

## YOUR RIGHTS AS A BEHEALTHY PARTNERSHIP<sup>SM</sup> MEMBER

March 2022

Dear BeHealthy Partnership Member:

Each year, Health New England and the BeHealthy Partnership is required by state and federal laws and national accreditation standards to tell you about certain rights and services available to you as a member. In the following pages you will find this information:

- I. Member Rights and Responsibilities
- II. Behavioral Health Services
- III. How We Protect Your Privacy
- IV. How to Get Information About Your Plan

This information is included in your BeHealthy Partnership Member Handbook. You can find a copy on our website at [behealthypartnership.org/benefits](http://behealthypartnership.org/benefits).

Please review this information. If you have any questions, please call BeHealthy Partnership Member Services at (413) 788-0123 or (800) 786-9999 (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m. We would be happy to help!

Sincerely,



Carolyn Armstrong  
Member Services Manager

## **I. MEMBER RIGHTS AND RESPONSIBILITIES**

BeHealthy Partnership members have specific rights and responsibilities that form the basis of quality health care. We are pleased to share the BeHealthy Partnership Member Rights and Responsibilities Statement, which tells you what you can expect of us and what we ask of you.

### **Member Rights**

As a valued Member of BeHealthy Partnership, you have the right to:

- Receive documents and any information in other formats or languages free of charge. Interpreter services also are available free of charge by calling BeHealthy Partnership Member Services.
- Receive information about BeHealthy Partnership, our services, our Providers and practitioners, your covered benefits, and your rights and responsibilities as a Member of 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.
- 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 within the ACO and a hospital that accepts BeHealthy Partnership Members.
- Change your Primary Care Provider.
- Access Emergency care 24 hours a day, 7 days a week.
- Easy access to voice your concerns, and expect follow-up by BeHealthy Partnership Members.
- 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 BeHealthy Partnership 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 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 in your Member Handbook.
- Receive the Covered Services you are eligible for as outlined in the Covered Services list enclosed with your Member Handbook.
- Be informed about how medical treatment decisions are made by Health New England or by Providers that accept BeHealthy Partnership 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 Health New England. Unauthorized people do not see or change your records.
- Exercise these rights regardless of your race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion, national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care. Expect these rights to be upheld by both Health New England and the Providers who accept BeHealthy Partnership Members.

## **Member Responsibilities**

As a Member of 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 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 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.

## **II. BEHAVIORAL HEALTH SERVICES**

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).

All Behavioral Health services to BeHealthy Partnership Members are provided by MBHP. If you need help with your Behavioral Health benefits, call MBHP any time at (800) 495-0086 (TTY: (617) 790-4130) 24 hours a day, 7 days a week, or visit [www.masspartnership.com](http://www.masspartnership.com). You can also contact BeHealthy Partnership Member Services at (413) 788-0123 or (800) 786-9999 (TTY: 711), Monday through Friday, from 8:00 a.m. to 6:00 p.m.

## **III. HOW WE PROTECT YOUR PRIVACY**

Health New England is committed to protecting your privacy. We keep members’ protected health information (PHI) confidential according to our policies and state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA). Health New England’s Notice of Privacy Practices contains more detailed information about Health New England’s policies and practices regarding the collection, use, and disclosure of your PHI. It also explains your rights with respect to your PHI. You can request a complete copy of Health New England’s Notice of Privacy Practices by contacting Health New England Member Services.

### **How does Health New England protect my PHI?**

Health New England has a detailed policy on confidentiality. This policy applies to all oral, written, and electronic information that we have about you. All Health New England employees are required to protect the confidentiality of your PHI. An employee may only access, use, or disclose your information when he or she has 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. Once a year, Health New England sends a notice to employees to remind them of this policy. Any employee who violates the policy is subject to discipline and may be fired. You may request a copy of Health New England’s Privacy Policy from Health New England Member Services. Health New England also includes confidentiality provisions in all of its contracts with Plan Providers. Finally, Health New England maintains physical, electronic, and procedural safeguards to protect your information.

### **How does Health New England use and disclose my PHI?**

HIPAA and other laws allow or require us to use or disclose your PHI for many different reasons. Health New England may use and disclose your information in connection with your treatment, the payment for your health care, and our health care operations, including our quality and utilization management activities. We also can 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. In addition, federal law allows or requires us to use or disclose your PHI to serve other purposes, such as for public health activities, or when we are required by law to disclose the information. We do not need your authorization for these purposes.

For other uses and disclosures of your information, we must get your written authorization. A written authorization request will specify the purpose of the requested disclosure, the persons or class of persons to whom the information may be given, and an expiration date for the authorization. If you do provide a written authorization, you generally have the right to revoke it. Refer to our complete Notice of Privacy Practices for more information about how we use and disclose information about you.

#### **Can I get a copy of my medical records?**

Health New England does not provide medical care. Members receive care and treatment from health care providers based in their own facilities. Under Massachusetts law, you have a right to obtain a copy of your medical records. To obtain a copy, contact your health care provider directly.

You also have the right to see and get a copy of some of the records that Health New England maintains, such as your enrollment, payment, claims, case or medical management records, and any other records that Health New England uses to make decisions about you. Requests for access to copies of these records must be in writing and sent to the Health New England Legal Department. Please provide us with the specific information we need to fulfill your request. We may charge a reasonable fee for the cost of producing and mailing the copies.

#### **IV. HOW TO GET INFORMATION ABOUT YOUR PLAN**

At Health New England, we continually review the coverage that we offer. We work with doctors, pharmacists, and other clinical professionals to compare emerging medical technology with the services we already cover. We also look for ways to improve and simplify how we administer covered services. As a result, from time to time we provide updates to your coverage, and we notify you, your employer, and our providers of these changes.

To obtain an updated copy of your BeHealthy Partnership Member Handbook or for the latest coverage information about your Plan, Health New England's contracted providers, or specific information about covered services, please call BeHealthy Partnership Member Services at (413) 788-0123 or (800) 786-9999 (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m. How can we help?