
NHP MassHealth

Neighborhood Health Plan

Member Handbook

Welcome to NHP

We are pleased to have you as a member.

This document describes your benefits as an NHP member. It contains some technical terms, as well as your responsibilities, and ours, in making sure you receive the most from your coverage.

If you need help understanding any part of this document, contact an NHP Customer Care representative at 800-462-5449 (TTY 800-655-1761). We're here to help you Monday through Friday from 8:30 AM to 6:00 PM.

Neighborhood Health Plan

Getting better together.



Deborah Enos
President and Chief Executive Officer



Paul Mendis, MD
Chief Medical Officer

Translation Services

[English]

Please read this document. It requires your immediate attention. If you need help understanding this document, contact NHP's Customer Care Representatives. They can help you with any questions or translation needs.

NHP's Customer Care Center
1-800-462-5449 (TTY 1-800-655-1761)
Available Monday through Friday from 8:30 am to 6:00 pm

[Spanish]

Por favor lea este documento. Requiere su inmediata atención. Si usted necesita ayuda para entender este documento, póngase en contacto con el personal del servicio de atención al cliente de NHP. Ellos pueden ayudarle con cualquier pregunta o traducción necesaria.

Servicio de atención al cliente de NHP
1-800-462-5449 (TTY 1-800-655-1761)
Disponible de lunes a viernes desde las 8:30 am hasta las 6:00 pm

[Portuguese]

Por favor, leia este documento. Ele requer a sua atenção imediata. Se necessitar de ajuda para compreendê-lo, entre em contacto com os Delegados de Assistência aos Clientes do NHP. Eles podem responder às suas questões ou ajudar em matéria de tradução.

Centro de Assistência aos Clientes do NHP
1-800-462-5449 (TTY 1-800-655-1761)
Atendimento: de segunda a sexta-feira, das 8h30 às 18h00

[Haitian]

Silvoulè li dokiman sa a. Li mande pou prete atansyon avèk li touswit. Si ou bezwen èd pou konprann dokiman sa a, kontakte Reprèzantan Sèvis Kliyan "NHP" yo. Yo ka ede w avèk nenpòt kesyon oubyen si ou bezwen tradiksyon.

Sant Sèvis Kliyan "NHP" yo
1-800-462-5449 (TTY 1-800-655-1761)
Yo disponib de Lendi jiska Vandredi de 8:30 dimaten jiska 6:00 nan aprèmidi

[Chinese]

請詳閱本文件，裡面有您需要密切注意的內容。
如果您需要協助來瞭解文件，請與 NHP 客戶關懷代表聯絡。
他們將會提供問題解答或翻譯服務。

NHP 客戶關懷中心

1-800-462-5449 (TTY 1-800-655-1761)

服務時間為週一至週五的上午 8 點 30 分到下午 6 點

[Russian]

Пожалуйста, ознакомьтесь с этим документом. Это необходимо сделать незамедлительно. Если Вам нужна помощь в понимании этого документа, свяжитесь с представителями центра обслуживания клиентов NHP. Они смогут ответить на Ваши вопросы или перевести необходимую информацию.

Телефон центра обслуживания клиентов NHP:

1-800-462-5449 (Телетайп: 1-800-655-1761)

Часы работы: с понедельника по пятницу с 8:30 утра до 18:00 вечера

[Vietnamese]

Hãy đọc tài liệu này. Bạn cần chú ý đến nó ngay lập tức. Nếu bạn cần giúp đỡ để hiểu tài liệu này, hãy liên hệ các Đại diện Chăm sóc Khách hàng. Họ sẽ giúp bạn về bất kỳ câu hỏi hay nhu cầu phiên dịch nào.

Trung tâm Chăm sóc Khách hàng của NHP

1-800-462-5449 (TTY 1-800-655-1761)

Làm việc từ thứ hai đến thứ sáu từ 8:30 sáng đến 6:00 chiều

[Khmer]

សូមអានឯកសារនេះ ។ ឯកសារនេះត្រូវការឱ្យអ្នកយកចិត្តទុកដាក់ជាបន្ទាន់ ។ បើអ្នកត្រូវការជំនួយឱ្យបានយល់ឯកសារនេះ សូមទាក់ទងទៅអ្នកតំណាងថែទាំអតិថិជនរបស់ NHP ។ ពួកគេអាចជួយឆ្លើយសំណួររបស់អ្នក ឬសេចក្តីត្រូវការខាងការបកប្រែ ។

មជ្ឈមណ្ឌលថែទាំអតិថិជនរបស់ NHP

1-800-462-5449 (TTY 1-800-655-1761)

បើកធ្វើការពីថ្ងៃច័ន្ទរហូតដល់ថ្ងៃសុក្រ ពីម៉ោង 8:30 ព្រឹក ដល់ម៉ោង 6:00 ល្ងាច

[Laotian]

ກະລຸນາອ່ານເອກະສານນີ້. ມັນຈຳປັນ ຕ້ອງການຄວາມຄິດເຫັນຄວາມຕັ້ງໃຈຂອງທ່ານໂດຍກົງ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃຫ້ເຂົ້າໃຈກ່ຽວກັບເອກະສານນີ້, ຕິດຕໍ່ພົວພັນໄດ້ທີ່ຕົວແທນບໍລິການລູກຄ້າຂອງບໍລິສັດNHP. ພວກເຂົາສາມາດຊ່ວຍທ່ານໄດ້ກ່ຽວກັບຄຳຖາມບັນຫາຕ່າງໆ ຫຼື ຄວາມຕ້ອງການອື່ນໆທີ່ຢາກໃຫ້ອະທິບາຍ.

ສູນບໍລິການລູກຄ້າຂອງບໍລິສັດNHP

1-800-462 5449 (TTY 1-800-655 -1761)

ບໍລິການແຕ່ 8:30 ຕອນເຊົ້າເຖິງ 6:00 ຕອນແລງ ນັບແຕ່ວັນຈັນ ເຖິງ ວັນສຸກ.

[Greek]

Παρακαλείσθε να διαβάσετε αυτό το έγγραφο. Απαιτεί την άμεση προσοχή σας. Εάν χρειάζεστε βοήθεια προς την κατανόηση αυτού του εγγράφου, επικοινωνήστε με τους Αντιπροσώπους του Τμήματος Εξυπηρέτησης Πελατών του NHP. Θα σας βοηθήσουν με οτιδήποτε ερωτήσεις έχετε ή εάν χρειάζεστε μετάφραση.

Κέντρο Εξυπηρέτησης Πελατών του NHP
1-800-462-5449 (Τηλέτυπο 1-800-655-1761)
Ανοιχτό Δευτέρα με Παρασκευή από τις 8:30 π.μ. έως τις 6:00 μ.μ.

[Arabic]

الرجاء قراءة هذه الوثيقة التي تحتاج إلى اهتمام عاجل منك. إذا احتجت إلى مساعدة لفهم هذه الوثيقة، يرجى الاتصال بمندوبي خدمات العملاء التابعين لـ NHP. حيث يمكنهم مساعدتك والرد على أي استفسارات أو أمور تتعلق بالترجمة.

مركز خدمات عملاء NHP
هاتف 1-800-462-5449 (هاتف ضعاف السمع 1-800-655-1761)
متواجدون من الاثنين إلى الجمعة من الساعة 8.30 صباحاً وحتى الساعة 6.00 مساءً

[French]

Veillez lire ce document. Il est extrêmement important. Si vous avez besoin d'aide pour comprendre ce document, veuillez contacter le représentant du service clientèle. Ils répondront à toutes vos questions et vos besoins en matière de traduction.

Service d'assistance clientèle de NHP
1-800-462-5449 (ATS 1-800-655-1761)
Du lundi au vendredi de 8:30 à 18h00

[Italian]

Vi preghiamo di leggere questo documento, di natura urgente. Qualora vi serva aiuto nel comprenderne il contenuto, Vi preghiamo di contattare i rappresentanti del reparto di assistenza clienti NHP. Essi saranno lieti di esservi di aiuto in caso di domande o traduzioni.

Centro di assistenza clienti NHP
Linea verde negli Stati Uniti: 1-800-462-5449 (TTY: 1-800-655-1761)
Disponibile dal lunedì al venerdì dalle 8:30 alle 18:00.

Welcome!

Welcome to Neighborhood Health Plan (NHP). NHP is a not-for-profit Managed Care Organization (MCO) based in Massachusetts.

We are pleased to have you as a Member, and look forward to working with you and your Primary Care Provider to keep you healthy.

This handbook contains important information about your NHP MassHealth benefits. If you need help understanding it, you can call the Customer Service number listed at the bottom of the page. NHP Customer Care Representatives speak several languages. In addition, NHP provides Members with free translation services and alternate formats (such as Braille and larger font size) of the Handbook upon request. If you need assistance, call NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761. NHP offers you many quality health care services including Primary Care, Specialty Care, Behavioral Health (Mental Health and Substance Abuse) and Prescription drug coverage. NHP also has special programs for pregnant Members and Members with certain medical and Behavioral Health (mental health and substance abuse) conditions and chronic illnesses.

Getting the most out of your NHP health plan.

Follow these six tips to help you understand and access quality healthcare.

- 1. Meet your Primary Care Provider (PCP).** A Primary Care Provider is a doctor or nurse practitioner. If you are new to your Primary Care Site and you haven't met your Primary Care Provider yet, make an appointment to meet him or her.
- 2. Unless it's an emergency, anytime you need healthcare, call your Primary Care Site first.** Your Primary Care Provider will work with you to meet your healthcare needs. If you need care from any other Provider, hospital or clinic, your Primary Care Provider is able to assist in coordinating services. For Behavioral Health (mental health and substance abuse) Services, contact any NHP Behavioral Health Provider. The first 12 visits do not require a referral. Refer to page 18 for information on Behavioral Health Providers.
- 3. If it's an Emergency, don't wait.** Call 911 or your local Emergency phone number, or go to the nearest Emergency room right away. For Behavioral Health (mental health and substance abuse) Emergencies, call 911, your local emergency phone number, or go to the nearest Emergency room. You may also contact the Emergency Services Program (ESP) in your area. For a list of Emergency rooms and Behavioral Health Emergency Services Programs in all areas of the state, refer to your NHP Provider Directory. After your emergency has been stabilized, call your Primary Care Site, and your behavioral health provider, if applicable, within 48 hours of your emergency. That way, your health care Provider can provide any follow-up care you may need.
- 4. Carry your NHP and MassHealth Member ID cards with you at all times.** Remember to show them whenever you get healthcare. Your NHP Member ID card allows you to receive all the services that are covered by NHP. Your MassHealth ID card allows you to receive all the services that are covered by MassHealth.
- 5. Call NHP and MassHealth with any changes that might affect your coverage.** From a new address, to a new phone number, to a new addition in the family – these are all changes we need to know about to help us serve you.
- 6. When in doubt, call.** Our Customer Care Center is open Monday through Friday from 8:30 am to 6:00 pm. If you have questions about your health coverage, call 800-462-5449 or TTY 800-655-1761.

Don't Lose Your Enrollment in NHP, or your MassHealth Coverage.

To make sure you do not become disenrolled, renew your MassHealth coverage every year. MassHealth will mail you a renewal form (Eligibility Review Verification form) ten or eleven months from the date you last applied. Complete the form and return it to MassHealth immediately. If you do not receive a form contact MassHealth's Customer Service Center at 800-841-2900 (TTY 800-497-4648). Their hours of operation are Monday through Friday from 8:00 AM to 5:00 PM. If you have questions about how to fill out the form MassHealth, NHP or your Provider should be able to help you. You should also contact MassHealth and NHP if there are changes in your address, phone or other status changes such as a birth in the family.

Section 1. How to Use This Member Handbook

Why This Member Handbook Is Important	12
Translation and Alternate Formats	12
Words with Special Meaning	12
NHP Provider Directory	12
Information About NHP Providers	12
NHP's Service Area	13

Section 2. Membership

Enrollment	14
About Your Enrollment Options	14
Status Changes	14
Voluntary Disenrollment	14
Membership Disenrollment for Loss of Eligibility	14
Membership Disenrollment for Cause	15

Section 3. Member Card

Your NHP Member Card	16
Your MassHealth Card	16

Section 4. Member Information

Your Primary Care Site and Primary Care Provider	17
Your Primary Care Provider	17
Why It Is Best to Call Your Primary Care Site	17
Changing Your Primary Care Provider	18
If Your Primary Care Provider is Disenrolled from NHP	18
Getting to Know Your Primary Care Provider	18
Behavioral Health (Mental Health and Substance Abuse) Providers	18
Emergency Care	19
Urgent Care	19
Specialty Care	19
Out of Plan Specialty Care	20
Diversions Behavioral Health (Mental Health and Substance Abuse) Services	20
Non-Emergency Hospital Care	21
Behavioral Health Hospital Care	21
After Hours Care	21
Care When You Travel Outside the NHP Service Area	21
Family Planning Services	22
Maternity Care	22
Continuity of Medical Care	22

**Section 5.
Authorizations**

**Section 6.
Utilization Review Program**

Access and Utilization 26

**Section 7 .
NHP’s Pharmacy Benefit**

Filling Prescriptions 27

Over-the-counter Drugs 27

Co-payment Exceptions 27

What do you do if you cannot afford a co-payment? 28

Safe and Appropriate Use of Prescription Drugs 28

Quantity Limit 28

Mandatory Generic Policy 29

Prior Authorization 29

Step Therapy 29

Specialty Pharmacy Program 29

New-to-Market Medication Program 30

Limitations 30

Exceptions 30

Exclusions 30

**Section 8.
Healthcare Access Standards**

Emergency Services 32

Urgent Care 32

Primary Care 32

Specialty Medical Care 32

Behavioral Health (Mental Health and Substance Abuse) Care 32

Children in the Care or Custody of the Department of Social Services (DSS) 32

**Section 9.
Your Neighborhood Health Plan Benefits**

General Coverage Requirements for NHP Benefits 33

When Coverage Begins While You Are in the Hospital 33

How to Access NHP MassHealth Benefits 33

How to Access Benefits Not Covered by NHP that are Available Directly through MassHealth 33

Section 10.

Healthcare for Your Children

Preventive and Well-child Care for All Children	35
Preventive Pediatric Health-care Screening and Diagnosis (PPHSD) Services for Children Enrolled in MassHealth Basic or Family Assistance	35
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services for Children Enrolled in MassHealth Standard or CommonHealth	36
Dental Care for Children	36

Section 11.

Additional Services for Children

Early Intervention Services for Children with Growth or Developmental Problems	37
--	----

Section 12.

Preventive Care for Adults

Section 13.

Care Management Programs

Asthma Management Program	39
Behavioral Health (Mental Health and Substance Abuse) Care Program	39
Care Partnership Program	39
Diabetes Management Program	40

For You Two Prenatal Program	40
Inpatient Care Management	40
Pediatric Care Management	40
Regional Care Management	40
Social Care Management	40
The Smoking Cessation (Stop Smoking) Program	41

Section 14.

Other Programs

Community Medical Alliance (CMA) Programs	42
Mental Health Services Program for Youth (MHSPY)	42

Section 15.

Quality Assurance Programs

Clinical Guidelines	43
Experimental Therapies, Medical Devices, Treatments in Clinical Trials	43

Section 16.

When You Have Other Coverage

Coordination of Benefits	44
Subrogation	44
Neighborhood Health Plan's Right of Reimbursement	44

**Section 17.
Member Rights and Responsibilities**

Your Rights as an NHP Member	45
Your Responsibilities as an NHP Member	45
Reporting Health Care Fraud	46

**Section 18.
Communicating With NHP**

Your Satisfaction Is Important To Us	47
If You Receive a Bill in the Mail or If You Paid for a Covered Service	47

**Section 19.
Concerns and Inquiries**

Concerns	48
Inquiries	48

**Section 20.
Grievance Process and Rights for MassHealth Members**

Questions and Answers About the Grievance Process	49
---	----

**Section 21.
Appeal Process and Rights for MassHealth Members**

**Section 22.
Confidentiality**

Notice of Privacy Practices	57
-----------------------------	----

**Section 23.
Advance Directives: Planning for Future Health Care**

Health Care Agents and Proxies	59
Living Wills	59
Organ Donation Cards	59

**Section 24.
Glossary**

Section 1.

How to Use This Member Handbook

Why This Member Handbook Is Important

This Member Handbook explains your health care benefits and how NHP works. It also explains what you can expect from NHP.

This Member Handbook is a legal document that tells you what you need to know about your NHP coverage.

Please read your Member Handbook and keep it for future reference.

Translation and Alternate Formats

The NHP Member Handbook and Provider Directory are available in Spanish. Translation services are available for other languages. Braille and larger font size formats of the Member Handbook and Provider Directory are also available.

Contact our Customer Care Center at 800-462-5449 (TTY 800-655-1761) for more information.

Words with Special Meaning

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

For the purposes of this Member Handbook, the word “you” means “Members of NHP.”

NHP Provider Directory

The NHP Provider Directory lists participating Primary Care Sites, Primary Care Providers, and hospitals. You are free to choose among our network of Primary Care Providers.

The NHP Provider Directory also lists participating specialty and Behavioral Health (mental health and substance abuse) Providers.

In addition, the Directory contains a complete list of participating pharmacies, facility and ancillary Providers, Emergency rooms, Behavioral Health Emergency Services Programs, and durable medical equipment suppliers.

The NHP Provider Directory is provided to you in your Member kit. To request additional copies of the Provider Directory, call NHP's Customer Care Center. You may also visit the NHP web site at www.nhp.org to find the most up-to-date listing of all Providers.

Information About NHP Providers

Additional information about physicians licensed to practice in Massachusetts is available from the Board of Registration in Medicine.

Visit www.massmedboard.org to find information on your physician's education, hospital affiliations, board certification status and more.

The following Web sites also provide useful information in selecting quality healthcare Providers:

- *Leapfrog: www.leapfroggroup.org (for information on healthcare quality, so you can compare hospitals)*
- *Massachusetts Health Quality Partners: www.mhqp.org (to learn how different*

medical groups treat the same type of illness, allowing you to make comparisons)

- *Joint Commission for the Accreditation of Healthcare Organizations (JCAHO): www.qualitycheck.org (for information that allows you to compare quality of care at many hospitals, homecare agencies, laboratories, nursing homes, and behavioral health programs).*
-

NHP's Service Area

NHP's Service Area includes most communities in Massachusetts. NHP works with doctors, hospitals and other Providers to offer health care services within the Service Area. For more information about NHP's Service Area, call our Customer Care Center.

Section 2.

Membership

Enrollment

When NHP receives notification of your Enrollment from MassHealth, a Member ID Card is mailed within fifteen (15) business days. This card is valid as of the Effective Date of Enrollment. NHP is responsible for all Covered Benefits listed in the Covered Services List that came with this Member Handbook as of the Effective Date of your Enrollment in NHP. When you enroll in NHP through MassHealth, 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, and/or expected health status.

About Your Enrollment Options

If you are a MassHealth Member and have questions about your health plan Enrollment options with MassHealth Managed Care Providers, including NHP, please call the MassHealth Customer Service Center at 800-841-2900 (TTY 800-497-4648). Their hours of operation are from 8:00 AM to 5:00 PM, Monday through Friday.

Status Changes

It is your responsibility to notify Neighborhood Health Plan with any changes to your address, phone number, marital status or family size. NHP must have your current address and telephone number on file so that we can contact you when necessary. Call our Customer Care Center to make any changes or corrections.

You should also notify MassHealth of these changes as they may affect your MassHealth eligibility such as birth of a child. You can contact the MassHealth Customer Service Center at 800-841-2900 or TTY 800-497-4648. Their hours of operation are from 8:00 AM to 5:00 PM Monday through Friday.

Voluntary Disenrollment

You may end your coverage with NHP at any time. To disenroll from NHP, call the MassHealth Customer Service Center at 800-841-2900 (TTY 800-497-4648). Their hours of operation are from 8:00 AM to 5:00 PM, Monday through Friday. Voluntary disenrollments are effective one (1) business day after NHP receives the request from MassHealth.

After disenrollment, NHP 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.*
-

Membership Disenrollment for Loss of Eligibility

In the event that you become ineligible for MassHealth coverage, MassHealth will disenroll you from NHP. You will no longer be eligible for coverage by NHP as of the date of your MassHealth disenrollment. You may automatically be re-enrolled in NHP if you become eligible again for MassHealth within 366 days, as determined by MassHealth.

Membership Disenrollment for Cause

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

Section 3. Member Card

Your NHP Member Card

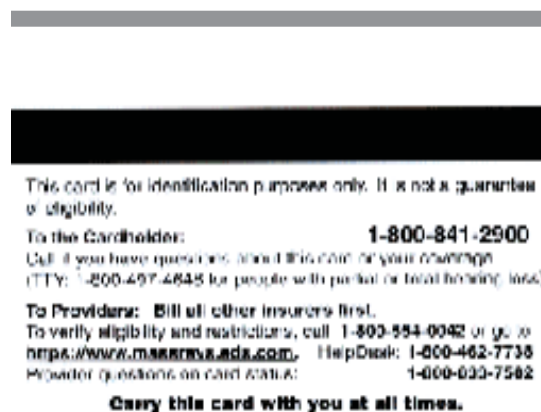
You and each of your family members enrolled in NHP will receive an NHP Member Identification Card (NHP Member ID Card). Your NHP Member ID Card has important information about you and your benefits. It also tells Providers and pharmacists that you are a Member of NHP. To access some of your services you will need to show your MassHealth card, so be sure to show both your NHP Member ID Card and MassHealth card whenever you get health care or fill a prescription. Always carry your Member cards with you so they will be handy when you need care. Please read your cards carefully to make sure all the information is correct. If you have questions or concerns about your NHP Member ID Card, or if you lose it, call our Customer Care Center at 800-462-5449 or TTY 800-655-1761. A sample NHP Member ID Card is shown below.



Your MassHealth Card

As a MassHealth Member of NHP, you will also have a MassHealth card. Be sure to show both your NHP Member ID Card and MassHealth card whenever you get health care or fill a prescription. Carry both your MassHealth card and NHP Member ID Card with you at all times for the most complete coverage.

For information about your MassHealth card, call MassHealth Customer Service at 800-841-2900 or TTY 800-497-4648. Their hours of operation are Monday through Friday, 8:00 AM to 5:00 PM. A sample MassHealth card is shown below.



Section 4.

Member Information

Your Primary Care Site and Primary Care Provider

When you join NHP, you are asked to choose a Primary Care Provider at a Primary Care Site close to you and your family. You will get most of your health care at your Primary Care Site. If you are new to your site, choose a new Primary Care Provider from the primary care staff at that site.

For a list of Primary Care Sites and Primary Care Providers near you, please see the NHP Provider Directory in your Member kit. The Directory has important information about Primary Care Sites, such as:

- *Location and Phone Number*
- *Hours of Operation*
- *Providers' Names*
- *Specialty Services*
- *Languages Spoken*
- *Handicap Accessibility*

If you need a copy of the NHP Provider Directory, call the NHP Customer Care Center at 800-462-5449 or TTY 800-655-1761 or visit NHP's web site at www.nhp.org.

Your Primary Care Provider

All Members must choose a Primary Care Provider upon Enrollment in NHP. Your Primary Care Provider provides or arranges all of your health care. NHP Primary Care Providers practice at over 200 Primary Care Sites, including community health centers, hospital-based group practices, multi-specialty group practices, school-based clinics, and Harvard Vanguard Medical Associates locations.

To choose a Primary Care Provider or Primary Care Site, call the NHP Customer Care Center at 800-462-5449 or TTY 800-655-1761. You should choose a Primary Care Site close to your home or workplace. Each family member covered by NHP may choose a different Primary Care Provider and/or Primary Care Site. If you do not choose a Primary Care Provider within fifteen (15) days of your Enrollment date, NHP will assign you a Primary Care Provider. NHP will also assign a Provider to you if your first choice of Primary Care Provider is not available. You can change your Primary Care Provider at any time by calling NHP's Customer Care Center.

Why It Is Best to Call Your Primary Care Site

If you think your health problem is an Emergency and needs immediate attention, call 911 or your local Emergency phone number at once or go to the nearest Emergency room right away. At the Emergency room, you will be examined and stabilized before you are discharged or transferred to another hospital. If you are experiencing a Behavioral Health Emergency, call 911 or your local Emergency phone number at once or go to the nearest Emergency room at once. You can also contact the Emergency Services Program (ESP) in your area.

However, calling your Primary Care Site first can save you a needless trip to the Emergency room—and hours of waiting and worrying. You will get the quickest and best advice from people who know you well. For example, your Primary Care Site's doctor or nurse on call may tell you how to treat your problem at home. If the doctor or nurse thinks that you need to go to the Emergency room, he or she will tell you exactly where to go. The doctor or nurse can also let the Emergency room know you are coming.

Changing Your Primary Care Provider

Your Primary Care Provider can provide better care when he or she knows you and your medical history. For this reason, NHP encourages you to have an ongoing relationship with your Primary Care Provider. However, if you ever wish to change your Primary Care Provider you may do so at any time, for any reason. To change your Primary Care Provider, call NHP's Customer Care Center. A Customer Care Representative will assist you with your selection and process the change. If you choose a new Primary Care Provider and/or Primary Care Site, your change(s) are effective immediately. If your Primary Care Provider leaves the NHP Provider Network, NHP or your Primary Care Provider will notify you in writing. When you are notified, call the Customer Care Center to select a new Primary Care Provider.

If Your Primary Care Provider is Disenrolled from NHP

NHP will make every effort to notify you at least thirty (30) days before the disenrollment of your Primary Care Provider. You will continue to be covered for health services, consistent with the terms of this Handbook, by your Primary Care Provider for at least thirty (30) days after the date he/she is disenrolled, other than disenrollment for quality-related reasons or fraud (for more information on continued coverage, see "Continuity of Medical Care" in this section).

Getting to Know Your Primary Care Provider

It is a good idea to meet your new Primary Care Provider before you need care. To make an appointment, call your Primary Care Site. Your site's telephone number is printed on the front of your NHP Member Card. When you call, be sure to say that you are an NHP Member. You should request your old Primary

Care Provider to send your health records to your new Primary Care Site before this visit. When you go to your appointment, show both your NHP and MassHealth Member cards. You and your Primary Care Provider can use this appointment to get to know each other. After this first appointment, call your Primary Care Site whenever you need health care. In an Emergency, seek immediate care at the nearest facility.

Behavioral Health (Mental Health and Substance Abuse) Providers

NHP Members have access to a full range of Behavioral Health (mental health and substance abuse) services. Beacon Health Strategies is the organization that manages NHP's Behavioral Health program. Some examples of Behavioral Health (mental health and substance abuse) Services are individual, group and family counseling and methadone treatment. For a complete listing of Behavioral Health Services, see the enclosed Covered Services List.

If you need Behavioral Health Services, you may choose any Provider in NHP's Behavioral Health network. You can make the appointment on your own or call Beacon Health Strategies clinical department at 800-414-2820 (TTY 781-994-7660), Monday through Thursday 8:30 AM – 6:00 PM and Friday 8:30 AM – 5:00 PM to help you find a Provider. You may also ask for assistance from your Primary Care Provider. For information about NHP's Behavioral Health network Providers, refer to the Behavioral Health section of your NHP Provider Directory in your Member kit, call Beacon Health Strategies clinical department at 800-414-2820 (TTY 781-994-7660) or call NHP's Customer Care Center at 800-462-5449 (TTY 800-655-1761).

Emergency Care

NHP Members are covered for care in Emergencies. You are also covered for ambulance transportation and post-stabilization care services that are related to an Emergency.

An Emergency is a health condition that you believe will put your health in serious danger if you do not receive immediate medical attention. Examples of Emergencies are chest pain, poisoning, trouble breathing, severe bleeding, convulsions, or having thoughts of hurting yourself or others. If you think your health problem is an Emergency and needs immediate attention, call 911 or your local Emergency phone number at once or go to the nearest Emergency room right away. At the Emergency room, you will be examined and stabilized before you are discharged or transferred to another hospital. If you are experiencing a Behavioral Health Emergency, call 911 or your local Emergency phone number at once or go to the nearest Emergency room at once. You can also contact the Emergency Services Program (ESP) in your area.

For a list of Emergency rooms and Behavioral Health Emergency Services Programs (ESPs) in all areas of the state, refer to your NHP Provider Directory. Contact your Primary Care Provider within 48 hours of any Emergency care. Your Primary Care Provider will be able to arrange follow-up care. If you experienced a Behavioral Health (mental health and substance abuse) Emergency you should contact your Behavioral Health Provider, if you have one.

Remember: You do not need approval from your doctor to seek emergency care. And you're covered for emergency care 24 hours a day, seven days a week, even if you're traveling or you're outside the service area.

Urgent Care

Urgent Care is care for a health problem that needs attention right away but you do not think it is an Emergency. For an Urgent Care visit, call your Primary Care Provider, Primary Care Site, or Behavioral Health Provider. You can contact your Primary Care Site twenty-four (24) hours, seven (7) days a week. For behavioral health problems, you may also call Beacon Health Strategies' clinical department 24 hours a day, seven days a week at 800-414-2820 (TTY 781-994-7660). If your condition worsens before you are seen by your PCP or behavioral health provider, you can go to the emergency room.

Specialty Care

If you need specialty care, your Primary Care Provider will arrange a Referral to a Specialist. Examples of Specialists are a cardiologist (heart doctor), audiologist (hearing doctor), allergist (allergy doctor), and neurologist (brain/nervous system doctor).

Neighborhood Health Plan does not require referrals for you to receive care from any NHP In-Plan specialist, however, your PCP is the best person to help you coordinate your healthcare. When you have an established connection with your PCP, he or she can help you address all aspects of your health care and assist you in coordinating all the services you need. Before making your appointment with an In-Plan specialist, your PCP can discuss the situation, consider options and help decide where you can get the services you need. Some specialty care providers will require a clinical summary from your doctor before they will see you. For example, a neurologist may want to obtain your PCP's opinion. They can communicate directly with each other and are not required to obtain a referral ID number from NHP for these services.

The Specialist will send a full report to your Primary Care Provider. (Behavioral Health [mental health and substance abuse] Specialists will send this report only with your written permission.) This report will help your Primary Care Provider decide about any further care you may need.

It is your responsibility to make sure that the specialist you wish to see participates with NHP and is available in NHP's network. When you use in plan providers, you know that they have been credentialed by NHP and that they will work with our medical staff to help ensure you get the care you need. You may search our provider directory or call the Customer Care Center at 800-462-5449 (TTY 800-655-1761).

Out of Plan Specialty Care

You may visit an Out-of-Plan specialist only if Neighborhood Health Plan approves it in advance. Services provided by Out-of-Plan Specialists require prior authorization. If there are in-plan providers who offer the service, NHP will only approve the request to cover out-of-plan services under special circumstances. Before you schedule an appointment or seek medical care from an out-of-plan specialist, ask your Primary Care Physician or treating doctor to send an authorization request to NHP. After reviewing the request, we will notify you and your doctor of our decision in writing. If you do not receive written approval from NHP for out-of-plan specialty care, the plan will not cover the services. A member can see any MassHealth contracted family planning provider, even if the provider is not in NHP's network. No Prior Authorization is required.

Diversions Behavioral Health (Mental Health and Substance Abuse) Services

NHP offers an array of Behavioral Health (mental health and substance abuse) Services to its Members. As an adjunct to traditional outpatient services which includes individual, couples, family and group counseling as well as medication management, there are a number of diversionary services available to NHP members. Diversionary services do not require a referral, but these services do require a Provider to obtain prior authorization from Beacon Health Strategies. Members may learn more about these services by calling Beacon Health Strategies at 800-414-2820 or speaking to their outpatient therapist, if they have one.

Examples of diversionary Behavioral Health Services include Partial Hospitalization Programs (PHP), Structured Outpatient Addiction Programs (SOAP), Community Support Services (CSP) and Family Stabilization Teams (FST). PHPs have structured intensive therapeutic services for up to six hours a day and CSPs offer outreach and support to assist in a member in treating their mental health or substance abuse issues in the community. Structured Outpatient Addiction Programs (SOAPs) provide short-term, clinically-intensive structured day and/or evening addiction treatment services, usually provided in half or full-day units up to 6 or 7 days per week. This program is designed to enhance continuity for Members being discharged from Level III or Level IV detoxification programs as they return to their homes and communities. FSTs provide an intensive stabilization service for children and their parents, guardians, or foster parents following a psychiatric episode requiring acute mental health treatment. The goal of an FST is to assist children and their families with addressing multiple life stressors through the provision of intensive, short-term transitional services.

Non-Emergency Hospital Care

If you need hospital care and it's not an Emergency, your Primary Care Provider will make the arrangements for your hospital stay. You must go to the hospital specified by your Primary Care Provider in order for NHP to cover your hospital care.

Behavioral Health Hospital Care

If you need inpatient hospital care for Behavioral Health needs, call 911 or your local Emergency phone number, or go to the nearest Emergency room right away. You can also contact the Emergency Services Program (ESP) in your area. The ESP will provide screening services to see if Behavioral Health inpatient hospital care is needed. If the ESP does not think hospitalization is needed, the ESP will provide or recommend other Behavioral Health Services. For a listing of Emergency Rooms and Emergency Services Programs (ESPs) in all areas of the state, refer to your Provider Directory. You can also call Beacon Health Strategies' clinical department at 800-414-2820 (TTY 781-994-7660) or your Primary Care Provider.

After Hours Care

No matter when you are sick - day or night, any day of the year - call your Primary Care Site. All NHP Primary Care Sites have a doctor or nurse on call 24 hours a day, 7 days a week. The doctor or nurse on call is there to help with urgent health problems. When you call your Primary Care Site after hours, the site's answering service will answer your call. The service will take your name and telephone number and contact the doctor or nurse on call. That doctor or nurse will 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 may

also call Beacon Health Strategies' clinical department 24 hours a day, seven days a week at 800-414-2820 (TTY 781-994-7660).

If you think your health problem is an Emergency and needs immediate attention, call 911 or your local Emergency number at once or go to the nearest Emergency room. If you are experiencing a Behavioral Health (mental health or substance abuse) Emergency, call 911 or your local Emergency number at once or go to the nearest Emergency room. You can also call the Emergency Services Program (ESP) in your area.

Care When You Travel Outside the NHP Service Area

When Members are away from home, NHP will cover only Emergency, Post-stabilization and Urgent Care services. To ensure coverage, be sure to take care of your routine health care needs before traveling outside of the NHP Service Area. If you need Emergency Care or Urgent Care while you are temporarily outside the NHP Service Area, go to the nearest doctor or Emergency room. You do not have to call your Primary Care Provider before seeking Emergency or Urgent Care while outside the NHP Service Area. You or a family member should call your Primary Care Site within 48 hours of receiving out-of-area care.

NHP will cover all Medically Necessary Emergency, Post-stabilization and Urgent Care Services delivered outside the Service Area. NHP will not cover:

- *Tests or treatment requested by your Primary Care Provider before you left the Service Area.*
- *Routine Care or follow-up care that can wait until your return to the Service Area, such as physical exams, flu shots, stitch removal, mental health counseling.*

- *Care that could have been foreseen prior to leaving the Service Area such as elective surgery.*

A Provider may ask you to pay for care received outside of NHP's Service Area at the time of service. If you pay for Emergency Care, Post-stabilization Care or Urgent Care you received while outside of NHP's Service Area, you may submit a Claim to NHP for reimbursement. See the section on "If You Receive a Bill in the Mail" on page 47 for further information and instructions on how to submit a Claim. You may also call the Customer Care Center for assistance with any bills that you may receive from a health care Provider.

Family Planning Services

Family Planning Services include birth control methods as well as exams, counseling, pregnancy testing, and some lab tests. Just call any NHP or MassHealth contracted Family Planning clinic for an appointment. You may also see your Primary Care Provider for Family Planning Services. Call the NHP Customer Care Center if you need help finding a Provider for Family Planning Services.

Maternity Care

NHP covers many services to help you have a healthy pregnancy and a healthy baby. If you think you might be pregnant, call your Primary Care Site. Your site will schedule an appointment for a pregnancy test. If you are pregnant, your Primary Care Site will arrange your maternity care with an obstetrician or nurse midwife. You will be scheduled for regular checkups during your pregnancy. It is important to keep these appointments even if you feel 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 will also take care of

you when you have your baby. NHP also has a special program for pregnant Members called For You Two. For more information about this program, see page 40. When your baby is born, a Customer Care Representative will call you to welcome the baby to NHP. At that time, we will also make sure we have your baby's name and correct birth date. If you have questions about how to enroll your new baby into NHP, call the Customer Care Center at 800-462-5449 or TTY 800-655-1761

Continuity of Medical Care

In order to ensure continuity of care, there are some circumstances when NHP will provide coverage for health services from a Provider who is not participating in NHP's Network.

If your Provider has been disenrolled from NHP's network, for reasons unrelated to quality of care or fraud, NHP will provide coverage for up to 30 calendar days if the Provider is your Primary Care Provider or up to 90 calendar days if the Provider, including a PCP, is providing you with active treatment for a chronic or acute medical condition or until that active treatment is completed, whichever comes first. For any pregnant Member who is in her second or third trimester this coverage will continue through the first postpartum visit. For any Member who is terminally ill, this coverage will continue through the Member's death.

To continue care in the above situation, the Provider must adhere to the quality assurance standards of NHP and provide NHP with necessary medical information related to the care provided.

In addition, the Provider must adhere to NHP's policies and procedures, including procedures regarding prior authorizations and providing services pursuant to a treatment plan, if any, approved by NHP. In the case of disenrolled Providers, they must also agree to accept reimbursement from NHP at the rates

applicable prior to notice of disenrollment as payment in full, and not to impose cost sharing with respect to the Insured in an amount that would exceed the cost sharing that could have been imposed if the Provider had not been 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 the Customer Care Center at 800-462-5449, TTY 800-655-1761.

Section 5. Authorizations

An Authorization is a special approval by NHP for payment of certain services. Not all services require Authorization. But, if a service does require Authorization, Authorizations must occur before you receive the service in order for the service to be covered. Your Primary Care Provider or the Specialist treating you will request an Authorization if it is necessary. For health plan benefits, the request is submitted to NHP. For benefits you receive directly from MassHealth, the request is submitted to MassHealth. Examples of services requiring Authorization from NHP are physical therapy, speech therapy, surgical procedures and elective admissions, inpatient psychiatric care, etc. The Covered Services List enclosed with this Handbook also identifies those services which require Authorization from NHP or MassHealth.

For more information about requesting Prior Authorization for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, see pages 36. NHP gives Authorizations as soon as possible.

Standard Authorization decisions are made as fast as your health condition requires, but no later than fourteen (14) calendar days after receipt of the request for service. This timeframe may be extended by an additional fourteen (14) days. Such an extension is only allowed if:

- 1) You or your healthcare Provider requests an extension, or
- 2) NHP can give a good reason that:
 - *The extension is in your interest; and*
 - *There is a need for additional information where:*

- a. *There is a reasonable likelihood that receipt of such information would lead to approval of the request, and*
- b. *Such outstanding information is reasonably expected to be received within fourteen (14) calendar days.*

If we decide to extend this timeframe, we will send you a letter explaining the reasons for the extension and notify you of the right to file a Grievance if you disagree with that decision. For complete details on filing a Grievance, please refer to page 49 of this Handbook or contact NHP's Customer Care Center for more information.

Expedited (fast) Authorization decisions are made as fast as your health condition requires but no later than three (3) business days after receipt of the expedited (fast) request for service. This timeframe may be extended by an additional fourteen (14) calendar days. Such an extension is only allowed if:

- 1) You or your healthcare Provider requests an extension, or
- 2) NHP can give a good reason that:
 - *The extension is in your interest, and;*
 - *There is a need for additional information where:*
 - a. *There is a reasonable likelihood that receipt of such information would lead to approval of the request, and;*
 - b. *Such outstanding information is reasonably expected to be received within fourteen (14) calendar days.*

If we decide to extend this timeframe, we will send you a letter explaining the reasons for the extension and notify you of the right to file a Grievance if you disagree with that decision. For complete details on filing a Grievance, please refer to page 49 of this Handbook or contact NHP's Customer Care Center for more information.

If NHP does not act within these timeframes, you may file an Appeal. For complete details on filing an Appeal, please refer to page 51 of this Handbook or contact NHP's Customer Care Center for more information.

Once NHP reviews the request for service(s), we will inform your Provider of our decision. If we authorize the service(s), we will send you and your Provider an Authorization letter. When you get the letter, you can call your Provider to make an appointment. The Authorization letter will state the service(s) the plan has approved for coverage. Make sure that you have this Authorization letter before any service(s) requiring Authorization is provided to you. If your Provider feels that you need a service(s) beyond those authorized, he or she will ask for Authorization directly from the plan. If we approve the request for additional service(s), we will send both you and your Provider an additional Authorization letter.

If we do not authorize any of the service(s) requested, authorize only some of the service(s) requested, or do not authorize the full amount, duration or scope of service(s) requested, we will send you and your Provider a denial letter. NHP will not pay for any services that were not authorized. NHP will also send you and your Provider a notice if we decide to reduce, suspend, or terminate previously authorized service(s). If you disagree with any of these decisions, you can file an Appeal. For complete details on filing an Appeal, please refer to page 51 of this Handbook or contact NHP's Customer Care Center for more information.

It is your responsibility to make sure that you have written Authorization for coverage prior to receiving services that require Authorization. You may confirm the need for Authorization with your NHP providers or by contacting NHP's Customer Care Center..

Section 6.

Utilization Review Program

NHP's utilization review program looks at the clinical care Members received and determines if the services were Medically Necessary. NHP uses doctors and nurses to perform utilization reviews. If NHP determines the services were not medically necessary, NHP will contact your provider.

Access and Utilization

Neighborhood Health Plan is accessible to members seeking information about the utilization management (UM) process and authorization requests and decisions from 8:30 AM to 5:30 PM, Monday through Friday. You may call 800-462-5449 or TTY 800-655-1761 or fax 617-772-5512. For after hours utilization management issues, you may leave a message or fax; these lines are available 24/7. All requests and messages left after hours will be retrieved the next business day.

NHP recognizes that underutilization of medically appropriate services has the potential to adversely affect our members' health and wellness. For this reason, NHP promotes appropriate utilization of services. NHP's utilization management decisions are based only on appropriateness of care and service and existence of coverage. NHP does not specifically reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service, nor does NHP provide financial incentives to UM decision-makers to encourage decisions that result in underutilization.

Section 7 .

NHP's Pharmacy Benefit

The pharmacy benefit is another way NHP helps you take care of your health. NHP covers most prescription drugs and select brand-name and generic (non-brand-name) over-the-counter drugs, with a prescription, as part of your benefit. Generic medications are mandatory when available, unless your healthcare Provider writes "no substitutions" on the prescription and a prior authorization has been approved.

Filling Prescriptions

To fill a prescription, bring it to one of the pharmacies in Massachusetts that participates in NHP. Participating pharmacies include most major chains and most community pharmacies. Refer to your NHP Provider Directory in your Member kit for a listing of pharmacies. Be sure to show your NHP Member ID Card so the pharmacist will know you are a Member of NHP.

Some prescription drugs need Authorization. Your NHP Provider can get Authorization so you can have the prescriptions you need. If you have any questions about which drugs require Authorization, call NHP's Customer Care Center at 800-462-5449 (TTY 800-655-1761).

Over-the-counter Drugs

NHP covers, with a \$1 co-payment, many over-the-counter drugs such as cough, cold and allergy medicines. You can get up to a 30-day supply of these drugs with a prescription from your NHP Provider. Please call the NHP Customer Care Center at 800-462-5449 or TTY 800-655-1761 for more information.

Pharmacy Co-payment

The pharmacy co-payment for each prescription filled or refilled is:

- \$1 for generic and brand-name over-the-counter (OTC) medicines
- \$1 for generic prescription medicines
- \$3 for brand-name prescription medicines

There is a \$200 cap (limit) on the amount of pharmacy co-payments each MassHealth Member, age 19 and older, is responsible for in a calendar year (January through December). The pharmacy co-payment cap applies to each MassHealth Member of your family, age 19 and older, unless you are excluded (refer to list of co-payment exceptions below). Once you meet the MassHealth co-payment cap, NHP will send you a letter stating you do not have to pay co-payments for the rest of the calendar year. You should keep the letter for your records and also a copy of all your copay receipts in case you need to refer to them. You can also request a prescription and co-payment record printout from your pharmacist if you do not have receipts for all of the copays for which you were charged. You can call the NHP Customer Care Center at 800-462-5449 or TTY 800-655-1761 to determine your co-payment status and for more information about participating pharmacies

Co-payment Exceptions

The following MassHealth Members DO NOT have to pay a pharmacy co-payment:

- *Members under 19 years of age.*
- *Members enrolled in MassHealth because they were in the care and custody of the Department of Social Services (DSS) when they turned 18, and their MassHealth coverage was continued (see next page)*

- *Members who are pregnant. (You must tell the pharmacist you're pregnant.)*
- *Members whose pregnancy ended less than sixty (60) days ago.*
- *Members who are inpatients in acute hospitals, nursing facilities, chronic disease or rehabilitation hospitals, or intermediate-care facilities for the mentally retarded.*
- *Members receiving hospice services.*
- *Members receiving Family Planning supplies.*
- *Members who have met the pharmacy copay cap described above.*

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

What do you do if you cannot afford a co-payment?

You must pay the co-payment if you can afford it; but if you can't, do not go without the medicine you need. Tell the pharmacist you can't afford to pay the co-payment. Under Federal Law, the pharmacy must still give you the medicine. You will still owe the money to the pharmacy and the pharmacy may use any legal way to collect the money you owe. NHP is not responsible for any co-payments you may owe to the pharmacy.

Note: For Community Medical Alliance (CMA) Program Members with Medicare coverage refer to page 7 of the CMA Guide regarding Medicare Part D prescription coverage. For a complete listing of CMA benefits, please refer to your CMA Guide.

Safe and Appropriate Use of Prescription Drugs

NHP uses a number of pharmacy programs to promote the safe and appropriate use of prescription drugs. Not all drugs are in a pharmacy program. Drugs that belong to a program have clinical guidelines that must be met before we cover them. You can see which drugs belong to a pharmacy program on the NHP web site, www.nhp.org. If you want a copy of the formulary drug list, please call our Customer Care Center at 800-462-5449 (TTY 800-655-1761). If your Provider feels that it is medically necessary for you to take a drug that is in one of our programs, he/she can submit a Prior Authorization request to NHP. This request will be reviewed by a clinician and if the drug is Medically Necessary, NHP will cover the drug. If the prior authorization request is denied, you and your authorized appeal representative can appeal the decision. See pages 49 and 51 for Grievances and Appeals information. If you want more information about the pharmacy programs, visit our web site at www.nhp.org. Or, you can call our Customer Care Center at 800-462-5449 (TTY 800-655-1761).

Quantity Limit

NHP may limit the number of units for a specific medication you may receive in a given time period to ensure safe and appropriate use. These limits are based on recommended dosing schedules, and the availability of several strengths of the medication. Quantity limits automatically apply at the time the prescriptions are purchased. If your provider feels that quantities greater than the specified amount is medically necessary, he/she can submit a Prior Authorization request that will be reviewed by a clinician and, if approved, NHP will cover the drug. If the prior authorization request is denied, you and your authorized appeal representative can appeal the decision. See section about Grievances and Appeals.

Mandatory Generic Policy

Massachusetts law requires that a Member try a generic version of a medication before the brand name medication is considered for coverage. If your healthcare Provider considers it Medically Necessary for you to receive the brand name medication, your Provider must write “no substitutions” on the prescriptions and request a Prior Authorization from NHP. A generic drug is the same medication and works in the same way as the brand name medication. Generic medications are approved by the US Food and Drug Administration (FDA) as safe and are the equivalent of the original brand name medication. In addition, there are usually multiple manufacturers of a generic medication that may result with a lower cost compared to the branded alternative. Prior authorization is required for exception to NHP’s mandatory generic medication pharmacy benefit. If you have already tried a generic equivalent, and wish to appeal the mandatory generic policy, you may contact NHP Customer Care Center 800-462-5449 (TTY 800-655-1761), Monday through Friday, 8:30 AM to 6:00 PM.

Prior Authorization

Some drugs always require Prior Authorization. If your Provider feels that it is Medically Necessary, he/she can submit a prior authorization request that will be reviewed by a clinician and if the drug is Medically Necessary, NHP will cover the drug. If the Prior Authorization request is denied, you and your authorized appeal representative can appeal the decision. See section about Grievances and Appeals.

Step Therapy

Some types of drugs have many options. This program requires that a Member tries certain first level drugs before NHP will cover another

drug of that type. If you and your Provider feel that a certain first level drug is not appropriate to treat a medical condition, your Provider can submit a Prior Authorization request that will be reviewed by a clinician and if the drug is Medically Necessary, NHP will cover the drug. If the Prior Authorization request is denied, you and your authorized appeal representative can appeal the decision. See section about Grievances and Appeals.

Specialty Pharmacy Program

The NHP Specialty Pharmacy Program offers a less costly method to purchasing expensive injectable drugs and medications that are used to treat complex medical conditions. Certain medications and injectables are covered only when obtained from NHP’s preferred list of Specialty Pharmacies. A complete list of prescriptions included in the Specialty Pharmacy program, along with the list of participating specialty pharmacies, are available on our website at www.nhp.org. You may also determine if your drug is included in the program through the searchable Drug Lookup, also available on our website at www.nhp.org. Your primary care physician can assist you with the purchase of the covered specialty medications. If your prescription is included in the Specialty Pharmacy Program, please contact your doctor who will help you complete and submit a new prescription referral form to the correct specialty pharmacy. You will not be able to purchase specialty drugs through our other participating network pharmacies and will only be able to purchase the drugs through a preferred specialty pharmacy. NHP Specialty Pharmacies have expertise in the delivery of the medications they provide, and offer special services not available at a traditional retail pharmacy, including:

- *All necessary medication and supplies needed for administration (at no additional charge) (see next page)*

- *Convenient delivery options to your home or office with overnight or same day delivery available when medically necessary*
- *Access to nurses, pharmacists and care coordinators specializing in the treatment of your condition, who are available 24 hours a day, seven days a week, to provide support and educational information about your medications*
- *Compliance monitoring, adherence counseling and clinical follow-up*
Educational resources regarding medication use, side effects, and injection administration

For additional assistance, or if you have any questions about NHP's Specialty Pharmacy Program, please call Customer Care Center at 800-462-5449 (TTY 800-655-1761), Monday through Friday, 8:30 AM to 6:00 PM.

New-to-Market Medication Program

NHP reviews new drugs for safety and efficacy before we add them to our drug list. If your Provider feels that a new-to-market medication is medically necessary, he/she can submit a Prior Authorization request that will be reviewed by a clinician and, if approved, NHP will cover the drug.

If the Prior Authorization request is denied, you and your authorized appeal representative can appeal the decision. See section about Grievances and Appeals information.

Limitations

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

Exceptions

You or your Provider may request an exception for coverage of any drug that is excluded or limited. Exceptions may only be granted for clinical reasons.

For additional information, please contact our Customer Care Center at 800-462-5449 (TTY 800-655-1761), Monday through Friday, 8:30 AM to 6:00 PM.

NHP has a number of on-line tools to help our Members understand their prescription drug benefits. Please refer to our website at www.nhp.org for a listing of covered drugs. You may also learn about your medication, any benefit restrictions or limitations, and get detailed information about your medications. By clicking on the highlighted medication you can also obtain detailed information about the medication through the Healthwise Knowledgebase.

Exclusions

NHP'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/she can submit a Prior Authorization that will be reviewed by a clinician and, if approved, NHP will cover the drug.

If the Prior Authorization request is denied, you and your authorized appeal representative can appeal the decision. See section about Grievances and Appeals information.:

- *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 over 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*

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

For more information about NHP's Preferred Drug List call our Customer Care Center at 800-462-5449 (TTY 800-655-1761) or visit our website at www.nhp.org.

Section 8.

Healthcare Access Standards

As a Member you are entitled to prompt access to healthcare services. You have the right to file an Appeal if you have to wait longer than these access standards to get an appointment. (Refer to 58 for information on how to file an Appeal.) The healthcare services available to you are listed below with the time in which they must be available for you to access:

Emergency Services

Emergency Services must be available immediately from an Emergency Room or other healthcare Provider of Emergency Services. You are also covered for ambulance transportation and post-stabilization care services that are related to an emergency.

Urgent Care

Urgent care must be available within forty-eight (48) hours of your request.

Primary Care

- *Non-urgent, symptomatic care must be available within ten (10) calendar days of your request.*
- *Routine, non-symptomatic care must be available within forty-five (45) calendar days of your request.*

Specialty Medical Care

- *Non-urgent, symptomatic care – You must receive care from a healthcare Provider within thirty (30) calendar days of your request for an appointment.*

- *Routine, non-symptomatic care – You must receive care from a healthcare Provider within sixty (60) calendar days of your request for an appointment.*

Behavioral Health (Mental Health and Substance Abuse) Care

- *Emergency services for Behavioral Health must be available immediately, twenty-four (24) hours a day, seven (7) days a week from an Emergency Room, Emergency Services Program (ESP) or other healthcare Provider of Emergency Services. You are also covered for ambulance transportation and post-stabilization care services that are related to an emergency.*
- *Urgent Care for Behavioral Health must be available within three (3) business days of your request.*
- *Non-urgent, symptomatic and non-symptomatic Behavioral Health care must be available within ten (10) business days of your request.*

Children in the Care or Custody of the Department of Social Services (DSS)

If you have children in the care or custody of DSS, a provider must:

- *Give your child a health care screening within seven calendar days after you or the DSS worker asks for it.*
- *Give your child a full medical exam within 30 calendar days after you or the DSS worker asks for it (unless a shorter time frame is required by Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services schedule. See page 36 for EPSDT information.*

Section 9.

Your Neighborhood Health Plan Benefits

You are entitled to certain services from NHP. Other services are covered by MassHealth but are coordinated for you by NHP. The sections that follow generally describe the benefits covered (and excluded) by NHP and MassHealth. You can find a more detailed description of these benefits in the Covered Services List included with this Handbook. This Covered Services List is part of your Handbook. You should always keep this list with your Handbook for easy reference.

General Coverage Requirements for NHP Benefits

To be covered by NHP, all healthcare services and supplies must be:

- *Provided by or arranged by the Member's Primary Care Provider or NHP in-plan Specialist.*
- *Authorized where Authorization is required.*
- *Medically necessary.*
- *Covered Benefits, as described in this Handbook and the enclosed list of covered services.*
- *Provided by an NHP Provider.**
- *Provided to an eligible Member enrolled in NHP.*

*If a person becomes a Member of NHP by changing to NHP from another MassHealth Plan, and the Member has previously begun treatment, such as ongoing maternity care, with a Provider that is not contracted with NHP, NHP will review that treatment and may authorize continued treatment by the same Provider. In addition, if NHP does not have a network Provider that is able to treat your medical condition, NHP will authorize an out-of-network Provider for you.

When Coverage Begins While You Are in the Hospital

Your Neighborhood Health Plan coverage may begin while you are hospitalized. NHP covers such hospitalizations from the Effective Date of Enrollment with NHP. NHP will verify your eligibility with MassHealth if necessary.

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

How to Access NHP MassHealth Benefits

As an NHP Member who is eligible for MassHealth, most of your benefits are covered by NHP. Some benefits, however, are covered by MassHealth, either in whole or in part. For those benefits covered by NHP, show your NHP Member ID Card. For MassHealth benefits, use your MassHealth card. Carry both cards with you at all times for the most complete coverage. The Covered Services List included with this Handbook tells you which benefits are covered by NHP and which are covered directly by MassHealth.

If you have questions about your NHP benefits, call the NHP Customer Care Center at 800-462-5449 or TTY 800-655-1761. If you have questions about your MassHealth benefits, contact MassHealth at 800-841-2900 or TTY 800-497-4648. Their hours of operation are from 8:00 AM to 5:00 PM, Monday through Friday.

How to Access Benefits Not Covered by NHP that are Available Directly through MassHealth

For information about access to services not covered by NHP that are available directly through MassHealth, including non-emergency transportation to medical services, contact the NHP Customer Care Center at 800-462-5449 (TTY 800-655-1761). An NHP Customer Care

Representative will answer any questions you have about the MassHealth service and help you get that service, if you are eligible. The NHP Customer Care Representative may also refer you to the MassHealth Customer Service Center for additional information about that MassHealth service.

Section 10. Healthcare for Your Children

Preventive and Well-child Care for All Children

Children who are under age 21 should go to their PCP for checkups even when they are well. As part of a well-child checkup, your child's PCP will offer screenings that are needed to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral health, developmental, and immunization status screenings.

A behavioral health screening can help you and your doctor or nurse to identify behavioral health concerns early.

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

Your Provider will discuss the completed screening with you. The screening will help you and your doctor or nurse decide if your child may need further assessment by a behavioral health provider or other medical professional. If you or your doctor or nurse thinks that your child needs to see a behavioral health provider, information and assistance is available.

For more information on how to access behavioral health services, or to find a behavioral health provider, you can talk to your primary care doctor or nurse or call the NHP Customer Service Center.

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

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

- 1 to 2 weeks
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- Ages 2 through 20—children should visit their PCP once a year.

Children should also visit their PCP 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 Basic or Family Assistance

If you or your child is under 21 years old and is enrolled in MassHealth Basic or Family Assistance, NHP will pay for all medically necessary services covered under your child's coverage type. *(see next page)*

This means that, when a PCP (or any other clinician) discovers a health condition, NHP will pay for any medically necessary treatment that is included in your child's coverage type.

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

If you or your child is under age 21 and is enrolled in MassHealth Standard or CommonHealth, NHP will pay for all medically necessary services that are covered by federal Medicaid law, even if the services are not specifically mentioned in your covered service list. This coverage includes health-care, diagnostic services, treatment, and other measures needed to correct or improve defects and physical and mental illnesses and conditions. When a PCP (or any other clinician) discovers a health condition, NHP will pay for any medically necessary treatment that is covered under Medicaid law if it is delivered by a provider who is qualified and willing to provide the service and a physician, nurse practitioner, or nurse midwife supports in writing the medical necessity of the service. You and your PCP can seek assistance from NHP to determine what providers may be available in the NHP network to provide these services, and how to use out of network providers, if necessary.

Most of the time, these services are covered by your child's MassHealth coverage type and are included on the Covered Services List. If the service is not already covered or is not on the list, the clinician or provider who will be delivering the service can ask NHP for prior authorization (PA). NHP uses this process to determine if the service is medically necessary. NHP will pay for the service if prior authorization is given. If prior authorization is denied, you have a right to appeal. See page 51 for more information about the appeals

processes. Talk to your child's PCP, behavioral health provider, or other specialist for help in getting these services.

Dental Care for Children

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

Your child's PCP 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 PCP will suggest that you take your child to the dentist at least twice a year.

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

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

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 Basic or Family Assistance can get all medically necessary services covered under their coverage type, including dental treatment.

Talk to your child's PCP 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.

Section 11.

Additional Services for Children

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

Early Intervention Services for Children with Growth or Developmental Problems

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

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

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

Talk to your child's PCP as soon as possible if you think your child has growth or development problems. Or contact your local Early Intervention Program directly.

Section 12.

Preventive Care for Adults

Routine preventive care is an important part of staying healthy. NHP encourages all Members to visit their Primary Care Providers for preventive care. Examples of covered preventive care benefits include:

Members Ages 21 and Older:

- *Physical Exams - every 1-3 years*
- *Blood Pressure Monitoring - at least every 2 years*
- *Cholesterol Screening - every 5 years*
- *Pelvic Exams and Pap Smears (women) - every 1-3 years*
- *Breast Cancer Screening/Mammogram - every year over age 40*
- *Colorectal Cancer Screening - every 10 years, starting at age 50*
- *Flu Shot – annually*
- *Biannual Eye Exams - once every twenty-four (24) months*
- *Dental – Call our Customer Care Center to ask about specific dental coverage that is available through NHP or MassHealth.*

NHP covers many more preventive care benefits. See your Primary Care Provider for your routine health care needs.

Section 13.

Care Management Programs

If you have a complex health concern, NHP has care managers who can support you and your healthcare Provider during treatment. Our care managers are nursing and therapy professionals (e.g. physical, occupational, etc.) who have expertise helping children and adults who have a range of health care needs. Care management can be provided for diabetes, smoking cessation (help to stop-smoking), asthma, Behavioral Health (mental health and substance abuse), newborn intensive care, cancer, injuries requiring physical therapy, organ transplant patients, and other chronic illnesses.

Below is a list of some of our care management programs. Members may join any of the programs. For additional information on these or additional programs:

- Refer to your *Healthy Options Handbook* in your Member kit;
- Call NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761;
- Visit NHP's website at www.nhp.org; or
- Call one of our Care Managers, toll free at 800-432-9449.

Asthma Management Program

NHP's Asthma Program helps you better manage your asthma by making sure you get all the care you need. An Asthma Care Manager will work with you and your healthcare Provider to come up with a treatment plan that works for you. A respiratory therapist can also visit you at home; help you understand how to use your medication, and help you identify

what could be triggering asthma episodes. Educational books, videos, and a computer game that helps children understand asthma are also available.

Behavioral Health (Mental Health and Substance Abuse) Care Program

NHP provides care for members who may have mental health and substance abuse concerns. NHP's Behavioral Health Care Management program is managed by Beacon Health Strategies. They can help find a counselor near you, make recommendations, and explain your treatment options. A referral from your doctor is not needed for these services. For more information about Behavioral Health benefits:

- Call Beacon Health Strategies at 800-414-2820 or (TTY: 781-994-7660);
- Visit Beacon Health Strategies website at: www.beaconhealthstrategies.com;
- Call NHP's Customer Care Center: 800-462-5449 or (TTY 800-655-1761);
- Or visit the NHP website: www.nhp.org.

If you have complex Behavioral Health care needs, or require intensive treatment services, care managers work with you to get you the Behavioral Health services you need by collaborating with you and your Behavioral Health and medical Providers.

Care Partnership Program

If you have complex care needs, or the potential for complex care needs, care managers work with you for health action planning, coaching and education, and collaborate with your Providers to coordinate your health care needs.

Diabetes Management Program

If you have diabetes, you may benefit from the extra care and education our Diabetes Management Program provides. Diabetes care managers reach out to Members considered to be at-risk for diabetes-related complications by providing education and support.

For You Two Prenatal Program

If you are pregnant, NHP's For You Two program provides you with information about pregnancy, plus educational material and extra support for moms-to-be. The For You Two program is free and offers you:

- *Help from an NHP care manager.*
- *Rental or purchase of an electric breast pump.*
- *A home nurse visit after delivery.*
- *Access to NHP's quit-smoking counselor.*
- *Access to mental health or substance abuse services.*
- *Immunization information, schedules, and reminders.*

NHP also provides reimbursement for childbirth classes. NHP will reimburse you up to \$90 for a first time childbirth class and up to \$45 for each refresher course. You must pay the full cost of the childbirth course. After you complete the course, you may file a Claim to NHP for reimbursement. For additional information, call NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761.

Inpatient Care Management

If you are hospitalized in an acute care hospital, care managers evaluate your needs for discharge planning and help to coordinate referrals to NHP's other specialty programs.

Pediatric Care Management

NHP's Pediatric Care Management program focuses on Members under age 19 who may have special health care needs. As a service to parents, this program coordinates a child's medical and Behavioral Health care and other needs. This program also links families to special resources and other programs that help children with special health care needs.

NHP can also connect you to our Parent Consultant, the parent of a special needs child who can provide emotional support, as well as information about support groups, special education, and community resources.

Regional Care Management

If you require home health care, specialty outpatient services, acute hospitalization, rehab care, or care in a skilled nursing facility, care managers collaborate with health care Providers to coordinate your health care needs to ensure your needs are met.

Social Care Management

Neighborhood Health Plan has a team of Social Care Managers who have experience helping Members access community-based services and programs. A Social Care Manager can help you determine the types of programs you and your family may be able to access, such as:

- *Public assistance (cash benefits).*
 - *Housing services.*
 - *Food programs.*
 - *Utilities assistance (gas, electric, or phone service).*
 - *Services for people with disabilities.*
 - *Making appointments and finding transportation.*
-

The Smoking Cessation (Stop Smoking) Program

NHP provides support for Members trying to quit smoking. Getting help from a smoking cessation counselor, using a Nicotine Replacement Therapy (NRT) program, or both, significantly improves your chances of quitting. A smoking cessation counselor can discuss issues such as deciding on a treatment option, choosing a quit day, dealing with urges when you really want a cigarette, and living with other smokers in your life who are not ready to quit. The program also includes free over-the-counter nicotine replacement therapy medication and educational materials. You will need to talk to your healthcare Provider to find out if NRT is right for you, and to get a prescription. For more information on these programs, refer to your Healthy Options Handbook in your Member kit, call NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761 or visit NHP's website at www.nhp.org.

For more information about quitting smoking:

- *Call NHP's Quit Smoking Counselor: 617-204-1447;*
 - *Call the Massachusetts Quitline: 800-TRY-TO-STOP; or*
 - *E-mail our smoking cessation counselor at quitsmoking@nhp.org*
-

Section 14. Other Programs

In order to enroll in these programs, NHP Members must meet clinical criteria established by MassHealth. All programs are available in limited areas.

Community Medical Alliance (CMA) Programs

NHP's CMA Programs are available to certain MassHealth Members who qualify and who have chronic illnesses and other high risk medical and psychiatric conditions that include advanced HIV/AIDS, severe physical disabilities, mental retardation, and developmental disabilities.

CMA programs provide or arrange all care, including:

- *Doctor and specialist care.*
- *Home health services (such as physical, speech, and occupational therapies; nursing and home health aides).*
- *Medical equipment and supplies.*
- *Hospital care.*
- *Behavioral Health (mental health and substance abuse) Services.*
- *Medication.*

NHP's CMA Programs offered include:

- *Adults and children with Several Physical Disabilities.*
- *Advanced HIV/AIDS Program.*
- *Special Kids/Special Care – for medically complex children who reside in a foster care setting.*

For more information about CMA Programs refer to the CMA Program Guide or call NHP's CMA Customer Care Center at 866-414-5533 (TTY 800-655-1761).

Mental Health Services Program for Youth (MHSPY)

MHSPY is a health care program for certain children (between the ages 3 and 19 years) with significant mental health needs which put them at risk of being placed out of home. MHSPY provides or arranges for all health care services, including physical health, and Behavioral Health (mental health and substance abuse) Services.

The program works with children and their families with the goal of keeping children in school, at home, and in their community instead of in a more institutionalized setting. Each child is assigned a MHSPY Care Manager who works with the family and a Care Planning Team, comprised of the family, professionals and other individuals selected by the family, to determine the child's and family's needs. Together, the Care Manager and Care Planning Team create an Individual Care Plan with goals for the child. For more information about the MHSPY Program refer to the MHSPY Guide or call NHP's Customer Care Center at 800-462-5449 (TTY 800-655-1761).

Section 15. Quality Assurance Programs

NHP's Quality Assurance program oversees the quality of clinical services throughout NHP.

NHP's utilization review program looks at the clinical care Members received and determines if the services were Medically Necessary. Through care management, the program helps high-risk Members get the proper care and treatment program they need. NHP also provides care management and hospital discharge planning services to make sure patients receive needed services after hospitalization.

Clinical Guidelines

NHP's clinical guidelines are used to provide guidance to health care Providers to deliver quality preventative care and management of chronic conditions. The guidelines are developed with physicians in NHP's Network and by national accreditation organizations. NHP guidelines are used in a way that takes into account the Member's health care needs. NHP guidelines are reviewed every other year (or more often as new drugs, treatments, and technologies are created and become generally accepted medical practice).

Experimental Therapies, Medical Devices, Treatments in Clinical Trials

NHP wants to make sure our Members have access to safe and effective medical care. With the rapid development of medical technology and drugs, NHP reviews new technology on a case-by-case basis, as well as on a benefit level. Decisions to approve the use of a new technology are based on the highest benefit and lowest risk to the Member.

Neighborhood Health Plan's review of new technologies includes:

- *A review of regulatory agency approval (such as Food and Drug Administration).*
- *The existence of national or regional clinical practice recommendations from well known sources (for example, the National Cancer Institute).*
- *Published scientific reviews.*
- *Consideration of the recommendations/ opinions by professionals with knowledge in the field under review.*

If you would like to learn more about NHP's quality assurance and utilization review programs, call the Customer Care Center at 800-462-5449 or TTY 800-655-1761.

Section 16.

When You Have Other Coverage

Coordination of Benefits

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

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

Subrogation

Subrogation is the process by which Neighborhood Health Plan recovers some or all of the costs of a Member's health care from another source when appropriate. Examples include but are not limited to:

- *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 NHP is or may be liable to pay for services related to an illness or injury, NHP has the right to ask that insurer to pay for reimbursement of any health care costs.

Neighborhood Health Plan's Right of Reimbursement

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

As a Member of NHP, you agree to:

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

Section 17.

Member Rights and Responsibilities

Your Rights as an NHP Member

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

- *Receive information about NHP, our services our providers and practitioners, your covered benefits, and your rights and responsibilities as a Member of NHP.*
- *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.*
- *Change your Primary Care Provider.*
- *Access Emergency care 24 hours/day, 7 days a week.*
- *Access an easy process to voice your concerns, and expect follow-up by NHP.*
- *File an Appeal or Complaint if you have had an unsatisfactory experience with NHP or with any of our contracted Providers or if you disagree with certain decisions made by NHP.*

- *Make recommendations regarding NHP'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 NHP and/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 Privacy Notice enclosed in your Member kit. Should you need a copy of the Privacy Notice, please contact NHP's Customer Care Center at 800-462-5449 (TTY 800-655-1761).*
- *Receive the Covered Services you are eligible for as outlined in the Covered Services List enclosed with this Handbook*

Your Responsibilities as an NHP Member

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

- *Choose a Primary Care Provider, the Provider responsible for your care.*
- *Call your Primary Care Provider when you need health care.*
- *Tell any health care Provider that you are an NHP Member.*
- *Give complete and accurate health information that NHP or your Provider needs in order to provide care.*
- *Understand the role of your Primary Care Provider in providing your care and arranging other medical services that you may need.*
- *Take part in making decisions about your health care and in developing treatment goals with your Provider.*

- *Follow the plans and instructions agreed to by you and your Provider.*
 - *Understand your benefits – what’s covered and what’s not covered.*
 - *Call your Primary Care Provider within forty-eight (48) hours of any Emergency or out-of-area treatment. If you experienced a Behavioral Health (mental health and substance abuse) Emergency you should contact your Behavioral Health Provider, if you have one.*
 - *Notify NHP and MassHealth of any changes in personal information such as address, telephone, marriage, additions to the family, eligibility of other health insurance coverage, etc.*
-

Reporting Health Care Fraud

If you know of anyone trying to commit health care fraud, please call our confidential Compliance Helpline at 800-826-6762. You do not need to identify yourself. Examples of health care fraud include:

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

Section 18. Communicating With NHP

Your Satisfaction Is Important To Us

Our Customer Care Representatives want you to get the most from your NHP membership. Call us if you:

- *Have any questions about your NHP benefits*
- *Need help choosing a Primary Care Provider*
- *Receive a bill from a Provider, Primary Care Site, or hospital*
- *Lose your NHP Member Card*
- *Want to file a Grievance or Appeal*

In addition, please be sure to let NHP's Customer Care Center and MassHealth know if you:

- *Move*
- *Get a new telephone number*
- *Change your marital status*
- *Have a new addition to your family*
- *Lose your NHP or MassHealth cards*

If You Receive a Bill in the Mail or If You Paid for a Covered Service

NHP Providers should not bill you for any service included on the Covered Services List. But, if you receive a bill from a Provider, send a copy of the bill to: NHP Customer Care Center, 253 Summer Street, Boston, MA 02210. If you paid an NHP Provider for any service included on the Covered Services List you should contact NHP's Customer Care Center and NHP will arrange to have you reimbursed by the Provider.

If you need Emergency, post-stabilization or Urgent Care while traveling abroad or out-of-state, NHP will pay the Provider directly. Ask the Provider to contact NHP to discuss payment if the Provider asks you for money. If you do pay for Emergency or Urgent Care while traveling abroad or out-of-state, NHP will reimburse you. Please send a copy of the bill and proper receipts indicating payment to NHP at:

*Neighborhood Health Plan
Attn: Customer Care Center
253 Summer Street
Boston, MA 02210-1120*

Be sure to include the following information:

- *Member's full name*
- *Member's date of birth*
- *Member's NHP Member identification number*
- *Date the health care service was provided*
- *A brief description of the illness or injury*
- *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*

Section 19.

Concerns and Inquiries

Concerns

You may contact the MassHealth Customer Service Department at any time to voice a concern that you may have with NHP or MassHealth. Representatives are available Monday through Friday, between 8:00 AM and 5:00 PM, at 800-841-2900 (TDD/TTY 800-497-4648).

Inquiries

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

Section 20. Grievance Process and Rights for MassHealth Members

As a Member of NHP, your satisfaction is important to us. If you feel you had an unsatisfactory experience with NHP or with any of our contracted Providers, you have the right to file a Grievance, which is a way to show that you are dissatisfied with your experience. For more information about the types of experiences for which you can file a Grievance, refer to the questions “*What types of things can I file a Grievance for?*” below. When you file a Grievance with NHP, you have certain rights. While NHP reviews your Grievance, you have the right to:

- Give NHP 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) (refer to “*Can I choose someone to represent me during the Grievance process?*” below).
- Ask questions of NHP and get help from NHP staff.

We also ask that you:

- Sign and return the Acknowledgement Letter that NHP sends you (refer to “*How do I file a Grievance?*”).
- Sign and return the Designation of Appeal Representative Form, if you are appointing an Appeal Representative (refer to “*Can I choose someone to represent me during the Grievance Process?*”).
- Provide us with a means (current address and/or phone number) to communicate with you concerning your Grievance.

QUESTIONS AND ANSWERS ABOUT THE GRIEVANCE PROCESS

What types of things can I file a Grievance for?

You can file a Grievance whenever you had an unsatisfactory experience with NHP or with any of our contracted Providers, when you are dissatisfied with the quality of care or services NHP provided, a NHP Provider was rude to you, or NHP failed to respect any of your rights. You also have the right to file a Grievance if you disagree with a decision by NHP to extend the time to resolve an Internal Appeal or to reach an Authorization decision; or you disagree with a decision by NHP not to treat an Internal Appeal as an expedited (fast) Internal Appeal. For more information about the Internal Appeal process, refer to page 51.

How do I file a Grievance?

To file a Grievance, you can write to NHP, provide information in person, or call our Customer Care Center.

*Customer Care Center – Grievance
Coordinator Phone 800-462-5449
TTY 800-655-1761*

*Neighborhood Health Plan
253 Summer Street
Boston, MA 02210*

When we receive your request to file a Grievance, we will send you an Acknowledgement Letter within one business day. The Acknowledgement Letter describes your Grievance as we understand it. If it's not right, or if you want to add more information, make your corrections on this letter. When you feel satisfied that your Grievance is described correctly, sign the letter and return it in the postage paid envelope.

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

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

Who will review my Grievance?

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

What if NHP needs more information?

If we need more information, we will call you or send you 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 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 a letter within thirty (30) calendar days of receipt of your Grievance to let you know the decision.

What if I'm not satisfied with NHP's decision?

If you are not satisfied with the resolution, you may contact the NHP Customer Care Center and request to speak with the NHP Ombudsman.

Section 21.

Appeal Process and Rights for MassHealth Members

If you are not satisfied with a decision regarding health care coverage made by Neighborhood Health Plan (NHP), or you have had a problem accessing health care services, you have the right to Appeal. An Appeal is a request for NHP to investigate and respond to an Adverse Action. For an explanation of what an Adverse Action is, refer to the question “What types of things can I Appeal?” below.

Your rights during the Appeal Process include:

- *The right to provide NHP with information (in writing, by telephone, or in person) about your Appeal.*
- *The right to be helped or represented by someone else (like a friend, family member or Provider) (refer to “What is an Appeal Representative?” below).*
- *The right to ask NHP questions and get help from NHP staff.*
- *The right to see all the information NHP used to make a decision on your Appeal and get a copy of it.*
- *The right to request a copy of the NHP document or criteria upon which the Adverse Action was based, if applicable.*
- *The right to request a copy of NHP’s written, Internal Appeal policy and procedure at any time.*

We ask that you:

- *Sign and return the Appeal Acknowledgement Letter when you receive it from NHP (refer to “How do I file a Level I Appeal?” below).*
- *Sign and return the Authorization to Release Health Information Form, if asked (refer to “What if Beacon needs more information?” below).*

- *Sign and return the Designation of Appeal Representative Form, if you are appointing an Appeal Representative (refer to “What is an Appeal Representative?” below).*
- *Provide us with a current address or phone number so that we can contact you during the Appeal Process.*

QUESTIONS AND ANSWERS ABOUT THE APPEAL PROCESS

What types of things can I Appeal?

You can request an Appeal for an Adverse Action. An Adverse Action occurs if:

1. *NHP denies or limits coverage of a requested healthcare service when NHP’s prior authorization is required; or,*
2. *NHP reduces or stops covering a service that NHP previously approved; or,*
3. *NHP denies payment for a service because we feel it is not Medically Necessary; or,*
4. *NHP did not respond to an Authorization request in a timely manner, as detailed on page 24; or,*
5. *You (the Member) could not get medical treatment from an NHP Provider within a timely manner, as detailed on page 32; or,*
6. *You did not receive a timely response to your Appeal request. In this instance, you may file an Appeal directly with the Office of Medicaid’s Board of Hearings as described below (refer to “How do I file my Appeal with the Office of Medicaid’s Board of Hearings?”).*

What types of Appeals can I file with NHP?

You can file a Level I Appeal, Level II Appeal and Expedited (fast) Appeal with NHP. A Level I Appeal is a standard first level review of an Adverse Action (refer to “How do I file a Level I Appeal?” below). A Level II Appeal is a second level review to reconsider a Level I Appeal decision. An Expedited Appeal is a fast review of an Adverse Action (refer to “Can I get a decision sooner than 30 days?”). These different types of Appeals are described in more detail below.

How do I file a Level I Appeal?

To begin the Level I Appeal process, you or your Appeal Representative may call, (Monday through Friday; 8:30 AM to 6:00 PM) visit or write to NHP:

*Customer Care Center – Appeal Team
Phone 800-462-5449
TTY 800-655-1761*

*Neighborhood Health Plan
253 Summer Street
Boston, MA 02210*

When NHP receives your request for a Level I Appeal, we will send you and your Appeal Representative, if any, an Appeal Acknowledgement Letter within one business day. Please read this letter, make any needed corrections or additions, sign the letter and return it in the postage paid envelope. This helps us to make sure that we accurately understand your Appeal.

What is an Appeal Representative?

An Appeal Representative is anyone you choose, in writing, to act on your behalf in filing an Appeal with NHP. 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 Appeal. Please note, however, that if you wish to choose an

Appeal Representative you must sign and return a Designation of Appeal Representative Form to NHP. If we do not receive a signed Designation of Appeal Representative Form by the deadline for resolving your Appeal, we will dismiss your Appeal. If we dismiss your Appeal, we will notify you in writing. If you believe that you did in fact authorize your Appeal Representative in writing before the deadline for resolving your Appeal expired, you can request, in writing, that we vacate (reverse) this dismissal and proceed with your Appeal. We must receive this request within ten (10) calendar days of your receiving our dismissal letter. Send your request to: Customer Care Center – Appeal Team, Neighborhood Health Plan, 253 Summer Street, Boston, MA 02210. NHP will either make the dismissal final or vacate (reverse) the dismissal and process your Appeal. NHP will notify you of this decision in writing. If NHP makes 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?”).

Is there a time limit for filing an Appeal?

Yes. In the case of a denial for a new service request or the decision to reduce or stop covering a service that was previously approved, you must file your Appeal within thirty (30) calendar days of receiving notice of this decision. In the case where NHP did not respond to your request for coverage of a service in a timely manner, as described in your Member Handbook, you must file your Appeal within thirty (30) calendar days of receiving notice that NHP did not meet its timeframes. In the case where you did not get medical treatment from an NHP Provider within a timely manner, as described in your Member Handbook, you must file your Appeal within thirty (30) calendar days from the date the timeframe NHP had to provide the service ended.

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

If we receive your Appeal late, we will dismiss it and will notify you in writing. If you believe that you did in fact submit your Appeal before the deadline, you can request, in writing, that we vacate (reverse) this dismissal and proceed with your Appeal. We must receive this request within ten (10) calendar days of your receiving our dismissal letter. Send your request to: Customer Care Center – Appeal Team, Neighborhood Health Plan, 253 Summer Street, Boston, MA 02210. NHP will either make the dismissal final or vacate (reverse) the dismissal and process your Appeal. NHP will notify you of this decision in writing. If NHP makes your dismissal final, you can Appeal to the Office of Medicaid’s Board or Hearings (refer to “How do I file my Appeal with the Office of Medicaid’s Board of Hearings?”).

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

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

Who will review my Appeal?

Your 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 Appeal is about.

What if NHP needs more information?

If we need more information, we will send you 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 to you.

How long will NHP take to decide my Level I Appeal?

NHP will make its decision within thirty (30) calendar days of your request for a Level I Appeal. If we need more information before we can make a decision, we may extend the decision time up to five (5) calendar days if the Member or Appeal Representative requests the extension. The time frame may also be extended by NHP if NHP justifies that the extension is in the Member’s 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 NHP chooses to take an extension, we will notify you or your Appeal Representative in writing. If you are dissatisfied with our decision to extend our response time, you may file a Grievance with NHP by visiting or writing to: Customer Care Center-Grievance Coordinator; Neighborhood Health Plan, 253 Summer Street, Boston, Ma 02210. You may also call us at 800-462-5449 (TTY 800-655-1761). For more information about the Grievance process, refer to page 49.

Can I provide additional information for NHP to consider?

Yes. You may provide additional information, in writing, by phone, or in person, at any time during the Appeal process. If you would like to extend the thirty (30) calendar days Appeal timeframe to submit your additional information, you can do so by up to an additional five (5) calendar days.

How will I know NHP’s decision on my Level I Appeal?

We will contact you by phone and will send a written decision within thirty (30) calendar days of your request for an Appeal unless there has been a five (5) calendar day extension.

Can I get a decision sooner than 30 days?

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 thirty (30) calendar days, you or your health care Provider can request an Expedited (fast decision) Appeal. If your healthcare Provider requests an Expedited (fast) Appeal, we will grant that request unless the request is unrelated to your health condition. If your Appeal is expedited (fast) we will make our decision within 72 hours of your request for an Appeal.

However, if your request is not submitted or supported by a healthcare Provider, an NHP doctor will decide if an Expedited (fast) Appeal is necessary. If we decide that an Expedited (fast) Appeal is not necessary, we will inform you of that decision by phone and send a written notice within two (2) calendar days. Your Appeal will be processed in accordance with standard Level I Appeal timeframes described above. If you do not agree with our decision not to expedite your Appeal, you may file a Grievance by visiting or writing to: Customer Care Center-Grievance Coordinator; Neighborhood Health Plan, 253 Summer Street, Boston, Ma 02210. You may also call us at 800-462-5449 (TTY 800-655-1761). For more information about the Grievance process, refer to page 49.

Can I provide additional information for NHP to consider during an Expedited (fast) Appeal?

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

How will I know NHP's decision on my Expedited (fast) Appeal?

We will contact you with our decision by phone and will send you 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 NHP's decision on my Level I Appeal or Expedited (fast) Appeal?

If you are not satisfied with the decision on your Level I Appeal, you can ask us to reconsider it (a Level II Appeal) (refer to "How do I request a Level II Appeal from NHP?"), or you 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?" below). The Board of Hearings is separate from NHP. If you choose to have NHP reconsider the decision (Level II Appeal), your Appeal will be reviewed by one or more individuals who were not involved in the decision on the first Appeal. If you choose to file your Appeal with the Board of Hearings instead, you will lose the right to ask NHP to reconsider our decision any further.

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

How do I request a Level II Appeal from NHP?

If you want to file a Level II Appeal with NHP, call us at 800-462-5449 (TTY: 800-655-1761). You can also visit us or write to us at: Customer Care Center – Appeal Team, Neighborhood Health Plan, 253 Summer Street, Boston, MA 02210. You must make your request within thirty (30) calendar days of receiving our decision on your Level I Appeal. If your Level II Appeal involves

a decision by NHP to reduce or stop covering a service that was previously approved, you will automatically continue to receive those services if you request a Level II Appeal within ten (10) calendar days of receiving your notice resolving your Level I Appeal.

When will NHP make a decision on my Level II Appeal?

We will contact you with a decision by phone and will send you a written decision within ten (10) calendar days of your request for a Level II Appeal. Members can request an extension of five (5) calendar day at this level.

What can I do if I am not satisfied with NHP's decision on my Level II Appeal?

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

What can I do if I am not satisfied with a decision Beacon Health Strategies made on my Appeal?

Beacon Health Strategies (Beacon) is the Behavioral Health (mental health and substance abuse) partner of NHP. Beacon conducts Level I Appeals and Expedited Appeals concerning Behavioral Health Services on behalf of NHP.

If you are not satisfied with Beacon's decision on your Level I Appeal, you can ask us to reconsider it (a Level II Appeal) (refer to "How do I request a Level II Appeal from NHP?" above), or you 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?"). If you choose to file your Appeal with the Board of Hearings instead, you will lose the right to ask NHP to reconsider our decision any further. If your Appeal was an Expedited (fast) Appeal,

you do not have a right to a Level II Appeal with NHP. However, you may request the Office of Medicaid's Board of Hearings to review your Appeal (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?").

What can I do if NHP does not respond to my Appeal in a timely fashion?

If we do not respond to your Appeal within the timeframes noted above, you 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 thirty (30) calendar days from the date on which NHP should have informed you of our decision (or if your Appeal was an Expedited Appeal at Beacon or NHP and you want the Board of Hearings to make an expedited (fast) decision too, you must file your Appeal within twenty (20) calendar days).

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

If you want to have the Office of Medicaid's Board of Hearings review your Appeal, you must complete a Request for a Fair Hearing Form, which NHP will provide to you. You must mail this form to the Board of Hearings within thirty (30) calendar days of the decision you are appealing or within twenty (20) calendar days if your Appeal was an Expedited (fast) Appeal and you want the Board of Hearings to make an expedited (fast) decision too. Please contact NHP if you 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 Appeal, as long as the service was previously authorized by NHP and you submit your request for an Appeal to the

Board of Hearings within ten (10) calendar days of receiving our decision on your Appeal. You may also choose to not continue to receive services during your Appeal. Please note that should you continue to receive services during the Board of Hearing's Appeal process and the decision comes out against you, you may be liable for the cost of those services.

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

You may be represented at the Office of Medicaid's Board of Hearings by an Appeal Representative of your choice at your own expense. To do so you must fill out the Appeal Representative section of the Request for a Fair Hearing form. If you have chosen an interpreter to represent you, the signed authorization form must be written in both English and your primary language.

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

NHP will honor the decision made by the Board of Hearings and cover the service or procedure that is the subject of the Appeal

Section 22. Confidentiality

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

- *NHP employees do not discuss your personal information in public areas such as the cafeteria, on elevators or when out-side of the office.*
- *Electronic information is kept secure through the use of passwords, automatic screen savers and limiting access to only those employees with a “need to know.”*
- *Written information is kept secure by storing it in locked file cabinets, enforcing “clean-desk” practices and using secured shredding bins for its destruction.*
- *All employees, as part of their initial orientation, receive training on our confidentiality and privacy practices.*
- *All providers and other entities with whom we need to share information are required to sign agreements in which they agree to maintain confidentiality.*
- *NHP only collects information about you that we need to have in order to provide you with the services you have agreed to receive by enrolling in NHP or as otherwise required by law.*

In accordance with state law, NHP takes special precautions to protect any information concerning mental health or substance abuse, HIV status, sexually transmitted diseases, pregnancy or termination of pregnancy.

Notice of Privacy Practices

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

Neighborhood Health Plan (NHP) provides health insurance coverage to you. Because you get health benefits from NHP, we have your personal health information (PHI) about you. By law, NHP must protect the privacy of your health information.

This section explains:

- *When NHP may use and share your health information.*
- *What your rights are regarding your health information.*

NHP may use or share your health information:

- *When the U.S. Department of Health and Human Services needs it to make sure your privacy is protected.*
- *When required by law or a law enforcement agency.*
- *For payment activities, such as checking if you are eligible for health benefits, and paying your healthcare Providers for services you get.*
- *To operate programs, such as evaluating the quality of healthcare services you get, and performing studies to reduce healthcare costs.*
- *With your healthcare Providers to coordinate your treatment and the services you get.*
- *With health-oversight agencies, such as the federal Centers for Medicare and Medicaid Services, for oversight activities authorized by law, including fraud and abuse investigations For research projects that meet privacy requirements, and help us evaluate or improve NHP programs.*

- *With government agencies that give you benefits or services.*
- *To prevent or respond to an immediate and serious health or safety emergency.*
- *To remind you of appointments, benefits, treatment options or other health-related choices you have.*

When State privacy law is stricter than Federal privacy law, NHP will follow the stricter law. For example, Massachusetts state law requires NHP to get your written permission before sharing sensitive information such as HIV/AIDS or drug abuse.

Except as described above, NHP cannot use or share your health information with anyone without your written permission. You may cancel your permission at any time, as long as you tell us in writing. Please note: We cannot take back any health information we used or shared when we had your permission.

You have the right to:

- *See and get a copy of your health information. You must ask for this in writing. NHP may charge you to cover certain costs, such as copying and postage.*
- *Ask NHP to change your health information if you think it is wrong or incomplete. You must tell us in writing which health information you want us to change, and why.*
- *Ask NHP to limit its use or sharing of your health information. You must ask for this in writing. NHP may not be able to grant this request.*
- *Ask NHP to get in touch with you in some other way, if by contacting you at the address or telephone number we have on file, you believe you would be harmed.*
- *Get a list of when and with whom NHP has shared your health information. You must ask for this in writing.*
- *Get a paper copy of this notice at any time.*

These rights may not apply in certain situations.

By law, NHP must give you notice explaining that we protect your health information, and that we must follow the terms of this notice. NHP can change how we use and share your health information. If NHP does make important changes, we will send you a new notice. That new notice will apply to all of the health information that NHP has about you. NHP takes your privacy very seriously. If you would like to exercise any of the rights we describe in this notice, or if you feel that NHP has violated your privacy rights, contact NHP's Privacy Officer in writing at the following address:

*Neighborhood Health Plan
Privacy Officer
253 Summer Street
Boston, MA 02210-1120*

Filing a complaint or exercising your rights will not affect your benefits. You may also file a complaint with the U.S. Secretary of Health and Human Services at:

*The U.S. Department of Health and
Human Services
200 Independence Avenue, SW
Washington, DC 20201
Telephone: 202-619-0257
Toll Free: 877-696-6775*

To file a complaint with MassHealth write to:

*MassHealth
Privacy and Security Office
600 Washington Street
Boston, MA 02111*

You may also file your complaint by calling the MassHealth Customer Service Center at 800-841-2900 (TTY 800-497-4648). Their hours of operation are from 8:00 AM to 5:00 PM, Monday through Friday. For more information, or if you need help understanding this notice, call NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761, Monday through Friday, 8:30 AM to 6:00 PM.

Section 23.

Advance Directives: Planning for Future Health Care

If you become unable to make decisions about your healthcare, a document called an “Advance Directive” can help. An Advance Directive is a statement, written by you, which tells your healthcare Provider what to do if you are not able to make decisions about your care. Advance Directives can be in several forms:

Health Care Agents and Proxies

In Massachusetts, if you are at least eighteen (18) years old and of sound mind (can make decisions for yourself) you may choose someone as your Health Care Agent (also called your Health Care Proxy). Your Health Care Agent is a person that can act for you if your healthcare Provider states in writing that you are unable to make your own healthcare decisions. You may choose a Health Care Agent by filling out a Health Care Proxy form.

You can get a Health Care Proxy form from the Commonwealth of Massachusetts. Write to the following address and send a self-addressed, stamped envelope:

*Commonwealth of Massachusetts
Executive Office of Elder Affairs
1 Ashburton Place, Room 517
Boston, MA 02108*

Living Wills

A “living will” is the popular term for a document in which you describe the kinds of medical treatment you would agree to - or not agree to - if you were unable to make or communicate those choices yourself. A living will can help your Health Care Agent, Providers,

or a court make decisions about your health care. However, a living will is not “binding” in Massachusetts. This means that your Health Care Agent and Providers are not required to follow the instructions in your living will. If you decide to write a living will, be as clear and specific as you can about your preferences for health care, and be sure that it expresses your wishes accurately and completely. For more information about living wills, please consult with an attorney.

Organ Donation Cards

You can also write down your wishes about organ and tissue donation by filling out an organ donor card. If you want to know more about organ/tissue donation, contact:

*New England Organ Bank
One Gateway Center
Newton, MA 02158-2803
Telephone: 800-446-6362
800-446-NEOB*

Section 24.

Glossary

Advance Directive

A written statement that tells a Provider what to do if an illness or accident takes away the Member's ability to make decisions about his or her healthcare.

Adverse Action

The following actions or inactions by NHP:

1. *Denying or limiting coverage of a requested healthcare service*
2. *Reducing or stopping coverage for a service that was previously approved;*
3. *Denying payment for a service because it was not medically necessary;*
4. *Not responding to an Authorization request in a timely manner, as detailed in page 24;*
5. *The Member could not get medical treatment from an NHP provider within a timely manner, as detailed in page 32; and*
6. *Not resolving an appeal request within the deadlines described on page 51.*

Appeal

An Appeal is a request by a MassHealth Member/Appeal Representative to NHP or the Office of Medicaid's Board of Hearings for review of an Adverse Action

Authorization

An Authorization is a special approval by NHP for payment of certain services that is done prior to receiving services.

Beacon Health Strategies

The organization contracted by NHP to work in collaboration with the NHP Behavioral

Health Department to administer NHP's Mental Health/Substance Abuse Program.

Behavioral Health

Mental health and substance abuse treatment.

Claim

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

Community Medical Alliance (CMA) Programs

Intensive clinical programs within NHP, which provide complete care systems for certain Members with chronic illnesses, disabilities and other high-risk medical conditions, as well as for other populations with special healthcare needs.

Covered Benefits/Covered Services

The services and supplies covered by NHP and MassHealth described in the Covered Services List included with this Handbook.

Dependent

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

Disenrollment

The process by which a Member's NHP coverage ends.

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

These services are preventive care and treatment services provided by a primary care provider on a periodic schedule. The schedule is determined by the age at which each procedure is to be provided and includes a complete assessment (e.g. health screens), service coordination, crisis intervention and in home services.

Effective Date

The date on which an individual becomes a Member of NHP and is eligible for Covered Benefits. Generally one business day after NHP receives notification of Enrollment from MassHealth.

Emergency

An Emergency is 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.

Enrollment

The process by which NHP registers individuals for membership.

Expedited 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.)

Grievance

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

Health Care Agent

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

Inpatient

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

Managed Care

A system of health care delivery that is provided and coordinated by a Primary Care Provider. 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 Executive Office of Health and Human Services. The national health insurance program called Medicaid is called MassHealth in Massachusetts. NHP covers MassHealth Members under the Standard, CommonHealth, Basic, and Family Assistance Plans. Some MassHealth members are covered through the Community Medical Alliance (CMA) programs or the Mental Health Services Program for Youth (MHSPY).

Medically Necessary Services

Those services 1) which are 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; and 2) for which there is 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) are of a quality that meets generally accepted standards of medical care.

Member

Any individual enrolled in NHP and MassHealth.

Member ID Card

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

Neighborhood Health Plan or NHP

A Massachusetts licensed, not-for-profit Managed Care Organization (MCO) founded in 1986 by the Massachusetts League of Community Health Centers and the Greater Boston Forum for Health Action. NHP's mission is to provide accessible health care delivery systems, which are Member-focused, quality-driven, and culturally responsive to our Members' needs.

NHP Provider

A Provider with which NHP has an agreement to provide Covered Services to Members.

Network

The group of Providers contracted by NHP to provide health care services to Members.

Post-stabilization Care

Medically necessary services, related to an emergency medical 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.

Primary Care Doctor

A pediatrician, family practitioner or internist, selected by the Member or assigned by NHP to provide and coordinate a Member's health care needs.

Primary Care Provider (PCP)

A Primary Care Doctor or nurse practitioner selected by the Member or assigned by NHP to provide and coordinate a Member's health care needs. Other health care providers, such as a registered nurse, nurse practitioners, physician's assistants or nurse midwives, acting on behalf of and in consultation with a Primary Care Provider, may provide primary care services.

Primary Care Site

The locations where Primary Care Providers provide care to NHP Members. A Primary Care Site may be a health center, an Outpatient department of a hospital, a physician group practice, or another setting.

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. NHP will only 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 NHP's affiliated

medical facilities and professionals, including Primary Care Providers, Specialists and Behavioral Health Providers.

Referral

A recommendation by a Primary Care Provider for a Member to receive care from a different Provider. NHP does not require Referrals for specialist services provided by in-plan NHP Providers.

Routine Care

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

Service Area

The geographical area approved by MassHealth within which NHP has developed a Network of Providers to provide adequate access to Covered Services. The NHP Service Area includes most communities in Massachusetts. Members in certain CMA Programs may have different service areas.

Specialist

A Provider who is trained and certified by the state of Massachusetts to provide specialty services. Examples include but are not limited to cardiologists, obstetricians and dermatologists.

Urgent Care

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