> Doing laundry <input type="checkbox"/> Doing light housework <input type="checkbox"/> Preparing meals <input type="checkbox"/> No, I do not need help with these activities <input type="checkbox"/> Choose not to answer this question
--	---

<p>28. Is there anything you would like to do to improve your health?</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Exercise <input type="checkbox"/> Quit Smoking <input type="checkbox"/> Reduce Alcohol Intake <input type="checkbox"/> Reduce Weight <input type="checkbox"/> Reduce Stress <input type="checkbox"/> Have an eating plan 	<ul style="list-style-type: none"> <input type="checkbox"/> Take Medication Properly <input type="checkbox"/> Reduce Salt Intake <input type="checkbox"/> Self –monitor my health <input type="checkbox"/> Other _____ <input type="checkbox"/> No, I do not have any health goals or concerns at this time <input type="checkbox"/> Choose not to answer this question

Home and Environment Information

<p>29. How many people, including yourself, do you currently live with? _____</p>

<p>30. What is your housing situation today?</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have housing <input type="checkbox"/> I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park) <input type="checkbox"/> I have housing today, but I am worried about losing housing in the future <input type="checkbox"/> Choose not to answer this question 	<p>31. Think about the place you live. Do you have problems with any of the following? Check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bug infestation <input type="checkbox"/> Mold <input type="checkbox"/> Lead paint or pipes <input type="checkbox"/> Inadequate heat <input type="checkbox"/> Oven or stove not working <input type="checkbox"/> No or not working smoke detectors <input type="checkbox"/> Water leaks <input type="checkbox"/> None of the above <input type="checkbox"/> Choose not to answer this question
--	---

<p>32. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already shut off <input type="checkbox"/> Choose not to answer this question 	<p>33. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? Check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, it has kept me from medical appointments or getting medications <input type="checkbox"/> Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer this question
---	--

<p>34. Within the past 12 months, you worried that your food would run out before you got money to buy more.</p> <p><input type="checkbox"/> Often True</p> <p><input type="checkbox"/> Sometimes True</p> <p><input type="checkbox"/> Never True</p> <p><input type="checkbox"/> Choose not to answer this question</p>	<p>35. On average, how many days per week do you get at least 30 minutes of exercise or other physical activity? <i>Examples: walking, running, weight-lifting, team sports or gardening</i></p> <p><input type="checkbox"/> 5-7 days (if chosen, skip next question)</p> <p><input type="checkbox"/> 3-4 days (if chosen, skip next question)</p> <p><input type="checkbox"/> 1-2 days</p> <p><input type="checkbox"/> Only occasionally</p> <p><input type="checkbox"/> Choose not to answer this question</p>
<p>35a. What obstacles prevent you from getting regular exercise? Check all that apply.</p> <p><input type="checkbox"/> Not enough time in my day</p> <p><input type="checkbox"/> I don't know how to properly exercise</p> <p><input type="checkbox"/> I don't know where to go for exercise</p> <p><input type="checkbox"/> I'm not healthy enough to exercise</p> <p><input type="checkbox"/> It's hard to stay motivated</p> <p><input type="checkbox"/> Not Sure</p>	<p>36. Has there ever been a time in your life where you felt someone physically hurt, insulted, threatened, or screamed at you?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (If chosen, skip next question)</p> <p><input type="checkbox"/> Choose not to answer this question</p>
<p>36a. How often does anyone, including family, physically hurt, insult, threaten, or scream at you?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Fairly often</p> <p><input type="checkbox"/> Frequently</p> <p><input type="checkbox"/> Choose not to answer this question</p>	<p>37. Do you find yourself having physical reactions (ex: heart pounding, trouble breathing, sweating) when something reminds you of a stressful experience from the past?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Fairly often</p> <p><input type="checkbox"/> Frequently</p> <p><input type="checkbox"/> Choose not to answer this question</p>
<p>38. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> A little bit</p> <p><input type="checkbox"/> Somewhat</p> <p><input type="checkbox"/> Quite a bit</p> <p><input type="checkbox"/> Very much</p> <p><input type="checkbox"/> I choose not to answer this question</p>	

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

BeHealthy Partnership will reimburse each member up to \$50 per calendar year towards the following (see reimbursement requirements below):

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Qualifying fitness club membership • Weight Watchers® | <ul style="list-style-type: none"> • Personal trainer fees • Aerobic/wellness classes | <ul style="list-style-type: none"> • School and town sports registration fees |
|--|---|---|

Fitness Club Requirements

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

Weight Watchers® Requirements

- Reimbursement applies only to Weight Watchers®, Weight Watchers® Online, and Weight Watchers® at Work meetings.
- For traditional Weight Watchers®, please submit a copy of your stamped Weight Watchers® membership book.
- For Weight Watchers® Online, please provide a print out of your account billing history.

School and Town Sports Registration Requirements

- You must submit a dated paid receipt.¹

Aerobic/Wellness Class and Personal Trainer Requirements

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

Reimbursement Requirements - All Programs

- The participant in the program must be an active BeHealthy Partnership member for a continuous three months at time of participation.
- You can submit your form up to two times in each calendar year, for a maximum annual reimbursement of \$50 per member. (Please note that the \$50 reimbursement is per member, per calendar year, not per activity.)
- You must submit proof of payment and a copy of any relevant contracts. See next page for information needed for reimbursement.
- Receipts will not be returned. BeHealthy Partnership will accept copies of the receipts.

BeHealthy Partnership will not reimburse you for:

<ul style="list-style-type: none"> • Classes or personal training sessions with uncertified trainers 	<ul style="list-style-type: none"> • Fees paid to weight loss programs other than Weight Watchers®
<ul style="list-style-type: none"> • Country clubs, social clubs or tanning salons 	<ul style="list-style-type: none"> • Vitamins, supplements, sports/exercise equipment or golf fees
<ul style="list-style-type: none"> • Fees paid for food, books, transportation, videos, or any other items or services 	<ul style="list-style-type: none"> • Requests received later than March 31 of the following year

Discount Program

Combine this reimbursement program with our discount program and save even more! Through the program, members can also receive discounts for choosing healthy lifestyles. To learn about all the ways your BeHealthy Partnership ID card adds extra value, visit behealthypartnership.org/benefits.

¹A paid receipt can also be a canceled check or bank/credit card statements.

For BeHealthy Partnership Use Only
 Current member receipts/Contract that reflect payment
 Amount to reimburse \$ _____

**BeHealthy PartnershipSM
 Wellness Reimbursement Form**

Subscriber Information

Last Name:		First Name:	
Street Address:			
City:		State:	Zip:
BeHealthy Partnership ID #:			
Telephone #:			
All reimbursements will be sent to the Member's address currently on file with BeHealthy Partnership. Maximum reimbursement is \$50 per member per calendar year.			

Member Information (List names of all covered family members for whom you are submitting this request)

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

Activity for Reimbursement

Type of Activity	Program/Facility Name	Address/Phone#	Amount Requested	Calendar Year

Information needed for reimbursement

- This completed form. Please make a copy of the completed form for your records.
- A copy of relevant contracts, membership agreements, personal trainer agreements with license #, or registration forms. (For school and town sports, you may submit a dated paid receipt¹ only.)
- Dated paid receipts or copies of bank or credit card statements. The receipts must include the member's name.
- For traditional Weight Watchers®, please submit a copy of your stamped Weight Watchers® membership book.
- For Weight Watchers® online, please provide a print out of your account billing history.

Certification and Authorization. (Each covered family member aged 18 or older for whom reimbursement is sought must sign this form.)
 I authorize the release of any information to BeHealthy Partnership about my health club membership, school and town sports registration, aerobic/wellness class, personal training, and, if applicable, Weight Watchers® participation. I certify that the information provided in support of this submission is complete and correct.

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

Mail completed form and the "Information needed for reimbursement" described above to
 BeHealthy Partnership, Claims Department, One Monarch Place, Suite 1500, Springfield, MA 01144-1500.

Please allow 4-6 weeks for processing.

NOTE: Reimbursement requests for a prior year must be received by BeHealthy Partnership no later than March 31.

¹A paid receipt can also be a canceled check or bank/credit card statements.

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

BeHealthy Partnership will reimburse each member up to \$50 per calendar year towards the following (see reimbursement requirements below):

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

Fitness Club Requirements

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

Weight Watchers[®] Requirements

- Reimbursement applies only to Weight Watchers[®], Weight Watchers[®] Online, and Weight Watchers[®] at Work meetings.
- For traditional Weight Watchers[®], please submit a copy of your stamped Weight Watchers[®] membership book.
- For Weight Watchers[®] Online, please provide a print out of your account billing history.

School and Town Sports Registration Requirements

- You must submit a dated paid receipt.¹

Aerobic/Wellness Class and Personal Trainer Requirements

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

Reimbursement Requirements - All Programs

- The participant in the program must be an active BeHealthy Partnership member for a continuous three months at time of participation.
- You can submit your form up to two times in each calendar year, for a maximum annual reimbursement of \$50 per member. (Please note that the \$50 reimbursement is per member, per calendar year, not per activity.)
- You must submit proof of payment and a copy of any relevant contracts. See next page for information needed for reimbursement.
- Receipts will not be returned. BeHealthy Partnership will accept copies of the receipts.

BeHealthy Partnership will not reimburse you for:

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

Discount Program

Combine this reimbursement program with our discount program and save even more! Through the program, members can also receive discounts for choosing healthy lifestyles. To learn about all the ways your BeHealthy Partnership ID card adds extra value, visit behealthypartnership.org/benefits.

¹A paid receipt can also be a canceled check or bank/credit card statements.

For BeHealthy Partnership Use Only
 Current member receipts/Contract that reflect payment
 Amount to reimburse \$ _____

**BeHealthy PartnershipSM
 Wellness Reimbursement Form**

Subscriber Information

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

BeHealthy Partnership ID #: _____

Telephone #: _____

All reimbursements will be sent to the Member's address currently on file with BeHealthy Partnership.
 Maximum reimbursement is \$50 per member per calendar year.

Member Information (List names of all covered family members for whom you are submitting this request)

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

Activity for Reimbursement

Type of Activity	Program/Facility Name	Address/Phone#	Amount Requested	Calendar Year

Information needed for reimbursement

- This completed form. Please make a copy of the completed form for your records.
- A copy of relevant contracts, membership agreements, personal trainer agreements with license # or registration forms. (For school and town sports, you may submit a dated paid receipt¹ only.)
- Dated paid receipts or copies of bank or credit card statements. The receipts must include the member's name.
- For traditional Weight Watchers®, please submit a copy of your stamped Weight Watchers® membership book.
- For Weight Watchers® Online, please provide a print out of your account billing history.

Certification and Authorization. (Each covered family member aged 18 or older for whom reimbursement is sought must sign this form.)
 I authorize the release of any information to BeHealthy Partnership about my health club membership, school and town sports registration, aerobic/wellness class, personal training, and, if applicable, Weight Watchers® participation. I certify that the information provided in support of this submission is complete and correct.

Member / authorized representative signature: _____ Date: _____

**Mail completed form and the "Information needed for reimbursement" described above to
 BeHealthy Partnership, Claims Department, One Monarch Place, Suite 1500, Springfield, MA 01144-1500.**

Please allow 4-6 weeks for processing.

NOTE: Reimbursement requests for a prior year must be received by BeHealthy Partnership no later than March 31.

¹A paid receipt can also be a canceled check or bank/credit card statements.

MEMBER RIGHTS AND RESPONSIBILITIES

Your Rights as a BeHealthy Partnership Member

As a valued Member of the BeHealthy Partnership, you have the right to:

- Receive documents and any information in other formats or in Spanish free of charge. Interpreter services also are available free of charge by calling HNE Member Services.
- Receive information about the BeHealthy Partnership, our services, our Providers and practitioners, your covered benefits, and your rights and responsibilities as a Member of the BeHealthy Partnership
- Have your questions and concerns answered completely and courteously
- Be treated with respect and with consideration for your dignity
- Have privacy during treatment and expect confidentiality of all records and communications
- Discuss and receive information regarding your treatment options, regardless of cost or benefit coverage, with your Provider in a way which is understood by you. You may be responsible for payment of services not included in the Covered Services list for your coverage type.
- Be included in all decisions about your health care, including the right to refuse treatment and the right to receive a Second Opinion on a medical procedure at no cost to you
- Choose a qualified Primary Care Provider and hospital that accepts BeHealthy Partnership Members
- Change your Primary Care Provider
- Access Emergency care 24 hours a day, 7 days a week
- Access an easy process to voice your concerns, and expect follow-up by the BeHealthy Partnership
- File Grievances and Appeals without discrimination about the Accountable Care Organization (ACO) or the care provided, and expect problems to be fairly examined and appropriately addressed
- Make recommendations regarding the BeHealthy Partnership's Member rights and responsibilities
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- Freely apply your rights without negatively affecting the way the BeHealthy Partnership or your Provider treats you
- Ask for and receive a copy of your medical record and request that it be changed or corrected, as explained in the Notice of Privacy Practices later in this section of this Member Handbook
- Receive the Covered Services you are eligible for as outlined in the Covered Services list at the end of this Member Handbook
- Be informed about how medical treatment decisions are made by HNE or by Providers that accept HNE Members
- Know the names and qualifications of physicians and health care professionals involved in your medical treatment
- Receive information about an illness, the course of treatment and expectations for recovery in words that you can understand
- Receive Emergency services when you, as a non-health care professional, believed that an Emergency health condition existed
- Keep your Personal Health Information private as protected under federal and state laws including oral, written and electronic information throughout HNE. Unauthorized people do not see or change your records.
- Exercise these rights regardless of your race, physical or mental ability, ethnicity, gender, sexual

¹A paid receipt can also be a canceled check or bank/credit card statements.

orientation, creed, age, religion, national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care. Expect these rights to be upheld by both HNE and the Providers who accept BeHealthy Partnership Members.

Your Responsibilities as a BeHealthy Partnership Member

As a Member of the BeHealthy Partnership, you also have responsibilities. It is your responsibility to:

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

Your Confidentiality

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

- BeHealthy Partnership employees do not discuss your personal information in public areas such as the cafeteria, on elevators, or when outside of the office
- Electronic information is kept secure through the use of passwords, automatic screen savers, and limiting access to only those employees with a “need to know”
- Written information is kept secure by storing it in locked file cabinets, enforcing “clean desk” practices, and using secured shredding bins for its destruction
- All employees, as part of their initial orientation, receive training on our confidentiality and privacy practices
- All Providers and other entities with whom we need to share information are required to sign agreements to maintain confidentiality
- The BeHealthy Partnership only collects information about you that we need to have in order to provide you with the services you want to receive from the BeHealthy Partnership or as otherwise required by law

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

¹A paid receipt can also be a canceled check or bank/credit card statements.

The BeHealthy Partnership is an accountable care partnership plan made up of the Baystate Health Care Alliance and Health New England. As part of the BeHealthy Partnership, members get the support of a health care partner in their community. The goal of this partnership is to focus on the member's overall well-being and make sure they get high quality medical and mental health care through their local health center.

MDC3619_0119_rev_3_20

One Monarch Place, Suite 1500
Springfield, MA 01144-1500
(413) 788-0123 | (800) 786-9999

behealthypartnership.org