

# HNE Be Healthy™

## MassHealth Member Handbook

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## INTERPRETER AND TRANSLATION SERVICES

Important! This information is about your HNE Be Healthy benefits. If you have questions, need this document translated, need someone to read this or other printed information to you, or want to learn more about any of our benefits or services, call us at 1-800-786-9999, Monday through Friday, 8:00 a.m. – 5:00 p.m. We can give you information in other formats and different languages. All translation services are free to Members. For those with partial or total hearing loss, please call our TTY Line at 1-800 439-2370 for help.

## SERVICIOS DE INTERPRETACIÓN Y TRADUCCIÓN

¡Importante! Esta información es acerca de sus beneficios Cómo estar Saludable de HNE. Si usted tiene algunas preguntas, necesita este documento traducido, necesita que alguien le lea este documento u otra información impresa, o desea saber más acerca de algunos de nuestros beneficios o servicios, llámenos al 1-800-786-9999, de lunes a viernes, 8:00 a.m. – 5:00 p.m. Podemos darle información en otros formatos y en diferentes idiomas. Todos los servicios de traducción son gratis para los Miembros. Para aquellos con pérdida auditiva parcial o total, por favor llame a nuestra Línea TTY al 1-800 439-2370 para recibir ayuda.

### 口譯及筆譯服務

重要！本檔是有關您的 HNE 健康組織所提供的福利資訊。如果您有什麼問題，需要此檔得到翻譯，需要有人給您讀此檔或其他書面資訊，或需要瞭解更多我們提供的福利或服務，請於星期一至星期五上午 8:00 至下午 5:00 的時間裏給我們打電話，號碼為 1-800-786-9999。我們可以給您提供其他格式以及不同語言的資訊。所有的翻譯服務對會員是免費的。對部分或完全失聰人士，請打我們的 TTY 電話求助，號碼為 1-800-439-2370。

### خدمات الترجمة الفورية والترجمة التحريرية

هام! هذه المعلومات هي عن منافع HNE Be Healthy. إذا كان لديك أي استفسارات، أو كنت بحاجة إلى ترجمة هذه الوثيقة، أو كنت بحاجة لأن يقرأ لك شخص ما هذه الوثيقة أو معلومات أخرى مطبوعة، أو كنت تريد معرفة المزيد عن المنافع أو الخدمات التي نقدمها، فاتصل بنا على 1-800-786-9999، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا إلى 5:00 مساءً. يمكننا أن نقدم لك المعلومات بأشكال أخرى وبلغات مختلفة. كل خدمات الترجمة مجانية لأعضاء. بالنسبة للأشخاص الذين يعانون من فقد جزئي أو كلي لحاسة السمع، الرجاء الاتصال بخط TTY المخصص لضعاف السمع على 1-800 439-2370 للحصول على المساعدة.

## SERVICES D'INTERPRETATION ET DE TRADUCTION

Attention! Ces renseignements concernent vos bénéfices HNE Be Healthy. Si vous avez des questions, désirez qu'on vous traduise ce document, ou que quelqu'un vous le lise ou vous lise d'autres renseignements imprimés, ou si vous voulez en savoir plus sur tout autre de nos services ou bénéfices, appelez-nous au 1-800-786-9999, du lundi au vendredi, de 8h à 17h. Nous pouvons vous renseigner en d'autres formats et en d'autres langues. Tous les services de traduction sont offerts gratuits aux Membres. Pour ceux qui souffrent de perte d'ouïe partielle ou totale, appelez SVP notre Numéro TTY au 1-800-439-2370 pour vous aider.

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| For questions about your Behavioral Healthcare call MBHP at:                              | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at | 1-866-389-7613  |
| To reach the MassHealth Customer Service Center, call:                                    | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

**ΥΠΗΡΕΣΙΕΣ ΜΕΤΑΦΡΑΣΕΩΝ ΚΑΙ ΔΙΕΡΜΗΝΕΑ**

Σημαντικό! Αυτή η πληροφορία είναι σχετική με τις HNE Be Healthy παροχές σας. Αν έχετε απορίες, αν χρειάζεστε μετάφραση αυτού του εγγράφου, αν χρειάζεστε να σας διαβάσει κάποιος αυτή ή άλλη τυπωμένη πληροφορία, ή αν θέλετε να μάθετε περισσότερα σχετικά με τις παροχές ή τις υπηρεσίες μας, καλέστε μας στο 1-800-786-9999, Δευτέρα έως Παρασκευή, 8:00 π.μ. – 5:00 μ.μ. Μπορούμε να σας δώσουμε πληροφορίες σε άλλο μορφότυπο και σε διαφορετικές γλώσσες. Όλες οι υπηρεσίες μεταφράσεως είναι δωρεάν για τα Μέλη. Για βοήθεια προς αυτούς με μερική ή ολική απώλεια ακοής, παρακαλώ καλέστε την Γραμμή TTY στο 1-800 439-2370.

**SÈVIS ENTÈPRÈT AK TRADIKSYON**

Enpòtan ! Enfòmasyon sa a konsène benefis HNE Be Healthy ou yo. Si w gen kesyon, si w bezwen pou yo tradwi dokiman sa a pou w, si w bezwen yon moun li dokiman an oswa nenpòt ki lòt enfòmasyon pou w, oubyen si w vle aprann plis enfòmasyon konsènan benefis oswa sèvis nou founi yo, rele nou nan 1-800-786-9999, lendi jiska vandredi, depi 8è:00 a.m. rive 5è:00 p.m. Nou kapab ba w enfòmasyon ki prezante nan yon lòt fòm ak nan yon lòt lang. Tous sèvis tradiksyon yo gratis pou Manm yo. Moun ki pa kapab tande byen oswa ki pa kapab tande ditou ta dwe rele Nimewo pou Malantandan (TTY) nou nan 1-800 439-2370 pou kapab jwenn asistans.

**SERVIZI INTERPRETI E TRADUZIONI**

Importante! Questa informazione tratta delle vostre prestazioni HNE Be Healthy. Se avete delle domande, se avete bisogno che un documento vi sia tradotto, se avete bisogno di una persona che vi legga questa o altra informazione stampata, o se volete imparare di più sui nostri prestamenti e i nostri servizi, chiamateci a 1-800-786-9999, da lunedì a venerdì, dalle 8:00 alle 17:00. Possiamo darvi informazione in altri formati e in lingue diverse. Tutti i servizi di traduzione sono gratis per gli Affiliati. Per assistenza a loro con parziale o totale perdita dell’udito, per favore chiamateci alla Linea TTY a 1-800 439-2370.

**សេវាកម្រិតភាសាផ្ទាល់មាត់ និងបកប្រែជាលាយលក្ខណ៍អក្សរ**

នេះគឺជាព័ត៌មានសំខាន់! ព័ត៌មាននេះនិយាយអំពី អត្ថប្រយោជន៍ដែលអ្នកអាចទទួលបានពី HNE Be Healthy ។ បើអ្នក មានចម្ងល់ ត្រូវការបកប្រែឯកសារនេះ ត្រូវការឱ្យគេអានឯកសារនេះឱ្យអ្នកស្តាប់ ឬត្រូវការព័ត៌មានផ្សេងទៀតជាលាយលក្ខណ៍អក្សរ ឬត្រូវការចង់ដឹងបន្ថែមអំពីអត្ថប្រយោជន៍ និងសេវាផ្សេងទៀតរបស់យើងខ្ញុំ សូមហៅទូរស័ព្ទមកកាន់លេខ 1-800-786-9999 ពីថ្ងៃច័ន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីម៉ោង 8:00 នាទីព្រឹក - ម៉ោង 5:00 នាទីល្ងាច ។ យើងខ្ញុំអាចផ្តល់ព័ត៌មានជូនអ្នកតាមវិធី និងភាសាផ្សេងទៀតបាន ។ រាល់សេវាកម្រិត ទាំងអស់ គឺមិនបាច់បង់ប្រាក់ឡើយ សំរាប់សមាជិកគ្រប់រូប ។ សំរាប់អ្នកដែលបាច់បង់ការស្តាប់ខ្លះៗ ឬទាំងស្រុង សូមទូរស័ព្ទ មកកាន់ខ្សែសំរាប់មនុស្សឆ្លង់ តាមរយៈលេខ 1-800 439-2370 ដើម្បីសុំជំនួយ ។

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## ບໍລິການນາຍແປພາສາ ແລະ ການແປພາສາ

ສໍາຄັນ! ຂໍ້ມູນນີ້ກ່ຽວກັບ HNE ຂອງທ່ານ ທີ່ເປັນປະໂຫຍດສໍາລັບສຸຂະພາບ. ຖ້າຫາກວ່າທ່ານມີຄໍາຖາມ, ຕ້ອງການແປເອກະສານນີ້, ຕ້ອງການໃຜຜູ້ໜຶ່ງອ່ານອັນນີ້ ຫຼື ຕ້ອງການພິມຂໍ້ມູນໃຫ້ທ່ານ, ຫຼື ຕ້ອງການຢາກຮູ້ປະໂຫຍດ ຫຼື ການບໍລິການຕ່າງໆຂອງພວກເຮົາ, ໂທຫາພວກເຮົາທີ່ 1-800-786-9999, ວັນຈັນຫວັນສຸກ, 8:00 ເຊົ້າ – 5:00 ແລງ. ພວກເຮົາສາມາດໃຫ້ຂໍ້ມູນທີ່ໃນຮູບແບບອື່ນ ແລະ ພາສາອື່ນໆທີ່ຫຼາກຫຼາຍ. ການແປພາສາທຸກຢ່າງແມ່ນຟຣີສໍາລັບສະມາຊິກ. ສະເພາະຜູ້ທີ່ສູນເສຍທາງດ້ານການໄດ້ຍິນບາງສ່ວນ ຫຼື ທັງໝົດ, ກະລຸນາໂທໄປທີ່ສາຍ TTY ຂອງພວກເຮົາເພື່ອຮັບຄວາມຊ່ວຍເຫຼືອໄດ້ທີ່ 1-800 439-2370.

## 口译及笔译服务

重要！本文件是有关您的 HNE 健康组织所提供的福利信息。如果您有什么问题，需要此文件得到翻译，需要有人给您读此文件或其他书面信息，或需要了解更多我们提供的福利或服务，请于星期一至星期五上午 8:00 至下午 5:00 的时间里给我们打电话，号码为 1-800-786-9999。我们可以给您提供其他格式以及不同语言的信息。所有的翻译服务对会员是免费的。对部分或完全失聪人士，请打我们的 TTY 电话求助，号码为 1-800-439-2370。

## SERVIÇOS DE TRADUÇÃO E INTERPRETAÇÃO

Importante! Essa informação se trata dos seus benefícios de Saúde do HNE (*HNE Be Healthy*). Caso tenha quaisquer perguntas, necessite desse documento traduzido, necessite que alguém leia para você esse documento ou alguma outra informação impressa, ou deseje saber mais sobre qualquer um de nossos benefícios ou serviços, ligue-nos no 1-800-786-9999, de segunda à sexta-feira, entre 8h00 e 17h00. Nós podemos lhe fornecer informações em outros formatos e idiomas. Todos os serviços de tradução são gratuitos para os Associados. Para os portadores de deficiência auditiva total ou parcial, por favor, ligue para a nossa linha de TTY no 1-800 439-2370 para obter ajuda.

## УСЛУГИ УСТНОГО И ПИСЬМЕННОГО ПЕРЕВОДЧИКА

Важно! Приводимая информация касается ваших льгот медицинского страхования компанией HNE. Если у Вас имеются какие-либо вопросы, нужно перевести этот документ на другой язык, необходимо, чтобы кто-либо Вам прочел этот документ или другую печатную информацию, или же Вы хотели бы больше узнать о предоставляемых нами льготах или оказываемых услугах, то звоните нам по тел. 1-800-786-9999, с понедельника по пятницу, с 8:00 по 17:00. Мы можем представить Вам информацию в других форматах и на других языках. Все услуги по переводу оказываются бесплатно для членов. Лицам, частично или полностью утратившим слух, по поводу помощи следует звонить по нашей линии TTY по номеру 1-800 439-2370.

## DỊCH VỤ PHIÊN BIÊN DỊCH

Thông tin quan trọng! Thông tin này liên quan đến quyền lợi HNE Be Healthy của bạn. Nếu bạn có thắc mắc gì, cần người dịch thông tin này ra tiếng của bạn, cần người đọc cho bạn thông tin này hoặc những tài liệu in khác, hay bạn muốn tìm hiểu thêm về các quyền lợi cũng như dịch vụ, hãy gọi cho chúng tôi theo số 1-800-786-9999, thứ Hai đến thứ Sáu, 8:00 a.m. – 5:00 p.m. Chúng tôi có thể cung cấp thông tin cho bạn theo nhiều cách và bằng nhiều thứ tiếng khác nhau. Tất cả các dịch vụ phiên dịch đều miễn phí đối với Thành viên. Đối với người gặp khó khăn về thính giác, vui lòng gọi chúng tôi theo đường dây TTY số 1-800 439-2370 để được giúp đỡ thêm.

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## Member Handbook Table of Contents

|   |          |
|---|----------|
| <b>Section 1 – Introduction .....</b>   | <b>1</b> |
| Welcome to HNE Be Healthy.....  | 1        |
| Words with Special Meaning.....   | 1        |
| Your HNE Be Healthy Covered Services and Benefits.....  | 1        |
| How to Get More Information .....   | 2        |
| Getting the Most Out of HNE Be Healthy Membership .....   | 2        |
| <b>Section 2 –Communicating With HNE Be Healthy .....</b>   | <b>3</b> |
| When and How to Reach HNE Be Healthy for Help .....   | 3        |
| <b>Section 3 – Where To Get Services.....</b>   | <b>4</b> |
| HNE Be Healthy Provider Directory .....   | 4        |
| HNE Be Healthy’s Service Area .....   | 4        |
| <b>Section 4 – HNE Be Healthy Member Enrollment, Disenrollment, and ID Cards.....</b>               | <b>5</b> |
| Enrollment Overview.....  | 5        |
| Disenrollment from HNE Be Healthy .....   | 5        |
| Voluntary Disenrollment .....   | 5        |
| Member Disenrollment Due to Loss of Eligibility .....   | 5        |
| Member Disenrollment for Cause.....   | 6        |
| How to Keep Your MassHealth Coverage.....   | 6        |
| Member ID Cards for HNE Be Healthy .....  | 6        |
| Your HNE Be Healthy Member ID Card .....  | 6        |
| Your MassHealth ID Card .....   | 7        |
| <b>Section 5 – Choosing and Using Your HNE Be Healthy Providers To Get The Best Healthcare.....</b> | <b>8</b> |
| Primary Care Providers (PCPs) and Why They Are Important.....                                       | 8        |
| What are my first steps once I choose a PCP?.....   | 9        |
| Should I choose a PCP now, even if I am not sick? .....   | 9        |
| What can I do if I am not happy with my PCP? .....  | 9        |
| What happens if my PCP is no longer available? .....  | 9        |
| When to Call Your PCP.....  | 10       |
| What should I tell my PCP?.....   | 10       |
| What if I am not sure whether to call my PCP or go to the Emergency Room? .....                     | 10       |
| What if I Need Care After Hours? .....  | 10       |
| HNE Health Information Line .....   | 11       |
| Behavioral Healthcare for HNE Be Healthy Members .....  | 11       |
| What happens if my Behavioral Health Provider is no longer available? .....                         | 12       |
| What if I Need Care After Hours? .....  | 12       |

|  |   |
|--|---|
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|  |           |
|--|-----------|
| Emergency Care.....  | 12        |
| Urgent Care.....   | 14        |
| How Do I Get Care when I Travel Outside the HNE Be Healthy Service Area?.....  | 14        |
| Specialty Care.....  | 15        |
| Out-of-Plan Specialty Care.....  | 16        |
| Second Opinion.....  | 16        |
| Non-Emergency Hospital Care.....   | 17        |
| Family Planning Services.....  | 17        |
| Standards of Care.....   | 17        |
| Healthcare Access Standards.....   | 17        |
| <b>Section 6 – HNE Be Healthy Benefits.....</b>  | <b>20</b> |
| Introduction to HNE Be Healthy Benefits.....   | 20        |
| General Coverage Requirements for HNE Be Healthy Benefits.....   | 20        |
| Continuity of Medical Care.....  | 20        |
| When Coverage Begins While You Are in the Hospital.....  | 22        |
| HNE Be Healthy Health Needs Assessment (HNA).....  | 22        |
| Transportation Assistance.....   | 22        |
| How to Access Benefits Not Covered by HNE Be Healthy that are Available Directly through MassHealth.....   | 23        |
| Excluded Services.....   | 23        |
| Preventive Healthcare for Children.....  | 23        |
| Preventive Pediatric Healthcare Screening and Diagnosis (PPHSD) Services for Children Enrolled in MassHealth Basic, Family Assistance, or Essential..... | 25        |
| Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services for Children Enrolled in MassHealth Standard and CommonHealth.....                | 25        |
| Childrens’ Behavioral Health Initiative (CBHI).....  | 26        |
| Dental Care for Children.....  | 26        |
| Early Intervention Services for Children with Growth or Development Issues.....  | 27        |
| Preventive Care for Adults.....  | 28        |
| Maternity Care.....  | 28        |
| HNE Be Healthy Pharmacy Benefit.....   | 29        |
| Filling Prescriptions.....   | 29        |
| Over-the-counter Drugs.....  | 29        |
| Copayment Exceptions.....  | 29        |
| Copayment Cap.....   | 30        |
| What do you do if you cannot afford a Copayment?.....  | 30        |
| Part D Pharmacy Coverage for Members with Medicare.....  | 30        |
| Safe and Appropriate Use of Prescription Drugs.....  | 31        |

|  |   |
|--|---|
| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

|  |           |
|--|-----------|
| Quantity Limit.....  | 32        |
| Mandatory Generic Policy .....   | 32        |
| Prior Authorization .....  | 32        |
| Step Therapy .....   | 32        |
| ICORE Specialty Pharmacy Program .....   | 33        |
| New-to-Market Medication Program.....  | 34        |
| Limitations .....  | 34        |
| Exceptions.....  | 35        |
| Exclusions .....   | 35        |
| <b>Section 7 – Care Management Programs .....</b>  | <b>37</b> |
| Case Management.....   | 38        |
| Complex Care Management .....  | 38        |
| Wellness and Disease Management.....   | 39        |
| Intensive Clinical Management (ICM) .....  | 39        |
| Specialized Behavioral Healthcare Management Services for Members .....                    | 40        |
| <b>Section 8 – Authorizations .....</b>  | <b>41</b> |
| Authorizations.....  | 41        |
| Types of Authorization and time frames for decision making and notification .....          | 41        |
| <b>Section 9 - HNE Be Healthy Programs To Maintain Quality and Appropriate Services 43</b> | <b>43</b> |
| Utilization Management .....   | 43        |
| Quality Assurance Program .....  | 44        |
| <b>Section 10 – Member Rights and Responsibilities .....</b>                               | <b>45</b> |
| Your Rights as an HNE Be Healthy Member.....   | 45        |
| Your Responsibilities as an HNE Be Healthy Member.....                                     | 46        |
| Your Confidentiality .....   | 47        |
| Notice of Privacy Practices.....   | 47        |
| Reporting Healthcare Fraud.....  | 49        |
| <b>Section 11 – Concerns, Inquiries, Grievances, and Appeals.....</b>                      | <b>50</b> |
| Concerns .....   | 50        |
| Inquiries .....  | 50        |
| Grievance Process and Rights for HNE Be Healthy Members .....                              | 50        |
| Questions and Answers About the Grievance Process .....                                    | 51        |
| Appeals .....  | 52        |
| Internal Appeal Process and Rights for HNE Be Healthy Members .....                        | 52        |
| Questions and Answers about the Appeal Process .....                                       | 53        |
| <b>Section 12 – Planning For Your Future Healthcare.....</b>                               | <b>63</b> |
| Advance Directives: Planning for Future Healthcare .....                                   | 63        |

|  |   |
|--|---|
| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
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|  |           |
|--|-----------|
| <b>Section 13 – When You Have Other Coverage .....</b>   | <b>64</b> |
| Coordination of Benefits .....   | 64        |
| Subrogation .....  | 64        |
| HNE Be Healthy’s Right of Reimbursement.....   | 64        |
| When you have additional insurance .....   | 65        |
| Benefit Coordination.....  | 65        |
| Motor vehicle accidents and/or work-related injury/illness.....  | 66        |
| Subrogation .....  | 66        |
| Member cooperation .....   | 67        |
| <b>Section 14 – Glossary .....</b>   | <b>68</b> |
| <b>Section 15 – Covered Services Lists For HNE Be Healthy Members with MassHealth Basic Coverage .....</b>                   | <b>78</b> |
| <b>Section 16 – Covered Services List For HNE Be Healthy Members with MassHealth Essential Coverage .....</b>                | <b>85</b> |
| <b>Section 17 – Covered Services List For HNE Be Healthy Members with MassHealth Family Assistance Coverage.....</b>         | <b>92</b> |
| <b>Section 18 – Covered Services List For HNE Be Healthy Members with MassHealth Standard or CommonHealth Coverage .....</b> | <b>99</b> |

|  |   |
|--|---|
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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
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| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 1 – INTRODUCTION

### Welcome to HNE Be Healthy

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Welcome to Health New England (HNE)! HNE is a managed care organization (MCO) based in Massachusetts. HNE Be Healthy is our program that serves MassHealth Members in Hampden, Hampshire, Franklin, and Berkshire counties. We are pleased to have you and/or your children as Members. We look forward to helping you be healthy and stay healthy.

This Member Handbook describes your Covered Services and benefits as an HNE Be Healthy Member. It contains important information about both your HNE Be Healthy Covered Services and benefits *and* your MassHealth Covered Services and benefits, as well as the things we will do for you, and things we need you to do as an HNE Be Healthy Member.

For the purposes of this Member Handbook, the word “you” or “your” means “Members of HNE Be Healthy.”

### Words with Special Meaning

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

### Your HNE Be Healthy Covered Services and Benefits

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This Member Handbook, along with the attached Covered Services list (included in this document), will help you understand your HNE Be Healthy benefits, including medical, social, and Behavioral Health (mental health and/or substance abuse) services.

As an HNE Be Healthy Member, HNE has partnered with the Massachusetts Behavioral Health Partnership (MBHP) to provide all Behavioral Health services to you and the HNE Be Healthy Members of your family. Section 5 of this Member Handbook tells you all about your HNE Be Healthy Behavioral Health services.

The information in this Member Handbook explains what you can expect from HNE Be Healthy. Please read your Member Handbook and keep it somewhere you can find it when you need it.

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 1 - INTRODUCTION

### How to Get More Information

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If you need help understanding any part of this document, and all other HNE Be Healthy materials, contact an HNE Member Services representative. The number is at the bottom of every page of this Member Handbook. We're here to help you Monday through Friday from 8:00 a.m. to 5:00 p.m. If you have questions about Behavioral Health, you can call MBHP. The number is at the bottom of every page of this Member Handbook. You can reach MBHP 24 hours a day, seven days a week.

The HNE Be Healthy Member Handbook and Provider Directory are available in Spanish. Translation services are available for other languages. There is no additional cost to you for any translation services you need.

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

You can also call an HNE Member Services representative to request, free of charge, the HNE Be Healthy Member Handbook in alternative formats, such as Braille, large type size, and American Sign Language video clips.

Please note that you can learn about all of MassHealth's health plan options, including HNE Be Healthy, by calling MassHealth customer service center at 800-841-2900 (TTY 888-665-9997) Monday through Friday, 8 a.m. to 5 p.m.

### Getting the Most Out of HNE Be Healthy Membership

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Meet your Primary Care Provider (PCP) as soon as you join HNE Be Healthy. A PCP is a doctor or nurse practitioner who provides and coordinates all of your healthcare needs. As a Member of HNE Be Healthy, you must choose a PCP. Your PCP is the Provider you should call for any kind of healthcare need, unless you are having an Emergency. Each HNE Be Healthy family Member can choose his or her own PCP. You can call your PCP's office 24 hours a day, seven days a week. If your PCP is not available, somebody else will be able to help you.

To choose an HNE Be Healthy PCP, please visit us online at [www.hne.com](http://www.hne.com) or call HNE Member Services at the number listed below. If you want a copy of our Provider Directory, please call and ask us to send one to you. If you do not choose a PCP within 15 calendar days of your Enrollment in HNE Be Healthy, we will choose one for you. Please keep in mind that you are always able to change your PCP at any time by calling us at the number listed below.

You should see your PCP as soon as possible to receive a check-up, and at least annually for a "well-visit" to make sure that you are healthy and to find out about any health issues you may have. Children under age 3 should see their PCP more often, as described in Section 6 of this Member Handbook.

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 2 –COMMUNICATING WITH HNE BE HEALTHY

### When and How to Reach HNE Be Healthy for Help

Our Member Services representatives want you to get the most from your HNE Be Healthy membership. Call the HNE Member Services department if you:

- Have any questions about your HNE Be Healthy Covered Services and benefits
- Need help choosing a PCP
- Receive a bill for Covered Services
- Lose your HNE Be Healthy Member ID Card
- Want to file a Grievance or Appeal

In addition, please be sure to let the HNE Member Services department and MassHealth know if you:

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

Also let MassHealth know if you lose your MassHealth Member ID card

You can always ask for a Member Services representative who can talk to you in the language you choose if English is not your first language. If we do not have a Member Services representative who speaks your language, we will provide translators and interpretation services for you.

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 3 – WHERE TO GET SERVICES

### SECTION 3 – WHERE TO GET SERVICES

#### HNE Be Healthy Provider Directory

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The HNE Be Healthy Provider Directory lists participating Providers, including:

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

To request a copy of the Provider Directory, call HNE Be Healthy’s Member Services department. You also may visit the HNE Be Healthy web site to find the most up-to-date listing of all HNE Be Healthy Providers. Go to [www.hne.com](http://www.hne.com), click on “HNE Be Healthy,” then click on “Find a Doctor.”

#### HNE Be Healthy’s Service Area

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HNE Be Healthy’s Service Area includes Hampden, Hampshire, Franklin, and Berkshire counties. HNE Be Healthy works with doctors, hospitals, and other Providers to offer healthcare services within our Service Area. For more information about HNE Be Healthy’s Service Area, call our Member Services department at the number located at the bottom of this page.

There are only certain services that you may receive outside of the HNE Be Healthy Service Area without Prior Authorization (for example, Emergency Care and Family Planning Services, or a specific service that is not available from an HNE Be Healthy provider). Section 8 and the Covered Services list included with this Member Handbook has more information. You also can call HNE Member Services at the number located at the bottom of this page.

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 4 – HNE BE HEALTHY MEMBER ENROLLMENT, DISENROLLMENT, AND ID CARDS

### SECTION 4 – HNE BE HEALTHY MEMBER ENROLLMENT, DISENROLLMENT, AND ID CARDS

#### Enrollment Overview

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Enrollment with HNE Be Healthy begins when we receive notification of your Enrollment from MassHealth. We mail a Member ID Card to you within fifteen (15) business days of your Enrollment into HNE Be Healthy. Your Member ID Card is valid and HNE Be Healthy is responsible for providing you all of your Covered Services as of the Effective Date of your Enrollment in HNE Be Healthy. Covered Services are listed in the Covered Services list that is included with this Member Handbook

When you enroll in HNE Be Healthy, 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, or expected health status.

#### Disenrollment from HNE Be Healthy

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##### Voluntary Disenrollment

You may end your coverage from HNE Be Healthy at any time. To voluntarily disenroll from HNE Be Healthy, and to learn about all of your health plan options, call the MassHealth customer service center at the number at the bottom of this page. If you ask to disenroll, your membership in HNE Be Healthy will end one (1) business day after HNE Be Healthy receives the request to end your membership from MassHealth. After Disenrollment, HNE Be Healthy will continue to provide coverage for:

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

##### Member Disenrollment Due to Loss of Eligibility

If you lose eligibility for MassHealth coverage, MassHealth will disenroll you from HNE Be Healthy. You will no longer be eligible for coverage by HNE Be Healthy as of the date of your MassHealth Disenrollment. You may automatically be re-enrolled in HNE Be Healthy if you become eligible again for MassHealth within six months, as determined by MassHealth.

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 4 – HNE BE HEALTHY MEMBER ENROLLMENT, DISENROLLMENT, AND ID CARDS

### Member Disenrollment for Cause

There may be instances where HNE Be Healthy may submit a written request to MassHealth to disenroll an HNE Be Healthy Member. HNE Be Healthy 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 HNE Be Healthy's Disenrollment request. If you are disenrolled from HNE Be Healthy, MassHealth will notify you in writing that you have been disenrolled and you will be contacted by MassHealth to choose another health plan.

### How to Keep Your MassHealth Coverage

To make sure you are not disenrolled from MassHealth or HNE Be Healthy, renew your MassHealth coverage every year on time. MassHealth will mail you an Eligibility review verification form 10 to 11 months from the date you last applied for MassHealth. If you do not receive a form, contact MassHealth's customer service center or HNE Member Services at the number on the bottom of this page. Complete the form and return it to MassHealth immediately. If you have questions about how to fill out the MassHealth re-determination form, call HNE Be Healthy's Member Services department. If you do not complete the form and return it on time, you will lose your MassHealth and HNE Be Healthy coverage.

### Member ID Cards for HNE Be Healthy

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#### Your HNE Be Healthy Member ID Card

You must present your HNE Be Healthy Member ID Card to receive Covered Services from a Provider.

You and each of your family Members enrolled in HNE Be Healthy will receive an HNE Be Healthy Member ID Card. Each Member ID Card has important information about you and your benefits. It also tells Providers and pharmacists that you are a member of HNE Be Healthy. Always carry your HNE Be Healthy Member ID card with you.

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

If you do not get your HNE Be Healthy Member ID Card(s) in the mail, please call the HNE Member Services department to make sure that we have your correct address.

|  |   |
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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
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## SECTION 4 – HNE BE HEALTHY MEMBER ENROLLMENT, DISENROLLMENT, AND ID CARDS

A sample HNE Be Healthy Member ID Card looks like this:



Having an HNE Be Healthy Member ID Card does not guarantee you will receive Covered Services. To receive Covered Services you must have MassHealth and be an HNE Be Healthy Member at the time you receive the service. If you permit others to use your Member ID card to obtain services to which they are not entitled, that constitutes Fraud. See Section 10 for more information on Fraud.

### Your MassHealth ID Card

As a Member of HNE Be Healthy, you also will have a MassHealth ID Card. For the most complete coverage, be sure to carry both cards with you at all times and show both your HNE Be Healthy Member ID Card and MassHealth ID card whenever you get healthcare or fill a prescription.

For information about your MassHealth ID card, call the MassHealth customer service center at the number at the bottom of this page. A sample MassHealth ID card looks like this:



|   |   |
|---|---|
| For questions about your health care call HNE Member Services at:                         | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:                              | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at | 1-866-389-7613  |
| To reach the MassHealth Customer Service Center, call:                                    | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 5 – CHOOSING AND USING YOUR HNE BE HEALTHY PROVIDERS TO GET THE BEST HEALTHCARE

### SECTION 5 – CHOOSING AND USING YOUR HNE BE HEALTHY PROVIDERS TO GET THE BEST HEALTHCARE

#### Primary Care Providers (PCPs) and Why They Are Important

All HNE Be Healthy Members must choose a Primary Care Provider (PCP) upon Enrollment. Choosing a PCP is the first and most important decision you must make. Your PCP provides and arranges most of your healthcare. Your PCP is the first person you should call when you need healthcare except in an Emergency. You should choose a PCP that is close to your home or workplace.

Each family Member covered by HNE Be Healthy may choose a different PCP. If you do not choose a PCP within fifteen (15) days of your Enrollment date, HNE Be Healthy will assign you a PCP. HNE Be Healthy also will assign a Provider to you if the PCP you want is not available. You can change your PCP at any time by calling the HNE Member Services department.

A PCP may be a doctor of internal medicine, family practice, general practice, pediatrics, or OB/GYN. Nurse Practitioners also can be PCPs. HNE Be Healthy PCPs practice at many different types of locations, including individual doctors' offices, community health centers, hospital-based group practices and multi-specialty group practices.

HNE Be Healthy's Provider Directory includes a listing of PCPs and important information about them, such as:

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

If you need a copy of the HNE Be Healthy Provider Directory, call the HNE Member Services department or visit our on-line Provider Directory. Go to [www.hne.com](http://www.hne.com), click on "HNE Be Healthy," then click on "Find a Doctor."

|  |   |
|--|---|
| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
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## SECTION 5 – CHOOSING AND USING YOUR HNE BE HEALTHY PROVIDERS TO GET THE BEST HEALTHCARE

### What are my first steps once I choose a PCP?

- Once you choose a PCP, call your PCP’s office and make an appointment to see him/her as soon as possible so you can get to know each other and your PCP can begin taking care of your healthcare needs. You can find the PCP’s phone number in the HNE Be Healthy Provider Directory or you can call the HNE Member Services department or visit our on-line Provider Directory at [www.hne.com](http://www.hne.com), click on “HNE Be Healthy,” then click on “Find a Doctor.”
- Ask your previous doctor(s) to send your medical records to your new PCP. Do this before your first visit to your new PCP so that he or she can know about your medical history.
- When you go to your appointment, show both your HNE Be Healthy and MassHealth Member ID Cards.
- After this first appointment, call your PCP’s office whenever you need healthcare.
- Always check with your PCP before you get care from Specialists or other doctors.

### Should I choose a PCP now, even if I am not sick?

You should choose your PCP and make an appointment right away. It is a good idea to meet your new PCP when you are healthy so that he/she will know you in case you get sick and need care. If you do get sick, you might feel more comfortable going to see your PCP since you already will know each other. After your first appointment with your PCP, you can call your PCP whenever you need healthcare. Your PCP’s office is available 24 hours a day, 7 days a week. Someone will be able to help you.

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

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

PCP changes take effect immediately. You may change to any participating HNE Be Healthy PCP who is accepting new patients. The HNE Be Healthy Provider Directory shows which PCPs are not accepting new patients. You also can find this information at [www.hne.com](http://www.hne.com), click “HNE Be Healthy,” then click “Find a Doctor,” or you can call HNE Member Services at the number on the bottom of this page.

### What happens if my PCP is no longer available?

If your PCP decides to leave the HNE Be Healthy Provider Network, you will be notified in writing. HNE will try to change your PCP to an active PCP at the same site. If you want a

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 5 – CHOOSING AND USING YOUR HNE BE HEALTHY PROVIDERS TO GET THE BEST HEALTHCARE

different PCP than the one chosen for you, call the HNE Member Services department to select a new PCP.

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

### When to Call Your PCP

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#### What should I tell my PCP?

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

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

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

If you think you (or another HNE Be Healthy Member in your family) have a health Emergency and need immediate attention, call 911 or your local Emergency phone number immediately or go to the nearest hospital Emergency room right away. For Behavioral Health Emergencies, you may also call your local Behavioral Health Emergency Program (ESP) Provider. A more detailed description of Emergency care and what to do in an Emergency is available later in this section

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

#### What if I Need Care After Hours?

Because health problems may occur at any time, HNE Be Healthy requires our PCPs to be available to Members by phone 24 hours a day, 7 days a week. If you have an Urgent Care problem, call your PCP's office. If you reach an answering service:

- Say that you are an HNE Be Healthy Member.

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 5 – CHOOSING AND USING YOUR HNE BE HEALTHY PROVIDERS TO GET THE BEST HEALTHCARE

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

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

### HNE Health Information Line

HNE provides a Health Information Line. A nurse is available 24 hours a day, seven days a week to answer questions about your condition or other healthcare concerns you may have. The phone number for the HNE Health Information Line is included at the bottom of this page. The HNE Health Information Line is an extra benefit you receive with HNE Be Healthy and is not meant to take the place of your PCP or health care provider.

### Behavioral Healthcare for HNE Be Healthy Members

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MBHP provides all Behavioral Health services to HNE Be Healthy Members. This section of your Member Handbook, along with the *Covered Services list*, will help you understand the Behavioral Health Covered services and benefits you get as an HNE Be Healthy Member.

Call MBHP at any time at the toll free number at the bottom of this page, if you need help with your Behavioral Health benefits. You can also call and talk to a HNE Member Services representative.

MBHP and HNE Be Healthy representatives are available if you:

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

MBHP has Behavioral Health Providers throughout the HNE Be Healthy Service Area, which includes Hampden, Hampshire, Franklin, and Berkshire counties. You do not need a Referral from your Primary Care Provider to see an MBHP Behavioral Health Provider.

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| For questions about your health care call HNE Member Services at:                         | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:                              | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at | 1-866-389-7613  |
| To reach the MassHealth Customer Service Center, call:                                    | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 5 – CHOOSING AND USING YOUR HNE BE HEALTHY PROVIDERS TO GET THE BEST HEALTHCARE

Call HNE Member Services at the number on the bottom of each page of this Member Handbook to request an HNE Be Healthy Provider Directory. The HNE Be Healthy Provider Directory includes a list of HNE Be Healthy Behavioral Health Providers, and a statewide listing of Emergency Services Program (ESP) Providers. You also may visit the HNE Be Healthy web site at [www.hne.com](http://www.hne.com) to find a Provider (click “HNE Be Healthy,” then “Find a Provider”). To choose a new Behavioral Health provider or to change to a different one, call MBHP and they will help you find another Provider.

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

If your Behavioral Health Provider decides to leave the HNE Be Healthy Provider Network, you will be notified in writing. When you are notified, call the MBHP Member Services Department, at the number below, to select a new Behavioral Health Provider.

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

### **What if I Need Care After Hours?**

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

## **Emergency Care**

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### **Medical Emergency**

A medical 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 medical Emergencies that could be life-threatening are:

- Chest pain
- Poisoning
- Trouble breathing
- Severe bleeding
- Convulsions
- Loss of consciousness

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 5 – CHOOSING AND USING YOUR HNE BE HEALTHY PROVIDERS TO GET THE BEST HEALTHCARE

Some medical problems are Emergencies because, if not treated promptly, they might become more serious. These include deep cuts and broken bones.

### Behavioral Health Emergency

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

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

### You are Covered for Medical and Behavioral Health Emergencies

Emergency Care is a Covered Service under HNE Be Healthy. This includes ambulance transportation and Post-stabilization care services that are related to an Emergency.

Call 911 or your local Emergency number whenever you have an Emergency health condition that you believe will put your health in serious danger if you do not receive immediate attention. For Behavioral Health Emergencies, you may also call your local Behavioral Health Emergency Services Program (ESP) Provider.

For a list of hospital Emergency rooms and Behavioral Health Emergency Services Program (ESP) Providers in all areas of the state, look at your HNE Be Healthy Provider Directory or go to [www.hne.com](http://www.hne.com), click on “HNE Be Healthy,” then click on “Find a Doctor.”

At the Emergency room, you will be examined and stabilized before you are discharged or transferred to another hospital. You can go to any hospital Emergency room. The hospital does not have to be in the HNE Be Healthy Service Area. You are covered for Emergency care 24 hours a day, 7 days a week. What all Emergencies have in common is a serious threat to health and the need for quick action. Routine care, care that is not required immediately, or care of minor illnesses or injuries are not Emergencies. Examples of routine care are the treatment of colds, minor sore throats, flu-like symptoms, injuries of more than 24 hours duration, or ongoing illness that your PCP could treat. You should call your PCP within 48 hours of receiving Emergency Services. For Behavioral Health emergencies, call your Behavioral Health provider within 48 hours of receiving Emergency Services.

Unless it’s an Emergency, anytime you need healthcare, call your PCP first. For Behavioral healthcare, you also can call your Behavioral Health provider. Don’t go to the Emergency room unless it is really an Emergency. Your PCP will work with you to meet your healthcare needs

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 5 – CHOOSING AND USING YOUR HNE BE HEALTHY PROVIDERS TO GET THE BEST HEALTHCARE

when you are healthy and when you are sick. If you need care from any other Provider, hospital or clinic, your PCP will coordinate the right services for you. Remember, you can call your PCP's office 24 hours a day, 7 days a week. If your PCP is not available, somebody else will be able to help you.

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

### Urgent Care

Urgent Care is care for a health problem that needs attention right away but that you think is not an Emergency. For an Urgent Care visit, call your PCP or Behavioral Health Provider. You can contact your PCP or Behavioral Health Provider 24 hours a day, 7 days a week. For Behavioral Health problems, you also may call MBHP's clinical department 24 hours a day, 7 days a week. If your condition worsens before you are seen by your PCP or Behavioral Health Provider, you can go to the nearest hospital Emergency room. For Behavioral Health Emergencies, you can also call your local Emergency Services Program (ESP) Provider.

For a list of hospital Emergency rooms and Behavioral Health Emergency Services Program (ESP) Providers in all areas of the state, look at your HNE Be Healthy Provider Directory or go to [www.hne.com](http://www.hne.com), click on "HNE Be Healthy," then click on "Find a Doctor."

### How Do I Get Care when I Travel Outside the HNE Be Healthy Service Area?

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

If you need Emergency Care or Urgent Care while you are outside the HNE Be Healthy Service Area, go to the nearest doctor or hospital Emergency room. You do not have to call your PCP or Behavioral Health Provider before seeking Emergency or Urgent Care while outside the HNE Be Healthy Service Area. You or a family member should call your PCP, or your Behavioral Health Provider, within 48 hours of receiving care outside of the HNE Be Healthy Service Area.

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| For questions about your health care call HNE Member Services at:                         | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:                              | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at | 1-866-389-7613  |
| To reach the MassHealth Customer Service Center, call:                                    | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 5 – CHOOSING AND USING YOUR HNE BE HEALTHY PROVIDERS TO GET THE BEST HEALTHCARE

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

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

A Provider may ask you to pay for care that you receive when you are outside of HNE Be Healthy's Service Area. If you pay for Emergency care, Post-stabilization Care, or Urgent Care you received while outside of HNE Be Healthy's Service Area, you may submit a bill or Claim to HNE Be Healthy.

Be sure to include the following information:

- Member's full name
- Member's date of birth
- Member's HNE Be Healthy Member ID Card number
- Date the healthcare service was provided
- A brief description of the illness or injury
- A copy of the bill from the provider
- Proof of payment (such as a receipt)

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

### Specialty Care

HNE Be Healthy does not require a Referral for you to receive care from any HNE Be Healthy Network Specialist; however, your PCP is the best person to help you find a Specialist and coordinate your healthcare. Examples of Specialists are:

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

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| For questions about your health care call HNE Member Services at:                         | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:                              | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at | 1-866-389-7613  |
| To reach the MassHealth Customer Service Center, call:                                    | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 5 – CHOOSING AND USING YOUR HNE BE HEALTHY PROVIDERS TO GET THE BEST HEALTHCARE

Some Specialists will require information about your health and needs from your PCP before they will see you.

The Specialist will send a full report to your PCP. Behavioral Health Specialists will send this report only with your written permission. This report will help your PCP decide about any further care you may need.

It is your responsibility to make sure that the Specialist you wish to see participates in HNE Be Healthy. You may review the printed HNE Be Healthy Provider Directory, go to [www.hne.com](http://www.hne.com) (click on HNE Be Healthy, then click “Find a Doctor”), or call our Member Services department for help.

### **Out-of-Plan Specialty Care**

You may visit most Out-of-Network Specialists only if HNE Be Healthy approves it in advance. Services provided by Out-of-Network Specialists require Prior Authorization.

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

For more information on Prior Authorizations see Section 8.

### **Second Opinion**

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

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
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## SECTION 5 – CHOOSING AND USING YOUR HNE BE HEALTHY PROVIDERS TO GET THE BEST HEALTHCARE

### Non-Emergency Hospital Care

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

### Family Planning Services

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Family Planning Services include birth control methods as well as exams, counseling, pregnancy testing, and some lab tests. For an appointment, call any HNE Be Healthy or MassHealth contracted Family Planning Services Provider. Your PCP may provide or direct you to Family Planning Services. To find a Family Planning Services Provider, you may review the printed HNE Be Healthy Provider Directory, go to [www.hne.com](http://www.hne.com) (click on HNE Be Healthy, then click “Find a Doctor”), or call our Member Services department for help.

You do not need an Authorization from HNE Be Healthy in order to go to an HNE Be Healthy or MassHealth Family Planning Services Provider.

### Standards of Care

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#### Healthcare Access Standards

As an HNE Be Healthy Member you should be able to get healthcare when you need it in a timely way. HNE Be Healthy tells our Providers how quickly they are required to give you services, depending on how sick you are. These rules for how quickly a Provider is supposed to see you are called “access standards.”

You have the right to file an Appeal (See Section 17 for information on how to file an Appeal) if you have to wait longer than the following access standards for each type of service.

#### ***Type of Service***

#### ***You Can Get ...***

##### **Medical Care**

##### ***Emergency Services***

- Immediately, twenty-four (24) hours a day, seven days a week, when you go to an Emergency room or other healthcare Provider of Emergency services. You are also covered for ambulance transportation and Post-

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 5 – CHOOSING AND USING YOUR HNE BE HEALTHY PROVIDERS TO GET THE BEST HEALTHCARE

| <b>Type of Service</b>                              | <b>You Can Get ...</b>  |
|---|---|
|   | stabilization Care services that are related to an Emergency.   |
| <b>Urgent Care</b>                                  | <ul style="list-style-type: none"> <li>• Within forty-eight (48) hours of your request.</li> </ul>  |
| <b>Primary Care</b>                                 | <ul style="list-style-type: none"> <li>• Non-urgent, symptomatic care must be available within ten calendar days of your request.</li> <li>• Routine, non-symptomatic care must be available within forty-five (45) calendar days of your request.</li> </ul>   |
| <b>Specialty Medical Care</b>                       | <ul style="list-style-type: none"> <li>• Non-urgent, symptomatic care within 30 days of your asking for an appointment.</li> <li>• Routine, non-symptomatic care – within sixty (60) calendar days of your asking for an appointment.</li> </ul>  |
| <b>Behavioral Healthcare</b>                        |   |
| <b>Emergency Care</b>                               | <ul style="list-style-type: none"> <li>• Immediately, twenty-four (24) hours a day, seven days a week from an Emergency room, Emergency Services Program (ESP) Provider 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.</li> </ul> |
| <b>Urgent Care</b>                                  | <ul style="list-style-type: none"> <li>• Within forty-eight (48) hours of your request.</li> </ul>  |
| <b>Non-urgent, symptomatic, and non-symptomatic</b> | <ul style="list-style-type: none"> <li>• Within ten business days of your request</li> </ul>  |

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 5 – CHOOSING AND USING YOUR HNE BE HEALTHY PROVIDERS TO GET THE BEST HEALTHCARE

### **Type of Service**

### **You Can Get ...**

***Upon discharge, Members who are in an Inpatient or 24-hour Diversionary Services setting***

- Non-24-hour diversionary services within two (2) calendar days.
- Medication management within 14 calendar days.
- Other outpatient services within seven calendar days.
- Intensive Care Coordination (ICC) services within 24 hours of Referral, including self-Referral offering a face-to-face interview with the family.

### **Children in the Care or Custody of the Department of Child and Family Services (DCF)**

***Children in the Care or Custody of the Department of Child and Family Services (DCF)***

- A healthcare screening within seven calendar days after you or the DCF worker asks for it.
- A full medical exam within 30 calendar days after you or the DCF worker asks for it (unless a shorter time is required by Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services schedule).

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 6 – HNE BE HEALTHY BENEFITS

### Introduction to HNE Be Healthy Benefits

#### General Coverage Requirements for HNE Be Healthy Benefits

- You must be eligible for MassHealth and enrolled in HNE Be Healthy to receive HNE Be Healthy Covered Services.
- All services must be HNE Be Healthy “Covered Services,” as described in the Covered Services list provided with this Member Handbook.
- To be covered by HNE Be Healthy, most healthcare services and medical supplies must be provided by or arranged by the Member’s HNE Be Healthy PCP or Specialist. A limited number of services may be provided by MassHealth providers who are not HNE Be Healthy providers. These services are described in the Covered Services list.
- Some Covered Services require Prior Authorization. See Section 7 for more information on how to get Prior Authorization for Covered Services or medical supplies.
- All services must be Medically Necessary.

#### Continuity of Medical Care

To ensure continuity of care, there are some times when HNE Be Healthy may be able to provide coverage for health services from a Provider who is not part of HNE Be Healthy’s Provider Network. This may apply to some new HNE Be Healthy Members who were already receiving care from a Provider who is not part of HNE Be Healthy’s Provider Network when they join HNE Be Healthy. For example:

- If you are in your second or third trimester of your pregnancy, you may remain under the care of your current OB/GYN (even if Out-of-Network) through delivery and follow-up check-up within the first six weeks of delivery. Your second trimester is the start of your fourth month of pregnancy based on the expected delivery date.
- You also may keep the provider for a limited period, if you are receiving ongoing covered treatment or management of chronic issues, including previously authorized services for Covered Services.

It is still your responsibility to make sure that you have Authorization from HNE Be Healthy before you see a Provider that is not part of HNE Be Healthy’s Provider Network. You may ask your Primary Care Provider to arrange this or call the HNE Member Services at the number listed on the bottom of each page of this Member Handbook.

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 6 – HNE BE HEALTHY BENEFITS

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

- The Provider is your Primary Care Provider. Coverage will be provided for up to 30 days.
- The Provider, including a Primary Care Provider, is providing you with active treatment for a chronic or acute medical condition. Coverage will be provided for up to 90 days or until that active treatment is completed, whichever comes first.
- You are in your second or third trimester of your pregnancy, you may remain under the care of your current OB/GYN (even if out of Network) through delivery and follow-up within the first six weeks of delivery. Your second trimester is the start of your fourth month of pregnancy based on the expected delivery date.
- You have a terminal illness. Coverage will apply to services rendered until the death.

HNE Be Healthy also covers Providers that are not part of its Provider Network for the following reasons:

- A participating in-Network Provider is unavailable because of distance and travel.
- To minimize disruption of care when delays in accessing a participating in-Network Provider, other than those attributed to the Member, would result in interrupted access to Medically Necessary Services.
- In the absence of a participating in-Network Provider with the qualifications and expertise matching with the healthcare needs of the Member.
- In the case of a terminal illness where coverage applies to services rendered until the death.

To continue care in all the above situations, the Provider must adhere to the quality standards of HNE Be Healthy and provide HNE Be Healthy with necessary medical information related to the care provided. Also, the Provider must follow HNE Be Healthy’s policies and procedures, including those about authorizations and providing services according to a treatment plan, if any, approved by HNE Be Healthy.

In the case of a disenrolled Provider, that Provider must also agree to accept payment from HNE Be Healthy (at the rates applied prior to notice of Disenrollment) as payment in full. They must not ask that you or HNE Be Healthy pay for any services that you or HNE Be Healthy would not have had to pay for *before* the Provider was disenrolled.

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## SECTION 6 – HNE BE HEALTHY BENEFITS

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

### **When Coverage Begins While You Are in the Hospital**

Your HNE Be Healthy coverage may begin while you are in the hospital. HNE Be Healthy covers your hospital care from the Effective Date of Enrollment with HNE Be Healthy.

If you were a MassHealth Member before you joined HNE Be Healthy, you are not responsible for paying for any hospital days prior to joining HNE Be Healthy.

### **HNE Be Healthy Health Needs Assessment (HNA)**

Soon after HNE Be Healthy receives notification of your Enrollment, an HNE Be Healthy representative will call you to go over your plan benefits and ask if you have any questions or concerns about your new membership with HNE Be Healthy. During this call, you also will be asked to complete an HNA. You also may hear this called a Health Risk Assessment (HRA). The HNA is a tool which helps HNE Be Healthy to determine if you could benefit from one of our Care Management programs.

### **Transportation Assistance**

As a benefit from MassHealth, some HNE Be Healthy Members may be eligible to have non-Emergency transportation arranged for them to go to healthcare visits. This is a service that HNE Be Healthy coordinates for MassHealth. In order to be eligible for this benefit:

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

For more information, contact the HNE Member Services department. You should contact us well in advance of your appointment to ensure that your non-Emergency transportation can be scheduled in a timely fashion.

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## SECTION 6 – HNE BE HEALTHY BENEFITS

### How to Access Benefits Not Covered by HNE Be Healthy that are Available Directly through MassHealth

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To find out about services not covered by HNE Be Healthy but are provided directly through MassHealth, including non-Emergency transportation to healthcare services, contact our Member Services department. A Member Services representative will answer any questions you have about the MassHealth service and help you get that service, if you are eligible. The Member Services representative may also refer you to the MassHealth customer service center for additional information about that MassHealth service.

### Excluded Services

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Except as otherwise noted or determined Medically Necessary by EOHHS, the following services are not covered under MassHealth and as such are not covered by HNE Be Healthy.

- Cosmetic surgery. However, the following services are not cosmetic and will be provided when determined by HNE Be Healthy to be Medically Necessary:
  - Correction or repair of damage following an injury or illness
  - Mammoplasty following a mastectomy
  - Any other service that HNE Be Healthy determines is medically necessary or appropriate
- Diagnosis and treatment for infertility
- Experimental treatments
- Personal comfort items including air conditioners, radios, telephones and televisions
- Services not otherwise covered by MassHealth, except as determined by HNE Be Healthy to be Medically Necessary for MassHealth Standard and CommonHealth Members under the age of 21
- A service or supply which is not provided by or at the direction of a HNE Be Healthy Plan Network Provider, except for:
  - Emergency services
  - Family Planning Services

### Preventive Healthcare for Children

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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

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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 6 – HNE BE HEALTHY BENEFITS

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 Providers and nurses use standardized screening tools approved by MassHealth to check a child’s Behavioral Health status during their “well-child” visits. Screening tools are short questionnaires or checklists that the parent or child (depending on the child’s age) fills out, and then discusses with the doctor or nurse. The screening tool might be the Pediatric Symptom Checklist (PSC) or the Parents’ Evaluation of Developmental Status (PEDS), 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 Provider or nurse or call the MBHP customer service or HNE Member Services departments.

HNE Be Healthy pays your child’s Primary Care Provider for these checkups. At well-child checkups, your child’s Primary Care Provider can find and treat small problems before they become big ones.

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

- *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 Primary Care Provider once a year.

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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
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## SECTION 6 – HNE BE HEALTHY BENEFITS

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

### **Preventive Pediatric Healthcare Screening and Diagnosis (PPHSD) Services for Children Enrolled in MassHealth Basic, Family Assistance, or Essential**

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

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

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

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

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

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

Most of the time, these services are covered by your child's MassHealth coverage and are included on the Covered Services list. If the service is not covered, or is not on the list, the clinician or Provider who will be delivering the service can ask HNE Be Healthy for Prior Authorization. HNE Be Healthy uses this process to determine if the service is Medically Necessary. HNE Be Healthy will pay for the service if Prior Authorization is given. Talk to your child's Primary Care Provider, Behavioral Health Provider or other Specialist for help in getting these services.

If Prior Authorization is denied, you or your Appeal Representative have a right to file an Appeal. See Section 11 for more information about the Appeals processes.

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| For questions about your Behavioral Healthcare call MBHP at:                              | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at | 1-866-389-7613  |
| To reach the MassHealth Customer Service Center, call:                                    | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 6 – HNE BE HEALTHY BENEFITS

### **Childrens’ Behavioral Health Initiative (CBHI)**

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

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

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

#### **Dental Care for Children**

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

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

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

- A dental checkup every 6 months starting no later than age 3; and
- A dental cleaning every 6 months starting no later than age 3; and
- Other dental treatments needed, even before age 3, if your child’s Provider or dentist finds problems with your child’s teeth or oral health.

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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
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## SECTION 6 – HNE BE HEALTHY BENEFITS

Your child’s Primary Care Provider may recommend fluoride varnish. This service is mostly for children up to age 3, but children up to age 21 can have it done if they do not have a dentist. Fluoride varnish is a coating that is applied to the teeth very easily and helps protect against tooth decay.

**Note:**

- Children who are under age 21 and enrolled in MassHealth Standard or CommonHealth can get all Medically Necessary treatment covered under Medicaid law, including dental treatment, even if the service is not otherwise covered by MassHealth.
- Children who are under age 21 and enrolled in MassHealth Basic, Family Assistance or Essential can get all Medically Necessary Services covered under their coverage type, including dental treatment.
- Talk to your child’s Primary Care Provider or dentist for help in getting these services.
- Children do not need a Referral to see a MassHealth dentist.
- Children can visit a dentist before age 3.

### Early Intervention Services for Children with Growth or Development Issues

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

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

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

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

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

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## SECTION 6 – HNE BE HEALTHY BENEFITS

### Preventive Care for Adults

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

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

HNE Be Healthy covers many more preventive care services. See your PCP for your routine healthcare needs.

### Maternity Care

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

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

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

If you have questions about how to enroll your new baby into HNE Be Healthy, call the HNE Member Services department at the number located at the bottom of this page.

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## SECTION 6 – HNE BE HEALTHY BENEFITS

### **HNE Be Healthy Pharmacy Benefit**

The pharmacy benefit is another way HNE Be Healthy helps you take care of your health. HNE Be Healthy covers most prescription drugs and select brand-name and generic (non-brand-name) over-the-counter drugs, with a prescription. You must use generic medicines when available, unless your healthcare Provider writes “no substitutions” on the prescription AND a Prior Authorization has been approved.

#### **Filling Prescriptions**

HNE Be Healthy covers many prescription drugs with any applicable Co-payment, as listed on your Covered Service list. To fill a prescription, bring it to one of the pharmacies in Massachusetts that participates in HNE Be Healthy. Participating pharmacies include most major chains and most community pharmacies. Refer to the HNE Be Healthy Provider Directory for a listing of pharmacies. You also can look up pharmacies on line. Go to [www.hne.com](http://www.hne.com), click on “HNE Be Healthy,” then click on “Pharmacy.” Be sure to show your HNE Be Healthy Member ID Card so the pharmacist will know you are a Member of HNE Be Healthy.

Some prescription drugs need Authorization. Your Provider can ask for Authorization so you can have the prescriptions you need. If you have any questions about which drugs require Authorization, call HNE Be Healthy’s Member Services department.

#### **Over-the-counter Drugs**

HNE Be Healthy covers many over-the-counter drugs such as cough, cold and allergy medicines, with any applicable Co-payment, as listed on your Covered Service list. You can get up to a 30-day supply of these drugs with a prescription from your HNE Be Healthy Provider. Please call the HNE Member Services department for more information.

#### **Copayment Exceptions**

The following MassHealth Members DO NOT have to pay a pharmacy Copayment:

- Members under 19 years of age
- Members enrolled in MassHealth because they were in the care and custody of the Department of Children and Families (DCF) when they turned 18, and their MassHealth coverage was continued
- Members who are pregnant (you must tell the pharmacist you are pregnant)
- Members whose pregnancy ended less than 60 days ago

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| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
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## SECTION 6 – HNE BE HEALTHY BENEFITS

- Members who are Inpatients in acute hospitals, nursing facilities, chronic disease or rehabilitation hospitals, or intermediate-care facilities for the developmentally delayed.
- Members receiving hospice services
- Members receiving Family Planning supplies
- Members who have met the pharmacy Co-payment 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.

### Copayment Cap

Unless you don't need to pay a co-payment as described above, MassHealth members ages 19 and older have a co-payment cap (limit) on the co-payments pharmacists can charge each calendar year. The cap is the total amount of co-payments pharmacists have charged you, not what you have paid.

- The co-payment cap from January 1 – December 31, 2011 is \$200
- The co-payment cap from January 1 – December 31, 2012 will be \$250.

You can find the co-pay for a drug you are taking on our website, [www.hne.com](http://www.hne.com).

1. Click on *HNE Be Healthy* on the lower left of the screen
2. On the HNE Be Healthy screen, move your mouse over the *Pharmacy* drop down on the top right of the screen
3. Click on *Drug Formulary*

### What do you do if you cannot afford a Copayment?

You must pay the Copayment 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 Copayment. 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. HNE Be Healthy is not responsible for any Copayments you may owe to the pharmacy.

### Part D Pharmacy Coverage for Members with Medicare

If you are a HNE Be Healthy Member with Medicare coverage, your prescription drug benefit may be covered by a Medicare Prescription Drug Coverage (Part D) plan. Most of your prescription drugs will be covered under your Medicare Part D benefit.

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| For questions about your Behavioral Healthcare call MBHP at:                              | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at | 1-866-389-7613  |
| To reach the MassHealth Customer Service Center, call:                                    | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 6 – HNE BE HEALTHY BENEFITS

You should have a separate ID card for your Medicare prescription drug coverage. You will need to show your Medicare Part D ID card when filling a prescription.

There are some drugs that HNE Be Healthy will continue to cover. For example, HNE Be Healthy will continue to cover your over-the-counter (OTC) drugs. HNE Be Healthy co-pay exceptions will still apply for HNE Be Healthy covered drugs.

For more information, contact the HNE Member Services department. To find out more about your Medicare Prescription Drug Coverage you may:

- Contact Medicare at 1-800-633-4227 (TTY: 1-877-486-2048)
- Go to Medicare’s web site at [www.medicare.gov](http://www.medicare.gov)
- Refer to your *Medicare and You Handbook*
- Go to [www.cms.com](http://www.cms.com) on the internet

Remember to carry all your ID cards with you when you go to the pharmacy. When you fill a prescription, please show your HNE Be Healthy Member ID Card and your Medicare Prescription ID card.

### Safe and Appropriate Use of Prescription Drugs

HNE Be Healthy 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 HNE Be Healthy web site. Go to [www.hne.com](http://www.hne.com), click “HNE Be Healthy,” then click “Pharmacy.”

If you want a copy of the Formulary Drug List, please call our Member Services department.

If your Provider feels that it is Medically Necessary for you to take a drug that is not covered or for which you do not meet HNE Be Healthy’s requirements, he/she can submit a Prior Authorization request to HNE Be Healthy. This request will be reviewed by a clinician and if the drug is Medically Necessary, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied, you, or your authorized Appeal Representative, can appeal the decision. See Section 11 of this Member Handbook for Grievances and Appeals information. If you want more information about the pharmacy programs, visit our web site at [www.hne.com](http://www.hne.com) or, you can call our Member Services department.

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## SECTION 6 – HNE BE HEALTHY BENEFITS

### Quantity Limit

HNE Be Healthy may limit the number of units for a specific medication you may get 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 are Medically Necessary, he/she can submit a Prior Authorization request that will be reviewed by a clinician. If approved, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied, you, or your authorized Appeal Representative, can appeal the decision. See Section 11 for more information 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 HNE Be Healthy. 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 in a lower cost compared to the branded alternative.

Prior Authorization is required for exceptions to HNE Be Healthy’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 the HNE Member Services department.

### 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, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied, you, or your authorized Appeal Representative, can appeal the decision. See section 11 for more information 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 HNE Be Healthy 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

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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
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## SECTION 6 – HNE BE HEALTHY BENEFITS

submit a Prior Authorization request that will be reviewed by a clinician and if the drug is Medically Necessary, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied, you or your authorized Appeal Representative can appeal the decision. See Section 11 for more information about Grievances and Appeals.

### **ICORE Specialty Pharmacy Program**

The HNE Be Healthy specialty pharmacy program offers a less costly way to purchase expensive injectable drugs and medications that are used to treat complex medical conditions.

Certain medications and injectables are covered only when obtained from HNE Be Healthy’s preferred list of specialty pharmacies. A complete list of medicines included in the specialty pharmacy program, along with the list of participating specialty pharmacies, are available on our web site at [www.hne.com](http://www.hne.com) (click “HNE Be Healthy,” then click “Pharmacy”). Your healthcare Provider can assist you with the purchase of the covered specialty medications.

If your medicine is included in the specialty pharmacy program, please contact your Provider, who will help you complete and submit a new prescription Referral form to the ICORE specialty pharmacy program. 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 our preferred specialty pharmacy.

HNE Be Healthy’s specialty pharmacy has expertise in the delivery of the medicines it provides, and offers special services not available at a traditional retail pharmacy, including:

- All necessary medicines and supplies needed for administration (at no additional charge)
- 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, 7 days a week, to provide support and educational information about your medicines
- 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 HNE Be Healthy’s specialty pharmacy program, please call the HNE Member Services department.

### **Who is ICORE Healthcare?**

ICORE Healthcare is a leading specialty pharmacy Provider. The medical professionals at ICORE Healthcare are there to help you get the best outcome from your treatment. ICORE Healthcare

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## SECTION 6 – HNE BE HEALTHY BENEFITS

provides patient education and clinical support, facilitates insurance benefits, and provides you with refill reminders. ICORE staff is made up of clinically trained pharmacists and nurses. They are experts in the specialty conditions for which you are being treated.

### ***Where do I have to go to get my specialty medication?***

ICORE Healthcare will deliver your medications where you need them, when you need them – at your home or your doctor’s office. Best of all, there is no delivery charge to you. ICORE offers terrific service and accountability with refill reminder calls available to you every month to help keep you compliant with your therapy needs. In summary, the advantages of using ICORE include:

- **Free delivery** of medication to your home within 24-48 hours after ordering
- **Direct access to an experienced Care Management team** of pharmacists and nurses who are available toll-free -- 24 hours a day, 365 days a year
- **Educational materials**, support and/or home instruction information
- **Ancillary supplies** such as syringes and needles at no additional cost
- **Comprehensive coordination of care** including refill reminders and continual interaction with your physician in regard to your medication(s)

### ***How do I reach ICORE Healthcare?***

You can call ICORE Healthcare at 800-775-5138, TTY: 1-877-517-9183

### **New-to-Market Medication Program**

HNE Be Healthy reviews new drugs for safety and to make sure they work before we add them to our drug list. If your Provider feels that a new-to-market medication is Medically Necessary, he/she can submit a Prior Authorization request that will be reviewed by a clinician. If approved, HNE Be Healthy will cover the drug.

If the Prior Authorization request is denied, you, or your authorized Appeal Representative, can appeal the decision. See Section 11 for more information about Grievances and Appeals.

### **Limitations**

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

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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
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## SECTION 6 – HNE BE HEALTHY BENEFITS

### Exceptions

You or your Provider may request an exception for coverage of any drug that is usually not covered or has limited coverage. Exceptions may only be granted for clinical reasons. For additional information, please contact our Member Services department.

HNE Be Healthy has a number of on-line tools to help you understand your prescription drug benefits. Please refer to our web site at [www.hne.com](http://www.hne.com) (click on “HNE Be Healthy,” then click on “Pharmacy”) for a listing of covered drugs.

### Exclusions

HNE Be Healthy’s prescription drug benefit features an open Preferred Drug List, in which the following drugs or services are excluded. However, if you or your Provider feels that it is Medically Necessary for you to take a listed drug, he or she can submit an Authorization request that will be looked at by a clinician. If it is approved, HNE Be Healthy will cover the drug. If the Prior Authorization request is denied, you or your authorized Appeal Representative can appeal the decision. See Section 11 for more information about Grievances and Appeals.

Exclusions include:

1. Dietary supplements<sup>1</sup>
2. Therapeutic devices or appliances (except where noted)<sup>1</sup>
3. Biologicals, immunization agents or vaccines<sup>2</sup>
4. Blood or blood plasma<sup>2</sup>
5. 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 pharmaceuticals<sup>2</sup>
6. Charges for the administration or injection of any drug<sup>2</sup>
7. If an FDA-approved generic drug is available, the brand-name equivalent is not covered
8. Anabolic steroids
9. Progesterone supplements
10. Fluoride supplements/vitamins after age 13

<sup>1</sup> Covered in certain circumstances under the Durable Medical Equipment (DME) benefit.

<sup>2</sup> Covered in certain circumstances under medical benefit.

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## SECTION 6 – HNE BE HEALTHY BENEFITS

11. Drugs whose sole purpose is to promote or stimulate hair growth, or for cosmetic purposes only
12. Drugs labeled “Caution – limited by federal law to investigational use,” or experimental drugs, even though a charge is made to the individual
13. 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
14. 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

For more information about HNE Be Healthy’s Preferred Drug List call the HNE Member Services department or visit the HNE Be Healthy web site at [www.hne.com](http://www.hne.com) (click “HNE Be Healthy,” then click “Pharmacy”).

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## SECTION 7 – CARE MANAGEMENT PROGRAMS

### SECTION 7 – CARE MANAGEMENT PROGRAMS

HNE Be Healthy knows how challenging it can be if you have a health condition, and we are here to help. We want to work with you to ensure that you are as healthy as you can be. As an HNE Be Healthy Member, you are eligible for and may be enrolled in any Care Management program at any time during your coverage with HNE Be Healthy. HNE Be Healthy offers Care Management services to each Member unless you are unwilling to participate in the program.

We have many programs that are designed to meet your care needs. Our Care Management staff has expertise helping both children and adults who have a range of healthcare needs. All of our Care Management programs are free and include you, your healthcare Provider(s) and HNE Be Healthy, working together to help keep you healthy. A Referral from your healthcare Provider is not needed for any of these services.

Your participation in any of our Care Management programs does not replace the care and services that you receive from your PCP and other healthcare Providers. Our Care Management programs are available to you in addition to the relationship we want you to establish with your PCP and other healthcare Providers.

As always, if you are having an immediate health problem, call your Primary Care Provider (PCP) first. If you are having a health Emergency, call 911 or go to the nearest hospital Emergency room. If you are experiencing a Behavioral Health Emergency, you can also call your local Emergency Services Program (ESP) Provider who is available 24 hours a day, 7 days a week. For more information on Emergency services, see Section 5 of this Member Handbook.

Care Management is offered to our Members who are most in need of assistance with managing multiple situations, services, and/or Providers at one time. The situations may be medical, behavioral, social and/or environmental in nature. The services may be related to prevention, wellness, disease, treatment or housing related. The Providers may include your or a family member's PCP, Specialists, other healthcare Providers – such as home healthcare agencies – as well as staff from state agencies.

HNE offers Care Management for medical situations and MBHP offers Care Management for Behavioral Health situations. HNE and MBHP Care Management staff communicate with one another when both a medical and Behavioral Health situation are involved.

Care Management program services emphasize prevention, Continuity of Care and coordination of services across Providers and settings. Members may be identified as eligible for Care Management by several methods. An HNE Be Healthy or MBHP staff person, you, your PCP, or another member of your healthcare team (including a Behavioral Health Provider) may refer you

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## SECTION 7 –CARE MANAGEMENT PROGRAMS

to the program. HNE Be Healthy may identify you for inclusion in Care Management based on review of our health plan data, such as from your completed Health Risk Assessment, as well as Claims, Referral and/or Authorization data.

Our Care Management programs are staffed by a dedicated team of clinical and non-clinical personnel. Care Management staff include care facilitators, nurse case managers, social workers, Behavioral Health clinicians, nurse practitioners or advanced-practice registered nurses, health educators and other members of the Provider Network, such as care coordination staff from physician offices and community health centers.

The HNE Be Healthy Care Management program consists of four distinct program categories that provide services for our Members. The four program categories are:

- Case management
- Complex Care Management
- Wellness and disease management
- Intensive Clinical Management (ICM)

### Case Management

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Case management is a program available to Members who are dealing with new or ongoing medical or Behavioral Health conditions. These Members are offered the services of a nurse case manager and/or social worker. The nurse case manager or social worker will work with you, your PCP and your other healthcare Providers. They will review your needs in order to make the best plan of care just for you to help you reach your healthcare goals.

### Complex Care Management

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Complex Care Management is a program available to certain Members with hard-to-manage, unstable and/or long-lasting medical and Behavioral Health conditions who could be helped by working with a team of people, such as nurse practitioners, advanced-practice registered nurses, nurses, Behavioral Health clinicians, social workers and health educators. What is special about this team is that they may visit you in your home or in the community. They understand the challenges faced by people dealing with special healthcare needs. They work with each Member, the PCP, and specialty Providers to get the right care to the Member wherever it is needed – in the home, at the Provider’s office, at the hospital, or in school. Members of the Complex Care Management team can educate you about managing your conditions; arrange for care, services, and equipment; and help you obtain services for your medical, Behavioral Health, social and financial needs. Everyone works together with you to find the best plan of care and to help you reach your healthcare goals.

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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
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| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 7 –CARE MANAGEMENT PROGRAMS

### Wellness and Disease Management

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Staying healthy is important. Wellness and disease management are two separate yet complementary programs. Our health and wellness program services are available to all our Members. HNE Be Healthy health educators understand how difficult certain conditions are to manage. We are here to help you with health and wellness activities. We will work with you to help you understand your condition so you can be as healthy as you can.

Living with a condition that may be lifelong can be hard. HNE Be Healthy is here for you. Our goal is to help you to improve your health. We manage chronic conditions such as asthma, diabetes, and heart disease in our disease management program. Our health educators and nurse case managers will work with you and your healthcare Providers. We'll make sure you know about your condition and ways to try to stay healthy. We will support the relationship that you have with your Provider. Our program works to help prevent worsening of your condition. We will work with you to help you manage your condition the very best that you can.

For more information about HNE Be Healthy's Disease Management programs, go to [www.hne.com](http://www.hne.com) and click on "Health" or call the HNE Member Services department.

### Intensive Clinical Management (ICM)

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Intensive Clinical Management (ICM) is a program provided by HNE Be Healthy. This program, through collaboration with Members and their treatment Providers, is designed to ensure the coordination and optimization of care; and the assessment, care planning, discharge planning and mobilization of resources to HNE Be Healthy Members who are dealing with Behavioral Health or psychosocial conditions, sometimes along with medical concerns. Adults and children can join the Intensive Clinical Management program. ICM is a voluntary, generally short-term program designed to be flexible in nature in order to meet the individual needs of Members. The case manager actively collaborates with the Member and the Member's healthcare team to advocate for and assist with linkage to necessary supports and services and to facilitate coordination with family and other involved parties. An individualized care plan is developed with input from, and agreement by, the Member and the Member's healthcare team. The care plan establishes short- and long-term goals, and identifies resources to assist in meeting the goals. ICM is offered by licensed clinicians who provide services through telephonic communication with Members and care Providers and through attendance at care planning meetings. If you have a health concern, HNE Be Healthy has care managers who can support you and your healthcare Provider so that you receive the care you need. Our care managers can help you with both medical and Behavioral Healthcare needs.

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## SECTION 7 –CARE MANAGEMENT PROGRAMS

### Specialized Behavioral Healthcare Management Services for Members

MBHP offers specialized Care Management services for Members with specific Behavioral Health concerns. MBHP provides the following specialized Care Management services for HNE Be Healthy Members:

- **Targeted outreach** provides short-term help for Members who have concerns about their ability to get Behavioral Healthcare and community-based services. Through targeted outreach services, MBHP will help you find available services, such as temporary transportation to and from the Behavioral Health Provider’s office, if you are eligible.
- **Care coordination** helps Members who have Behavioral Health needs and makes sure that they are getting the right services. MBHP coordinates all of the different services you get to support you. They also help you to understand and do what your Provider tells you to. MBHP works with you (and your family if you want us to) to develop a crisis-prevention plan to help you stay healthy and avoid going to the hospital.
- **Intensive Clinical Management (ICM)** is for Members who have major Behavioral Health needs and may have to go to the hospital a lot. ICM coordinates all of the Covered Services and provides the support you may need. Care managers work with you and your Providers to coordinate your Behavioral Health services and medical care. Our goals are to help you avoid having a crisis and to help you live in the community. If you are pregnant and you think you have an alcohol or substance abuse concern, and if you qualify, you can call MBHP and get ICM services to help keep you and your baby healthy from a clinical Provider who specializes in addressing these concerns with pregnant women.

If you have any questions about specialized Care Management or other Behavioral Health services and how to get them, call HNE or MBHP at the numbers at the bottom of this page. The MBHP clinical access line is available 24 hours a day, 7 days a week.

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| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
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## SECTION 8 – AUTHORIZATIONS

### SECTION 8 – AUTHORIZATIONS

#### Authorizations

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HNE Be Healthy requires special approval, called Prior Authorization, before you receive some Covered Services. Not all Covered Services need an Authorization. If a Covered Service does need an Authorization, you must get one *before* you receive the service. Otherwise, the service will not be covered. Your Primary Care Provider or other treating Provider will be the person to ask for a Prior Authorization if it is needed.

The Covered Services list enclosed with this Member Handbook will list those services which need a Prior Authorization from HNE Be Healthy, MassHealth or MBHP.

Some examples of Covered Services that need Authorization are: physical therapy, speech therapy, elective admissions, and certain Behavioral Health services including Inpatient psychiatric care.

When a Behavioral Health service requires prior Authorization, your PCP, Behavioral Health Provider, Specialist, or other Provider will need to submit an Authorization request to MBHP. When a non-Behavioral Health service requires Prior Authorization, your PCP, Specialist, or other Provider will need to submit an Authorization request to HNE Be Healthy. Your Provider can request an expedited (fast) Authorization decision if he or she feels that the standard Authorization decision time could seriously jeopardize your life, health or your ability to get, maintain or regain maximum function. HNE Be Healthy reviews standard and expedited (fast) Authorization requests and makes decisions within the time frames listed below.

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

We make Prior Authorization decisions to help you get care as soon as you need it, based on your healthcare needs. We always make decisions within 14 calendar days after we get a standard Authorization request from your Provider. Sometimes your Provider might ask for an expedited (“fast”) Authorization. HNE Be Healthy makes a decision on an expedited (fast) Authorization request no later than 72 hours after receipt of the expedited (fast) Authorization request.

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 8 – AUTHORIZATIONS

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

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

If HNE Be Healthy needs to take more time, we will send you and your Provider a letter explaining why we need more time to make a decision. We will also tell you and your Appeal Representative how to file a Grievance if you disagree with our decision to take an extension. You can find more information about how to file a Grievance in Section 11 of this Member Handbook, or contact HNE Be Healthy’s Member Services department for more information.

If HNE Be Healthy does not make Authorization decisions within the above stated time frames, you or your Appeal Representative may file an Internal Appeal. For complete details on filing an Internal Appeal, please refer to Section 11 of this Handbook or contact HNE Be Healthy’s Member Services Department for more information.

Once HNE Be Healthy reviews the Prior Authorization request, we will inform you and your Provider of our decision. Make sure you have this Authorization before getting any service(s) that you need.

If HNE Be Healthy does not authorize any of the service(s) asked for, or approves only some of the service(s), or does not authorize the full amount, duration or scope of service(s), you and your Provider will get a denial letter.

HNE Be Healthy will not pay for any service(s) that are not authorized. HNE Be Healthy 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 or your Appeal Representative can file an Internal Appeal. Please refer to Section 11 of this Member Handbook for more information on filing an Internal Appeal or contact HNE Be Healthy’s Member Services department.

You are the person who must make sure that you have Authorization before you receive services that need an Authorization. You may find out if you need an Authorization by asking your HNE Be Healthy Providers or by contacting HNE Be Healthy’s Member Services department.

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
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## SECTION 9 – HNE BE HEALTHY PROGRAMS TO MAINTAIN QUALITY AND APPROPRIATE SERVICES

### SECTION 9 - HNE BE HEALTHY PROGRAMS TO MAINTAIN QUALITY AND APPROPRIATE SERVICES

#### Utilization Management

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HNE Be Healthy knows that it is important that you get the right amount of care. We work hard to make sure that you get *the right type and amount of care, at the right time, in the right place* by doing Utilization Management.

HNE Be Healthy's Utilization Review program uses doctors and nurses to look at the healthcare Members received and determine if the services were Medically Necessary. If HNE Be Healthy determines that services you got were not Medically Necessary, HNE Be Healthy will contact your Provider.

HNE Be Healthy does not reward those who do Utilization Review for deciding to authorize services or not. We want our Members to get the right amount of care and the correct use of services.

If you want to know about the Utilization Management process and Authorization requests and decisions, please contact HNE Member Services at the number on the bottom of each page of this Member Handbook.

#### Access and Utilization

For information about the Utilization Management process and Authorization requests and decisions, you can call our Utilization Management office from 8:00 a.m. to 5:00 p.m., Monday through Friday at 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370). If you have questions about Utilization Management requests or decisions after hours, you may leave a message on these numbers or send a fax to 413-233-2700, 24 hours a day, 7 days a week. We will pick up all requests and messages left after 5:30 p.m. the next business day (Monday through Friday, excluding holidays).

HNE Be Healthy knows that using medical services less than they are needed may be bad for your health and wellness. For this reason, HNE Be Healthy promotes the correct use of services.

HNE Be Healthy's Utilization Management decisions are based only on correct use of care and service, and existence of coverage. HNE Be Healthy does not specifically reward those doing Utilization Management to issue a denial of coverage or service, nor does HNE Be Healthy give

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| For questions about your health care call HNE Member Services at:                         | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:                              | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at | 1-866-389-7613  |
| To reach the MassHealth Customer Service Center, call:                                    | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 9 – HNE BE HEALTHY PROGRAMS TO MAINTAIN QUALITY AND APPROPRIATE SERVICES

rewards to Utilization Management decision-makers to try to get decisions that result in underutilization.

### **Quality Assurance Program**

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HNE's Quality Assurance program oversees the quality of clinical services provided under HNE Be Healthy.

HNE Be Healthy's Utilization Review staff decides if the care Members receive is Medically Necessary.

Through Care Management, the program helps high-risk Members get the proper care and treatment they need. HNE Be Healthy also provides planning services to make sure Members receive services they need after they have been in the hospital.

#### ***Clinical Guidelines***

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

#### ***Experimental Therapies, Medical Devices, Treatment in Clinical Trials***

HNE Be Healthy 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 what will give the highest benefit and lowest risk to the Member.

HNE Be Healthy's review of new technologies includes:

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

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

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 10 – MEMBER RIGHTS AND RESPONSIBILITIES

### Your Rights as an HNE Be Healthy Member

As a valued Member of HNE Be Healthy, you have the right to:

- Receive documents and any information in other formats or in Spanish free of charge. Interpreter services also are available free of charge by calling HNE Member Services
- Receive information about HNE Be Healthy, our services, our Providers and practitioners, your covered benefits, and your rights and responsibilities as a Member of HNE Be Healthy
- 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 healthcare, including the right to refuse treatment and the right to receive a Second Opinion on a medical procedure at no cost to you
- Choose a qualified Primary Care Provider and hospital that accept HNE Be Healthy Members
- Change your Primary Care Provider
- Access Emergency care 24 hours a day, 7 days a week
- Access an easy process to voice your concerns, and expect follow-up by HNE Be Healthy
- File Grievances and Appeals without discrimination about the managed care organization or the care provided, and expect problems to be fairly examined and appropriately addressed
- Make recommendations regarding HNE Be Healthy’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 HNE Be Healthy or your Provider treats you
- Ask for and receive a copy of your medical record and request that it be changed or corrected, as explained in the Notice of Privacy Practices later in this section of this Member Handbook

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 10 – MEMBER RIGHTS AND RESPONSIBILITIES

- Receive the Covered Services you are eligible for as outlined in the Covered Services list enclosed with this Member Handbook
- Be informed about how medical treatment decisions are made by HNE or by Providers that accept HNE Members, including payment structure
- Know the names and qualifications of physicians and healthcare professionals involved in your medical treatment
- Receive information about an illness, the course of treatment and expectations for recovery in words that you can understand
- Receive Emergency services when you, as a non-healthcare professional, believed that an Emergency health condition existed
- Keep your Personal Health Information private as protected under federal and state laws—including oral, written and electronic information throughout HNE. Unauthorized people do not see or change your records.
- Exercise these rights regardless of your race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion, national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care. Expect these rights to be upheld by both HNE and the Providers who accept HNE Be Healthy Members.

### Your Responsibilities as an HNE Be Healthy Member

As a Member of HNE Be Healthy, 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 healthcare unless it is an Emergency
- Tell any healthcare Provider that you see that you are an HNE Be Healthy Member
- Give complete and accurate health information that HNE Be Healthy or your Provider needs in order to provide care
- Understand the role of your Primary Care Provider in providing your care and arranging other healthcare services that you may need
- To the degree possible, understand your health problems and take part in making decisions about your healthcare and in developing treatment goals with your Provider
- Follow the plans and instructions agreed to by you and your Provider
- Understand your benefits and know what is covered and what is not covered
- Notify HNE Be Healthy and MassHealth of any changes in personal information such as address, telephone, marriage, additions to the family, and eligibility of other health insurance coverage, etc.

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 10 – MEMBER RIGHTS AND RESPONSIBILITIES

- Understand that you may be responsible for payment for services you receive that are not included in the Covered Service list for your coverage type.

### Your Confidentiality

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

- HNE Be Healthy 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
- HNE Be Healthy only collects information about you that we need to have in order to provide you with the services you want to receive from HNE Be Healthy or as otherwise required by law

In accordance with state law, HNE Be Healthy takes special precautions to protect any information concerning Behavioral Health, 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, what your rights are, and how you can get access to this information. Please review it carefully.

HNE Be Healthy provides health insurance coverage to you. Because you get health benefits from HNE Be Healthy, we have Protected Health Information (PHI) about you. By law, HNE Be Healthy must protect the privacy of your health information.

HNE Be Healthy 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

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 10 – MEMBER RIGHTS AND RESPONSIBILITIES

- 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 HNE Be Healthy 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, treatment options, or other health-related choices you have.

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

Except as described above, HNE Be Healthy cannot use or share your Protected 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
- Ask HNE Be Healthy 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 HNE Be Healthy to limit its use or sharing of your health information. You must ask for this in writing. HNE Be Healthy may not be able to grant this request.
- Ask HNE Be Healthy 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 HNE Be Healthy has shared your health information. You must ask for this in writing.
- Get a paper copy of this notice at any time

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 10 – MEMBER RIGHTS AND RESPONSIBILITIES

These rights may not apply in certain situations.

By law, HNE Be Healthy must give you notice explaining that we protect your health information, and that we must follow the terms of this notice.

HNE Be Healthy can change how we use and share your Protected Health Information. If HNE Be Healthy does make important changes, we will send you an updated notice. That new notice will apply to all of the health information that HNE Be Healthy has about you.

If you would like to exercise any of the rights we describe in this notice, or if you feel that HNE Be Healthy has violated your privacy rights, contact HNE Be Healthy's Privacy Officer in writing at the following address:

HNE Be Healthy Privacy Officer  
One Monarch Place Suite 1500  
Springfield, MA 01144-1500

Filing a complaint or exercising your rights will not affect your benefits. You also may 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 also may file your complaint by calling the MassHealth Customer Service Center at the number at the bottom of this page. For more information, or if you need help understanding this notice, call HNE Be Healthy's Member Services department.

### Reporting Healthcare Fraud

If you know of anyone trying to commit healthcare Fraud, please call our confidential Compliance Helpline at 1-800-453-3959. You do not need to identify yourself. Examples of healthcare Fraud include:

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

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

### SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

#### Concerns

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You may contact the MassHealth Customer Service Department at any time to voice a concern that you may have with HNE Be Healthy or MassHealth. Representatives are available at the number below Monday through Friday between 8:00 a.m. and 5:00 p.m.

#### Inquiries

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

#### Grievance Process and Rights for HNE Be Healthy Members

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

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

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

We also ask that you:

- 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

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

Grievance Process?”). For a copy of this form, please contact HNE Member Services at the phone number on the bottom of each page of this Member Handbook.

- 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 or your Appeal Representative can file a Grievance whenever you had an unsatisfactory experience with HNE Be Healthy, MBHP, or with any of our contracted Providers. For example, you may file a Grievance when you are not satisfied with the quality of care or services provided by HNE Be Healthy or its Providers, when an HNE Be Healthy Provider is rude to you, or when HNE Be Healthy staff fail to respect any of your rights. You or your Appeal Representative also have the right to file a Grievance if you disagree with a decision by HNE Be Healthy to extend the time to resolve an Internal Appeal or to reach an Authorization decision, or you disagree with a decision by HNE Be Healthy not to treat an Internal Appeal as an expedited (fast) Internal Appeal.

#### ***How do I file a Grievance?***

To file a Grievance, you or your Appeal Representative can write to HNE Be Healthy at:

HNE Be Healthy  
Complaints and Appeals Department  
One Monarch Place, Suite 1500  
Springfield, MA 01144

HNE Be Healthy is responsible for processing all Grievances, including Grievances regarding Behavioral Health care. You can also provide information in person, or call our HNE Member Services department at the number listed below.

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

#### ***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 HNE Be

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

Healthy. 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 healthcare professional will review your Grievance.

### ***What if HNE Be Healthy needs more information?***

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

### ***When will I know the result of my Grievance?***

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

## **Appeals**

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### **Internal Appeal Process and Rights for HNE Be Healthy Members**

HNE Be Healthy is responsible for Internal Appeals regarding pharmacy services and medical care. MBHP is responsible for Internal Appeals regarding Behavioral Healthcare. The information in this section applies to Internal Appeals filed with either HNE Be Healthy or MBHP.

If you are not satisfied with a decision regarding healthcare coverage made by HNE Be Healthy or MBHP, or you have had a problem accessing healthcare services, you have the right to file an Internal Appeal. An Internal Appeal is a request for HNE Be Healthy or MBHP 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 HNE Be Healthy or MBHP with information (in writing, by telephone, or in person) about your Appeal
- The right to be helped or represented by someone else, such as a friend, family member, or Provider (See “What is an Appeal Representative?” below.)

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

- The right to free translation services during the Internal Appeal process
- The right to ask HNE Be Healthy or MBHP questions and get help from HNE Be Healthy or MBHP staff
- The right to see all the information HNE Be Healthy or MBHP used to make a decision on your Internal Appeal and get a copy of it
- The right to request a copy of the HNE Be Healthy or MBHP document or criteria upon which the Adverse Action was based, if applicable
- The right to request a copy of HNE Be Healthy’s or MBHP’s written Internal Appeal policy and procedure at any time

We ask that you:

- Sign and return the “authorization to release health information form”, if asked (See “What if HNE Be Healthy or MBHP needs more information?” below).
- Sign and return the Designation of Appeal Representative form, if you are appointing an Appeal Representative (See “What is an Appeal Representative?” below).
- Provide HNE Be Healthy or MBHP with a current address or phone number so that we can contact you during the Internal Appeal Process.

### Questions and Answers about the Appeal Process

#### ***For What types of things can I file an Appeal?***

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

- Coverage of a requested healthcare service that requires Prior Authorization is denied or limited
- Coverage of a service that was previously approved is reduced or stopped
- Payment for a service is denied because we feel it is not Medically Necessary
- An Authorization request is not responded to in a timely manner, as detailed in Section 7
- You (the Member) could not get medical treatment from an HNE Be Healthy or MBHP Provider within a timely manner, as detailed in Section 5
- You did not receive a timely response to your Internal Appeal request. In this instance, you may file an Appeal directly with the Office of Medicaid’s Board of Hearings as described below (See “How do I file my Appeal with the Office of Medicaid’s Board of Hearings?”).

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

### **What types of Appeals can I file?**

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

### **How do I file a level I Internal Appeal?**

To begin the level I Internal Appeal process, you or your Appeal Representative may call the HNE Member Services department at the number listed below. You can also write to:

HNE Be Healthy  
Complaints and Appeals Department  
One Monarch Place, Suite 1500  
Springfield, MA 01144

For Behavioral Health Internal Appeals, you or your Appeal Representative may call the MBHP Member appeals coordinator at 1-800-495-0086 (TTY: 617-790-4131). You can also write to:

MBHP Member Appeals Coordinator  
Massachusetts Behavioral Health Partnership  
100 High Street, 3<sup>rd</sup> Floor  
Boston, MA 02110

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

### **What is an Appeal Representative?**

An Appeal Representative is anyone you choose, in writing, to act on your behalf in filing an Internal Appeal. An Appeal Representative can be a family member, a friend, a Provider, or anyone else you choose. Your Appeal Representative will have the same rights as you do in filing your Internal Appeal. Please note, however, that if you wish to choose an Appeal Representative, you must sign and return a Designation of Appeal Representative form. If we do not receive a signed Designation of Appeal Representative form by the deadline for resolving your Internal Appeal, we will dismiss your Internal Appeal. For an Expedited (fast) Internal Appeal, the review will be processed even if we have not received the designation of Appeal Representative form within the required time frame.

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

If we dismiss your Internal Appeal, we will notify you and your Appeal Representative in writing. If you believe that you did in fact authorize your Appeal Representative in writing before the deadline for resolving your Internal Appeal expired, you or your Appeal Representative can request, in writing, that we vacate (reverse) this dismissal and proceed with your Internal Appeal. We must receive this request within 10 calendar days of your receiving our dismissal letter. Send your request to:

HNE Be Healthy  
 Complaints and Appeals Department  
 One Monarch Place, Suite 1500  
 Springfield, MA 01144

For Behavioral Health Internal Appeals, send your request to:

MBHP Member Appeals Coordinator  
 Massachusetts Behavioral Health Partnership  
 100 High Street, 3<sup>rd</sup> Floor  
 Boston, MA 02110

We will either make the dismissal final or vacate (reverse) the dismissal and process your Internal Appeal. We will notify you and your Appeal Representative of this decision in writing. If we make your dismissal final, you can appeal to the Office of Medicaid’s Board of Hearings (refer to “How do I file my Appeal with the Office of Medicaid’s Board of Hearings?”). An Expedited (fast) Internal Appeal will be dismissed and processed as a standard Level 1 Internal Appeal if the request to expedite (process fast) is unrelated to your health condition.

### ***Is there a time limit for filing an Internal Appeal?***

Yes. In the case of a denial for a new service request, you or your Appeal Representative must file your Internal Appeal within 30 calendar days of receiving notice of this decision.

In the case of a decision to reduce or stop covering a service that was previously approved, you or your Appeal Representative must file your Internal Appeal within 30 calendar days of receiving notice of this decision. If you would like to have services continue while your appeal is being processed, you must file your Internal Appeal within 10 calendar days of receiving notice of the decision. If you lose the Appeal, you may have to pay for the cost of these services.

In the case where we did not respond to your request for coverage of a service in a timely manner, as described in your Member Handbook, you or your Appeal Representative must file your

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

Internal Appeal within 30 calendar days of our failure to act within required time frames for making Authorization decisions.

In the case where you did not get medical treatment from an HNE Be Healthy Provider within a timely manner, as described in your Member Handbook, you or your Appeal Representative must file your Internal Appeal within 30 calendar days from the date required access standards as described in this handbook were not met.

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

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

For a request regarding medical care services, send your request to:

HNE Be Healthy  
Complaints and Appeals Department  
One Monarch Place, Suite 1500  
Springfield, MA 01144

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

MBHP Member Appeals Coordinator  
Massachusetts Behavioral Health Partnership  
100 High Street, 3<sup>rd</sup> Floor  
Boston, MA 02110

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

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

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

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

notice of Adverse Action. If you lose the Appeal, you may have to pay for the cost of these services.

### **Who will review my Internal Appeal?**

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

### **What if HNE Be Healthy or MBHP needs more information?**

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

### **How long will it take HNE Be Healthy or MBHP to decide my level I Internal Appeal?**

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

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

HNE Be Healthy  
Complaints and Appeals Department  
One Monarch Place, Suite 1500  
Springfield, MA 01144

You may also call HNE Member Services at the number listed below.

### **Can I provide additional information for HNE Be Healthy or MBHP to consider?**

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

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

### ***How will I know HNE Be Healthy's or MBHP's decision on my level I Internal Appeal?***

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

### ***Can I get a decision sooner than 30 days from HNE Be Healthy or MBHP?***

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

HNE Be Healthy  
Complaints and Appeals Department  
One Monarch Place, Suite 1500  
Springfield, MA 01144

You may also call the HNE Member Services department at the number listed below.

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

- An HNE Be Healthy doctor will decide this for medical services
- An MBHP doctor will decide this for behavioral health services

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

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| For questions about your health care call HNE Member Services at:                         | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:                              | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at | 1-866-389-7613  |
| To reach the MassHealth Customer Service Center, call:                                    | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

decision not to expedite (process fast) your Internal Appeal, you or your Appeal Representative may file a Grievance by visiting or writing to:

HNE Be Healthy  
 Complaints and Appeals Department  
 One Monarch Place, Suite 1500  
 Springfield, MA 01144

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

### ***Can I provide additional information for HNE Be Healthy or MBHP to consider during an Expedited (fast) Internal Appeal?***

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

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

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

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

If you or your Appeal Representative are not satisfied with the decision on your level I Internal Appeal, you or your Appeal Representative can ask HNE Be Healthy or, for Behavioral Health, MBHP, to reconsider it by submitting a level II Internal Appeal (see “How do I request a level II Internal Appeal?”), or you or your Appeal Representative can request that the Executive Office of Health and Human Services, Office of Medicaid’s Board of Hearings, review your Appeal (refer to “How do I file my Appeal with the Office of Medicaid’s Board of Hearings?”). The Board of Hearings is separate from HNE Be Healthy or MBHP. If you or your Appeal Representative choose to have HNE Be Healthy or MBHP reconsider the decision (level II Internal Appeal), your Internal Appeal will be reviewed by one or more individuals who were not involved in the decision on the level I Internal Appeal. If you or your Appeal Representative choose to file your Appeal with the Board of Hearings instead, you will lose the right to ask HNE Be Healthy or MBHP to reconsider our decision any further.

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

If your Internal Appeal was an Expedited (fast) Internal Appeal and you or your Appeal Representative are not happy with the decision, you do not have a right to a level II Internal Appeal. However, you or your Appeal Representative 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 Internal Appeal?**

If you or your Appeal Representative want to file a level II Internal Appeal you can visit us or write to us at:

HNE Be Healthy  
 Complaints and Appeals Department  
 One Monarch Place, Suite 1500  
 Springfield, MA 01144

Or call the HNE Member Services department at the number listed below.

To file a level II Internal Appeal for Behavioral Health services, send your request to:

MBHP Member Appeals Coordinator  
 Massachusetts Behavioral Health Partnership  
 100 High Street, 3<sup>rd</sup> Floor  
 Boston, MA 02110

Or call the MBHP member appeals coordinator at 1-800-495-0086 (TTY: 617-790-4131).

You or your Appeal Representative must make your request within 30 calendar days of receiving our decision on your level I Internal Appeal. If your level II Internal Appeal involves a decision to reduce or stop covering a service that was previously approved, you will automatically continue to receive those services if you request a level II Internal Appeal within ten calendar days of receiving your notice resolving your level I Internal Appeal. If you lose the Appeal, you may have to pay back the cost of these services.

### **When will a decision be made on my level II Internal Appeal?**

We will contact you and your Appeal Representative with a decision by phone and will send you and your Appeal Representative a written decision within ten calendar days of your request for a level II Internal Appeal. You or your Appeal Representative can request an extension of five calendar days at this level. We may also extend the time frame for up to five calendar days if the extension is in your best interest and 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

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

lead to an approval of the request and if we have not already extended the level I Internal Appeal response time. If HNE decides to extend the time frame, you or your Appeal Representative have the right to file a Grievance.

### ***What can I do if I am not satisfied with the HNE Be Healthy or MBHP decision on my level II Internal Appeal?***

If you or your Appeal Representative are still not satisfied, you or your Appeal Representative 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 HNE Be Healthy or MBHP does not respond to my Internal Appeal in a timely fashion?***

If we do not respond to your Internal Appeal within the time frames noted above, you or your Appeal Representative can file an Appeal with the Office of Medicaid’s Board of Hearings (refer to “How do I file my Appeal with the Office of Medicaid’s Board of Hearings?”). Your Appeal request must be received by the Board of Hearings within 30 calendar days from the date on which we should have informed you and your Appeal Representative of our decision or within 20 calendar days if your Appeal was an Expedited (fast) Internal Appeal and you or your Appeal Representative want the Board of Hearings to make an expedited (fast) decision, too.

### ***How do I file my Appeal with the Office of Medicaid’s Board of Hearings?***

If you or your Appeal Representative want to have the Office of Medicaid’s Board of Hearings review your Appeal, you and your Appeal Representative, must complete a “request for a Fair Hearing” form, which we will provide to you, and your Appeal Representative. You or your Appeal Representative must mail this form to the Board of Hearings within 30 calendar days of the decision you are appealing or within 20 calendar days if your Internal Appeal was an Expedited (fast) Internal Appeal and you want the Board of Hearings to make an expedited (fast) decision, too. Please contact HNE Be Healthy if you or your Appeal Representative needs help to complete the “request for Fair Hearing” form.

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

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

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 11 – CONCERNS, INQUIRIES, GRIEVANCES, AND APPEALS

### ***Can someone represent me at the Office of Medicaid’s Board of Hearings?***

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

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

HNE Be Healthy will honor the decision made by the Board of Hearings and, if the appeal is approved, will cover the service or procedure that is the subject of the Appeal.

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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

**SECTION 12 – PLANNING FOR YOUR FUTURE HEALTHCARE****Advance Directives: Planning for Future Healthcare**

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

There are two kinds of Advance Directives: a Healthcare Proxy and a Living Will.

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

A Living Will lets you state what kind of care you want or do not want if you cannot make healthcare decisions. For example, you may not want to be kept alive using life support. Your Living Will helps your Healthcare Proxy make decisions for you. If you do not have a Healthcare Proxy, or your Healthcare Proxy is not available, the Living Will can help your Providers care for you.

If you choose to sign a Healthcare Proxy or a Living Will, you can change your mind at any time and write and sign a new Healthcare Proxy or Living Will.

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

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

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## SECTION 13 – WHEN YOU HAVE OTHER COVERAGE

### Coordination of Benefits

HNE Be Healthy works with MassHealth to coordinate coverage and payment for healthcare services. HNE Be Healthy’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 HNE Be Healthy recovers some or all of the costs of a Member’s healthcare from another source when appropriate. Examples include:

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

If an insurer other than HNE Be Healthy is or may be liable to pay for services related to an illness or injury, HNE Be Healthy has the right to ask that insurer to pay for reimbursement of any healthcare costs.

### HNE Be Healthy’s Right of Reimbursement

If a Member recovers money as a result of a lawsuit or settlement relating to an illness or injury, HNE Be Healthy can demand that the Member repay the cost of healthcare services and supplies that HNE Be Healthy paid. HNE Be Healthy cannot demand repayment beyond the total amount of the Member’s recovery.

As a Member of HNE Be Healthy, you agree to:

- Notify HNE Be Healthy of any events which may affect HNE Be Healthy’s rights of Subrogation or Reimbursement
- Cooperate with HNE Be Healthy when HNE Be Healthy asks for information and assistance with Coordination of Benefits, Subrogation, or Reimbursement

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## SECTION 13 – WHEN YOU HAVE OTHER COVERAGE

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

### When you have additional insurance

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

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

HNE Be Healthy is the payer of last resort for payment of medical services involving Benefit Coordination and third-party liability or Subrogation. Please see the following sections for more information.

### Benefit Coordination

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

If you have comprehensive health insurance with another health plan, including Medicare, you cannot get MassHealth benefits from managed care organizations, including HNE Be Healthy. If

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## SECTION 13 – WHEN YOU HAVE OTHER COVERAGE

you fit this category, MassHealth will disenroll you from HNE Be Healthy. MassHealth will notify you about this.

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

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

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

### **Subrogation**

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

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

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

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

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

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## SECTION 13 – WHEN YOU HAVE OTHER COVERAGE

### Member cooperation

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

We ask that you:

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

You also must agree to do nothing to prejudice or interfere with our rights to Subrogation or Benefit Coordination. If you are not willing to help us, you will be liable for any expenses we may incur, including reasonable attorneys' fees, in enforcing our rights under this plan. Nothing in this Member Handbook may be interpreted to limit our right to use any means provided by law to enforce our rights to Subrogation or Benefit Coordination under this plan.

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## SECTION 14 – GLOSSARY

### Advance Directive

Something you write or sign that states who you would like to make healthcare decisions for you and what healthcare treatment you do or do not want if you get sick or injured and can't talk or write. It is a written statement that tells a Provider what to do if an illness or accident takes away the Member's ability to make decisions about his or her healthcare.

### Adverse Action

The following actions or inactions by HNE Be Healthy:

- Denying or limiting coverage of a requested healthcare service
- Reducing or stopping coverage for a service that was previously approved
- Denying payment for a service because it was not medically necessary
- Not responding to an Authorization request in a timely manner, as detailed in Section 7
- The Member not being able to get medical treatment from an HNE Be Healthy or MBHP Provider within a timely manner, as detailed in Section 5
- Not resolving an appeal request within the deadlines described in Section 11

### Appeal

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

### Appeal Representative

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

### Authorization

A special approval by HNE Be Healthy for payment of certain services that is done prior to receiving services.

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## SECTION 14 – GLOSSARY

### **Behavioral Health**

Mental health and/or substance abuse treatment.

### **Board of Hearings**

The Office of Medicaid’s Board that is available to review an Appeal once you have exhausted all internal levels of appeal. The Medicaid Board of Hearing is independent of HNE Be Healthy.

### **Board of Hearings (BOH) Appeal**

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

### **Care Management**

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

### **Children’s Behavioral Health Initiative (CBHI)**

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

### **Claim**

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

### **Community Service Agency (CSA)**

There are 32 CSA’s across the state offering care coordination services to MassHealth eligible youth with serious emotional disturbance (SED) and their families/caregivers.

### **Complex Care Management**

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

### **Continuing Services**

For Appeal requests received within 10 days of the adverse determination notice, HNE Be Healthy will provide Continuing Services while an Internal Appeal is pending and while a Board of Hearing (BOH) Appeal is pending, unless the Member specifically indicates that he or she does not want to receive Continuing Services, when the Internal Appeal involves the reduction,

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## SECTION 14 – GLOSSARY

suspension, or termination of a previously authorized service. HNE Be Healthy will continue to provide Continuing Services until the member withdraws the Internal Appeal or BOH appeal or the BOH issues a decision to uphold the original HNE Be Healthy Internal Appeal decision. The Member may have to pay back the cost of the requested services received during this time period if the original decision is upheld.

### **Continuity of Care**

HNE may continue covering services you are receiving from a provider who is not in the HNE Be Healthy network. See Section 6 for details.

### **Coordination of Benefits**

Needed when payment for services may be the responsibility of someone other than HNE Be Healthy, for example, automobile insurance or Workers' Compensation. See Section 12.

### **Copayment**

The amount that you must pay for covered services. The Covered Services List included with this Handbook describe these amounts.

### **Covered Services**

The services and supplies covered by HNE Be Healthy 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 HNE Be Healthy coverage ends.

### **Disease Management**

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

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

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

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## SECTION 14 – GLOSSARY

### **Effective Date**

The date on which an individual becomes a Member of HNE Be Healthy and is eligible for Covered Benefits. The Effective Date is generally one business day after HNE Be Healthy receives notification of Enrollment from MassHealth.

### **Eligibility**

Meeting all the criteria necessary to be covered by HNE Be Healthy

### **Emergency**

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

### **Emergency Services Program (ESP) Providers**

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

### **Enrollment**

The process by which HNE registers individuals for Membership in HNE Be Healthy.

### **EOHHS**

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

### **Expedited (fast) Internal Appeal**

A seventy-two (72) hour Appeals process.

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## SECTION 14 – GLOSSARY

### **Family Planning Services**

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

### **Formulary**

A list of covered prescription drugs. Formularies are based on evaluations of efficacy, safety, and cost effectiveness of drugs. Members pay varying copays for drugs that are on formulary.

### **Fraud**

An instance where someone attempts to receive services or payment for services to which they are not entitled under MassHealth. See Section 10 for more details.

### **Grievance**

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

### **Healthcare Proxy**

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

### **Health Information Line**

HNE Be Healthy's phone connection to a registered nurse who can provide medical advice 24 hours a day, seven days a week. The phone number is at the bottom of each page of this Member Handbook.

### **Health Needs Assessment (HNA)**

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

### **HNE**

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

### **HNE Be Healthy**

The HNE health benefits plan that provides coverage for those eligible for MassHealth coverage. When used in this Member Handbook to describe services, benefits, procedures, or providers,

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## SECTION 14 – GLOSSARY

HNE is responsible for those related to medical services and MBHP is responsible for those related to Behavioral Health Services.

### **Inpatient**

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

### **Intensive Care Coordination (ICC)**

A service that is set up for the most vulnerable Members, who are at the highest risk of hospitalization. ICC coordinates services across all levels of care. Care managers work with the treatment team and Members to develop an individualized care plan to develop strategies and goals for integrating behavioral health and medical care, preventing crisis, and ensuring functioning within the community. ICC also provides support for pregnant women with alcohol and/or substance abuse problems.

### **Intensive Clinical Management (ICM)**

A care-coordination service for children and youths with serious emotional disturbance (SED). An ICC Care Coordinator works with the family to create a Care Planning Team for their child. The team is made up of people who want to help the youth and family, i.e., family, friends, and people who work with the youth, such as a teacher or school counselor, a therapist, or a caseworker from a state agency. Together, the team comes up with an Individual Care Plan to address the youth's needs and support the family's and youth's goals. They do this by looking at what is working well for the youth and family, as well as what the problems are. The Individual Care Plan guides the youth's care and helps organize any services the youth receives, even those from other agencies.

### **Internal Appeal**

A request by a MassHealth Member or Appeal Representative to HNE Be Healthy, or, for Behavioral Health services, to MBHP, for review of an Adverse Action.

### **Inquiry**

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

### **Living Will**

An advanced directive that a person can use to identify their healthcare wishes in the event that they are unable to communicate those wishes themselves.

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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 14 – GLOSSARY

### **Managed Care**

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

### **MassHealth**

A Healthcare program operated by the Massachusetts Executive Office of Health and Human Services. The national health insurance program known as Medicaid is called MassHealth in Massachusetts. HNE Be Healthy covers MassHealth Members under the Standard, Basic, Family Assistance and Essential Plans.

### **MassHealth Basic**

A MassHealth benefit plan that offers health benefits to certain individuals over the age of 18 and under the age of 65 who qualify under EOHHS’s MassHealth Basic eligibility criteria which includes: (1) persons who have been identified by the Department of Mental Health (DMH) as getting services or as being on a waiting list to get services from the DMH, are “long-term unemployed,” and have income at or below 100% of the federal poverty level; or (2) persons who are getting Emergency Aid to the Elderly, Disabled and Children (EAEDC) through the Department of Transitional Assistance; or (3) persons who are receiving MassHealth Basic pending an appeal to the Board of Hearings of EOHHS’s decision that they are no longer eligible for MassHealth.

### **MassHealth CommonHealth**

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

### **MassHealth Essential**

A MassHealth benefit plan that offers health benefits to certain individuals or Members of a couple over the age of 18 and under the age of 65 who are long-term unemployed and who do not meet the eligibility criteria for MassHealth Basic.

### **MassHealth Family Assistance**

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

### **MassHealth Standard**

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

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## SECTION 14 – GLOSSARY

### **Massachusetts Behavioral Health Partnership (MBHP)**

The organization contracted by HNE Be Healthy to administer HNE Be Healthy’s mental health and substance abuse covered services, when Medically Necessary.

### **Medically Necessary Services**

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

### **Medicare**

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

### **Member**

Any individual enrolled in HNE Be Healthy and MassHealth.

### **Member Handbook**

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

### **Member ID Card (for HNE Be Healthy)**

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

### **Network**

The group of Providers contracted by HNE to provide healthcare services to HNE Be Healthy Members.

### **Out-of-Network**

Any provider who is not part of the HNE Be Healthy network.

### **Post-stabilization Care**

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

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## SECTION 14 – GLOSSARY

### **Preventive Pediatric Healthcare Screening and Diagnosis**

Services covered by HNE Be Healthy for children under the age of 21 who are enrolled in Family Assistance, Basic, and Essential plans. See Section 6 for more information.

### **Primary Care Provider (PCP)**

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

### **Prior Authorization**

Permission from HNE Be Healthy to receive a service in advance of having it provided.

### **Protected Health Information (PHI)**

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

### **Provider**

A healthcare 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. HNE Be Healthy will cover services of a Provider if those services are Covered Benefits and within the scope of the Provider's license.

### **Provider Directory**

A book containing a list of HNE Be Healthy's affiliated medical facilities and professionals, including PCPs, Specialists, and Behavioral Health Providers.

### **Quality Assurance**

The program used by HNE Be Healthy to review clinical services to make sure that they are appropriate and meet established standards. See Section 8 for more details.

### **Referral**

A recommendation by a PCP for a Member to receive care from a different Provider. HNE Be Healthy does not require Referrals for Specialist services provided by in-Network HNE Be Healthy Providers.

### **Routine Care**

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

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## SECTION 14 – GLOSSARY

### **Second Opinion**

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

### **Service Area**

The geographical area approved by MassHealth within which HNE Be Healthy has developed a Network of Providers to provide adequate access to Covered Services to HNE Be Healthy Members. The HNE Be Healthy Service Area includes Hampden, Hampshire, Franklin, and Berkshire counties.

### **Specialist**

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

### **Subrogation**

The process by which HNE Be Healthy recovers some or all of the costs of a Member's healthcare from another source when appropriate. See Section 12 for more details.

### **Urgent Care**

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.

### **Utilization Review**

Pre-service, concurrent, or post service review to determine medical necessity

### **Utilization Management**

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

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## SECTION 15 – MASSHEALTH BASIC COVERAGE

### SECTION 15 – COVERED SERVICES LISTS FOR HNE BE HEALTHY MEMBERS WITH MASSHEALTH BASIC COVERAGE

This is a list of covered services and benefits for MassHealth Basic members enrolled in HNE Be Healthy. The list indicates for all the services and benefits whether they are covered by MassHealth or HNE Be Healthy and if by HNE Be Healthy whether a prior authorization by HNE Be Healthy or a referral by your Primary Care Provider (PCP) is required.

You can also call HNE Member Services at 1-800-786-9999 for more information about services and benefits or to ask questions. See the telephone number and hours of operation for HNE Member Services at the bottom of every page of this covered services list.

- For questions about behavioral-health services, please call 1-800-495-0086 or TTY: 617-790-4130 for people with partial or total hearing loss.
- For more information about pharmacy services, go to HNE Be Healthy's drug list at [www.HNE.com](http://www.HNE.com) or call HNE Member Services at 1-413-788-0123
- For questions about dental services, please call 1-800-207-5019

A "Yes" in either the "Prior Authorization Required for Some or All of the Services?" or the "Primary Care Provider (PCP) Referral Required for Some or All of the Services?" column means that prior authorization, or a PCP referral, or both are required for some or all of the services in the category. There is more information about authorizations and PCP referrals in your Member Handbook.

Please keep in mind that services and benefits change from time to time. This Covered Services List is for your general information only. Please call HNE Be Healthy for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth's Web site [www.mass.gov/masshealth](http://www.mass.gov/masshealth); or
- Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) Monday through Friday from 8:00 AM – 5:00 PM.

| <b>MassHealth Basic Covered Services for HNE Be Healthy Members</b>  | <b>MassHealth Covered Service? Yes/No</b> | <b>HNE Be Healthy Covered Service? Yes/No</b> | <b>Prior Authorization Required for Some or All of the Services? Yes/No</b> | <b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No</b> |
|--|---|---|---|--|
| <b>Emergency Services</b>  |   |   |   |  |
| <b>Emergency Transportation Services</b> - ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic | No  | Yes   | No  | No   |
| <b>Emergency Inpatient and Outpatient Services</b>   | No  | Yes   | No  | No   |

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## SECTION 15 – MASSHEALTH BASIC COVERAGE

| MassHealth Basic Covered Services for HNE Be Healthy Members   | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service? Yes/No | Prior Authorization Required for Some or All of the Services? Yes/No | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No |
|--|------------------------------------|--|--|---|
| <b>Medical Services</b>  |                                    |  |  |   |
| <b>Abortion Services</b>   | No                                 | Yes                                    | No   | No  |
| <b>Acute Inpatient Hospital Services</b><br>For MassHealth Members age 21 years of age and older <b>this benefit is limited to</b> acute hospital inpatient services of up to 20 days per admission, excluding Administratively Necessary Days and stays in a Department of Mental Health (DMH)-licensed acute psychiatric unit within a Department of Public Health (DPH)-licensed acute hospital, freestanding psychiatric hospitals, or in a rehabilitation unit within a DPH-licensed acute hospital.  | No                                 | Yes                                    | Yes  | No  |
| <b>Ambulatory Surgery Services</b> - outpatient, same-day surgical, diagnostic and medical services  | No                                 | Yes                                    | No   | No  |
| <b>Audiologist (Hearing) Services</b>  | No                                 | Yes                                    | No   | No  |
| <b>Chiropractor Services</b>   | No                                 | Yes                                    | No   | No  |
| <b>Community Health Center Services</b><br>For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• pediatric services, including PPHSD</li> <li>• health education</li> <li>• medical social services</li> <li>• nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> <li>• vaccines not covered by the Massachusetts Department of Public Health (MDPH)</li> </ul> | No                                 | Yes                                    | No   | No  |
| <b>Dental Services</b>   |                                    |  |  |   |
| <ul style="list-style-type: none"> <li>• Emergency related dental care</li> <li>• Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition</li> </ul>  | No                                 | Yes                                    | No<br><br>Yes  | No  |

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## SECTION 15 – MASSHEALTH BASIC COVERAGE

| <b>MassHealth Basic Covered Services for HNE Be Healthy Members</b>   | <b>MassHealth Covered Service? Yes/No</b> | <b>HNE Be Healthy Covered Service? Yes/No</b> | <b>Prior Authorization Required for Some or All of the Services? Yes/No</b> | <b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No</b> |
|---|---|---|---|--|
| <ul style="list-style-type: none"> <li>Other dental services<sup>3</sup></li> </ul>   | Yes                                       | No  | Yes   | No   |
| <b>Dialysis Services</b>  | No  | Yes   | No  | No   |
| <b>Durable Medical Equipment -</b><br>The purchase or rental of medical equipment, replacement parts, and repair for such items   | No  | Yes   | Yes   | No   |
| <b>Family Planning Services<sup>4</sup></b>   | No  | Yes   | No  | No   |
| <b>Hearing Aid Services</b>   | No  | Yes   | Yes   | No   |
| <b>Home Health Services</b>   | No  | Yes   | Yes   | No   |
| <b>Laboratory Services</b><br>Including vaccines not covered by the Massachusetts Department of Public Health (MDPH)  | No  | Yes   | Yes   | No   |
| <b>Medical/Surgical Supplies</b>  | No  | Yes   | Yes   | No   |
| <b>Orthotic Services</b><br>Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body   | No  | Yes   | Yes   | No   |
| <b>Outpatient Hospital Services</b><br>Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> <li>Outpatient surgical and related diagnostic, medical and dental services</li> <li>office visits for primary care and specialists</li> <li>OB/GYN and prenatal care</li> <li>therapy services (physical, occupational and speech)</li> <li>diabetes self-management training</li> <li>medical nutritional therapy</li> <li>tobacco cessation services</li> <li>fluoride varnish to prevent tooth decay in children and teens</li> </ul> | No  | Yes   | Yes   | No   |
| <b>Oxygen &amp; Respiratory Therapy Equipment</b>   | No  | Yes   | No  | No   |

<sup>3</sup> Members 21 and over are only eligible for emergency and preventative dental services. For more information contact DentaQuest Customer Service at 1-800-207-5019.

<sup>4</sup> An HNE Be Healthy member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of HNE Be Healthy's provider network.

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## SECTION 15 – MASSHEALTH BASIC COVERAGE

| MassHealth Basic Covered Services for HNE Be Healthy Members  | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service? Yes/No | Prior Authorization Required for Some or All of the Services? Yes/No | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No |
|---|------------------------------------|--|--|---|
| <b>Physician, Nurse Practitioner, and Nurse Midwife Services</b><br><b>For example:</b> <ul style="list-style-type: none"> <li>office visits for primary care and specialists</li> <li>OB/GYN and prenatal care</li> <li>diabetes self-management training</li> <li>medical nutritional therapy</li> <li>tobacco cessation services</li> <li>fluoride varnish to prevent tooth decay in children and teens</li> </ul> | No                                 | Yes                                    | No   | No  |
| <b>Podiatrist Services (Foot Care)</b>  | No                                 | Yes                                    | Yes  | No  |
| <b>Prosthetic Services</b>  | No                                 | Yes                                    | Yes  | No  |
| <b>Radiology and Diagnostic Services</b><br><b>For example:</b> <ul style="list-style-type: none"> <li>X-Rays</li> <li>magnetic resonance imagery (MRI) and other imaging studies</li> <li>radiation oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service</li> </ul>   | No                                 | Yes                                    | Yes  | No  |
| <b>Therapy Services</b><br><b>For example:</b> <ul style="list-style-type: none"> <li>occupational therapy</li> <li>physical therapy</li> <li>speech/language therapy</li> </ul>  | No                                 | Yes                                    | Yes  | No  |
| <b>Vision Care</b><br><b>For example:</b> <ul style="list-style-type: none"> <li>comprehensive eye exams</li> <li>vision training</li> <li>eye glasses</li> <li>contact lenses and other visual aids</li> </ul>   | No                                 | Yes                                    | No   | No  |
| <ul style="list-style-type: none"> <li>vision training</li> </ul>   | No                                 | Yes                                    | No   | No  |
| <ul style="list-style-type: none"> <li>eye glasses</li> </ul>   | Yes                                | No                                     | Yes  | No  |
| <ul style="list-style-type: none"> <li>contact lenses and other visual aids</li> </ul>  | Yes                                | No                                     | Yes  | No  |
| <b>Wigs</b> – as prescribed by a physician related to a medical condition   | No                                 | Yes                                    | Yes  | Yes   |
| <b>Pharmacy Services (Medications) → See copayment information on the last page.</b>  |                                    |  |  |   |
| <b>Prescription Drugs</b>   | No                                 | Yes                                    | Yes  | No  |
| <b>Over-the-Counter Medicines</b>   | No                                 | Yes                                    | No   | No  |
| <b>Behavioral-Health (Mental-Health and Substance-Abuse) Services</b>   |                                    |  |  |   |

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## SECTION 15 – MASSHEALTH BASIC COVERAGE

| <b>MassHealth Basic Covered Services for HNE Be Healthy Members</b>   | <b>MassHealth Covered Service? Yes/No</b> | <b>HNE Be Healthy Covered Service? Yes/No</b> | <b>Prior Authorization Required for Some or All of the Services? Yes/No</b> | <b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No</b> |
|---|---|---|---|--|
| <b>Non-24 Hour Diversionary Services, such as:</b> <ul style="list-style-type: none"> <li>▪ community support programs</li> <li>▪ partial hospitalization</li> <li>▪ structured outpatient addiction program (SOAP)</li> <li>▪ intensive outpatient program (IOP)</li> <li>▪ psychiatric day treatment</li> </ul>   | No  | Yes   | Yes   | No   |
| <b>24 Hour Diversionary Services, such as:</b> <ul style="list-style-type: none"> <li>▪ crisis stabilization unit</li> <li>▪ community-based acute treatment for children and adolescents (CBAT)</li> <li>▪ acute treatment services for substance abuse (Level III.7)</li> <li>▪ clinical support services – substance abuse (Level III.5)</li> <li>▪ transitional care unit</li> </ul>  | No  | Yes   | Yes   | No   |
| <b>Emergency Services (Inpatient and Outpatient)</b>  | No  | Yes   | No  | No   |
| <b>Emergency Services Program (ESP) Services, such as:</b> <ul style="list-style-type: none"> <li>▪ crisis assessment, intervention, and stabilization</li> <li>▪ mobile crisis intervention for children under 21</li> <li>▪ medication evaluation</li> <li>▪ special one-to-one service</li> <li>▪ specialing - a one-to-one monitoring service</li> </ul>  | No  | Yes   | No  | No   |
| <b>Inpatient Services, such as:</b> <ul style="list-style-type: none"> <li>▪ Inpatient mental health services</li> <li>▪ Inpatient substance abuse services (Level IV)</li> </ul>   | No  | Yes   | Yes   | No   |
| <b>Outpatient Services, such as:</b> <ul style="list-style-type: none"> <li>▪ individual, group, and family counseling</li> <li>▪ medication visits</li> <li>▪ family and case consultations</li> <li>▪ collateral contacts for children under age 21</li> <li>▪ diagnostic evaluations</li> <li>▪ psychological testing or special education psychological testing</li> <li>▪ narcotic-treatment services (including acupuncture)</li> </ul> | No  | Yes   | Yes   | No   |

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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 15 – MASSHEALTH BASIC COVERAGE

| MassHealth Basic Covered Services for HNE Be Healthy Members  | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service? Yes/No | Prior Authorization Required for Some or All of the Services? Yes/No | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No |
|---|------------------------------------|--|--|---|
| <ul style="list-style-type: none"> <li>electro-convulsive therapy</li> </ul>  |                                    |  |  |   |
| <b>Intensive Home or Community Based Outpatient Services for Youth, such as:</b> <ul style="list-style-type: none"> <li>in-home therapy services</li> </ul>   | No                                 | Yes                                    | Yes  | No  |
| <b>Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services</b>   |                                    |  |  |   |
| 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, the PCP will perform screenings to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral health, and others. More information about the schedule for checkups is in your Member Handbook under “Additional services for children.” In addition to regular check-ups, children should also visit their PCP any time there is a concern about their health. Children under age 21 are also entitled to get regular visits with a dental provider. | No                                 | Yes                                    | No   | No  |

### Copayments:

Most members who are age 19 and older must pay the following pharmacy copayments:

- \$1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin);
- \$3.65 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor.
- \$3.65 for both first-time prescriptions and refills for certain covered generic and OTC drugs; and
- \$3.65 for both first time prescriptions and refills of covered brand-name drugs.

### Members who do NOT have any copayments:

These members do not have any copayments:

- Members under age 19;
- Members enrolled in MassHealth because they were in the care and custody of the Department of Children and Families (DCF) when they turned 18, and their MassHealth coverage was continued;
- Pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy);
- Members who are in hospice care;
- American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law; and

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 15 – MASSHEALTH BASIC COVERAGE

- Members who are receiving Inpatient care in an acute hospital, nursing facility, chronic disease hospital, rehabilitation hospital, or intermediate-care facility for the developmentally delayed.

In addition, members do not have to pay copayments for family planning supplies (birth control).

### **Co-payment Cap**

Unless you don't need to pay a co-payment as described above, MassHealth members ages 19 and older have a co-payment cap (limit) on the co-payments pharmacists can charge each calendar year. The cap is the total amount of co-payments pharmacists have charged you, not what you have paid.

- The co-payment cap from January 1 – December 31, 2011 is \$200
- The co-payment cap from January 1 – December 31, 2012 will be \$250.

Call HNE Member Services at 1-413-788-0123 (TTY: 1-800-439-2370 for people with partial or total hearing loss) for more information about copayment exceptions. HNE Be Healthy will coordinate your MassHealth covered services.

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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 16 – MASSHEALTH ESSENTIAL COVERAGE

### SECTION 16 – COVERED SERVICES LIST FOR HNE BE HEALTHY MEMBERS WITH MASSHEALTH ESSENTIAL COVERAGE

This is a list of covered services and benefits for MassHealth Essential members enrolled in HNE Be Healthy. The list indicates for all the services and benefits whether they are covered by MassHealth or HNE Be Healthy and if by HNE Be Healthy whether a prior authorization by HNE Be Healthy or a referral by your Primary Care Provider (PCP) is required.

You can also call HNE Member Services at 1-800-786-9999 for more information about services and benefits or to ask questions. See the telephone number and hours of operation for HNE Member Services at the bottom of every page of this covered services list.

- For questions about behavioral-health services, please call 1-800-495-0086 or TTY: 617-790-4130 for people with partial or total hearing loss.
- For more information about pharmacy services, go to HNE Be Healthy's drug list at [www.HNE.com](http://www.HNE.com) or call HNE Member Services at 1-413-788-0123
- For questions about dental services, please call 1-800-207-5019

A "Yes" in either the "Prior Authorization Required for Some or All of the Services?" or the "Primary Care Provider (PCP) Referral Required for Some or All of the Services?" column means that prior authorization, or a PCP referral, or both are required for some or all of the services in the category. There is more information about authorizations and PCP referrals in your Member Handbook.

Please keep in mind that services and benefits change from time to time. This Covered Services List is for your general information only. Please call HNE Be Healthy for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth's Web site [www.mass.gov/masshealth](http://www.mass.gov/masshealth); or
- Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) Monday through Friday from 8:00 AM – 5:00 PM.

| MassHealth Essential Covered Services for HNE Be Healthy Members  | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service? Yes/No | Prior Authorization Required for Some or All of the Services? Yes/No | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No |
|---|------------------------------------|--|--|---|
| <b>Emergency Services</b>   |                                    |  |  |   |
| <b>Emergency Transportation Services</b> - ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic. | No                                 | Yes                                    | No   | No  |
| <b>Emergency Inpatient and Outpatient Services</b>  | No                                 | Yes                                    | No   | No  |

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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
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## SECTION 16 – MASSHEALTH ESSENTIAL COVERAGE

| MassHealth Essential Covered Services for HNE Be Healthy Members   | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service? Yes/No | Prior Authorization Required for Some or All of the Services? Yes/No | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No |
|--|------------------------------------|--|--|---|
| <b>Medical Services</b>  |                                    |  |  |   |
| <b>Abortion Services</b>   | No                                 | Yes                                    | No   | No  |
| <b>Acute Inpatient Hospital Services</b><br>For MassHealth Members age 21 years of age and older <b>this benefit is limited to</b> acute hospital inpatient services of up to 20 days per admission, excluding Administratively Necessary Days and stays in a Department of Mental Health (DMH)-licensed acute psychiatric unit within a Department of Public Health (DPH)-licensed acute hospital, freestanding psychiatric hospitals, or in a rehabilitation unit within a DPH-licensed acute hospital.  | No                                 | Yes                                    | Yes  | No  |
| <b>Ambulatory Surgery Services</b> - outpatient, same-day surgical, diagnostic and medical services  | No                                 | Yes                                    | Yes  | No  |
| <b>Community Health Center Services</b><br>For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• pediatric services, including PPHSD</li> <li>• health education</li> <li>• medical social services</li> <li>• nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> <li>• vaccines not covered by Massachusetts Department of Public Health/MDPH</li> </ul> | No                                 | Yes                                    | No   | No  |
| <b>Dental Services</b>   |                                    |  |  |   |
| <ul style="list-style-type: none"> <li>• Emergency related dental care</li> <li>• Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition</li> </ul>  | No                                 | Yes                                    | No<br>Yes  | Yes   |
| <ul style="list-style-type: none"> <li>• Other dental services<sup>5</sup></li> </ul>  | Yes                                | No                                     | No   | No  |

<sup>5</sup> Members 21 and over are only eligible for emergency and preventative dental services. For more information contact DentaQuest Customer Service at 1-800-207-5019.

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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
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## SECTION 16 – MASSHEALTH ESSENTIAL COVERAGE

| <b>MassHealth Essential Covered Services for HNE Be Healthy Members</b>   | <b>MassHealth Covered Service? Yes/No</b> | <b>HNE Be Healthy Covered Service? Yes/No</b> | <b>Prior Authorization Required for Some or All of the Services? Yes/No</b> | <b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No</b> |
|---|---|---|---|--|
| <b>Dialysis Services</b>  | No  | Yes   | No  | No   |
| <b>Durable Medical Equipment -</b><br>The purchase or rental of medical equipment, replacement parts, and repair for such items   | No  | Yes   | Yes   | No   |
| <b>Family Planning Services<sup>6</sup></b>   | No  | Yes   | No  | No   |
| <b>Laboratory Services</b><br>vaccines not covered by Massachusetts Department of Public Health/MDPH  | No  | Yes   | Yes   | No   |
| <b>Medical/Surgical Supplies</b>  | No  | Yes   | Yes   | No   |
| <b>Outpatient Hospital Services</b><br>Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> <li>• Outpatient surgical and related diagnostic, medical and dental services</li> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• therapy services (physical, occupational and speech)</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul> | No  | Yes   | Yes   | No   |
| <b>Oxygen &amp; Respiratory Therapy Equipment</b>   | No  | Yes   | No  | No   |
| <b>Physician, Nurse Practitioner, and Nurse Midwife Services</b><br>For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>  | No  | Yes   | No  | No   |
| <b>Podiatrist Services (Foot Care)</b>  | No  | Yes   | Yes   | No   |

<sup>6</sup> An HNE Be Healthy member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of HNE Be Healthy's provider network.

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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
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## SECTION 16 – MASSHEALTH ESSENTIAL COVERAGE

| <b>MassHealth Essential Covered Services for HNE Be Healthy Members</b>  | <b>MassHealth Covered Service? Yes/No</b> | <b>HNE Be Healthy Covered Service? Yes/No</b> | <b>Prior Authorization Required for Some or All of the Services? Yes/No</b> | <b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No</b> |
|--|---|---|---|--|
| <b>Prosthetic Services</b>   | No  | Yes   | Yes   | No   |
| <b>Radiology and Diagnostic Services</b><br>For example: <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• magnetic resonance imagery (MRI) and other imaging studies</li> <li>• radiation oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service</li> </ul> | No  | Yes   | Yes   | No   |
| <b>Therapy Services</b><br>For example: <ul style="list-style-type: none"> <li>• occupational therapy</li> <li>• physical therapy</li> <li>• speech/language therapy</li> </ul>  | No  | Yes   | Yes   | No   |
| <b>Vision Care</b><br>For example: <ul style="list-style-type: none"> <li>• comprehensive eye exams</li> <li>• vision training</li> </ul>  | No  | Yes   | No  | No   |
| <b>Wigs</b> – as prescribed by a physician related to a medical condition  | No  | Yes   | Yes   | No   |
| <b>Pharmacy Services (Medications) → See copayment information on the last page.</b>   |   |   |   |  |
| <b>Prescription Drugs</b>  | No  | Yes   | Yes   | No   |
| <b>Over-the-Counter Medicines</b>  | No  | Yes   | No  | No   |
| <b>Behavioral-Health (Mental-Health and Substance-Abuse) Services</b>  |   |   |   |  |
| <b>Non-24 Hour Diversionary Services, such as:</b> <ul style="list-style-type: none"> <li>▪ community support programs</li> <li>▪ partial hospitalization</li> <li>▪ structured outpatient addiction program (SOAP)</li> <li>▪ intensive outpatient program (IOP)</li> <li>▪ psychiatric day treatment</li> </ul>  | No  | Yes   | Yes   | No   |
| <b>24 Hour Diversionary Services, such as:</b> <ul style="list-style-type: none"> <li>▪ crisis stabilization unit</li> <li>▪ community-based acute treatment for children and adolescents (CBAT)</li> <li>▪ acute treatment services for substance abuse (Level III.7)</li> <li>▪ clinical support services – substance abuse</li> </ul>                   | No  | Yes   | Yes   | No   |

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
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## SECTION 16 – MASSHEALTH ESSENTIAL COVERAGE

| <b>MassHealth Essential Covered Services for HNE Be Healthy Members</b>   | <b>MassHealth Covered Service? Yes/No</b> | <b>HNE Be Healthy Covered Service? Yes/No</b> | <b>Prior Authorization Required for Some or All of the Services? Yes/No</b> | <b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No</b> |
|---|---|---|---|--|
| (Level III.5)<br><ul style="list-style-type: none"> <li>▪ transitional care unit</li> </ul>   |   |   |   |  |
| <b>Emergency Services (Inpatient and Outpatient)</b>  | No  | Yes   | No  | No   |
| <b>Emergency Services Program (ESP) Services, such as:</b> <ul style="list-style-type: none"> <li>▪ crisis assessment, intervention, and stabilization</li> <li>▪ mobile crisis intervention for children under 21</li> <li>▪ medication evaluation</li> <li>▪ special one-to-one service</li> <li>▪ specialing - a one-to-one monitoring service</li> </ul>  | No  | Yes   | No  | No   |
| <b>Inpatient Services, such as:</b> <ul style="list-style-type: none"> <li>▪ Inpatient mental health services</li> <li>▪ Inpatient substance abuse services (Level IV)</li> </ul>   | No  | Yes   | Yes   | No   |
| <b>Outpatient Services, such as:</b> <ul style="list-style-type: none"> <li>▪ individual, group, and family counseling</li> <li>▪ medication visits</li> <li>▪ family and case consultations</li> <li>▪ collateral contacts for children under age 21</li> <li>▪ diagnostic evaluations</li> <li>▪ psychological testing or special education psychological testing</li> <li>▪ narcotic-treatment services (including acupuncture) <ul style="list-style-type: none"> <li>▪ electro-convulsive therapy</li> </ul> </li> </ul> | No  | Yes   | Yes   | No   |
| <b>Intensive Home or Community Based Outpatient Services for Youth, such as:</b> <ul style="list-style-type: none"> <li>▪ in-home therapy services</li> </ul>   | No  | Yes   | Yes   | No   |
| <b>Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services</b>   |   |   |   |  |

|  |   |
|--|---|
| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
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## SECTION 16 – MASSHEALTH ESSENTIAL COVERAGE

| MassHealth Essential Covered Services for HNE Be Healthy Members  | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service? Yes/No | Prior Authorization Required for Some or All of the Services? Yes/No | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No |
|---|------------------------------------|--|--|---|
| 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, the PCP will perform screenings to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral health, and others. More information about the schedule for checkups is in your Member Handbook under “Additional services for children.” In addition to regular check-ups, children should also visit their PCP any time there is a concern about their health. Children under age 21 are also entitled to get regular visits with a dental provider. | No                                 | Yes                                    | No   | No  |

### Copayments:

Most members who are age 19 and older must pay the following pharmacy copayments:

- \$1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin);
- \$3.65 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor.
- \$3.65 for both first-time prescriptions and refills for certain covered generic and OTC drugs; and
- \$3.65 for both first time prescriptions and refills of covered brand-name drugs.

### Members who do NOT have any copayments:

These members do not have any copayments:

- Members under age 19;
- Members enrolled in MassHealth because they were in the care and custody of the Department of Children and Families (DCF) when they turned 18, and their MassHealth coverage was continued;
- Pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy);
- Members who are in hospice care;
- American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law; and
- Members who are receiving Inpatient care in an acute hospital, nursing facility, chronic disease hospital, rehabilitation hospital, or intermediate-care facility for the developmentally delayed.

In addition, members do not have to pay copayments for family planning supplies (birth control).

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| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
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## SECTION 16 – MASSHEALTH ESSENTIAL COVERAGE

### Co-payment Cap

Unless you don't need to pay a co-payment as described above, MassHealth members ages 19 and older have a co-payment cap (limit) on the co-payments pharmacists can charge each calendar year. The cap is the total amount of co-payments pharmacists have charged you, not what you have paid.

- The co-payment cap from January 1 – December 31, 2011 is \$200
- The co-payment cap from January 1 – December 31, 2012 will be \$250.

Call HNE Member Services at **1-413-788-0123** (TTY: 1-800-439-2370 for people with partial or total hearing loss) for more information about copayment exceptions. HNE Be Healthy will coordinate your MassHealth covered services.

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## SECTION 17 – MASSHEALTH FAMILY ASSISTANCE COVERAGE

### SECTION 17 – COVERED SERVICES LIST FOR HNE BE HEALTHY MEMBERS WITH MASSHEALTH FAMILY ASSISTANCE COVERAGE

This is a list of covered services and benefits for MassHealth Family Assistance members enrolled in HNE Be Healthy. The list indicates for all the services and benefits whether they are covered by MassHealth or HNE Be Healthy and if by HNE Be Healthy whether prior authorization by HNE Be Healthy or a referral by your Primary Care Provider (PCP) is required.

You can also call HNE Member Services at 1-800-786-9999 for more information about services and benefits or to ask questions. See the telephone number and hours of operation for HNE Member Services at the bottom of every page of this covered services list.

- For questions about behavioral-health services, please call 1-800-495-0086 or TTY: 617-790-4130 for people with partial or total hearing loss.
- For more information about pharmacy services, go to HNE Be Healthy's drug list at [www.HNE.com](http://www.HNE.com) or call HNE Member Services at 1-413-788-0123
- For questions about dental services, please call 1-800-207-5019

A "Yes" in either the "Prior Authorization Required for Some or All of the Services?" or the "Primary Care Provider (PCP) Referral Required for Some or All of the Services?" column means that prior authorization, or a PCP referral, or both are required for some or all of the services in the category. There is more information about authorizations and PCP referrals in your Member Handbook.

Please keep in mind that services and benefits change from time to time. This Covered Services List is for your general information only. Please call HNE Be Healthy for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth's Web site [www.mass.gov/masshealth](http://www.mass.gov/masshealth); or
- Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) Monday through Friday from 8:00 AM – 5:00 PM.

| MassHealth Family Assistance Covered Services for HNE Be Healthy Members   | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service? Yes/No | Prior Authorization Required for Some or All of the Services? Yes/No | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No |
|--|------------------------------------|--|--|---|
| <b>Emergency Services</b>  |                                    |  |  |   |
| <b>Emergency Transportation Services</b> - ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic | No                                 | Yes                                    | No   | No  |
| <b>Emergency Inpatient and Outpatient Services</b>   | No                                 | Yes                                    | No   | No  |
| <b>Medical Services</b>  |                                    |  |  |   |
| <b>Abortion Services</b>   | No                                 | Yes                                    | No   | No  |

|  |   |
|--|---|
| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 17 – MASSHEALTH FAMILY ASSISTANCE COVERAGE

| MassHealth Family Assistance Covered Services for HNE Be Healthy Members   | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service? Yes/No | Prior Authorization Required for Some or All of the Services? Yes/No | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No |
|--|------------------------------------|--|--|---|
| <b>Acute Inpatient Hospital Services</b><br>For MassHealth Members age 21 years of age and older <b>this benefit is limited to</b> acute hospital inpatient services of up to 20 days per admission, excluding Administratively Necessary Days and stays in a Department of Mental Health (DMH)-licensed acute psychiatric unit within a Department of Public Health (DPH)-licensed acute hospital, freestanding psychiatric hospitals, or in a rehabilitation unit within a DPH-licensed acute hospital.  | No                                 | Yes                                    | Yes  | No  |
| <b>Ambulatory Surgery Services</b> - outpatient, same-day surgical, diagnostic and medical   | No                                 | Yes                                    | Yes  | No  |
| <b>Audiologist (Hearing) Services</b>  | No                                 | Yes                                    | No   | No  |
| <b>Chiropractor Services</b>   | No                                 | Yes                                    | No   | No  |
| <b>Chronic Disease and Rehabilitation Inpatient Hospital Services<sup>7</sup></b>  | No                                 | Yes                                    | Yes  | No  |
| <b>Community Health Center Services</b><br>For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• pediatric services, including PPHSD</li> <li>• health education</li> <li>• medical social services</li> <li>• nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> <li>• vaccines not covered by Massachusetts Department of Public Health/MDPH</li> </ul> | No                                 | Yes                                    | No   | No  |
| <b>Dental Services</b>   |                                    |  |  |   |

<sup>7</sup> If an HNE Be Healthy member needs more than 100 days of Chronic Disease and Rehabilitation Inpatient Hospital Services in a Contract Year, you will be disenrolled from HNE Be Healthy and will receive such services from MassHealth instead of HNE Be Healthy.

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 17 – MASSHEALTH FAMILY ASSISTANCE COVERAGE

| MassHealth Family Assistance Covered Services for HNE Be Healthy Members  | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service? Yes/No | Prior Authorization Required for Some or All of the Services? Yes/No | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No |
|---|------------------------------------|--|--|---|
| <ul style="list-style-type: none"> <li>• Emergency related dental care</li> <li>• Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition</li> </ul> | No                                 | Yes                                    | No<br><br>Yes  | No  |
| <ul style="list-style-type: none"> <li>• Other dental services<sup>8</sup></li> </ul>   | Yes                                | No                                     | Yes  | No  |
| <b>Dialysis Services</b>  | No                                 | Yes                                    | No   | No  |
| <b>Durable Medical Equipment -</b><br>The purchase or rental of medical equipment, replacement parts, and repair for such items   | No                                 | Yes                                    | Yes  | No  |
| <b>Early Intervention Services</b>  | No                                 | Yes                                    | No   | No  |
| <b>Family Planning Services<sup>9</sup></b>   | Yes                                | Yes                                    | No   | No  |
| <b>Hearing Aid Services</b>   | No                                 | Yes                                    | Yes  | No  |
| <b>Home Health Services</b>   | No                                 | Yes                                    | Yes  | No  |
| <b>Hospice Services<sup>10</sup></b>  | Yes                                | Yes                                    | Yes  | No  |
| <b>Laboratory Services</b><br>Including vaccines not covered by Massachusetts Department of Public Health/MDPH  | No                                 | Yes                                    | Yes  | No  |
| <b>Medical/Surgical Supplies</b>  | No                                 | Yes                                    | Yes  | No  |
| <b>Orthotic Services</b><br>Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body   | No                                 | Yes                                    | Yes  | No  |
| <b>Outpatient Hospital Services</b><br>Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> <li>• Outpatient surgical and related diagnostic, medical and dental services</li> </ul>                      | No                                 | Yes                                    | Yes  | No  |

<sup>8</sup> Members 21 and over are only eligible for emergency and preventative dental services. For more information contact DentaQuest Customer Service at 1-800-207-5019.

<sup>9</sup> An HNE Be Healthy member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of HNE Be Healthy's provider network.

<sup>10</sup> An HNE Be Healthy member can get hospice care (under age 21 must also provide curative treatment) from HNE Be Healthy or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from HNE Be Healthy and receive all of your health care services from MassHealth.

|  |   |
|--|---|
| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 17 – MASSHEALTH FAMILY ASSISTANCE COVERAGE

| MassHealth Family Assistance Covered Services for HNE Be Healthy Members   | MassHealth Covered Service? Yes/No | <i>HNE Be Healthy</i> Covered Service? Yes/No | Prior Authorization Required for Some or All of the Services? Yes/No | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No |
|--|------------------------------------|---|--|---|
| <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• therapy services (physical, occupational and speech)</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul>                  |                                    |   |  |   |
| <b>Oxygen &amp; Respiratory Therapy Equipment</b>  | No                                 | Yes   | No   | No  |
| <b>Physician, Nurse Practitioner, and Nurse Midwife Services</b><br>For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> </ul> | No                                 | Yes   | No   | No  |
| <b>Podiatrist Services (Foot Care)</b>   | No                                 | Yes   | Yes  | No  |
| <b>Prosthetic Services</b>   | No                                 | Yes   | Yes  | No  |
| <b>Radiology and Diagnostic Services</b><br>For example: <ul style="list-style-type: none"> <li>• X-Rays</li> <li>• magnetic resonance imagery (MRI) and other imaging studies</li> <li>• radiation oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service</li> </ul>   | No                                 | Yes   | Yes  | No  |
| <b>Therapy Services</b><br>For example: <ul style="list-style-type: none"> <li>• occupational therapy</li> <li>• physical therapy</li> <li>• speech/language therapy</li> </ul>  | No                                 | Yes   | Yes  | No  |
| <b>Vision Care</b><br>For example: <ul style="list-style-type: none"> <li>• comprehensive eye exams</li> <li>• vision training</li> </ul>  | No                                 | Yes   | No   | No  |

|  |   |
|--|---|
| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 17 – MASSHEALTH FAMILY ASSISTANCE COVERAGE

| MassHealth Family Assistance Covered Services for HNE Be Healthy Members   | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service? Yes/No | Prior Authorization Required for Some or All of the Services? Yes/No | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No |
|--|------------------------------------|--|--|---|
| <ul style="list-style-type: none"> <li>• eye glasses</li> </ul>  | Yes                                | No                                     | Yes  | No  |
| <ul style="list-style-type: none"> <li>• contact lenses and other visual aids</li> </ul>   | Yes                                | No                                     | Yes  | No  |
| <b>Wigs - as prescribed by a physician related to a medical condition</b>  | No                                 | Yes                                    | Yes  | No  |
| <b>Pharmacy Services (Medications) → See copayment information on the last page.</b>   |                                    |  |  |   |
| <b>Prescription Drugs</b>  | No                                 | Yes                                    | Yes  | No  |
| <b>Over-the-Counter Medicines</b>  | No                                 | Yes                                    | No   | No  |
| <b>Behavioral-Health (Mental-Health and Substance-Abuse) Services</b>  |                                    |  |  |   |
| <b>Non-24 Hour Diversionary Services, such as:</b> <ul style="list-style-type: none"> <li>▪ community support programs</li> <li>▪ partial hospitalization</li> <li>▪ structured outpatient addiction program (SOAP)</li> <li>▪ intensive outpatient program (IOP)</li> <li>▪ psychiatric day treatment</li> </ul>  | No                                 | Yes                                    | Yes  | No  |
| <b>24 Hour Diversionary Services, such as:</b> <ul style="list-style-type: none"> <li>▪ crisis stabilization unit</li> <li>▪ community-based acute treatment for children and adolescents (CBAT)</li> <li>▪ acute treatment services for substance abuse (Level III.7)</li> <li>▪ clinical support services – substance abuse (Level III.5)</li> <li>▪ transitional care unit</li> </ul> | No                                 | Yes                                    | Yes  | No  |
| <b>Emergency Services (Inpatient and Outpatient)</b>   | No                                 | Yes                                    | No   | No  |
| <b>Emergency Services Program (ESP) Services, such as:</b> <ul style="list-style-type: none"> <li>▪ crisis assessment, intervention, and stabilization</li> <li>▪ mobile crisis intervention for children under 21</li> <li>▪ medication evaluation</li> <li>▪ special one-to-one service</li> <li>▪ specializing - a one-to-one monitoring service</li> </ul>                           | No                                 | Yes                                    | No   | No  |
| <b>Inpatient Services, such as:</b> <ul style="list-style-type: none"> <li>▪ inpatient mental health services</li> </ul>   | No                                 | Yes                                    | Yes  | No  |

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|--|---|
| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 17 – MASSHEALTH FAMILY ASSISTANCE COVERAGE

| MassHealth Family Assistance Covered Services for HNE Be Healthy Members  | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service? Yes/No | Prior Authorization Required for Some or All of the Services? Yes/No | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No |
|---|------------------------------------|--|--|---|
| <ul style="list-style-type: none"> <li>▪ inpatient substance abuse services (Level IV)</li> </ul>   |                                    |  |  |   |
| <b>Outpatient Services, such as:</b> <ul style="list-style-type: none"> <li>▪ individual, group, and family counseling</li> <li>▪ medication visits</li> <li>▪ family and case consultations</li> <li>▪ collateral contacts for children under age 21</li> <li>▪ diagnostic evaluations</li> <li>▪ psychological testing or special education psychological testing</li> <li>▪ narcotic-treatment services (including acupuncture)</li> <li>▪ electro-convulsive therapy</li> </ul>   | No                                 | Yes                                    | Yes  | No  |
| <b>Intensive Home or Community Based Outpatient Services for Youth, such as:</b> <ul style="list-style-type: none"> <li>▪ in-home therapy services</li> </ul>   | No                                 | Yes                                    | Yes  | No  |
| <b>Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services</b>   |                                    |  |  |   |
| 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, the PCP will perform screenings to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral health, and others. More information about the schedule for checkups is in your Member Handbook under “Additional services for children.” In addition to regular check-ups, children should also visit their PCP any time there is a concern about their health. Children under age 21 are also entitled to get regular visits with a dental provider. | No                                 | Yes                                    | No   | No  |

### Copayments:

Most members who are age 19 and older must pay the following pharmacy copayments:

- \$1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin);
- \$3.65 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor.
- \$3.65 for both first-time prescriptions and refills for certain covered generic and OTC drugs; and
- \$3.65 for both first time prescriptions and refills of covered brand-name drugs.

|  |   |
|--|---|
| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE’s Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 17 – MASSHEALTH FAMILY ASSISTANCE COVERAGE

### Members who do NOT have any copayments:

These members do not have any copayments:

- Members under age 19;
- Members enrolled in MassHealth because they were in the care and custody of the Department of Children and Families (DCF) when they turned 18, and their MassHealth coverage was continued;
- Pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy);
- Members who are in hospice care;
- American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law; and
- Members who are receiving Inpatient care in an acute hospital, nursing facility, chronic disease hospital, rehabilitation hospital, or intermediate-care facility for the developmentally delayed.

In addition, members do not have to pay copayments for family planning supplies (birth control).

### Co-payment Cap

Unless you don't need to pay a co-payment as described above, MassHealth members ages 19 and older have a co-payment cap (limit) on the co-payments pharmacists can charge each calendar year. The cap is the total amount of co-payments pharmacists have charged you, not what you have paid.

- The co-payment cap from January 1 – December 31, 2011 is \$200
- The co-payment cap from January 1 – December 31, 2012 will be \$250.

Call HNE Member Services at **1-413-788-0123** (TTY: 1-800-439-2370 for people with partial or total hearing loss) for more information about copayment exceptions. HNE Be Healthy will coordinate your MassHealth covered services.

|  |   |
|--|---|
| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 18 – MASSHEALTH STANDARD OR COMMONHEALTH COVERAGE

### SECTION 18 – COVERED SERVICES LIST FOR HNE BE HEALTHY MEMBERS WITH MASSHEALTH STANDARD OR COMMONHEALTH COVERAGE

This is a list of covered services and benefits for MassHealth Standard and CommonHealth members enrolled in HNE Be Healthy<sup>11</sup>. The list indicates for all the services and benefits whether they are covered by MassHealth or HNE Be Healthy and if by HNE Be Healthy whether a prior authorization by HNE Be Healthy or a referral by your Primary Care Provider (PCP) is required.

You can also call HNE Member Services at 1-800-786-9999 for more information about services and benefits or to ask questions. See the telephone number and hours of operation for HNE Member Services at the bottom of every page of this covered services list.

- For questions about behavioral-health services, please call 1-800-459-0086 or TTY: 617-790-4130 for people with partial or total hearing loss.
- For more information about pharmacy services, go to HNE Be Healthy's drug list at [www.HNE.com](http://www.HNE.com) or call HNE Member Services at 1-413-788-0123.
- For questions about dental services, please call 1-800-207-5019

A "Yes" in either the "Prior Authorization Required for Some or All of the Services?" or the "Primary Care Provider (PCP) Referral Required for Some or All of the Services?" column means that prior authorization, or a PCP referral, or both are required for some or all of the services in the category. There is more information about authorizations and PCP referrals in your Member Handbook.

Please keep in mind that services and benefits change from time to time. This Covered Services List is for your general information only. Please call HNE Be Healthy for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth's Web site [www.mass.gov/masshealth](http://www.mass.gov/masshealth); or
- Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) Monday through Friday from 8:00 AM – 5:00 PM.

| MassHealth Standard & CommonHealth Covered Services for HNE Be Healthy Members   | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service Yes/No? | Prior Authorization Required for Some or All of the Services? Yes/No? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No? |
|--|------------------------------------|--|---|--|
| <b>Emergency Services</b>  |                                    |  |   |  |
| <b>Emergency Transportation Services</b> – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill | No                                 | Yes                                    | No  | No   |

<sup>11</sup> Members enrolled in MassHealth through either the Breast and Cervical Cancer Waiver or the HIV Waiver are eligible for the covered services under the Standard/CommonHealth benefit plan.

|  |   |
|--|---|
| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

## SECTION 18 – MASSHEALTH STANDARD OR COMMONHEALTH COVERAGE

| MassHealth Standard & Commonwealth Covered Services for HNE Be Healthy Members  | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service Yes/No? | Prior Authorization Required for Some or All of the Services? Yes/No? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No? |
|---|------------------------------------|--|---|--|
| Enrollee from one facility to another, requiring care beyond the scope of a paramedic.  |                                    |  |   |  |
| <b>Emergency Inpatient and Outpatient Services</b>  | No                                 | Yes                                    | No  | No   |
| <b>Medical Services</b>   |                                    |  |   |  |
| <b>Abortion Services</b>  | No                                 | Yes                                    | No  | No   |
| <b>Acute Inpatient Hospital Services</b><br>For MassHealth Members age 21 years of age and older <b>this benefit is limited to</b> acute hospital inpatient services of up to 20 days per admission, excluding Administratively Necessary Days and stays in a Department of Mental Health (DMH)-licensed acute psychiatric unit within a Department of Public Health (DPH)-licensed acute hospital, freestanding psychiatric hospitals, or in a rehabilitation unit within a DPH-licensed acute hospital. | No                                 | Yes                                    | Yes   | No   |
| <b>Adult Day Health Services</b><br>Center based services offered by adult day health providers may include: <ul style="list-style-type: none"> <li>nursing services and health oversight</li> <li>assistance with activities of daily living</li> <li>nutritional and dietary services</li> <li>counseling services</li> <li>activities</li> <li>transportation</li> </ul>   | Yes                                | No                                     | Yes   | Yes  |
| <b>Adult Foster Care Services</b><br>Residential based services offered by adult foster care providers may include: <ul style="list-style-type: none"> <li>assistance with activities of daily living, instrumental activities of daily living and personal care</li> <li>supervision</li> <li>nursing oversight</li> </ul>   | Yes                                | No                                     | Yes   | Yes  |
| <b>Ambulatory Surgery Services</b> - outpatient, same-day surgical, diagnostic and medical services   | No                                 | Yes                                    | Yes   | No   |
| <b>Audiologist (Hearing) Services</b>   | No                                 | Yes                                    | No  | No   |
| <b>Chiropractor Services</b>  | No                                 | Yes                                    | No  | No   |

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| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
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## SECTION 18 – MASSHEALTH STANDARD OR COMMONHEALTH COVERAGE

| <b>MassHealth Standard &amp; CommonHealth Covered Services for HNE Be Healthy Members</b>  | <b>MassHealth Covered Service? Yes/No</b> | <b>HNE Be Healthy Covered Service Yes/No?</b> | <b>Prior Authorization Required for Some or All of the Services? Yes/No?</b> | <b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?</b> |
|--|---|---|--|---|
| <b>Chronic Disease and Rehabilitation Inpatient Hospital Services<sup>12</sup></b>   | No  | Yes   | Yes  | No  |
| <b>Community Health Center Services</b><br>For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care</li> <li>• pediatric services, including EPSDT</li> <li>• health education</li> <li>• medical social services</li> <li>• nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• tobacco cessation services</li> <li>• fluoride varnish to prevent tooth decay in children and teens</li> <li>• vaccines not covered by Massachusetts Department of Public Health/MDPH</li> </ul> | No  | Yes   | No   | No  |
| <b>Continuous Skilled Nursing Services</b><br>Nursing services that require a nurse encounter of more than two continuous hours delivered by a home-health agency or an independent nurse provider   | Yes                                       | No  | Yes  | Yes   |
| <b>Day Habilitation Services</b><br>Center based services for members with mental retardation or developmental disabilities offered by day habilitation providers may include: <ul style="list-style-type: none"> <li>• nursing services and health care supervision</li> <li>• developmental skills training</li> <li>• therapy services</li> <li>• assistance with activities of daily living</li> </ul>   | Yes                                       | No  | No   | Yes   |
| <b>Dental Services</b>   |   |   |  |   |
| <ul style="list-style-type: none"> <li>• Emergency related dental care</li> <li>• Oral surgery performed in an outpatient</li> </ul>   | No  | Yes   | No<br>Yes  |   |

<sup>12</sup> If an HNE Be Healthy member needs more than 100 days of Chronic Disease and Rehabilitation Inpatient Hospital Services in a Contract Year, you will be disenrolled from HNE Be Healthy and will receive such services from MassHealth instead of HNE Be Healthy.

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|---|------------------------------------|--|---|--|
| hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition  |                                    |  |   |  |
| <ul style="list-style-type: none"> <li>Other dental services<sup>13</sup></li> </ul>  | Yes                                | No                                     | Yes   | No   |
| <b>Dialysis Services</b>  | No                                 | Yes                                    | No  | No   |
| <b>Durable Medical Equipment -</b><br>The purchase or rental of medical equipment, replacement parts, and repair for such items   | No                                 | Yes                                    | Yes   | No   |
| <b>Early Intervention Services</b>  | No                                 | Yes                                    | No  | No   |
| <b>Family Planning Services<sup>14</sup></b>  | No                                 | Yes                                    | No  | No   |
| <b>Group Adult Foster Care Services</b><br>Services provided by group adult foster care providers are offered in a group supported housing environment and may include: <ul style="list-style-type: none"> <li>assistance with activities of daily living, instrumental activities of daily living and personal care</li> <li>supervision</li> <li>nursing oversight</li> </ul> | Yes                                | No                                     | Yes   | Yes  |
| <b>Hearing Aid Services</b>   | No                                 | Yes                                    | Yes   | No   |
| <b>Home Health Services</b>   | No                                 | Yes                                    | Yes   | No   |
| <b>Hospice Services<sup>15</sup></b>  | No                                 | Yes                                    | Yes   | No   |
| <b>Laboratory Services</b><br>Including vaccines not covered by the Massachusetts Department of Public Health (MDPH)  | No                                 | Yes                                    | Yes   | No   |
| <b>Medical/Surgical Supplies</b>  | No                                 | Yes                                    | Yes   | No   |

<sup>13</sup> Members 21 and over are only eligible for emergency and preventative dental services. For more information contact DentaQuest Customer Service at 1-800-207-5019.

<sup>14</sup> An HNE Be Healthy member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of HNE Be Healthy's provider network.

<sup>15</sup> An HNE Be Healthy member can get hospice care (under age 21 must also provide curative treatment) from HNE Be Healthy or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from HNE Be Healthy and receive all of your health care services from MassHealth.

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## SECTION 18 – MASSHEALTH STANDARD OR COMMONHEALTH COVERAGE

| MassHealth Standard & CommonHealth Covered Services for HNE Be Healthy Members  | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service Yes/No? | Prior Authorization Required for Some or All of the Services? Yes/No? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No? |
|---|------------------------------------|--|---|--|
| <b>Nursing Facility Services<sup>16</sup></b>   | No                                 | Yes                                    | Yes   | No   |
| <b>Orthotic Services</b><br>Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body   | No                                 | Yes                                    | Yes   | No   |
| <b>Outpatient Hospital Services</b><br>Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> <li>outpatient surgical and related diagnostic, medical and dental services</li> <li>office visits for primary care and specialists</li> <li>OB/GYN and prenatal care</li> <li>therapy services (physical, occupational and speech)</li> <li>diabetes self-management training</li> <li>medical nutritional therapy</li> <li>tobacco cessation services</li> <li>fluoride varnish to prevent tooth decay in children and teens</li> </ul> | No                                 | Yes                                    | Yes   | No   |
| <b>Oxygen &amp; Respiratory Therapy Equipment</b>   | No                                 | Yes                                    | No  | No   |
| <b>Personal Care Attendant (PCA) Services</b><br>Consumer directed services to assist members with activities of daily living and instrumental activities of daily living, for example: <ul style="list-style-type: none"> <li>bathing</li> <li>feeding</li> <li>dressing</li> <li>medication management</li> </ul>   | Yes                                | No                                     | Yes   | Yes  |
| <b>Physician, Nurse Practitioner, and Nurse Midwife Services</b><br><b>For example:</b> <ul style="list-style-type: none"> <li>office visits for primary care and specialists</li> <li>OB/GYN and prenatal care</li> <li>diabetes self-management training</li> <li>medical nutritional therapy</li> </ul>  | No                                 | Yes                                    | No  | No   |

<sup>16</sup> If an HNE Be Healthy member needs more than 100 days of Nursing Facility Services in a Contract Year, you will be disenrolled from HNE Be Healthy and will receive such services from MassHealth instead of HNE Be Healthy.

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## SECTION 18 – MASSHEALTH STANDARD OR COMMONHEALTH COVERAGE

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|---|------------------------------------|--|---|--|
| <ul style="list-style-type: none"> <li>tobacco cessation services</li> <li>fluoride varnish to prevent tooth decay in children and teens</li> </ul>   |                                    |  |   |  |
| <b>Podiatrist Services (Foot Care)</b>  | No                                 | Yes                                    | Yes   | No   |
| <b>Prosthetic Services</b>  | No                                 | Yes                                    | Yes   | No   |
| <b>Radiology and Diagnostic Services</b><br><b>For example:</b> <ul style="list-style-type: none"> <li>X-Rays</li> <li>magnetic resonance imagery (MRI) and other imaging studies</li> <li>radiation oncology services performed at radiation oncology centers (ROCs) which are independent of an acute outpatient hospital or physician service</li> </ul> | No                                 | Yes                                    | Yes   | No   |
| <b>Therapy Services</b><br><b>For example:</b> <ul style="list-style-type: none"> <li>occupational therapy</li> <li>physical therapy</li> <li>speech/language therapy</li> </ul>  | No                                 | Yes                                    | Yes   | No   |
| <b>Transportation Services (Non-Emergency)</b>  |                                    |  |   |  |
| <ul style="list-style-type: none"> <li>Non-emergency transportation by land ambulance, chair car, taxi, and common carriers to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border</li> </ul>   | Yes                                | No                                     | Yes   | No   |
| <ul style="list-style-type: none"> <li>Non-emergent to out-of-state location – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border</li> </ul>  | No                                 | Yes                                    | Yes   | No   |
| <b>Vision Care</b>  |                                    |  |   |  |
| <b>For example:</b>   |                                    |  |   |  |
| <ul style="list-style-type: none"> <li>comprehensive eye exams</li> </ul>   | No                                 | Yes                                    | No  | No   |
| <ul style="list-style-type: none"> <li>vision training</li> </ul>   | No                                 | Yes                                    | No  | No   |
| <ul style="list-style-type: none"> <li>eye glasses</li> </ul>   | Yes                                | No                                     | Yes   | No   |
| <ul style="list-style-type: none"> <li>contact lenses and other visual aids</li> </ul>  | Yes                                | No                                     | Yes   | No   |

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## SECTION 18 – MASSHEALTH STANDARD OR COMMONHEALTH COVERAGE

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|--|------------------------------------|--|---|--|
| <b>Wigs – as prescribed by a physician related to a medical condition</b>  | No                                 | Yes                                    | Yes   | Yes  |
| <b>Pharmacy Services (Medications) → See copayment information on the last page.</b>   |                                    |  |   |  |
| <b>Prescription Drugs</b>  | No                                 | Yes                                    | Yes   | No   |
| <b>Over-the-Counter Medicines</b>  | No                                 | Yes                                    | Yes   | No   |
| <b>Behavioral-Health (Mental-Health and Substance-Abuse) Services</b>  |                                    |  |   |  |
| <b>Non-24 Hour Diversionary Services, such as:</b> <ul style="list-style-type: none"> <li>▪ community support programs</li> <li>▪ partial hospitalization</li> <li>▪ structured outpatient addiction program (SOAP)</li> <li>▪ intensive outpatient program (IOP)</li> <li>▪ psychiatric day treatment</li> </ul>  | No                                 | Yes                                    | Yes   | No   |
| <b>24 Hour Diversionary Services, such as:</b> <ul style="list-style-type: none"> <li>▪ crisis stabilization unit</li> <li>▪ community-based acute treatment for children and adolescents (CBAT)</li> <li>▪ acute treatment services for substance abuse (Level III.7)</li> <li>▪ clinical support services – substance abuse (Level III.5)</li> <li>▪ transitional care unit</li> </ul> | No                                 | Yes                                    | Yes   | No   |
| <b>Emergency Services (Inpatient and Outpatient)</b>   | No                                 | Yes                                    | No  | No   |
| <b>Emergency Services Program (ESP) Services, such as:</b> <ul style="list-style-type: none"> <li>▪ crisis assessment, intervention, and stabilization</li> <li>▪ mobile crisis intervention for children under 21</li> <li>▪ medication evaluation</li> <li>▪ special one-to-one services</li> <li>▪ specialing - a one-to-one monitoring service</li> </ul>                            | No                                 | Yes                                    | No  | No   |
| <b>Inpatient Services, such as:</b> <ul style="list-style-type: none"> <li>▪ Inpatient mental health services</li> <li>▪ Inpatient substance abuse services (Level IV)</li> </ul>  | No                                 | Yes                                    | Yes   | No   |
| <b>Outpatient Services, such as:</b>   | No                                 | Yes                                    | Yes   | No   |

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| MassHealth Standard & CommonHealth Covered Services for HNE Be Healthy Members  | MassHealth Covered Service? Yes/No | HNE Be Healthy Covered Service Yes/No? | Prior Authorization Required for Some or All of the Services? Yes/No? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No? |
|---|------------------------------------|--|---|--|
| <ul style="list-style-type: none"> <li>▪ individual, group, and family counseling</li> <li>▪ medication visits</li> <li>▪ family and case consultations</li> <li>▪ collateral contacts for children under age 21</li> <li>▪ diagnostic evaluations</li> <li>▪ psychological testing or special education psychological testing</li> <li>▪ narcotic-treatment services (including acupuncture)                             <ul style="list-style-type: none"> <li>▪ electro-convulsive therapy</li> </ul> </li> </ul>  |                                    |  |   |  |
| <b>Intensive Home or Community Based Outpatient Services for Youth, such as:</b> <ul style="list-style-type: none"> <li>▪ intensive care coordination (ICC)</li> <li>▪ family support and training</li> <li>▪ in-home therapy services</li> <li>▪ in-home behavioral services</li> <li>▪ therapeutic mentoring services</li> </ul>  | No                                 | Yes                                    | Yes   | No   |
| <b>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services.</b> There is more information about EPSDT Services in the section of the Member Handbook describing “Additional services for children.”  |                                    |  |   |  |
| <b>Screening Services</b><br>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, the PCP will perform screenings that are needed to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral-health, developmental, and immunization status screenings. MassHealth pays PCPs for these checkups. At well-child checkups, PCPs can find and treat small problems before they become big ones. More information about the schedule for checkups is in your Member Handbook under “Additional services for children.” In addition to regular checkups, children should also visit their PCP any time there is a concern about their medical or behavioral health, even if it is not time for a regular checkup. Children under age 21 are also entitled to get regular visits with a dental provider. | No                                 | Yes                                    | No  | No   |

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|--|------------------------------------|--|---|--|
| <p><b>Diagnosis and Treatment Services</b></p> <p>HNE Be Healthy pays for all medically necessary services<sup>17</sup> that are covered by federal Medicaid law, even if the services are not provided by HNE Be Healthy. 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, HNE Be Healthy will pay for any medically necessary treatment covered under Medicaid law if it is delivered by a provider who is qualified and willing to provide the service and an HNE Be Healthy-enrolled physician, nurse practitioner, or nurse midwife supports, in writing, the medical necessity of the service. You and your PCP can seek assistance from HNE Be Healthy to determine what providers may be available in the network to provide these services, and how to use out of network providers, if necessary. Most of the time, these services are covered by your child’s MassHealth coverage type and are included as a covered service elsewhere in this list. If the service is not already covered or is not listed elsewhere on this list, the clinician or provider who will deliver the service can ask HNE Be Healthy for prior authorization for the service. HNE Be Healthy uses this process to determine if the service is medically necessary. HNE Be Healthy will pay for the service if prior authorization is given. If prior authorization is denied, you have the right to appeal. More information about appeals is in your Member Handbook under “Appeals and grievances.” Talk to your child’s PCP, behavioral-health provider, or other specialist for help in getting these services.</p> | No                                 | Yes                                    | Yes   | No   |

<sup>17</sup> HNE Be Healthy pays for all medically necessary MassHealth covered services.

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## SECTION 18 – MASSHEALTH STANDARD OR COMMONHEALTH COVERAGE

### Copayments:

Most members who are age 19 and older must pay the following pharmacy copayments:

- \$1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin);
- \$3.65 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor.
- \$3.65 for both first-time prescriptions and refills for certain covered generic and OTC drugs; and
- \$3.65 for both first time prescriptions and refills of covered brand-name drugs.

### Members who do NOT have any copayments:

These members do not have any copayments:

- Members under age 19;
- Members enrolled in MassHealth because they were in the care and custody of the Department of Children and Families (DCF) when they turned 18, and their MassHealth coverage was continued;
- Pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy);
- Members who are in hospice care;
- American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law; and
- Members who are receiving Inpatient care in an acute hospital, nursing facility, chronic disease hospital, rehabilitation hospital, or intermediate-care facility for the developmentally delayed.

In addition, members do **not** have to pay copayments for family planning supplies (birth control).

### Co-payment Cap

Unless you don't need to pay a co-payment as described above, MassHealth members ages 19 and older have a co-payment cap (limit) on the co-payments pharmacists can charge each calendar year. The cap is the total amount of co-payments pharmacists have charged you, not what you have paid.

- The co-payment cap from January 1 – December 31, 2011 is \$200
- The co-payment cap from January 1 – December 31, 2012 will be \$250.

Call HNE Member Services at 1-413-788-0123 (TTY: 1-800-439-2370 for people with partial or total hearing loss) for more information about copayment exceptions. HNE Be Healthy will coordinate your MassHealth covered services.

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| For questions about your health care call HNE Member Services at:  | 413-788-0123 or 1-800-786-9999 (TTY: 1-800-439-2370)<br>Monday - Friday from 8 a.m. to 5 p.m. Or visit <a href="http://www.hne.com">www.hne.com</a> . |
| For questions about your Behavioral Healthcare call MBHP at:   | 1-800-495-0086 (TTY: 1-617-790-4130) 24 hours a day, 7 days a week.<br>Or visit <a href="http://www.masspartnership.com">www.masspartnership.com</a>  |
| To talk to a nurse for general medical information, call HNE's Health Information Line at 1-866-389-7613 |   |
| To reach the MassHealth Customer Service Center, call:   | 1-800-841-2900 (TTY: 1-800-497-4648)<br>Monday - Friday from 8 a.m. to 5 p.m.   |

Benefit Packages: XX, XX, XX, XX, XX  
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