



Notice to Mass General Brigham Health Plan Members

Amendment to Mass General Brigham Health Plan Coverage Effective January 1, 2023.

This document represents a revision to your Member Handbook.

Section 6 — Your Covered Health Care Services

Replace Abortion with:

Abortion and Abortion Related Care

The Plan covers abortion and abortion related care obtained from a Network Provider. You do not need a Referral from your PCP for abortion services. Abortion-related care is defined as services that are provided in conjunction with an abortion-related procedure, such as pre-operative evaluations and examinations, pre-operative counseling, laboratory services, Rh (D) immune globulin medication, anesthesia (general or local), post-operative care, follow-up, and advice on contraception or referral to family planning services. Services are provided at no member cost sharing except if the member is enrolled in an HSA qualified health plan as defined in 'Section 1. Your Evidence of Coverage – Health Savings Account'.

Add the below after Maternity Services (Outpatient):

Mental Health Wellness Exam

The plan provides coverage of an annual screening or assessment that seeks to identify any behavioral or mental health needs and appropriate resources for treatment. The examination may include: (i) observation, a behavioral health screening, education and consultation on health lifestyle changes, referrals to ongoing treatment, mental health services and other necessary supports, and discussion of potential options for medication; and (ii) age-appropriate screenings or observations to understand a covered person's mental health history, personal history and mental or cognitive state and, when appropriate, relevant adult input through screenings, interviews and questions. Services are provided at no member cost sharing except if the member is enrolled in an HSA qualified health plan as defined in 'Section 1. Your Evidence of Coverage – Health Savings Account'.

Add the below after Prosthetic Devices:

Psychiatric Collaborative Care

The plan provides coverage for an evidence-based, integrated behavioral health service delivery method in which a primary care team consisting of a primary care provider and a care manager provides structured care management to a patient, and that works in collaboration with a psychiatric consultant that provides regular consultations to the primary care team to review the clinical status and care of patients and to make recommendations.

Section 7 — Behavioral Health Services

Replace Mobile crisis intervention with the below and move after Intensive Outpatient Programs (IOP) bullet:

Mobile crisis intervention - services will be provided at community-based sites through mobile response. The objective of these services is to respond rapidly, assess effectively, and deliver a course of treatment intended to promote recovery, ensure safety, and stabilize the crisis. For individuals who do not require inpatient services or another 24-hour level of care, Mobile Crisis intervention provides up to three days of daily post-stabilization follow-up. Mobile crisis intervention provides crisis assessment and crisis stabilization intervention to youth under the age of 21. Each encounter, including ongoing coordination following the crisis assessment and stabilization intervention and may last up to seven days. These services are available to both adults and youths.

Add the below Behavioral Health Help Line information after Mobile crisis intervention:

Behavioral Health Help Line

Community Behavioral Health Centers are closely connected to the Massachusetts Behavioral Health Help Line. The Behavioral Health Help Line is a 24/7 clinical hotline staffed by trained behavioral health providers and peer coaches who offer clinical assessment, treatment referrals, and crisis triage services. When appropriate, Help Line staff directly connect callers with their nearest CBHC and perform a warm handoff.

The Help Line is available in more than 200 languages, 24/7, 365 days a year.

Visit: Community Behavioral Health Centers | [Mass.gov](https://www.mass.gov)

Call or Text: 833-773-2445

Web Chat: masshelpline.com

Replace last paragraph under Behavioral Health Services (Intermediate) section with:

You or your Behavioral Health Provider must get Prior Authorization from Optum or provide notification to Optum for these services except for SOAP, community-based detoxification, Community Based Acute Treatment, Intensive Community Based Acute Treatment, and addiction day treatment program for pregnant women. Notification is still required within 72 hours for Community Based Acute Treatment and Intensive Community Based Acute Treatment.

Replace Behavioral Health Services (Inpatient) with:

Services may be provided in a general hospital licensed to provide such services; in a facility under the direction and supervision of the Department of Mental Health; in a private mental hospital licensed by the Department of Mental Health; or in a substance use facility licensed by the Department of Public Health. Inpatient services are a 24-hour service, delivered in a licensed hospital setting for mental health or substance use treatment. To obtain services, call Optum at 1-844-451-3518 (TTY 711). You may also contact your PCP or Community Behavioral Health Center for assistance. Prior Authorization is not required for inpatient mental health or substance use services. You or your Behavioral Health Provider must, however, notify Optum of your admission within 72 hours. Biologically-based inpatient services are provided without annual, lifetime or day limitations.

Add to end of Behavioral Health Services section:

No coverage is provided for programs that are not based on an individualized treatment Plan or that are not licensed as noted above. The Plan does not cover services provided by a program that is not licensed by the relevant state agency regulating the delivery of health and/or mental health services for that state. The Plan does not cover services provided by a program that will not accept direct payment from us. Programs that are based on pre-defined lengths of treatment are not covered. Programs that are provided in an educational or vocational setting or in a setting that provides primarily supportive services, including wilderness programs, outbound programs, halfway houses, sober living homes, resocialization programs, therapeutic communities, and similar programs are not covered even when some of the services are provided by licensed behavioral health clinicians. A “wilderness program” includes any program that the Plan, in its or their discretion, determines as involving adventure or challenge experiences in an outdoor setting.

Section 11 — Member Rights and Responsibilities

Add the following under the 2nd to last bullet under Your Rights as a Member:

The form is available at MassGeneralBrighamHealthPlan.org under Member resources & forms. For your convenience, you may mail, fax or email your request as follows:
Mail: Mass General Brigham Health Plan Customer Service Department
399 Revolution Drive – Suite 820
Somerville, MA 02145
Email: HealthPlanCustomerService-Members@mgb.org
Fax: 617-526-1985

Section 14 — Complaint and Grievance Process

Add the following under the Fax:

email: healthplanappealsgrievance@mgb.org

Replace How do I file a Grievance? with:

You may file a Grievance by telephone, in person, by mail, by fax or email.

The plan will send you a written acknowledgement of receipt of your Grievance within one business day. If you telephone us or stop by in person, your Grievance will be transcribed by the plan and a copy forwarded to you or your authorized representative within 24 hours (except where this time limit is waived or extended by mutual written agreement between you or your authorized representative and Mass General Brigham Health Plan). We request that you read, sign and return to us this written transcription of your oral Complaint. This helps to ensure that we fully understand the nature of your complaint.

You may contact the plan in writing, by phone or electronically to initiate the Grievance process. (See address, telephone, email, and fax number above in “Complaints.”)

Replace What if my Grievance is about my health care or services? with:

If your Grievance pertains to a decision the plan has made about your health care or services, you or your authorized representative may be asked to sign and return a release of medical information to us. The form can be sent to you by email and is also available at MassGeneralBrighamHealthPlan.org under Member resources & forms. The form can be returned to us by mail, by fax or email to the addresses on the form.

After receipt of all necessary releases, your medical information will be requested by us. You or your authorized representative will have access to any medical information and records relevant to the Grievance which are in the possession of the plan. If we requested that you provide us with a signed authorization and you (or your authorized representative) do not provide the signed authorization for release of medical information within thirty (30) calendar days of the receipt of the Grievance, the plan, may issue a resolution of the Grievance without review of some or all of the medical records.

Section 16 — Glossary

Add under Coinsurance:

Community-based acute treatment

Is defined as 24-hour clinically managed mental health diversionary or step-down services for children and adolescents that is usually provided as an alternative to mental health acute treatment.

Replace definition of Community Behavioral Health Centers with:

Community Behavioral Health Centers

Community Behavioral Health Centers will supplement the broad array of existing behavioral health providers that offer coordinated and integrated mental health and substance use disorder treatment, including new and enhanced behavioral health services. These services are provided on a non-discriminatory basis and include:

- Routine and urgent outpatient services, including same-day evaluation and referral to treatment, evening and weekend hours, timely follow-up appointments, and evidence-based behavioral health treatment. Services may be provided in-person, at CBHC and community-based locations, and via telehealth;
- Mobile crisis intervention services for adults and youth, including 24/7 site- and community-based mobile crisis assessment, intervention and stabilization, as an alternative to hospital emergency departments; and
- Community crisis stabilization services for adults and youth, offering short-term, 24/7, staff-secure, safe, and structured crisis treatment services in a community-based program that serves as a medically necessary, less-restrictive, and voluntary alternative to inpatient psychiatric hospitalization.

Add under Inquiry:

Intensive community-based acute treatment

Is defined as intensive 24-hour clinically managed mental health diversionary or step-down services for children and adolescents that is usually provided as an alternative to mental health acute treatment.

Replace definition of Licensed Mental Health Professional with:

Includes a licensed physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed certified social worker, a licensed mental health counselor, a licensed supervised mental health counselor, a licensed psychiatric nurse mental health clinical specialist, a licensed psychiatric mental health nurse practitioner, a licensed physician assistant who practices in the area of psychiatry, a licensed alcohol and drug counselor I, or a licensed marriage and family therapist within the lawful scope of

practice for such therapist. Includes a clinician practicing under the supervision of a licensed professional and working towards licensure in a clinic licensed under chapter 111.

Add under Member ID Card:

Mental health acute treatment

Is defined as 24-hour medically supervised mental health services provided in an inpatient facility, licensed by the department of mental health, that provides psychiatric evaluation, management, treatment and discharge planning in a structured treatment milieu. See Section 8 - Behavioral Health Services, Behavioral Health Services (Inpatient) for additional details.