

How does HNE use and disclose my PHI?

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

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

Will HNE disclose my PHI to anyone outside HNE?

HNE may share your PHI with affiliates and third party "business associates" (such as consultants and auditors) that perform various activities for us. Whenever such an arrangement involves the use or disclosure of your PHI, we will have a written contract that contains the terms designed to protect the privacy of your PHI.

Will HNE disclose my PHI to my employer?

In general, HNE will release to your employer only enrollment and disenrollment information, information that has been de-identified so that your employer cannot identify you, or summary health information. If your employer would like more specific PHI about you to perform plan administrative functions, we will either get your written authorization or we will ask your employer to certify that they have established procedures in their group health plan for protecting your PHI.

Can I get a copy of my medical records?

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

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

VIII. IMPORTANT NOTICE FOR HNE MEMBERS WITH MEDICARE

As of January 1, 2006, Medicare prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans.

The following information applies to HNE members with prescription drug coverage that is administered through HNE:

- HNE has determined that the prescription drug coverage offered under your Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay.
- Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.
- If you do decide to enroll in a Medicare prescription drug plan and drop your HNE prescription drug coverage, be aware that you may not be able to get this coverage back.

A complete copy of the Medicare Notice of Creditable Coverage issued by HNE is available on line at www.hne.com – click For Members, then Newsletters, then MemberMatters. Look for the Important Notice for HNE Members with Medicare under the December 2005 issue.

For more information about this notice or your current HNE prescription drug coverage, contact HNE Member Services at 413-787-4004 or 800-310-2835.

For more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

YOUR RIGHTS AS AN HNE MEMBER



How Can We Help? SM

February 2006

Dear HNE Subscriber:

Each year, HNE is required by state and federal laws and national accreditation standards to tell you about certain rights and services available to you as a member. In the past, we have included this information within your *MemberMatters* newsletter throughout the course of the year. This year, in an effort to simplify things for you, we are sending this information all at the same time.

In this brochure, you will find the following information:

- I. HNE Location and Service Hours
- II. HNE's Policy to encourage open clinical dialogue between HNE providers and our members
- III. Women's Health & Cancer Rights Act of 1998; Annual Notice of Rights
- IV. HNE's Quality Management Program
- V. Member Rights and Responsibilities
- VI. External Appeal Process
- VII. How We Protect Your Privacy
- VIII. Important Notice for HNE Members with Medicare

Please review this information and keep it with your other Membership materials. If you have any questions, please call Member Services at 413-787-4004 or 800-310-2835, Monday through Friday from 8 a.m. to 5 p.m. We're here to help!

Sincerely,

Joe O'Hare
Member Services and Enrollment Manager

I. HNE LOCATION AND SERVICE HOURS

For Customer Service:

- Call HNE Member Services. We're here to help! 413-787-4004 or 800-310-2835, Monday – Friday, 8 a.m. – 5 p.m.
- Visit us in person at: One Monarch Place, Springfield, MA. Our office hours are Monday – Friday, 9 a.m. – 5 p.m.

For Medical Care

- Contact your PCP's office at the number listed in the HNE Provider Directory. HNE requires all PCPs to provide coverage 24 hours a day, 7 days a week.
- Please talk to your PCP's staff to find out their office hours and how they handle care after normal business hours.

For Emergency Care

- Go to the nearest emergency room or dial 911.

For Care Coordination

- Call HNE Health Services 413-233-5027, Monday – Friday, 8 a.m. – 5 p.m.
- Our clinical case managers work directly with your providers to coordinate the care you need.

For Utilization Management Decisions

- Contact HNE Member Services. The toll-free number and access hours are listed above.
- HNE Member Services can answer general inquiries about utilization management (UM) decisions. For example, Member Services can confirm whether a prior approval request has been approved for coverage.
- If you need assistance directly from UM review staff, Member Services will transfer your call to the appropriate UM department. For example, you may speak with UM review staff in Health Services, Behavioral Health or Pharmacy Services.
- UM review staff are available at least eight hours a day during normal business hours, Monday – Friday, 9 a.m. – 5 p.m.

II. IT IS HNE'S POLICY:

- to encourage open clinical dialogue between HNE providers and our members. HNE providers have always been, and continue to be, free to communicate with members regarding the treatment options available to them, including medication treatment options, regardless of benefit coverage limitations; and,
- that decisions regarding patient care are made based upon the appropriateness of care and the services rendered. This process reflects the need to avoid underutilization of necessary services. In the event that a service is denied, the decision is based upon the appropriateness of the service within the scope of covered benefits. HNE does not offer incentives to encourage denials, nor is compensation tied to denials.

III. WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998: ANNUAL NOTICE OF RIGHTS

If your plan covers mastectomies, and if you are receiving benefits under the plan in connection with a mastectomy, you have the right to receive coverage of:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

HNE provides coverage based on what you and your attending physician determine to be appropriate for you. If your plan requires deductibles, coinsurance, or copayments for other benefits under the plan, these requirements may apply to the above procedures to the same extent that they apply to other benefits.

IV. HNE'S QUALITY MANAGEMENT PROGRAM

HNE has a written Quality Management Program Description. This document provides detailed information about the program and contains the annual work plan, or schedule of events. It also explains how the program is evaluated. If you would like a copy of this information, or results of quality improvement activities, please contact Pat Scheer, HNE's Quality Operations Manager, at 413-233-3435.

V. MEMBER RIGHTS AND RESPONSIBILITIES

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

Member Rights

As a Member of HNE, you have certain rights. These are:

- To receive information on HNE, its services, In-Plan Providers, policies, procedures, and your rights and responsibilities. HNE will not release information that by law may not be given to Members or any third party. We will not disclose privileged information about In-Plan Providers.
- To be treated with respect and with recognition of your dignity and right to privacy.
- To participate in health care decisions with your doctor or other health care provider.
- To expect that your doctor or other health care provider will fully and openly discuss appropriate, medically necessary treatment options, regardless of the cost or benefit coverage. It does not mean that HNE covers all treatment options. If you are unsure about coverage, please contact Member Services.
- To contact us with a grievance or complaint about HNE or an In-Plan Provider.
- To refuse a treatment, drug, or other procedure recommended by your doctor or other health care provider as the law allows. Providers should tell you about any potential medical effects of refusing treatment.
- To select a Primary Care Physician (PCP) who is accepting new patients. For a list of PCPs, search the Provider Directory on www.hne.com or call Member Services.
- To change your PCP. You may choose any In-Plan PCP, except those who have notified HNE that they no longer accept new patients.
- To have access, during HNE's business hours, to Member Services Representatives who can answer your questions and help resolve problems.
- To expect that your medical records and information on your relationship with your doctor will remain confidential, in accordance with state and federal law and HNE policies.
- To make recommendations regarding HNE's member rights and responsibilities policies.

Member Responsibilities

As a Member of HNE, you have certain responsibilities. These are:

- To provide, as much as possible, the information your providers need to care for you. This includes information on your present and past medical conditions, as you understand them, before and during any course of treatment.
- To follow the treatment plans and instructions for care that you have agreed on with your provider.
- To read HNE materials to become familiar with your benefits and services. If you have any questions, please call Member Services.
- To follow all HNE policies and procedures.
- To treat providers and HNE staff with the respect and courtesy that you would expect for yourself.
- To arrive on time for appointments or give proper notice if you must cancel or will be late.
- To understand your health problems, which is an important factor in your treatment, and participate in developing mutually agreed upon treatment goals to the extent possible. If you do not understand your illness or treatment, talk it over with your doctor.
- To participate in decision-making on your health care.
- To inform HNE of any other insurance coverage you may have. This helps us process claims and work with other payers.
- To notify us of status changes (such as a new address) that could affect your eligibility for coverage.
- To help HNE and In-Plan Providers get prior medical records as needed. You agree that HNE may obtain and use any of your medical records and other information needed to administer the plan.
- To consider the potential effects if you do not follow your provider's advice. When a service recommended by an In-Plan Doctor is covered, you may choose to decline it for personal reasons. For example, you may prefer to get care from Out-of-Plan providers rather than In-Plan Providers. In these cases, HNE may not cover substitute or alternate care that you prefer.

VI. EXTERNAL APPEAL PROCESS

If HNE has denied your claim or request for service, you may have the right to appeal. In addition, for most members, an external appeal process may be available from the Massachusetts Department of Public Health, Office of Patient Protection (OPP). (This process does not apply to HNE Select Exclusive or Select Preferred Plans.)

If HNE has denied your clinical appeal and issued a Final Adverse Determination, you can ask for a non-HNE, external appeal. To do so, you need to file a written request with the OPP. HNE will provide you with the necessary filing forms when it notifies you of its final decision. You can also obtain the necessary forms by calling OPP or accessing its Web site. The fee for filing an appeal is \$25. This fee may be waived by OPP if it determines that the payment of the fee would result in an extreme financial hardship to the Member. Information on contacting OPP is at the end of this section. You must submit the request within 45 days after you receive HNE's final decision on your appeal.

The OPP will screen appeal requests. The OPP screening determines whether the request complies with OPP's requirements for external review requests (such as the \$25 filing fee), whether the request involves a service or benefit that has been explicitly excluded from coverage, and whether the request is the result of a final Adverse Determination. Requests that pass the screening are sent to an independent review panel chosen by OPP. If the service or treatment you are requesting is a Covered Benefit, the appeal panel will decide

if it is Medically Necessary. The panel will notify you and HNE of its decision within 60 business days of receipt of the request for review, unless it determines that it needs additional time. The panel may extend the time by an additional 15 business days. Your doctor can ask the panel to decide more quickly (an expedited review). If the panel agrees, it will decide within five business days. The decision of the review panel is final and binding. If the subject of the external review involves the termination of ongoing services, you may ask the external review panel to continue coverage for the terminated service while the review is pending. Any such request must be made before the end of the second business day following receipt of the final adverse determination.

The review panel may allow your request if it determines that substantial harm to your health may result without such continuation or for such other good cause as the review panel will determine. Any such continuation of coverage will be at HNE's expense regardless of the final external review decision.

How to contact the Office of Patient Protection:

- ◆ Toll-free telephone: 800-436-7757

- ◆ Fax: 617-624-5046

- ◆ Web site: state.ma.us/dph/opp

Final Adverse Determinations

Remember, an external appeal is only available following a clinical appeal that is denied by HNE. This is called a "Final Adverse Determination." An "adverse determination" is a decision by HNE, based upon a review of information provided, to deny, reduce, modify or terminate health care services for failure to meet the requirements of coverage based on medical necessity, appropriateness of health care setting and level of care, or effectiveness. When the HNE formal internal grievance or appeal process is completed for an "adverse determination," it becomes a "final" adverse determination.

VII. HOW WE PROTECT YOUR PRIVACY

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

How does HNE protect my PHI?

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