



My Care Family MassHealth Member Handbook

Issued and effective January 1, 2019

My Care Family offers care and coverage through MassHealth by Greater Lawrence Family Health Center, Lawrence General Hospital, and AllWays Health Partners.



Welcome

We are pleased to have you as a member. We look forward to working with you and your Primary Care Provider (PCP) to keep you healthy.

My Care Family is an Accountable Care Organization (ACO) that includes Greater Lawrence Family Health Center, Lawrence General Hospital, and AllWays Health Partners. You will get your care at Greater Lawrence Family Health Center and Lawrence General Hospital. AllWays Health Partners provides insurance coverage for the benefits and services that you receive through your providers. In this handbook, sometimes we will use “My Care Family.” Sometimes we will use “AllWays Health Partners” when talking about your plan, benefits, and services.

At My Care Family, a care team works together to make sure you get the care that is right for you. Your care team includes you and your PCP, and in some cases it will also include other providers and your family members. Your care team will include providers from Greater Lawrence Family Health Center or Lawrence General Hospital. It may also include other providers in the My Care Family network, or from AllWays Health Partners. The care team works together to understand what you need and determines the best way for you to get it. You may develop a personalized care plan with your care team and it could include help with other things besides medical care, like help finding housing or supports in your community. Your care plan will be based on your needs and preferences. You can decide how much or how little you want to participate in your care plan.

This handbook has important information to help you understand your benefits and get the most from your coverage. If you have any questions about this book or your plan, contact AllWays Health Partners Customer Service at 1-800-462-5449 (TTY: 711). We are here to help you Monday through Friday from 8:00 AM to 6:00 PM, and Thursday from 8:00 AM to 8:00 PM.



AllWays Health Partners Translation Services

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-462-5449 (TTY: 711).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al. 1-800-462-5449 (TTY: 711).

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-462-5449 (TTY: 711).

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-462-5449 (TTY: 711).

Kreyòl Ayisyen (Haitian/French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-462-5449 (TTY: 711).

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-462-5449 (TTY: 711)。

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-462-5449 (TTY: 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-462-5449 (TTY: 711).

ខ្មែរ (Khmer/Cambodian)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ
ទូរស័ព្ទ 1-800-462-5449 (TTY: 711).

ລາວ (Laotian)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່າງໃຫ້ທ່ານ. ໂທ
1-800-462-5449 (TTY: 711).

λληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται
δωρεάν. Καλέστε 1-800-462-5449 (TTY: 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم
(رقم هاتف الصم والبكم: 711).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 1-800-462-5449 (ATS : 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 1-800-462-5449 (TTY: 711).

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.
Zadzwoń pod numer 1-800-462-5449 (TTY: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-462-5449
(TTY: 711) 번으로 전화해 주십시오.

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मु त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-462-5449
(TTY: 711) पर कॉल करें।

Getting the most out of your health plan

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

1. Meet your primary care provider (PCP).

A PCP is a doctor, a nurse practitioner, or physician's assistant who provides, coordinates, or helps a patient access a range of health care services. If you are new to My Care Family and have not met your PCP yet, please make an appointment to meet him or her.

2. Unless it's an emergency, when you need healthcare, call your PCP first.

Your PCP will work with you to meet your health care needs. If you need care from any other provider, hospital, or clinic, your PCP can assist in coordinating services. For Behavioral Health (mental health and substance use) services, contact any Behavioral Health provider within the My Care Family network. Behavioral Health

3. If it's an Emergency, don't wait.

Call 911, your local emergency phone number, or go to the nearest emergency room right away. Emergency services are covered in any emergency department, whether it is in the My Care Family network or not.

For Behavioral Health (mental health and substance use) emergencies, call 911, your local emergency phone number, or go to the nearest emergency room.

You can also call the Emergency Services Program (ESP) provider in your area. The Statewide ESP toll-free number is (877) 382-1609. They will ask you to enter your zip code. You should enter the zip code for the location where you are at the time. For a list of emergency rooms in all parts of the state, check your My Care Family Provider Directory.

After your emergency has been treated, call your PCP and your Behavioral Health provider, if you have one, within 48 hours of your emergency. That way, your provider can give you any follow-up care you may need.

4. Always carry your AllWays Health Partners/My Care Family and MassHealth member ID cards.

Remember to show both ID cards when you get health care. That way, you will get coverage for the services paid for by My Care Family or by MassHealth.

5. Call AllWays Health Partners and MassHealth with any changes that might affect your coverage.

Call MassHealth if you have a new address, a new phone number, or a new baby. These are all changes we need to know about to help us serve you.

6. When in doubt, call.

AllWays Health Partners Customer Service is open Monday through Friday from 8:00 AM to 6:00 PM and Thursday from 8:00 AM to 8:00 PM. If you have any questions about your health coverage, call 1- 800-462-5449 (TTY: 711).

7. Don't lose your My Care Family or MassHealth coverage

MassHealth renews your coverage every year. This is called the Redetermination process.

MassHealth will renew you automatically if they have enough information. If they do not have enough information, they will mail you a renewal form (Eligibility Review Verification form). Fill out the form and return it to MassHealth right away.

You can also go to the MassHealth website to fill out your form. The MassHealth website is MAhealthconnector.com. Call MassHealth for help with their website.

Some members will get a renewal form or letter from MassHealth each year. If you do not, call MassHealth customer service at (800) 841-2900 (TTY (800) 497-4648).

Table of Contents

Section 1

Your Member Materials

My Care Family Member Handbook.....	1
Translation and Alternate Formats.....	1
Contact Information.....	1
Covered Services List.....	1
My Care Family Provider Directory.....	2
Information about My Care Family Providers.....	2
My Care Family Service Area	2

Section 2

Membership

Enrollment	3
About Your Enrollment Options.....	3
Every Year You Must Renew your MassHealth Benefits/Eligibility	3
Status Changes.....	3
Voluntary Disenrollment.....	3
Membership Disenrollment for Loss of Eligibility	3
Membership Disenrollment for Cause.....	4

Section 3

Member Card

Your My Care Family Member Card.....	5
Your MassHealth Card	5

Section 4

Referrals and Prior Authorizations

Types of authorization and time frames for decision-making and notification.....	6
--	---

Section 5

Member Information

Your PCP.....	8
How to choose or change a PCP	8
Get to Know Your PCP.....	8
How to Change Your PCP	8
If Your PCP Leaves My Care Family.....	9
Emergency Care	9

What to Do in an Emergency	9
If You Are Not Sure it is an Emergency.....	9
Urgent Care	9
After Hours Care.....	9
Behavioral Health Providers.....	10
Behavioral Health Inpatient Care	10
Diversions Behavioral Health Services.....	10
Specialty Care	10
How to See a Specialist.....	10
Out-of-Network Specialty Care	11
Common Questions about Providers and Specialists	11
Second Opinions.....	11
Scheduled Hospital Care.....	11
Care When You Travel Outside the My Care Family Service Area	11
Family Planning Services	12
Maternity Care	12
Continuity of Care	12

Section 6

Utilization Management Program

Access and Utilization.....	14
-----------------------------	----

Section 7

My Care Family's Pharmacy Benefit

How to fill a prescription.....	15
Pharmacy Reimbursements	15
Over-the-Counter Drugs.....	15
Pharmacy Copayment (copay)	16
Co-payment Exceptions.....	16
Safe and Appropriate Use of Prescription Drugs	16
Mandatory Generic Policy.....	17
Prior Authorization	17
Step Therapy	17
Access90.....	17
Specialty Pharmacy Program.....	18
New-to-Market Medication Program.....	18
Limitations.....	18
Exceptions	18
Exclusions	18

Section 8

Health-care Access Standards

Emergency Services.....	20
Urgent Care	20
Primary Care.....	20
Specialty Medical Care	20
Behavioral Health Care.....	20
Children in the Care or Custody of the Department of Child and Family Services (DCF).....	20

Section 9

Your My Care Family Benefits

General Coverage Requirements for My Care Family Benefits	21
What happens if your coverage begins while you are in the hospital	21
Your Covered Services List	21
How to Access My Care Family MassHealth Benefits	22
Transportation Assistance.....	22
How to Access Benefits Not Covered by My Care Family that are Available Directly through MassHealth.....	22
Excluded Services	22

Section 10

Health Care for Your Children

Preventive and Well-Child Care for All Children	23
Preventive Pediatric Health-care Screening and Diagnosis (PPHSD) Services for Children Enrolled in MassHealth Family Assistance	23
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services for Children Enrolled in MassHealth Standard or CommonHealth	23
Children’s Behavioral Health Initiative (CBHI).....	24
Dental Care for Children.....	26

Section 11

Additional Services for Children

Early Intervention Services for Children with Growth or Developmental Problems	27
---	----

Section 12

Preventive Care for Adults 28

Section 13

Care Management Programs

Nurse Advice Line	29
The Care Management Programs at My Care Family	29
Complex Care Management.....	30
Disease Management	30

Section 14

Staying Healthy

Online Wellness Tools	31
Telephonic Health Coaching	31
Quit for Life Tobacco Cessation Program	31
Wellness Outreach from My Care Family.....	31

Section 15

Quality Assurance Programs 33

Section 16

When You Have Other Coverage

Coordination of Benefits	34
Subrogation	34
AllWays Health Partners’ Right of Reimbursement	34

Section 17

Member Rights and Responsibilities

Your Rights as an AllWays Health Partners Member	35
Your Responsibilities as an AllWays Health Partners Member	35
Mental Health Parity	36
Reporting Health Care Fraud	36

Section 18

Communicating with My Care Family

Your Satisfaction is Important to Us.....	37
If You Receive a Bill in the Mail or If You Paid for a Covered Service.....	37

Section 19

Concerns and Inquiries

Concerns	38
Inquiries	38

Section 20

Grievance Process and Rights for MassHealth Members

Questions and Answers about the Grievance Process	39
--	----

Section 21

Appeal Process and Rights for MassHealth Members

Questions and Answers about the Appeals Process	41
--	----

Section 22

Confidentiality

Notice of Privacy Practices.....	47
----------------------------------	----

Section 23

Advance Directives: Planning for Future Health Care

Health Care Agents and Proxies.....	50
Living Wills	50
Organ Donation Cards.....	50
Frequently Asked Questions about Advance Directives	50

Section 24

Glossary	52
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An Important Note about this Handbook

My Care Family is made up of two parts: a health insurance plan and an Accountable Care Organization (ACO), which is a group of providers. AllWays Health Partners is the health insurance part of My Care Family. The other part of My Care Family is the ACO, which is made up of providers mostly from Greater Lawrence Family Health Center (GLFHC) or Lawrence General Hospital.

The providers give you medical and Behavioral Health care and may help you with other things as well, such as community supports. The health plan AllWays Health Partners mostly handles the non-medical parts of your plan, like sending out your ID card. For this reason, you may see references to AllWays Health Partners or to My Care Family in this handbook.

The important thing is that while we may help you in different ways, we are one organization. Both parts work together to make sure that you have everything you need to get the right care when you need it. AllWays Health Partners, GLFHC and Lawrence General Hospital are one family – My Care Family. We are glad you are part of our family!

Section 1

Your Member Materials

As a new member of My Care Family, we will send you materials about My Care Family and your coverage like:

- Member Handbook
- Covered Services list

The My Care Family MassHealth Member Handbook along with the Covered Services List is an important document that describes your coverage.

You can check allwaysmember.org for updates to your Handbook or Covered Services List. The updates may be called an Amendment or Notice.

My Care Family Member Handbook

This member handbook explains what you need to know about your My Care Family coverage. It tells you how My Care Family works. It also tells you what you can expect from My Care Family.

For the rest of this book, the word “you” means “Members of My Care Family.”

The handbook may describe services that do not apply to your MassHealth coverage. Please check the MassHealth Covered Services List to see what is covered for you.

Please read your My Care Family Member Handbook and keep it with your Covered Service List.

Translation and Alternate Formats

You can get free copies of all My Care Family materials in:

- Spanish or any other language
- Braille
- Large size type
- American Sign Language video clips

Contact Information

At the bottom of every page of this book, we print important contact information.

Call AllWays Health Partners about your health insurance and benefits.

AllWays Health Partners
allwayshealthpartners.org
AllWays Health Partners Customer Service
800-462-5449 (TTY: 711)

Monday–Friday 8:00 AM to 6:00 PM
Thursday 8:00 AM to 8:00 PM

Call Optum about mental health and substance use services

United Behavioral Health
(Optum) LWW.com
844-451-3519 (TTY: 711)
Available 24 hours a day, 7 days a week.

Call MassHealth about your Medicaid benefits.

MassHealth
Customer Service Center
800-841-2900 (TTY: 800-497-4648).
Monday–Friday 8:00 AM to 5:00 PM

Call AllWays Health Partners if you have a question and don’t know who to call.

Covered Services List

The Covered Services List includes all the benefits and services that may be covered by My Care Family or by MassHealth. The Covered Services List also lets you know if you need a Prior Authorization or Referral before you have a service.

Your PCP (PCP) will get referrals and prior authorizations for you. AllWays Health Partners is responsible for coordinating all covered benefits listed in your Covered Services List.

The Effective Date for your coverage is the date when you become an active My Care Family member.

My Care Family Provider Directory

The My Care Family provider list tells you all the providers in your network, including:

- Primary Care offices
- PCPs
- Specialists like heart doctors and bone doctors
- Behavioral Health providers
- Pharmacies
- Labs, imaging centers, and other support providers
- Emergency Service Programs for Behavioral Health emergencies
- Durable medical equipment suppliers

You must choose a PCP in the My Care Family provider network.

Our website always has the most current provider list. Visit the My Care Family website at mycarefamily.org. Call AllWays Health Partners Customer Service to ask for a copy of the provider directory.

Information about My Care Family Providers

Massachusetts has a website where you can find more information about doctors. This website is called the Board of Registration in Medicine. The address is <https://www.mass.gov/check-a-physician-profile>. Click View a Physician Profile to search for a doctor.

Other websites also provide information to help you make choices about your care.

Leapfrog

leapfroggroup.org

Visit this site for information about the quality of a hospital.

Massachusetts Health Quality Partners

mhqp.org

Visit this website to learn how different medical groups treat the same type of illness

Joint Commission for the Accreditation of Healthcare Organizations (JCAHO)

qualitycheck.org

Visit this website to compare the quality of different providers.

MA Health Care Quality and Cost Council (HCQCC)

mass.gov/myhealthcareoptions

Visit this website to compare the cost and quality of Massachusetts hospitals

My Care Family Service Area

The My Care Family Service Area is Lawrence, Lowell and Haverhill and certain towns in the surrounding areas. Here is a full list of towns in the service area.

Haverhill	Lawrence	Lowell
Amesbury	Andover	Acton
Boxford	Lawrence	Billerica
Byfield	Methuen	Carlisle
Georgetown	No. Andover	Chelmsford
Groveland		Concord
Haverhill		Dracut
Merrimac		Dunstable
Newbury		Lincoln
Newburyport		Littleton
Rowley		Lowell
Salisbury		North Billerica
W. Boxford		No. Chelmsford
W. Newbury		Nutting Lake
		Pinehurst
		Tewksbury
		Tyngsboro
		Village of Nagog Woods
		Westford

For more information, call AllWays Health Partners Customer Service.

You must live in the service area to be a My Care Family member. You will get most of your care in the service area at a Greater Lawrence Family Health Center site, at Lawrence General Hospital, or at another primary care site in the My Care Family network. If you do need care outside the service area, your PCP will arrange it for you.

Section 2

Membership

Enrollment

First, My Care Family gets your Enrollment information from MassHealth. Then we mail you a Member ID Card within 15 business days. This card is valid at midnight on the Effective Date of your My Care Family Enrollment.

As of your Effective Date, My Care Family is responsible for all the covered benefits listed in your Covered Services list.

When you enroll in My Care Family through MassHealth, you are accepted regardless of your race, color, national origin, age, disability, sex, religion, sexual orientation, gender identity, gender expression ancestry, marital status, veteran status, occupation, Claims experience, duration of coverage, pre-existing conditions, expected health status, or who pays for services.

About Your Enrollment Options

Each year, there will be a period of 90 days when you can change your plan for any reason. You will be enrolled in the health plan that your PCP belongs to.

After the 90 days are up, you cannot change your plan for the next 9 months unless you have a special reason. You will still be able to switch PCPs, but your new PCP must be a part of the same ACO.

If you have questions about your health plan options, call MassHealth Customer Service.

Every Year You Must Renew your MassHealth Benefits/Eligibility

MassHealth renews your coverage every year. This is called the redetermination process.

MassHealth will renew you automatically if they have enough information. If they do not have enough information, they will mail you a renewal form (Eligibility Review Verification form). Fill out the form and return it to MassHealth right away.

You can also go to the MassHealth website to fill out your form. The MassHealth website is: <https://www.mass.gov/information-for-masshealth-applicants-and-members>.

Call MassHealth for help with their website.

You should get a renewal form or letter from MassHealth every year. If you do not, call MassHealth. MassHealth, AllWays Health Partners, or your doctor can help you with the renewal form.

You will lose your MassHealth coverage if you do not complete your renewal in time.

Status Changes

You must call MassHealth and AllWays Health Partners if you:

- Change your address or phone number
- Have a baby
- Change your income

AllWays Health Partners may be able to contact MassHealth for you. When you call us to update your information, ask the AllWays Health Partners Customer Service Professional if they can send the changes to MassHealth for you.

Voluntary Disenrollment

You can leave My Care Family during the Plan Enrollment Period. Call the MassHealth Customer Service Center and choose a PCP who is not part of the My Care Family Network.

Membership Disenrollment for Loss of Eligibility

If you become ineligible for MassHealth coverage, MassHealth will tell My Care Family. We will stop your coverage as of the date of your MassHealth Disenrollment. You may automatically be enrolled in My Care Family again if you qualify for MassHealth again within twelve months. MassHealth will decide if you qualify.

Membership Disenrollment for Cause

Sometimes My Care Family may ask MassHealth to disenroll a Member. To do this, My Care Family sends MassHealth a written request.

We will never drop a member because they are too sick or using too many services. Also, we will not drop a member because they have special needs or are disruptive because of their special needs.

It would be rare for My Care Family to request to drop a member. But, if caring for that member makes it impossible for us to care for other members, we might ask MassHealth to disenroll that member from My Care Family.

MassHealth will decide whether to grant My Care Family's Disenrollment request. MassHealth will send you a letter if you are disenrolled.

Section 3

Member Card

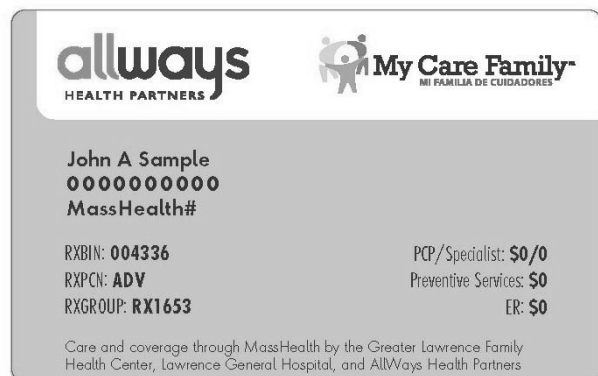
Your My Care Family Member Card

All the My Care Family members in your family will get an AllWays Health Partners/My Care Family Member Identification Card (Member ID Card).

Your member ID Card has important information about your benefits. It also tells Providers and pharmacists that you are a Member of My Care Family.

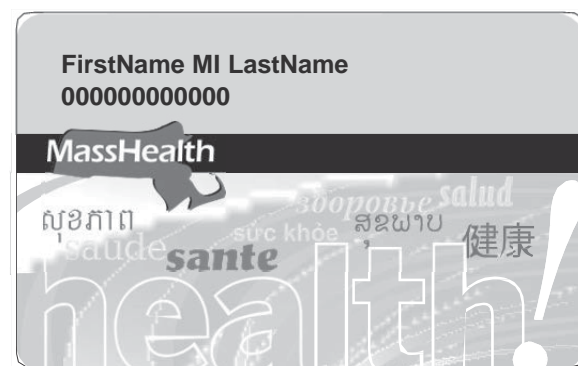
Keep your member ID card and your MassHealth card with you all the time. Show your AllWays Health Partners/My Care Family Member ID Card and your MassHealth card whenever you get care or fill a prescription.

Please check your cards to make sure all the information is correct. If you have questions or lose your card, call AllWays Health Partners Customer Service.



Your MassHealth Card

As a MassHealth Member, you will also have a MassHealth card. Always show both cards whenever you get care or fill a prescription.



Section 4

Referrals and Prior Authorizations

A referral is a recommendation from a PCP or other provider for you to see a specialist or receive a service. You do not need a referral for:

- Emergency services
- Urgent Care
- Chiropractic care
- Routine, preventive, or urgent care from a Gynecologist or Obstetrician
- Family planning services provided by any MassHealth provider
- Outpatient and diversionary Behavioral Health services
- Routine eye exams

A prior authorization is approval you get from AllWays Health Partners or MassHealth before you have certain services. AllWays Health Partners will not cover a service if you do not get prior authorization first for services that need one.

Your Covered Services list tells you which services need a prior authorization from AllWays Health Partners or MassHealth. Here are a few examples of services that need a prior authorization:

- Home health care
- Surgical procedures and elective hospital stays
- Routine services from a provider that is not in My Care Family's network

Your PCP or specialist will help you get prior authorization if you need it. Make sure you have a prior authorization before you get a service.

Types of authorization and time frames for decision-making and notification

We make standard authorization decisions as fast as your health condition requires. We will always give you a decision no more than 14 calendar days after we get the request.

It may take AllWays Health Partners 14 more calendar days to give you a decision if:

1. You, your authorized representative, or your provider requests an extension.
2. AllWays Health Partners believes that:
 - The added time is in your interest
 - We need more information because:
 - There is a good chance that more information would lead to approval.
 - If we receive more information, it could result in an approval. In this case, the information should be received from your provider within fourteen (14) calendar days.

If AllWays Health Partners decides to take more time, we will send you a letter with the reasons. We will also send you information about your right to file a grievance if you do not agree with our decision to extend the authorization time.

For all the details on filing a grievance, please see page 39 or call AllWays Health Partners Customer Service.

Expedited (fast) authorizations are made as fast as your health condition requires. We will make fast decisions within 3 calendar days after we get the request.

If AllWays Health Partners does not act within these times, we will send a letter to tell you when you can expect an answer. We will also tell you how to file an appeal.

For information on filing an appeal, please see page 42 or call AllWays Health Partners Customer Service.

Once AllWays Health Partners reviews the request, we will send you and your provider a letter with our decision.

We will send a denial letter if AllWays Health Partners:

- Does not approve a service
- Approves only some of the services
- Does not authorize the full amount, duration or scope of service(s)

AllWays Health Partners will not pay for any services that are not authorized. AllWays Health Partners will also send a letter if we decide to reduce, suspend, or terminate previously authorized service(s).

If you do not agree with AllWays Health Partners' decisions on the request for a prior authorization, you or can file an appeal.

For more information about appeals, see page 41 or call AllWays Health Partners Customer Service.

Your providers are responsible for getting prior authorizations from AllWays Health Partners. But it's a good idea to check ahead of time to make sure your provider has gotten a prior authorization. You can check on allwaysmember.org or you can call AllWays Health Partners Customer Service.

Section 5

Member Information

Your PCP

Every member of My Care Family must choose a PCP in the plan network. Each member in your family can choose a different PCP at any of the My Care Family sites.

There are PCPs at Greater Lawrence Family Health Center sites, Lawrence General Hospital, and certain Beth Israel Deaconess practices that are affiliated with Lawrence General Hospital. Choose a PCP that meets the needs of you and your family. Your PCP will provide or arrange all your health care needs.

The My Care Family Provider Directory is a list of PCPs and other providers in your network. The list includes important information like:

- Provider names
- Location and phone number
- Hours of operation
- Languages spoken

The My Care Family website always has the most current provider list. Visit the My Care Family website at mycarefamily.org. Call AllWays Health Partners Customer Service to ask for a copy of the provider directory.

If you do not choose a PCP within 15 days of enrollment, AllWays Health Partners will assign you one. AllWays Health Partners will also assign you a PCP if your first choice is not available. You can change your My Care Family PCP at any time.

How to choose or change a PCP

My Care Family has a safe website that gives you access to information about your plan. The website is allwaysmember.org. It is available 24 hours a day, 7 days a week. On allwaysmember.org, you can:

- See your benefit information
- See your pharmacy benefits
- Order or print an ID card
- Take a health quiz (Health Care Needs Screening)
- And more!

You can also choose a PCP on allwaysmember.org. You will need to have an allwaysmember.org account. It is free to sign up.

You can also call AllWays Health Partners Customer Service to change your PCP.

Get to Know Your PCP

It is a good idea to meet your new PCP before you need care. To make an appointment, call your PCP. You can find your PCP's phone number in the My Care Family Provider Directory on mycarefamily.org.

When you call your new PCP's office, tell them you are a My Care Family Member. Then call your old PCP's office and ask them to send your health records to your new PCP. When you go to your appointment, show both your AllWays Health Partners/My Care Family and MassHealth member ID cards.

Use your first appointment to get to know your PCP. Call your PCP whenever you need health care. In an Emergency, call 911 at once or go to the nearest hospital emergency room right away.

Please note that My Care Family and MassHealth do not cover any services, including emergency care, Behavioral Health or pharmacy services outside the United States and its territories.

How to Change Your PCP

Your PCP can provide better care when they know you and your medical history.

You can change your PCP at any time, for any reason. Any PCP you choose must be a member of the My Care Family network.

You can change your PCP at any time on allwaysmember.org. You can also call AllWays Health Partners Customer Service. A Customer Service Professional will help you choose a new PCP.

When you change to a new PCP your change is effective right away.

If your PCP leaves the My Care Family Network, we will let you know in writing. You don't need to do anything. My Care Family will give you a new PCP who is in the My Care Family network. You can change your PCP at any time. Just be sure to choose one in the My Care Family network.

If Your PCP Leaves My Care Family

If your PCP leaves our network, My Care Family will make every effort to tell you at least 30 days ahead of time. You may be able to stay with your PCP for at least 30 days after he or she leaves the network. You will not be able to keep your PCP if we terminated him or her because of quality issues or fraud. For more information, see "Continuity of Medical Care" in this section.

Emergency Care

My Care Family covers emergency care. It's an emergency if you believe your life will be in danger if you don't get care. Some emergencies are:

- Chest pain
- Poisoning
- Trouble breathing
- Severe bleeding
- Convulsions or
- Having thoughts of hurting yourself or others

You can go to any emergency room at any hospital. The hospital does not have to be in the My Care Family provider network.

My Care Family covers ambulance rides. We also cover care to keep you stable after your emergency.

What to Do in an Emergency

If you think your health problem is an emergency, call 911 or go to the nearest hospital emergency room right away.

If you have a Behavioral Health emergency, call 911, go to the nearest hospital emergency room, or contact the Emergency Services Program (ESP) Provider in your area. ESP services can help you during a Behavioral Health crisis with counseling, crisis intervention and other services.

You can find a list of emergency rooms and ESP providers in the My Care Family Provider Directory or online at mycarefamily.org.

You do not need approval to get emergency care. You can get emergency care at any time 365 days a year.

Contact your PCP within forty- eight (48) hours of any emergency care. Your PCP will arrange follow-up care. If you had a Behavioral Health Emergency, you should also contact your Behavioral Health provider, if you have one.

If You Are Not Sure it is an Emergency

If you are not sure that you have an emergency, call your PCP. They know you and can help you get the right care.

Urgent Care

Urgent care is care for a health problem that needs attention right away but is not an emergency. Always call your PCP or Behavioral Health provider first. You can call your PCP or Behavioral Health provider 24 hours a day, 7 days a week. If you feel worse before you talk to your PCP, you can go to the hospital emergency room. For Behavioral Health issues, you can also call one of the Emergency Services Program (ESP) providers listed in the My Care Family Provider Directory.

After Hours Care

Always call your PCP first. All My Care Family PCPs will always have a doctor or nurse on call.

When your PCP's office is closed, their answering service will take your information. Then the doctor or nurse will call you back.

You can also call our free Nurse Advice Line. A registered nurse is available to answer your questions 24 hours a day. For more information, see page 29.

For Behavioral Health care after hours, call your Behavioral Health provider first. You can also call Optum (see below).

Behavioral Health Providers

My Care Family covers Behavioral Health services. Optum works with My Care Family to offer Behavioral Health (mental health and substance use) services. Some examples of Behavioral Health services are counseling and Inpatient psychiatric treatment. Your Covered Services List has a full list of covered Behavioral Health services.

You can choose any provider in the My Care Family/Optum network. You can change your Behavioral Health provider for any reason, at any time.

You can find a Behavioral Health provider in My Care Family's provider directory on mycarefamily.org. Optum or your PCP can also help you find a provider or make an appointment.

Behavioral Health Inpatient Care

If you need a hospital stay for Behavioral Health care, call 911 or go to the nearest hospital emergency room. You can also contact the Emergency Services Program (ESP) in your area. The ESP number is 877-382-1609. The ESP will help decide if you need to go to a hospital.

If the ESP does not think you need a hospital stay, they will recommend other Behavioral Health services.

Diversions Behavioral Health Services

Your plan also covers a kind of mental health and substance use disorder service called diversionary services. You can get diversionary services when you return to the community after a hospital stay or instead of a hospital. These services can be provided in a setting that's 24-hours or in the community.

Partial hospitalization programs and structured outpatient addiction programs are examples of diversionary services. Partial hospitalization programs have therapy for up to six hours a day. Structured outpatient addiction programs have short day or evening services to treat substance use issues.

Your Behavioral Health provider will get a prior

authorization from Optum, but you do not need a referral for diversionary services. A Prior Authorization is a pre-approval by AllWays Health Partners for you to get certain services before you receive those services. Your Behavioral Health provider can tell you more about diversionary services. You can also call Optum to ask questions about these services.

Specialty Care

What is a Specialist?

Specialists are usually doctors and surgeons who focus on a certain type of care. Here are some examples of specialists:

- Heart doctor or cardiologist
- Hearing doctor or audiologist
- Allergy doctor or allergist

Our website always has the most current list of specialists. Visit the My Care Family website at mycarefamily.org. Call AllWays Health Partners Customer Service to ask for a copy of the provider directory.

How to See a Specialist

Always talk with your PCP first about all your care.

Your PCP will tell you if you need to see a specialist. He or she will also get an AllWays Health Partners referral for you. Your PCP will refer you to the right specialist in your network. Sometimes your PCP's office will also make your appointment. Some specialists will need information from your PCP before they meet with you.

See Section 4 for more information about referrals.

You do not need a referral for:

- Emergency services
- Regular, preventive, or urgent care from a gynecologist or obstetrician
- Family planning services from any MassHealth provider, whether they are part of the My Care Family or not.
- Outpatient and diversionary Behavioral Health services

After you see a specialist, your PCP can help you with any follow-up care. Your specialist will send a full report to your PCP. This report will help your PCP decide if you need any other care. Behavioral Health providers will only send a report to your PCP if you give them written permission.

Out-of-Network Specialty Care

Sometimes you need to see a provider or specialist who is not part of your network. First, your PCP or other doctor must ask for a prior authorization from AllWays Health Partners.

My Care Family will review the request to see a specialist out of your network, and then My Care Family will send you and your doctor a letter with the decision. My Care Family will often deny the request if there are providers in your network who offer the same service.

Common Questions about Providers and Specialists

If I see a Specialist who is not part of the My Care Family Network, will my visit be covered?

When you need to see a provider who is not part of the My Care Family network, the visit is only covered if pre-approved by AllWays Health Partners before your visit.

When you need to see a provider who is not part of your network, your PCP or other doctor will ask for a prior authorization from AllWays Health Partners. But My Care Family will often deny the request if there are providers in your network who offer the same service.

When can I see a provider who is not part of my network?

You can usually see a provider that is not part of your network when:

- You are a new member and need to see that provider for continuity of care
- A provider you have been seeing leaves your network
- You need care that is not available in your service area

See Continuity of Care at the end of this section for details.

Do I always need a Prior Authorization to see a Provider that is not part of my network?

You can get family planning services from any MassHealth or My Care Family provider. You do not need a referral or prior authorization.

You can go to the emergency room of any hospital. And you can call any ambulance to bring you to a hospital emergency room. You do not need a referral or prior authorization.

You can go to any provider in the United States for emergency and urgent care. This does not include routine or non-urgent Behavioral Health care.

Second Opinions

You can get a second opinion from a specialist. Talk to your PCP first. He or she will give you a referral and can also help make an appointment for the second opinion.

If necessary, you can see a provider that is not in your network for a second opinion. This won't cost you anything but must be pre-approved by AllWays Health Partners. See Specialty Care and Out-of-Plan Specialty Care in this section for more information.

Scheduled Hospital Care

(Non-Emergency Hospital Care)

If you need hospital care and it is not an Emergency, your PCP will set up your hospital stay for you. You must go to the hospitals your PCP specifies for My Care Family to cover your hospital care.

Care When You Travel Outside the My Care Family Service Area

You should always take care of your routine health care needs before you leave the AllWays Health Partners Service Area. When you are away from home, My Care Family will cover emergency, post-stabilization, and urgent care anywhere in the United States. You do not need approval from AllWays Health Partners to get emergency care. However, My Care Family and MassHealth do not cover any services, including emergency care,

Behavioral Health or pharmacy services outside the United States and its territories.

Contact your PCP within 48 hours of any emergency care. Your PCP will arrange if you need follow-up care. If you had a Behavioral Health emergency, you should also contact your Behavioral Health provider, if you have one.

My Care Family will not cover:

- Tests or treatment that your PCP asked for before you left the service area.
- Routine care or follow-up care that can wait until your return to the Service area. This includes physical exams, flu shots, stitch removal, and mental health counseling.
- Care that that you knew you were going to get before you left the service area. This includes elective (planned) surgery.
- Care that you got outside of the United States and its territories. This includes emergency care, Behavioral Health care and prescriptions.

A provider may ask you to pay for emergency or urgent care that you got outside of the My Care Family service area. If you do pay for this care, you can submit a claim to My Care Family to get your money back.

See the section on “If You Receive a Bill in the Mail” on page 37 to find out how to submit a claim. You can also call AllWays Health Partners Customer Service to ask about medical bills.

Family Planning Services

Family planning services include birth control, exams, counseling, pregnancy tests, and some lab tests.

You can go to any MassHealth or My Care Family provider for a family planning appointment, including your PCP.

You do not need a referral or prior authorization for family planning services.

You can find a provider in My Care Family’s provider directory on mycarefamily.org.

Maternity Care

My Care Family covers many services to help you have a healthy pregnancy and a healthy baby. If you think you are pregnant, call your PCP. Your PCP will give you a pregnancy test. If you are pregnant, your PCP will arrange your maternity care with an obstetrician or nurse midwife.

You will have regular checkups with your doctor or nurse midwife. They will check your baby’s progress and help you take good care of yourself and your baby. They will also take care of you when you have your baby. It is important to go to your checkups even if you feel good.

My Care Family has a special program for pregnant members. See page 30.

Continuity of Care

To make sure you get the right care at all times, My Care Family may pre-approve you to get health care from a provider that is not part of My Care Family’s Network.

Make sure you have a prior authorization from AllWays Health Partners before you see a provider that is not part of your network. Your PCP will help you with this or you can call AllWays Health Partners Customer Service if you have any questions.

You can usually see a provider that is not part of your network if you are a new member and meet one of these conditions:

- You are pregnant. You may My Care Family keep the same doctor or nurse midwife through delivery and your follow up visit. This follow up visit usually happens six weeks after delivery.
- You are getting treatment or management of chronic issues, and that treatment was previously authorized. You may continue to see your current provider for up to 90 days.

If your provider leaves your network for reasons not related to quality or fraud, My Care Family may cover:

- Up to 30 calendar days if the provider is your PCP.

- Up to 90 calendar days or until active treatment ends if your provider, including a PCP, is treating a chronic or acute medical condition.
- Maternity care if you are pregnant. you may keep the same doctor or nurse midwife through delivery and your follow up visit. This follow up visit usually happens six weeks after delivery.
- Treatment for a terminal illness until death.

My Care Family also covers providers that are not part of My Care Family's Network for the following reasons:

- When a provider in the My Care Family network is unavailable because of distance and travel.
 - If a My Care Family network provider can't see you when you need care.
 - If there is no network provider with the qualifications and expertise to give you the care you need.
 - If you have a terminal illness.
-

Section 6

Utilization Management Program

Medically necessary services are services that are right for you. The AllWays Health Partners utilization management team decides if the services you get are medically necessary. Doctors and nurses review claims to make these decisions. If AllWays Health Partners decides the services were not medically necessary, we will let your provider know.

Access and Utilization

For information utilization management, call AllWays Health Partners Customer Service. After hours, leave a message or send a fax. The fax number is 617-526-1985. All messages left will be read the next business day.

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

Utilization management decisions made by AllWays Health Partners are based only on correct use of care, service, and your plan's coverage. AllWays Health Partners does not reward the utilization management team if they deny coverage or services. And AllWays Health Partners does not reward utilization management decision-makers for decisions that result in members using fewer services.

Section 7

My Care Family's Pharmacy Benefit

AllWays Health Partners covers most prescription drugs and over-the-counter drugs with a prescription. You must use generic medicines if you can. Generic medications have the same active ingredients as name brand drugs. But generic medications cost less.

AllWays Health Partners will make an exception to this rule if your provider writes "no substitution" on the prescription. He or she also has to get a prior authorization from AllWays Health Partners.

Filing an Appeal

If you disagree with any of AllWays Health Partners' decisions regarding your pharmacy benefits, you or your authorized representative can appeal the decision. An authorized representative is a person who can act on your behalf if you have filed an appeal or a grievance. An authorized representative can also file an appeal. See Section 21 for information about Appeals.

How to fill a prescription

Bring your prescription to a pharmacy in your network. Your network includes most major chains and most local drug stores.

You can find a pharmacy list in My Care Family's provider directory on mycarefamily.org.

Show your AllWays Health Partners/My Care Family Member ID card at the pharmacy.

Some prescription drugs need a prior authorization. Your provider will get a prior authorization from AllWays Health Partners. Call AllWays Health Partners Customer Service if you have any questions about drugs that need prior authorization.

Pharmacy Reimbursements

Sometimes you have to fill a prescription for a covered drug at a pharmacy that is not in the

network. You will have to pay the retail price for the drug. Then you can submit a claim to get your money back. AllWays Health Partners will give you your money back except for any copayments.

To ask for your money back, fill out the Prescription Reimbursement Claim Form. It's on allwayshealthpartners.org and on allwaysmember.org.

Send the form and your dated drug store receipts to:

CVS/Caremark
P.O. Box 52136
Phoenix, AZ 85072-2136

Your receipt must have the following information:

- Your name
- Prescription number
- Medicine NDC number
- Date when you filled your prescription
- Metric quantity
- Total cost
- Days' supply for your prescription. Ask your pharmacist for this.
- Pharmacy name and address or pharmacy NABP number

* Note: If you need a prior authorization for a drug, you must get it before CVS/Caremark can send your money back.

Over-the-Counter Drugs

AllWays Health Partners covers many over-the-counter drugs. These include cough, cold, and allergy medicines. You can get these drugs for just the cost of your pharmacy copay. You need a prescription from your network provider. Please call AllWays Health Partners Customer Service for more information.

Pharmacy Copayment (copay)

Most members who are age 21 and older must pay a copay when they fill a prescription.

Most pharmacy copays are \$3.65. This includes:

- Covered generic drugs for your first prescription or refills
- Covered OTC drugs with a prescription from your provider
- Covered brand name drugs for your first prescription or refills

You will only pay: \$1 for most covered generic drugs used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antihyperlipidemics (such as simvastatin)

There is a \$250 limit on the amount of pharmacy copays you have to pay in each calendar year. Each member age 21 and older has a \$250 limit unless they are excluded. See the list of exclusions below.

Once you meet the \$250 limit, AllWays Health Partners will send you a letter. You will not have to pay copays for the rest of the calendar year. Keep the letter and a copy of all your copay receipts. You may need to refer to them.

You can also ask your pharmacist for a copy of your prescriptions and copays.

Call AllWays Health Partners Customer Service if you have questions about your copays or about network pharmacies.

Co-payment Exceptions

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

- Members under 21 years of age.
- Members who are pregnant.
- Members whose pregnancy ended less than sixty (60) days ago.
- Members who are staying in acute hospitals, nursing facilities, chronic disease or rehabilitation hospitals, or intermediate-care facilities for the developmentally delayed.

- Members getting hospice services.
- Members who are American Indian or Alaska Native who are currently receiving or have 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.
- Members who have met the pharmacy copay cap described above.

No member ever has to pay a copay for birth control.

Tell your pharmacist if one of these exceptions applies to you. You will not be charged a pharmacy copay if an exception applies to you.

What if I cannot afford a copay?

Do not go without the medicine you need. Tell the pharmacist you can't afford to pay the copay. By law, the pharmacy must give you the medicine. You will still owe the money to the pharmacy. The pharmacy may use any legal way to collect the money you owe. AllWays Health Partners is not responsible for copays you owe to the pharmacy.

Safe and Appropriate Use of Prescription Drugs

AllWays Health Partners has pharmacy programs to promote the safe and appropriate use of prescription drugs. Not all drugs are in a pharmacy program. See what drugs are part of a program in the drug lookup on mycarefamily.org or allwaysmember.org.

Call AllWays Health Partners customer service to ask for a copy of the drug list. If

If you need to take a drug that AllWays Health Partners does not cover for you, your provider can ask for a prior authorization from AllWays Health Partners. We look at the request and let you know our decision. If AllWays Health Partners denies the request, you can appeal.

Call AllWays Health Partners Customer Service if you have questions about the pharmacy programs.

Quantity Limit

For some drugs, AllWays Health Partners may limit how much you can get during a certain time. These

limits are based on recommended dosing schedules and the availability of several strengths of the medication.

When you fill a prescription, the Quantity limits automatically apply at the time a prescription is purchased. If your Provider feels that quantities greater than the specified amount is Medically Necessary, he or she can submit a Prior Authorization request that will be looked at by a clinician. If approved, AllWays Health Partners will cover the drug

Mandatory Generic Policy

AllWays Health Partners requires that you try a generic version of a medicine before the brand name version is considered for coverage. If your health care Provider considers it Medically Necessary for you to have the brand name medicine, your Provider must write “no substitution” on the prescriptions and request a Prior Authorization from AllWays Health Partners.

A generic drug is the same medication and works in the same way as the brand name medicine.

Generic medicines are approved by the Food and Drug Administration (FDA) as safe and are the equivalent of the original brand name medicine. In addition, there are usually multiple manufacturers of a generic medicine that may result with a lower cost compared to the branded alternative.

If your Provider feels that it is Medically Necessary for you to take a brand-name medication, he or she can submit a Prior Authorization request to AllWays Health Partners. The Prior Authorization will be reviewed by a clinician, and if he or she determines that the drug is Medically Necessary, AllWays Health Partners will cover the drug.

If you want more information about the pharmacy programs, visit our website at or you can call AllWays Health Partners Customer Service.

Prior Authorization

Some drugs always require Prior Authorization. You can find out if a drug needs Prior Authorization on My Care Family’s website or by calling AllWays

Health Partners Customer Service. If your Provider feels that it is Medically Necessary, he or she can submit a Prior Authorization request that will be reviewed by a clinician.

If the drug is Medically Necessary, AllWays Health Partners will cover the drug. If the Prior Authorization request is denied, you, or your Authorized Representative, can appeal the decision.

Step Therapy

Some types of drugs have many options. This program requires that you try certain first level drugs before AllWays Health Partners will cover another drug of that type. If you and your Provider feel that a first level drug is not right for your medical condition, your Provider can submit a Prior Authorization request. It will be reviewed by a clinician and if the drug is Medically Necessary, AllWays Health Partners will cover the drug.

Access90

Access90 provides you with a 90-day supply of certain maintenance medicines when purchased through the pharmacy. The Co-payment for a 90-day supply is reduced to one Co-payment for a three-month supply. To see if your medication is part of the Access90 program, visit www.mycarefamily.org, “Drug Look-up.”

If you are starting a new medicine, you need to get a 30-day prescription first to make sure the medicine is right for you. If you are staying on the medicine, then you can ask your Provider for a 90-day supply.

If a provider wants a member to have only a 30-day supply at a time, that refill would be for the length of time and amount the provider requests. To do this, the provider needs to list the medicine, how long it needs to stay at the 30-day refill amount, and the reason for staying at a 30-day refill amount.

Members will be automatically enrolled in this program to get 90-day refills of ongoing prescription. If you do not want to be part of this program for one or more of your medications, call AllWays Health Partners Customer Service to request that you not be in the program.

Specialty Pharmacy Program

The AllWays Health Partners Specialty Pharmacy Program offers a less costly method to purchasing expensive injectable drugs and medications that are used to treat complex medical conditions.

Certain medications and injectables are covered only when obtained from AllWays Health Partners' preferred specialty pharmacy (CVS/Caremark) or other contracted specialty pharmacy.

You may determine if your drug is included in the program through the searchable "Drug Lookup" available on our website at www.mycarefamily.org.

If you have questions about how to get covered specialty medications, please call AllWays Health Partners Customer Service at the number listed below.

AllWays Health Partners specialty pharmacies have expertise in the delivery of the medicines they provide, and offer 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, seven 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

If you have any questions about AllWays Health Partners' Specialty Pharmacy Program or for additional assistance, please call AllWays Health Partners Customer Service at 800-462-5449 (TTY: 711), Monday through Friday, 8:00 AM to 6:00 PM, and Thursdays 8:00 to 8:00 PM

New-to-Market Medication Program

AllWays Health Partners reviews new drugs for safety and effectiveness before we add them to our drug list. If your

Provider feels that a new-to-market medicine is Medically Necessary, he or she can submit a Prior Authorization request that will be looked at by a clinician and, if approved, AllWays Health Partners will cover the drug.

Limitations

Coverage is limited for some prescription drugs. AllWays Health Partners only covers drugs that are Medically Necessary for preventive care or for treating illness, injury, or pregnancy.

Exceptions

You or your Provider may ask for coverage of any drug that is usually not covered or has limited coverage. Exceptions may only be allowed for clinical reasons. For additional information, please contact AllWays Health Partners Customer Service.

AllWays Health Partners has a number of online tools to help you understand your prescription drug benefits. Please refer to our website at allwayshealthpartners.org for a listing of covered drugs and any benefit restrictions or limitations.

Exclusions

The following drugs or services are excluded from coverage. However, if you or your Provider feels that it is Medically Necessary for you to take a listed drug, he or she can submit a Prior Authorization request that will be looked at by a clinician and, if approved, AllWays Health Partners will cover the drug.

- Dietary supplements*
- Therapeutic devices or appliances (except where noted) *
- Medications not yet approved by the U.S. Food and Drug Administration (FDA)
- Biologicals, immunization agents or vaccines**
- Blood or blood plasma**

- 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**
- Charges for the administration or injection of any drug**
- If an FDA-approved generic drug is available, the brand name equivalent is not covered
- Anabolic steroids
- Progesterone supplements
- Fluoride supplements/vitamins over age 13
- Drugs whose sole purpose is to promote or stimulate hair growth or for cosmetic purposes only
- Drugs labeled “Caution - limited by federal law to investigational use,” or experimental drugs, even though a charge is made to the individual
- Medications for which the cost is recoverable under Worker’s Compensation or Occupational Disease Law or any state or governmental agency, or medication furnished by any other drug or medical service for which no charge is made to the Member
- Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician’s original order

For more information about AllWays Health Partners’ formulary call Customer Service at 1-800-462-5449 (TTY: 711), or visit the My Care Family website at www.mycarefamily.org.

* Covered in certain circumstances under the Durable Medical Equipment (DME) benefit.

** Covered in certain circumstances under medical benefit.

Section 8

Health-care Access Standards

As a Member of My Care Family, you should have prompt access to health care services. There are “access standards” that list the time it should take for you to get care. You, or your Authorized Representative, have the right to file an Appeal if you have to wait longer than these access standards to get an appointment. (Refer to page 42 for information on how to file an Appeal.) Listed below are health-care services with the time in which they must be available to you.

Emergency Services

You must be able to get Emergency services immediately from an Emergency room or other health care Provider of Emergency services. You are also covered for ambulance transportation and Post-stabilization Care services that are related to an Emergency.

Urgent Care

You must be able to get Urgent Care within forty-eight (48) hours of your request.

Primary Care

- You must be able to get non-urgent, symptomatic care within ten (10) calendar days of your request.
- You must be able to get routine, non-symptomatic care within forty-five (45) calendar days of your request.

Specialty Medical Care

- Non-urgent, symptomatic care—You must get care from a health care Provider within thirty (30) calendar days of your request for an appointment.
- Routine, non-symptomatic care—You must get care from a health care Provider within sixty (60) calendar days of your request for an appointment.

Behavioral Health Care

- You must be able to get Emergency Behavioral Health services immediately, twenty-four (24) hours a day, and seven (7) days a week with unrestricted access from a hospital Emergency room or Emergency Services Program (ESP) Provider. You are also covered for ambulance transportation and Post-stabilization Care services that are related to an Emergency.
- You must be able to get Urgent Behavioral Health Care within forty-eight (48) hours of your request.
- You must be able to get non-urgent, symptomatic and non-symptomatic Behavioral Health care within fourteen (14) calendar days of your request.
- Members who are in Inpatient or 24-Hour Diversionary Services must have these services available upon discharge:
 - Non-24-Hour Diversionary Services within two (2) calendar days, when clinically indicated.
 - Medication Management within fourteen (14) calendar days.
 - Other Outpatient Services within seven (7) calendar days.

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

If you have children in the care or custody of DCF, a Provider must:

- Give your child a health care screening within seven (7) calendar days after you or the DCF worker asks for it.
- Give your child a full medical exam within thirty (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). See page 23 for EPSDT information.

Section 9

Your My Care Family Benefits

As a member of My Care Family, you have a right to certain covered services from My Care Family. Other services are covered by MassHealth but are coordinated by My Care Family.

Your Covered Services List has full details about your covered benefits. This Covered Services list is part of your My Care Family Member Handbook. You should always keep this list with your My Care Family Member Handbook.

As a My Care Family Member, you can also get special benefits. These include discounts on bicycle helmets and items to make your home safe for children.

Visit allwayshealthpartners.org or allwaysmember.org to find a list of these special benefits. You can also call AllWays Health Partners Customer Service.

General Coverage Requirements for My Care Family Benefits

All your services and supplies must meet My Care Family's rules for coverage. All services and supplies must be:

- Approved ahead of time if AllWays Health Partners requires prior authorization
- Medically necessary
- A benefit that your plan covers. See your Member Handbook and Covered Services List for details about all your covered benefits.
- Provided by a provider in your network*
- Provided to an eligible member enrolled in My Care Family

*If a person becomes a Member of My Care Family by changing to My Care Family from another MassHealth Plan, and the Member has previously begun treatment, such as ongoing maternity care, with a Provider that is not contracted with My Care Family, My Care Family will review that treatment and may authorize continued treatment by the

same Provider. If there isn't a My Care Family Network Provider that is able to treat your medical condition, My Care Family will authorize an out-of-Network Provider for you.

What happens if your coverage begins while you are in the hospital

Your My Care Family coverage may begin while you are in a hospital. My Care Family covers hospital stays from the effective date of enrollment with My Care Family.

My Care Family may check with MassHealth to make sure you are covered.

If you were a MassHealth Member before you joined My Care Family, you do not have to pay for the days you were in the hospital before you joined My Care Family.

Your Covered Services List

The Covered Services List that comes with your handbook gives you information about the services that are covered by My Care Family or by MassHealth.

If you need a prior authorization or a referral for a service, you will see this in the Covered Services List. There will be a "Yes" in the column labeled "Prior Authorization Required for Some or All of the Services?" or in the column labeled "PCP Referral Required for Some or All of the Services?"

You may need a referral number to see a specialist. Your PCP will help make sure you get the prior authorizations and referrals you need.

See Section 5 for more information about authorizations and referrals.

There are helpful definitions in the glossary at the end of this book.

How to Access My Care Family MassHealth Benefits

As a member, most of your benefits will be covered by My Care Family. Some of your benefits will be covered by MassHealth.

Show both your AllWays Health Partners/My Care Family and MassHealth cards when you get care.

If you have questions about your benefits, call AllWays Health Partners Customer Service or call the MassHealth Customer Service Center.

Transportation Assistance

Some members can get a ride to medical appointments. These are non-emergency rides. If you have this benefit, it will be on your Covered Services List.

If you have this benefit and need help arranging a ride, please contact MassHealth Customer Service Center at 1-800-841-2900 directly. You can also contact AllWays Health Partners Customer Service with any questions.

You are eligible for this benefit if:

1. You do not have a family member or other person who can take you.
2. You do not have access to public transportation. Or if there is a medical reason you cannot use public transportation.
3. Your appointment is for a medically necessary service.
4. Your appointment will be with a provider in your network or a provider My Care Family has allowed you to see.

For more information, contact AllWays Health Partners Customer Service.

How to Access Benefits Not Covered by My Care Family that are Available Directly through MassHealth

Certain services are covered directly by MassHealth. These are listed in the Covered Services List with a diamond shape (◆). If you need these services, My Care Family will help coordinate them for you. Some of these services may require a prior authorization.

Excluded Services

These services are not covered:

- Cosmetic surgery unless it is medically necessary to repair damage following injury or illness.
 - Treatment for infertility, including but not limited to in-vitro fertilization and gamete intrafallopian tube (GIFT) procedures.
 - Experimental treatment such as new technology, drugs, and services that have not been approved by AllWays Health Partners. For more information about experimental treatment, see Section 15.
 - Personal comfort items including air conditioners, radios, telephones, televisions, and items that do not serve a medical purpose.
 - A service or supply that is not provided by or at the direction of a network provider, except for:
 - Emergency services
 - Family planning services
-

Section 10

Health Care for Your Children

Preventive and Well-Child Care for All Children

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

- Health
- Vision
- Dental
- Hearing
- Behavioral Health
- Developmental and
- Immunization status

AllWays Health Partners pays for your child's checkups. At well-child checkups, your child's PCP 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:

- 3-5 days
- 1 to 2 weeks
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- At ages 2 (24 months) through 20, children should visit their PCP once a year

Children should also visit their PCP any time there is a concern about their medical, emotional or

Behavioral Health needs, even if it is not time for a regular check-up.

Preventive Pediatric Health-care Screening and Diagnosis (PPHSD) Services for Children Enrolled in MassHealth Family Assistance

If you or your child is under 21 years old and is enrolled in MassHealth Family Assistance, and, if a Provider or any clinician discovers a health condition, AllWays Health Partners 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 or CommonHealth

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

This coverage includes health care, diagnostic services, treatment, and other measures needed to correct or improve defects and physical and mental illnesses and conditions.

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 PCP can get help from My Care Family to find Providers in the My Care Family 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 AllWays Health Partners for Prior Authorization. AllWays Health Partners uses this process to determine if the service is Medically Necessary. AllWays Health Partners will pay for the service if Prior Authorization is given. Talk to your child's Provider, Behavioral Health Provider, or other Specialist for help in getting these services.

If Prior Authorization is denied, you, or your Authorized Representative, have a right to appeal. See page 42 for more information about the Appeals processes.

Children's 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. Children with serious emotional disturbance (SED) are entitled to 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.

My Care Family provides a full range of Behavioral Health services including individual, group or family therapy, and "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.

For more information, contact AllWays Health Partners Customer Service or Optum My Care Family's Behavioral Health Partner.

Well-Child Checkups

It is important for children, teens and young adults to see their primary care doctor or nurse for regular checkups. "Well-child" checkups help children and youth stay healthy. They find small problems early before they become bigger. MassHealth pays for children and youths under the age of 21 to see their doctor or nurse for well-child visits at least once every year and more often if the child is under two (2) years. At these visits, the doctor or nurse will check your child's health, development, need for immunizations, dental health, and Behavioral Health.

Standardized Behavioral-Health Screens by PCPs

A Behavioral Health screening can help you and your Provider to identify Behavioral Health concerns early.

MassHealth requires that your child's primary care doctor or nurse offer to use a standard screening tool to check your child's Behavioral Health during their "well-child" visits. Screening tools are short lists of questions or "checklists" that you or your child (depending on the child's age) fill out, and then talk about it with your child's primary care 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 doctor or nurse. You should ask your primary care doctor or nurse which tool he or she has chosen to use when screening your child for Behavioral Health concerns.

Your primary care doctor or nurse will discuss the completed screening with you and your child. The screening will help you and your primary care doctor or nurse decide if your child may need further assessment by a Behavioral Health Provider or other professional. If you, or your primary care doctor or nurse, think that your child needs to see a Behavioral Health Provider, information and help are available.

For more information on how to access Behavioral Health services, or to find a Behavioral Health Provider, you can talk to your primary care doctor or nurse, or call the AllWays Health Partners Customer Service Center or Optum

Standardized Needs and Strengths Assessments Conducted by a Behavioral-Health Provider

MassHealth requires that your child's Behavioral Health provider (a doctor, nurse, social worker or counselor) use a standard assessment tool to learn about your child's strengths and needs. The assessment tool used is the Child and Adolescent Needs and Strengths (CANS). This tool will help the Behavioral Health Provider collect information about your child and make recommendations about your child's Behavioral Health needs. This tool will also be used as part of treatment planning to monitor progress as well as part of the discharge planning process for your child if he/she is in an inpatient psychiatric hospital or community based acute treatment setting.

Behavioral-Health Services Available

AllWays Health Partners pays for many Behavioral Health services for children and youth under the age of 21 including:

Outpatient Therapy

If this is the first time your child is getting help, then outpatient therapy may be the best place to begin. A counselor will meet with you and your child to talk about your child's strengths and needs, make a plan to help your child and/or help your child get any other needed services.

In-Home Therapy

If your child's behavior is making daily life hard for the family, then in-home therapy may be right for your child and family. Counselors work with your whole family, helping you as the parent, to help your child. In-home therapy can help your child and family to resolve conflicts, learn new ways to do things, make new routines, set limits and find community resources.

Intensive Care Coordination

Intensive Care Coordination (ICC) for children and youth with a serious emotional

disturbance. ICC helps to get all the adults in your child's life to work together. In ICC, a Care Coordinator helps you bring together the main adults in your child's life so that every- one is working together to help your child. You choose who is on your team, including professionals (counselors, social workers, teachers) and your personal supports (friends or relatives). You may also ask for a "Family Partner", a parent trained to make sure your voice is heard. Together, the team will help you and your child reach your goals for your family.

Children and youths get ICC services through Community Service Agencies (CSAs).

There are 32 CSAs located throughout Massachusetts. Three (3) of the 32 CSAs have special skills to serve Black, Latino and deaf and hard of hearing children and youths.

Mobile Crisis Intervention

Mobile crisis intervention is for when your child is having a crisis and needs help right away. You can call 24-hours a day, 7 days a week. A trained team will come to your home, a school, or other place in the community to help your child with the crisis. The team will also help you get other services for your child and family.

If your child gets outpatient therapy, in-home therapy, or intensive care coordination and needs more help, he or she may also be able to get the following services:

In-Home Behavioral Services

Sometimes a child will do something over and over that bothers other people or harms the child. If it is hard to get the child to act differently, a counselor will work with you and others in your child's life to try new ways to help your child change these behaviors.

Therapeutic Mentoring

Some children want to get along with others, but need help and practice learning to talk or act in new ways. A therapeutic mentor will go with your child to the places where your child has the most trouble and teach him or her new skills, such as better ways to talk or act with other children and adults.

Family Support and Training (Family Partners)

Family Partners help parents and caregivers to help their children reach their treatment goals. They are parents or caregivers of children with special needs. They have “been there”, understand what families go through and can share their experiences. Family Partners are not Behavioral Health professionals, but work closely with parents to help them get the services their children need.

Outpatient Therapy, In-Home Therapy and Mobile Crisis Intervention services are available to children and youth under the age of 21 on MassHealth Family Assistance who are enrolled in managed care and meet the medical necessity criteria for the service. Children and youth under the age of 21 on MassHealth Standard or CommonHealth have all services available if they meet the medical necessity criteria.

If you are not sure which MassHealth category your child has, you can call MassHealth Customer Service at 1-800-841-2900. If you have questions about the services described above or need more information about how to get them, talk to your child’s Primary Care doctor or nurse, your child’s Behavioral Health Provider (if they have one) or call Optum, My Care Family’s Behavioral Health partner, at 1-844-451-3519.

Dental Care for Children

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

Your child’s PCP will do a dental exam at each well-child checkup. When your child is three years old—or earlier if there are problems—his or her PCP will suggest that you begin to 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 six (6) months starting no later than age three (3) and
- A dental cleaning every six (6) months starting no later than age three (3) and

- Other dental treatments needed, even before age three (3), if your child’s Provider or dentist finds a problem with your child’s teeth or oral health.

Your child’s PCP may recommend fluoride varnish. This service is mostly for children up to age three, 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. That includes dental treatment, even if the service is not otherwise covered by MassHealth.

Children, who are under age 21 and enrolled in MassHealth Family Assistance, can get all Medically Necessary Services covered under their coverage type, including dental treatment.

Talk to your child’s PCP or dentist for help in getting these services.

Note: Children can visit a dentist before age three.

Section 11

Additional Services for Children

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

Early Intervention Services for Children with Growth or Developmental Problems

Some children need extra help to grow and develop in a normal, healthy way. There are Providers who are “early intervention” Specialists. Those Providers can help those children who may need it. Some are:

- Social workers
- Nurses
- Physical therapists
- Occupational therapists
- Speech therapists

All of these Providers work with children under three 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 you think your child might have growth or development problems, or contact your local early intervention program directly.

Section 12

Preventive Care for Adults

Routine preventive care is an important part of staying healthy. My Care Family urges all Members to visit their PCPs for preventive care.

Examples of covered preventive care benefits for Members Ages 21 and Older include:

- Physical exams— annually for all ages for a health maintenance visit, cancer screening, cardiovascular disease risk assessment, obesity screening, Behavioral Health, tobacco and substance use, intimate partner violence
- Blood pressure monitoring—at each visit and annually;
- Cholesterol screening— once by age 21, then every 5 years, beginning at 35 in men, or 45 in women; earlier for those with risk factors;
- Diabetes screening—every 3 to 5 years for individuals at high risk;
- Sexually transmitted infection screening for chlamydia and gonorrhea—for all women under age 25, and all individuals at risk;
- Pelvic exams and Pap tests (women)— Initiate Pap test and pelvic exam 3 years after first sexual intercourse or by age 21. Every 3 years depending on risk factors.
- Breast cancer screening/mammogram— every 2 years over age 50, or at the clinician’s discretion based on risk;
- Colorectal cancer screening—colonoscopy every 10 years, starting at age 50; earlier and more frequent testing for those at high risk;
- Prostate cancer screening—a blood test should be considered for men over age 40 at high risk, and for men over age 50 without risk factors;
- Blood tests for HIV for all adults once, and periodically for individuals at risk;
- Blood tests for Hepatitis C are advised once for all adults born between 1945 and 1965, and periodically for risk;

- Flu shot—annually, with review and updating for other vaccinations;
- Biennial eye exams—once every one to two years;
- Osteoporosis screening—consider bone mineral density screening at age 50, earlier for individuals at risk;
- Dental—Call AllWays Health Partners Customer Service to ask about specific dental coverage available through MassHealth.

My Care Family covers many more preventive care benefits. See your PCP for your routine health care needs.

Section 13

Care Management Programs

The Care Management Programs available through My Care Family aim to identify and address your unique health care and social needs in order to improve your overall quality of life. My Care Family has a team of care managers that know how to work with you and your health care Providers to make sure that services are coordinated. Just a few examples of services that we can help coordinate include:

- Home health services
- Hospitalizations
- Medical equipment
- Oxygen
- Physical therapy

These types of programs meet different needs. For example, if you just have questions, you can call the Nurse Advice Line. For people who have more serious or complicated illnesses, we offer care and disease management programs for children and adults. Your provider may enroll you in a care management program if he or she thinks you need it. You can also ask to be enrolled if you think you need help. You can choose whether to participate in any of these programs, and how much you want to participate. Our care management programs do not replace the care you receive from your health care Providers, and you should continue to schedule regular and ongoing visits with them.

This section of your My Care Family Member Handbook describes some of the Care Management programs that are available. For additional information on these or additional programs:

- Refer to materials in your Member kit
- Call AllWays Health Partners Customer Service at: 1-800-462-5449 (TTY: 711)
- Visit AllWays Health Partners' website at www.allwayshealthpartners.org

Nurse Advice Line

24-Hour Nurse Advice Line from AllWays Health Partners

My Care Family has a Nurse Advice Line that you

can call twenty-four (24) hours a day, seven (7) days a week to get answers to any health-related questions you may have. Every call is answered by a nurse who can respond to health-related questions. When you call, the nurse will ask you a few questions about your health concern to help you decide if you should:

- See your Provider
- Go to the Emergency room for care, or
- Care for yourself at home. The nurse will give you suggestions about how you may care for yourself.

The Nurse Advice Line does not take the place of a health care Provider. Your Provider still needs to coordinate your care. In an emergency, call 911 or go to the nearest emergency room.

You can reach the Nurse Advice Line by phone twenty-four (24) hours a day, seven (7) days a week at 1-833 372-5644 or online at www.allwayshealthpartners.org.

Please remember, this line is only for health and medical related questions. If you have questions about your health care coverage through My Care Family, you should call AllWays Health Partners Customer Service.

The Care Management Programs at My Care Family

Care Coordination

Sometimes you may be receiving medical or Behavioral Health care from many sources and you need some- one to help you make sure that the services your Providers want you to have are coordinated. My Care Family has a team of nurse managers that know how to work with you and your health care Providers to make sure that these services are available, authorized and arranged. My Care Family also has Behavioral Health care managers for Members who may have Behavioral Health concerns through My Care Family's partner, Optum Care managers can help members and their families

as they navigate a sometimes, complex range of community Providers and agencies. Care managers will help coordinate your Behavioral Health care by using your strengths and advocating for you.

My Care Family also has social workers who have experience helping Members find community-based services and programs. A Social Worker or Community Health Worker can help you learn the types of programs you and your family may be able to use, such as:

- Public assistance (cash benefits)
- Housing services
- Food programs
- Utilities assistance (gas, electric, or phone service)
- Services for people with disabilities

Below are some examples of our care coordination programs.

Maternal Child Health-Perinatal Program

My Care Family has nurse care management for women to promote healthy pregnancy and childbirth. Care managers can assist with education around pregnancy and help access social supports you may need to have a healthy pregnancy and baby.

Your Care Circle

This is a specialized care management program for members with complex and difficult to manage health care needs. The program aims to coordinate medical, behavioral, and social care to improve health and quality of life. The team is made up of nurses, Behavioral Health care managers, social care managers and community health workers who will work with you in person to coordinate your unique needs. The care managers will work with you to meet immediate health care needs as well as social needs such as food, housing and shelter. The team also has a nutritionist, physical therapist and recovery coach. These team members will help to better manage your unique healthcare needs.

Complex Care Management

The Complex Care Management and Intensive Clinical Management (ICM) program is available to certain Members with hard to manage, unstable

and/or long lasting medical and psychiatric conditions who could be helped by working with a team of dedicated clinicians and professionals.

This team is made up of nurses, Behavioral Health clinicians, social workers and community health workers. They understand the problems that enrollees with complex health care needs or chronic conditions have. They work with each Member, the Primary Care Provider and specialty Providers to get the right care. They will work with you to address your health care needs, develop a plan of care and monitor goals for improving your health care goals.

Disease Management

There are some conditions and diseases that are common to many of our Members. For these conditions, we have specialized programs that give you the support you need in a way that is specific to your condition. These programs usually include educational information to help you work with your health care Providers to manage your condition.

When your needs are more challenging, we have specialized care managers who will offer you more personalized support, coaching and education. Disease and condition management services are provided for Members with conditions such as:

- Asthma
- Diabetes
- Smoking cessation (help to stop smoking)
- HIV
- Hepatitis C

Below is an example of our disease management program for diabetes.

Diabetes

If you have diabetes, you may want the extra care and education our diabetes management program can give you. Diabetes care managers reach out to Members considered to be at-risk for diabetes-related health problems by providing education and support.

Section 14

Staying Healthy

My Care Family offers a full suite of wellness resources to help you feel happy, healthy, and well. These programs include the tools we offer to help you manage your health every day. Some are sent to you, others you can use by going to the “Your Health” section of our website at www.allwayshealthpartners.org. Our health and wellness services include:

Online Wellness Tools

In My Care Family’s online wellness center, you can access the Health and Wellness Assessment along with personalized offerings and a full library of health information. To use the online wellness center, log into allwaysmember.org and click in the My Health box.

You also have access to the Healthwise Knowledgebase, an interactive health library via our website at www.allwayshealthpartners.org. Here you can find facts, suggestions and tools that will help keep you and your family healthy.

Telephonic Health Coaching

My Care Family’s specially trained health coaches are here to help you gain knowledge, skills, and tools so you can reach your wellness goals. We work with you on:

- Healthy eating
- Weight management
- Increasing physical activity
- Stress management
- Tobacco cessation (refer to the Quit for Life Tobacco Cessation Program below for more information)

Health coaches can also help you make the most of the online wellness center and other tools and benefits available to you through My Care Family. You can reach a health coach by email at Healthandwellness@allwayshealthpartners.org or by calling the customer service number on the back of your AllWays Health Partners/My Care Family ID card.

Quit for Life Tobacco Cessation Program

My Care Family provides support for Members trying to quit tobacco. We know that quitting smoking or using tobacco products can be very difficult and we want to help support you through the process. While working with the Tobacco Treatment Specialist you will receive the encouragement, support and tools that you need to quit and stay quit! Research shows that a combination of counseling and use of tobacco cessation medications doubles your chances of quitting successfully.

A Certified Tobacco Treatment Specialist (CTTS) can help you create a quit plan, discuss treatment options, choose a quit day, deal with cravings and live with other tobacco users in your life who are not ready to quit. The CTTS is available to call your Provider with you to discuss obtaining a prescription for tobacco cessation medication. My Care Family’s pharmacy benefit covers certain over-the-counter and prescription tobacco cessation medications at \$0 cost with a prescription from your provider. The program also includes free educational materials.

For more information and help quitting tobacco:

My Care Family Certified Tobacco Treatment Specialist
857-282-3096
quitsmoking@allwayshealthpartners.org

Massachusetts Quitline
<http://makesmokinghistory.org/quit-now/> 1-800-QUIT_NOW

Wellness Outreach from My Care Family

My Care Family has many resources to help our Members stay healthy.

From time to time, you may receive outreach from My Care Family to help you and your families stay healthy. Some of these may include:

- Immunization reminders about vaccinations for which you or your child may be due

- Preventative health screening reminders about important health screenings that you or your child should receive such as mammograms and lead screening
- My Care Family's Member newsletter, Our Neighborhood, which contains important articles about your My Care Family benefits as well as information on health and well-being

For more information about any of these programs, refer to the materials in your Member kit, call AllWays Health Partners Customer Service, or visit the My Care Family website at www.mycarefamily.org.

Section 15

Quality Assurance Programs

My Care Family is committed to improving the quality and safety of care and services to our members. Our Quality Management Program supports our mission, state and federal regulations, and accrediting agency standards (such as the National Committee for Quality Assurance (NCQA)).

My Care Family's Quality Management Program addresses medical and Behavioral Health services. We ensure that our high-quality medical, behavioral, health and pharmacy services helps our members improve or maintain their overall health and to manage chronic illnesses. We do this by providing access to culturally competent, high-quality PCPs, specialists and Behavioral Health care providers. This helps to ensure high-quality care from all your providers. It also helps us meet your cultural needs and preferences.

The Quality Management Program also helps us to continue improving in all aspects of the care and services we provide to members. We do this in a variety of ways. Some of the ways we make sure that we continue to improve are listed below:

- Promoting preventive health services
- Providing programs to help you manage acute and chronic care issues
- Ensuring continuity and coordination of your care
- Monitoring members who under-use or over- use services
- Developing patient safety activities
- Monitoring member satisfaction
- Ensuring access and availability to medical and Behavioral Health care
- Monitoring our providers' clinical practice guidelines

For more information on our quality management programs, call AllWays Health Partners Customer Service.

Section 16

When You Have Other Coverage

Coordination of Benefits

Sometimes members are covered by more than one plan. AllWays Health Partners works with MassHealth to coordinate coverage and payment for health care services. We compare commercial enrollment and claims records with MassHealth enrollment records. We find members who are covered by another insurer. In that case, your other plan may pay first, and AllWays Health Partners may pay second.

Examples of other insurers include:

- When you are a dependent of someone on a commercial health plan
- When you have a commercial plan through your employer
- Medicare

Subrogation

Subrogation is when AllWays Health Partners gets back some or all of the costs of a member's health care from another source.

For example, we may get money back from your car insurance or homeowner's insurance. We may also get money back from someone else's car or homeowner's insurance if that person caused your illness or injury. We may also get money back from Worker's Compensation.

AllWays Health Partners has the right to ask that another insurer to pay us back for any health care costs if that company is responsible for the cost of your illness or injury.

AllWays Health Partners will pay second unless otherwise required by law.

AllWays Health Partners' Right of Reimbursement

If you recover money as a result of a lawsuit or settlement relating to an illness or injury, AllWays Health Partners can require that you repay the cost of health care services and supplies that AllWays

Health Partners paid. AllWays Health Partners cannot demand repayment beyond the total amount of the Member's recovery.

As a Member of My Care Family, you agree to:

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

Section 17

Member Rights and Responsibilities

Your Rights as an AllWays Health Partners Member

As a valued Member of AllWays Health Partners you have the right to:

- Receive information about AllWays Health Partners, our services, our Providers and practitioners, your covered benefits, and your rights and responsibilities as a Member of AllWays Health Partners.
- Receive documents in alternative formats and/or oral interpretation services free of charge for any materials in any language.
- Have your questions and concerns answered completely and courteously.
- Be treated with respect and with consideration for your dignity.
- Have privacy during treatment and expect confidentiality of all records and communications.
- Discuss and receive information regarding your treatment options, regardless of cost or benefit coverage, with your Provider in a way which is understood by you. You may be responsible for payment of services not included in the Covered Services list for your coverage type.
- Be included in all decisions about your health care, including the right to refuse treatment and the right to receive a Second Opinion on a medical procedure at no cost to you.
- Change your PCP.
- Access Emergency care twenty-four (24) hours a day, seven (7) days a week.
- Access an easy process to voice your concerns, and expect follow-up by AllWays Health Partners.
- File a Grievance or Appeal or if you have had an unsatisfactory experience with AllWays Health Partners or with any of our contracted Providers, or if you disagree with certain decisions made by AllWays Health Partners.
- Make recommendations regarding AllWays

Health Partners' "Member Rights and Responsibilities."

- Create and apply an Advance Directive, such as a will or a health care proxy, if you are over 18 years of age.
- Freely apply your rights without negatively affecting the way AllWays Health Partners and/or your Provider treats you.
- Ask for and receive a copy of your health record and request that it be changed or corrected, as explained in the Notice of Privacy Practices on page 47 of this AllWays Health Partners Member Handbook.
- Receive the Covered Services you are eligible for as outlined in the Covered Services list enclosed with this AllWays Health Partners Member Handbook.

Your Responsibilities as an AllWays Health Partners Member

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

- Choose a PCP, the Provider responsible for your care.
- Call your PCP when you need health care.
- Tell any health care Provider that you are an AllWays Health Partners Member.
- Give complete and accurate health information that AllWays Health Partners or your Provider needs in order to provide care.
- Understand the role of your PCP in providing your care and arranging other health care services that you may need.
- To the degree possible, understand your health problems and take part in making decisions about your health care and in developing treatment goals with your Provider.
- Follow the plans and instructions agreed to by you and your Provider.
- Understand your benefits and know what is covered and what is not covered.

- Call your PCP within forty- eight (48) hours of any Emergency or Out- of-Network treatment. If you experienced a Behavioral Health Emergency you should contact your Behavioral Health Provider, if you have one.
- Notify AllWays Health Partners and MassHealth of any changes in personal information such as address, telephone number, marriage, additions to the family, eligibility of other health insurance coverage, etc.

Mental Health Parity

Federal and state laws require that all managed care organizations, including AllWays Health Partners, provide Behavioral Health services to MassHealth members in the same way they provide physical health services. This is what is referred to as “parity.” In general, this means that:

- AllWays Health Partners must provide the same level of benefits for any mental health and substance abuse problems you may have as for other physical problems you may have;
- AllWays Health Partners must have similar Prior Authorization requirements and treatment limitations for mental health and substance abuse services as it does for physical health services;
- AllWays Health Partners must provide you or your provider with the medical necessity criteria used by AllWays Health Partners for Prior Authorization upon your or your provider’s request; and
- AllWays Health Partners must also provide you within a reasonable time frame the reason for any denial of authorization for mental or substance abuse services.

If you think that AllWays Health Partners is not providing parity as explained above, you have the right to file a Grievance with AllWays Health Partners. For more information about Grievances and how to file them, please see Section 20 of your Member Handbook.

You may also file a grievance directly with MassHealth. You can do this by calling the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648) Monday—Friday 8:00 AM to 5:00 PM

Reporting Health Care Fraud

If you know of anyone trying to commit healthcare Fraud, please call AllWays Health Partners’ confidential Compliance Helpline at 1-800-826-6762. Representatives are available twenty-four (24) hours per day, seven (7) days per week to receive your call. You do not need to identify yourself.

Examples of health care Fraud include:

- Receiving bills for health care services you never received
 - Individuals loaning their health insurance ID card to others for the purpose of receiving health care services or prescription drugs
 - Being asked to provide health care information that is not true
-

Section 18

Communicating with My Care Family

Your Satisfaction is Important to Us

Our Customer Service Professionals want you to get the most from your My Care Family Membership. Call us if you:

- Have any questions about your My Care Family benefits
- Need help choosing a PCP
- Receive a bill from a Provider
- Lose your AllWays Health Partners/My Care Family Member ID card
- Want to file a Grievance or Appeal

In addition, please be sure to let AllWays Health Partners Customer Service and MassHealth know if you:

- Move to a new address
- Get a new telephone number
- Get a new email address
- Have a new addition to your family

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

My Care Family Providers should not bill you for any service included on the Covered Services list.

If you paid a My Care Family Provider for any service included on the Covered Services list you should contact AllWays Health Partners Customer Service and we will arrange to have the Provider pay you back.

If you need Emergency, Post-Stabilization, or Urgent Care while traveling within the United States and its territories, AllWays Health Partners will pay the Provider directly. Just ask the Provider to contact AllWays Health Partners to discuss payment if the Provider asks you for money.

If you do pay for Emergency, Post Stabilization or Urgent Care while traveling within the United States and its territories, AllWays Health Partners

may reimburse you. If you paid for a covered service or you receive a bill from a provider, please send a copy of the bill and receipts of all your payments to:

AllWays Health Partners
Customer Service Department
399 Revolution Drive, Suite 820
Somerville, MA 02145

Be sure to include the following information:

- Member's full name
 - Member's date of birth
 - Member's AllWays Health Partners/My Care Family Member identification number
 - Date the health care service was provided
 - Name, address and phone number of the Provider
 - A brief description of the illness or injury
 - For pharmacy items, you must include a dated drug store receipt stating the name of the drug or medical supply, the prescription number, the quantity dispensed and the amount paid for the item
-

Section 19

Concerns and Inquiries

Concerns

You can contact MassHealth Customer Service at any time to tell them about a concern. You can also call to file a grievance that you have with MassHealth or My Care Family.

Inquiries

As a My Care Family Member, you have the right to ask about your benefits or My Care Family's policies and procedures at any time. We will make our best effort to answer your question within one business day after we receive it. My Care Family will contact you to let you know the result.

Section 20

Grievance Process and Rights for MassHealth Members

Because you are a Member of My Care Family, your satisfaction is important to us. If you feel you had an unsatisfactory experience with My Care Family, Optum, or with any of our contracted Providers, you have the right to file a Grievance, which is a way to let us know that you are not satisfied with your experience.

For more information about the types of experiences for which you or your Authorized Representative can file a Grievance, refer to the questions “What types of things can I file a Grievance for?” below.

An authorized representative is a person who can act on your behalf if you have filed an appeal or a grievance. An authorized representative can also file an appeal.

When you file a Grievance with AllWays Health Partners or Optum, you have certain rights. While AllWays Health Partners or Optum reviews your Grievance, you have the right to:

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

We also ask that you:

- Sign and return the acknowledgement letter that AllWays Health Partners or Optum sends you (refer to “How do I file a Grievance?”).
- Sign and return the Designation of Authorized Representative Form, if you are appointing an Authorized Representative (refer to “Can I choose someone to represent me during the Grievance Process?”).

- Provide us with a current address and/ or phone number to communicate with you about your Grievance.

Questions and Answers about the Grievance Process

What types of things can I file a Grievance for?

You can file a Grievance whenever you have an unsatisfactory experience with My Care Family, Optum, or with any of our contracted Providers, such as:

- When you are dissatisfied with the quality of care or services My Care Family or Optum provided,
- A My Care Family or Optum Provider was rude to you,
- If AllWays Health Partners or Optum failed to respect any of your rights
- If you disagree with a decision by AllWays Health Partners or Optum to extend the time to resolve an Internal Appeal or to reach an Authorization decision
- You disagree with a decision by AllWays Health Partners or Optum not to treat an Appeal as an Expedited (fast decision) Appeal.

How do I file a Grievance?

To file a Grievance, you can write to AllWays Health Partners at:

AllWays Health Partners
Appeals and Grievance
Department 399
Revolution Drive - Suite 820
Somerville, MA 02145

You can also provide the Grievance information in person, or call AllWays Health Partners Customer Service at 1-800-462- 5449 (TTY: 711).

If your Grievance is related to Behavioral Health, call Optum at 1-866-556-8166 (TTY: 711) or write to:

Optum
Appeals & Grievances
P.O. Box 30512
Salt Lake City, UT 84130-0512

Fax: 1-855-312-1470
Phone: 1-866-556-8166 (TTY: 711)

When we receive your request to file a Grievance, we will send you and your Authorized Representative (if applicable) an acknowledgement letter within one (1) business day. The acknowledgement letter describes your Grievance as we understand it. If any of the information is incorrect, or if you want to add more information, make your corrections on the letter. When you or your Authorized Representative are satisfied that your Grievance is described correctly, sign the letter and return it in the postage paid envelope provided.

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

Yes. You may designate anyone such as a family member, a friend, a lawyer, a Provider, or anyone else of your choosing to represent you during the Grievance process. Your Designated Authorized Representative will have the same rights as you do in filing your grievance.

To do so you must sign and return a Designation of Authorized Representative Form to AllWays Health Partners or to Optum if your grievance is related to Behavioral Health. If we do not receive this signed Form by the deadline for resolving your Grievance, we will only be able to communicate with you during the Grievance process.

Who will review my Grievance?

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

What if AllWays Health Partners or Optum needs more information?

If we need more information, we will call you or your Authorized Representative or send 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 or your Authorized 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?

AllWays Health Partners will send you and your Authorized Representative a letter within thirty (30) calendar days of receipt of your Grievance to let you know the decision.

What if I'm not satisfied with AllWays Health Partners' decision?

If you are not satisfied with the resolution, you or your Authorized Representative may contact AllWays Health Partners Customer Service, where you will be referred to the appropriate state agencies for further resolution. If you are not satisfied with the resolution of a Behavioral Health grievance you may call Optum's Grievance Reviewer. You may also call the MassHealth Customer Service Center if you are not satisfied with AllWays Health Partners or Optum's decision.

Section 21

Appeal Process and Rights for MassHealth Members

An Appeal is a request by a member or an Authorized Representative to AllWays Health Partners or Optum for review of an “Adverse Action”. An Adverse Action happens if AllWays Health Partners is:

- Denying, limiting or stopping certain services
- Not paying your claim because the services were not necessary for you
- Not responding to a request for a prior authorization or an appeal in a timely manner.

(See the full definition of “Adverse Action” in the Glossary on page 52).

An Authorized Representative is a person who can act on your behalf if you have filed an appeal or a grievance. An Authorized Representative can also file an appeal.

If you are not satisfied with a decision regarding health care coverage made by AllWays Health Partners, or you have had a problem accessing health care services, you, or your Authorized Representative, have the right to appeal.

For more information on 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 AllWays Health Partners or Optum with information (in writing, by telephone, or in person) about your Appeal.
- The right to be helped or represented by someone else—like a friend, family member or Provider (refer to “What is an Authorized Representative?” below).
- The right to receive free translation services during the Appeal process.
- The right to ask AllWays Health Partners or Optum questions and to get help from AllWays Health Partners or Optum staff.
- The right to see all the information AllWays Health Partners or Optum used to make a

decision on your Appeal and get a copy of it.

- The right to ask for a copy of the AllWays Health Partners or Optum document or criteria upon which the Adverse Action was based.
- The right to ask for a copy of AllWays Health Partners’ or Optum’s written, Internal Appeal policy and procedure.

We ask that you:

- Sign and return the Appeal acknowledgement letter when you receive it from AllWays Health Partners or Optum (refer to “How do I file an Appeal?” below).
- Sign and return the Authorization to Release Health Information Form, if asked (refer to “What if AllWays Health Partners or Optum needs more information?” below).
- Sign and return the Designation of Authorized Representative Form, if you are appointing an Authorized Representative (refer to “What is an Authorized Representative?” below).
- Provide us with a current address or phone number so that we can contact you during the Appeal Process.

Questions and Answers about the Appeals Process

What types of things can I appeal?

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

- AllWays Health Partners or Optum denies or limits coverage of a requested health-care service when AllWays Health Partners’ or Optum’s Prior Authorization is required or
- AllWays Health Partners or Optum reduces or stops covering a service that AllWays Health Partners previously approved or
- AllWays Health Partners or Optum denies payment for a service because we feel it is not Medically Necessary

- AllWays Health Partners or Beacon did not respond to a Prior Authorization request in a timely manner or
- You (the Member) could not get medical treatment from an AllWays Health Partners or Beacon Provider in a timely manner or
- You did not receive a timely response to your Appeal request. In this instance, you or your Authorized Representative may file an Appeal directly with the Office of Medicaid's Board of Hearings as described below (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?").

What types of Appeals can I file with AllWays Health Partners or Optum?

You or your Authorized Representative can file an Appeal, or an Expedited (fast decision) Appeal with AllWays Health Partners or Optum (refer to "How do I file an Appeal?" below). An Expedited Appeal is a fast decision review of an Adverse Action (refer to "Can I get a decision sooner than 30 days?"). These different types of Appeals are described in more detail below.

How do I file an Appeal?

To begin the Appeal process, you or your Authorized Representative may call, visit, or write to AllWays Health Partners at:

AllWays Health Partners
Appeals and Grievances Department
399 Revolution Drive – Suite 820
Somerville, MA 02145

Customer Service Contact Information:
1-800-462-5449 (TTY: 711)
Monday–Friday 8:00 AM to 6:00 PM
Thursdays 8:00 AM to 8:00 PM

If your Appeal concerns a Behavioral Health matter, you or your Authorized Representative may call, visit, or write to Optum at:

United Behavioral Health (Optum)
Appeals & Grievances
P.O. Box 30512
Salt Lake City, UT 84130-0512

Fax: 1-855-312-1470
Phone: 1-866-556-8166 (TTY: 711)

Optum's Customer Service Contact Information:

1-844-451-3519 (TTY: 711)
Monday-Friday 8:00 AM to 6:00 PM EST;
Thursday 8:00 AM to 8:00 PM EST.

When AllWays Health Partners or Optum receives your request for an Appeal, we will send you and your Authorized Representative, if you have one, an Appeal acknowledgement letter within one (1) business day. Please read this letter, make any needed corrections or additions, sign the letter, and return it in the postage paid envelope that AllWays Health Partners or Optum will provide. This helps us to make sure that we accurately understand your Appeal.

What is an Authorized Representative?

An Authorized Representative is anyone you choose, in writing, to act on your behalf in filing an Appeal with AllWays Health Partners. An Authorized Representative can be a family member, a friend, a lawyer, a Provider, or anyone else you choose to represent you. Your Authorized Representative will have the same rights as you do in filing your Appeal. To designate an Authorized Representative, you must sign and return a Designation of Authorized Representative Form to AllWays Health Partners or Optum. If we do not receive this form by the deadline for resolving your Appeal, we will only be able to communicate with you during your Appeal. For an Expedited (fast decision) Appeal, the review will be processed even if AllWays Health Partners or Optum has not received the Designation of Authorized Representative Form within the required timeframe.

If we dismiss your Appeal, we will notify you in writing. If you believe that you did in fact authorize your designated representative in writing before the deadline for resolving your Appeal expired, you can request, in writing, that AllWays Health Partners vacate (reverse) this dismissal and proceed with your Appeal.

We must receive this request within ten (10) calendar days of your receiving our dismissal letter.

Send your request to:

AllWays Health Partners
Appeals and Grievances Department
399 Revolution Drive – Suite 820
Somerville, MA 02145

Or for Behavioral Health Appeals to:

Optum
Appeals & Grievances
P.O. Box 30512
Salt Lake City, UT 84130-0512

Fax: 1-855-312-1470
Phone: 1-866-556-8166 (TTY: 711)

AllWays Health Partners or Optum will either make the dismissal final or vacate (reverse) the dismissal and process your Appeal. AllWays Health Partners or Optum will notify you of this decision in writing. If AllWays Health Partners or Optum makes your dismissal final, you can Appeal to the Office of Medicaid's Board of Hearings (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?"). An Expedited (fast decision) Appeal will be dismissed and processed as a standard Appeal if the request to expedite is unrelated to your health condition.

Is there a time limit for filing an Appeal?

Yes. You or your Authorized Representative must submit your Appeal request within sixty (60) days of:

- Receiving notice of a denial for a new service request or the decision to reduce or stop covering a service that was previously approved
- AllWays Health Partners' or Optum's failure to act within required timeframes for making Prior Authorization decisions or
- Not getting medical treatment from an AllWays Health Partners or Optum Provider within a timely manner, as described in your Member Handbook.

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

If we receive your Appeal late, we will dismiss it and will notify you and your Authorized Representative in writing. If you believe that you

did in fact submit your Appeal before the deadline, you or your Authorized Representative can request, in writing, that we vacate (reverse) this dismissal and proceed with your Appeal. We must receive this request within ten (10) calendar days of your receiving our dismissal letter. Send your request to:

AllWays Health Partners
Appeals and Grievances Department
399 Revolution Drive – Suite 820
Somerville, MA 02145

Or for Behavioral Health Appeals to:

Optum
Appeals & Grievances
P.O. Box 30512
Salt Lake City, UT 84130-0512

Fax: 1-855-312-1470
Phone: 1-866-556-8166 (TTY: 711)

AllWays Health Partners or Optum will either make the dismissal final or vacate (reverse) the dismissal and process your Appeal. AllWays Health Partners will notify you and your Authorized Representative of this decision in writing. If AllWays Health Partners or Optum makes your dismissal final, you or your Authorized Representative 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?").

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

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

Who will review my Appeal?

Your Appeal will be reviewed by one or more individuals who were not involved in the original Adverse Action and not a subordinate of the original decision maker. At least one of them will have the appropriate clinical expertise in treating the medical condition or providing the treatment or service that your Appeal is about.

What if My Care Family or Optum needs more information?

If we need more information, we will send you and your Authorized 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 provided.

How long will AllWays Health Partners or Optum take to decide my Appeal?

AllWays Health Partners or Optum will make its decision within thirty (30) calendar days of your request for a standard Appeal. AllWays Health Partners may extend the decision time up to fourteen (14) calendar days if the Member or Authorized Representative requests the extension. The time frame may also be extended by AllWays Health Partners or Optum up to fourteen (14) calendar days if AllWays Health Partners or Optum justifies that the extension is in the Member's best interest and that there is a need for additional information that can reasonably be expected to be received within the extended time frame and that such information would likely lead to an approval of the request. If AllWays Health Partners or Optum chooses to take an extension, we will notify you and your Authorized Representative in writing. If you are dissatisfied with our decision to extend our response time, you or your Authorized Representative may file a Grievance with AllWays Health Partners by visiting or writing to:

AllWays Health Partners
Appeals and Grievances Department 399
Revolution Drive – Suite 820
Somerville, MA 02145

Or for Behavioral Health Appeals to:

Optum
Appeals & Grievances
P.O. Box 30512
Salt Lake City, UT 84130-0512

Fax: 1-855-312-1470
Phone: 1-866-556-8166 (TTY: 711)

You may also call Optum at:
1-844-451-3519 (TTY: 711).

Can I provide additional information for AllWays Health Partners or Optum to consider?

Yes. You or your Authorized Representative may

provide additional information, in writing, by phone, or in person at any time during the Appeal process. You or your Authorized Representative can extend the thirty (30) calendar days Appeal by up to an additional fourteen (14) calendar days.

How will I know AllWays Health Partners' or Optum's decision on my Appeal?

AllWays Health Partners or Optum will contact you and your Authorized Representative by phone and will send a written decision within thirty (30) calendar days of your request for an Appeal unless there has been a fourteen (14) calendar day extension.

Can I get a decision sooner than thirty (30) days?

If you or your health care Provider believe that your health, life, or ability to regain maximum function may be put at risk by waiting thirty (30) calendar days, you, your Authorized Representative, or your health care Provider can request an Expedited (fast decision) Appeal and AllWays Health Partners or Optum will grant that request by your health condition. If your Appeal is expedited (fast decision) we will make our decision within seventy-two (72) hours of the Appeal request. The time frame for making Expedited (fast decision) Appeal decisions may be extended for up to fourteen (14) calendar days if you, your Authorized Representative, or your health care Provider request the extension. The time frame may also be extended by AllWays Health Partners or Optum by up to fourteen (14) calendar days if AllWays Health Partners or Optum justifies 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 AllWays Health Partners or Optum chooses to extend the timeframe, we will notify you, your Authorized Representative and health care Provider in writing. If you are dissatisfied with our decision to extend our response time, you, your Authorized Representative or your health care Provider may visit, call or write to AllWays Health Partners to file a Grievance as follows:

AllWays Health Partners
Appeals and Grievances Department 399
Revolution Drive – Suite 820
Somerville, MA 02145

Customer Service Contact Information:

1-800-462-5449 (TTY: 711)
Monday–Friday 8:00 AM to 6:00 PM
Thursdays 8:00 AM to 8:00 PM

For Behavioral Health Appeals contact Optum health as follows:

Optum
Appeals & Grievances
P.O. Box 30512
Salt Lake City, UT 84130-0512

Fax: 1-855-312-1470
Phone: 1-866-556-8166 (TTY: 711)

You may also call Optum at 1-844-451-3519 (TTY: 1-711).

If your Expedited (fast decision) Appeal request is not submitted or supported by a health care Provider, an AllWays Health Partners doctor will decide if an Expedited (fast decision) Appeal is necessary. If we decide that an Expedited (fast decision) Appeal is not necessary, we will inform you and your Authorized Representative by phone that the Expedited (fast decision) Appeal has been dismissed and send a written notice of dismissal within two (2) calendar days. Your Appeal will then be processed in accordance with the standard Appeal timeframes described above. If you or your Authorized Representative do not agree with our decision not to expedite your Appeal, you or your Authorized Representative may visit, call or write to AllWays Health Partners to file a Grievance as follows:

AllWays Health Partners
Appeals and Grievances Department 399
Revolution Drive – Suite 820
Somerville, MA 02145

Customer Service Contact Information:

1-800-462-5449 (TTY: 711)
Monday–Friday 8:00 AM to 6:00 PM
Thursdays 8:00 AM to 8:00 PM

For Behavioral Health Appeals contact Optum as follows:

Optum
Appeals & Grievances
P.O. Box 30512
Salt Lake City, UT 84130-0512

Fax: 1-855-312-1470
Phone: 1-866-556-8166 (TTY: 711)

You, or your Authorized Representative may call Optum at 1-844-451-3519 (TTY: 711).

Can I provide additional information for AllWays Health Partners or Optum to consider during an Expedited (fast decision) Appeal?

Yes. You or your Authorized Representative may provide additional information in writing, by phone, or in person, at any time during the Expedited (fast decision) Appeal process. You or your Authorized Representative can request to extend the seventy- two (72) hour Expedited (fast decision) Appeal timeframe by up to an additional fourteen (14) calendar days to submit your additional information.

How will I know AllWays Health Partners' or Optum's decision on my Expedited (fast decision) Appeal?

We will contact you and your Authorized Representative with our decision by phone and will also send you a written decision within seventy-two (72) hours of your request unless there has been an extension as described above.

What if I'm not satisfied with AllWays Health Partners' decision on my Appeal or Expedited (fast decision) Appeal?

If you or your Authorized Representative are not satisfied with the decision on your Appeal, You or your Authorized 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?" below). The Board of Hearings is separate from AllWays Health Partners.

If your Appeal was an Expedited (fast decision) Appeal and you or your Authorized Representative are not satisfied with the decision you or your Authorized 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?").

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

United Behavioral Health (Optum) conducts Appeals and Expedited (fast decision) Appeals concerning Behavioral Health Services on behalf of AllWays Health Partners.

If you or your Authorized Representative are not satisfied with Optum's decision on your Appeal, you or your Authorized 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?").

What can I do if AllWays Health Partners or Optum does not respond to my Appeal in a timely fashion?

If AllWays Health Partners or Optum does not respond to your Appeal within the timeframes noted above, you or your Authorized 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 one hundred twenty (120) calendar days from the date on which AllWays Health Partners or Optum should have informed you of its decision. If your Appeal was an Expedited (fast decision) Appeal at AllWays Health Partners or Optum, and you want the Board of Hearings to make an expedited (fast decision) review too, you or your Authorized Representative must file your Board of Hearings Appeal within twenty (20) calendar days.

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

To have the Office of Medicaid's Board of Hearings review your Appeal, you or your Authorized Representative must complete a Fair Hearing Request Form, which AllWays Health Partners or Optum will provide. You or your Authorized Representative must mail this form to the Board of Hearings within one hundred twenty (120) calendar days of the decision you are appealing. If your Appeal was expedited (fast decision) and you want the Board of Hearings to make an expedited

(fast decision) review too, you must mail this form to the Board of Hearings within twenty (20) calendar days. If your request for an expedited decision is received after twenty (20) calendar days, but before one hundred twenty calendar days have expired, it will be processed as a standard Appeal. For help completing the Fair Hearing Request Form please contact AllWays Health Partners or Optum's Customer Service.

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 the service was previously authorized by AllWays Health Partners or Optum and you submit your request for an Appeal to the Board of Hearings within ten (10) calendar days of receiving our decision on your appeal or Expedited Appeal.

You may also choose not to continue receiving services during your Appeal.

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 Authorized Representative of your choice at your own expense by filling out the Appeal Representative section of the Fair Hearing Request Form. If you have chosen an interpreter to represent you, the signed Fair Hearing Request Form must be written in both English and your primary language.

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

If the Board of hearing decides in your favor, AllWays Health Partners or Optum will honor the decision and cover the service or procedure that is the subject of the Appeal.

How do I contact the Board of Hearings?

You can call the Office of Medicaid's Board of Hearings at 1-800-655-0338 or 617-210-5800.

Section 22

Confidentiality

AllWays Health Partners is serious about protecting your personal and health information. To help keep your information private:

- AllWays Health Partners employees do not discuss your personal information in public areas (cafeteria, elevators, outside of the office).
- Electronic information is kept secure through the use of passwords, encryption, automatic screen savers and limiting access to only those employees who 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, in their orientation, receive training on AllWays Health Partners’ confidentiality and privacy practices.
- All Providers and other entities with whom AllWays Health Partners needs to share information are required to sign agreements in which they agree to maintain confidentiality.
- AllWays Health Partners collects only the information about you that it needs to be able to provide you with the services you want to receive from AllWays Health Partners or as otherwise required by law.

State law requires that AllWays Health Partners take special precautions to protect any information concerning mental health, substance use, HIV status, sexually transmitted diseases, pregnancy or termination of pregnancy.

Notice of Privacy Practices

This section describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. AllWays Health Partners provides health insurance coverage to you. Because you get health benefits from AllWays Health Partners, we have personal health information (PHI) about you. By law, AllWays Health Partners must protect the privacy of your health information.

This section explains:

- When AllWays Health Partners may use and share your health information.
- What your rights are regarding your health information.

AllWays Health Partners may use or share your health information:

- When the U.S. Department of Health and Human Services needs it to make sure your privacy is protected.
- When required by law or a law enforcement agency.
- For payment activities, such as checking if you are eligible for health benefits, and paying your healthcare Providers for services you get.
- To operate programs, such as evaluating the quality of healthcare services you get, providing care management and disease management services 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, and for oversight activities authorized by law, including fraud and abuse investigations.
- For research projects that meet privacy requirements, and help us evaluate or improve AllWays Health Partners programs.
- With government agencies that give you benefits or services.
- With plan sponsors of employer group health plans, but only if they agree to protect that information.
- To prevent or respond to an immediate and serious health or safety emergency.
- To remind you of appointments, benefits, treatment options or other health-related choices you have.

- With entities that provide services or perform functions on behalf of AllWays Health Partners (Business Associates), provided that they have agreed to safeguard your information.

When a federal or state privacy law provides for stricter safeguards of your PHI, AllWays Health Partners will follow the stricter law. Except as described above, AllWays Health Partners cannot use or share your health information with anyone without your written permission. You may cancel your permission at any time, as long as you tell us in writing. Please note: We cannot take back any health information we used or shared when we had your permission.

For purposes of underwriting, AllWays Health Partners is prohibited from using or disclosing any genetic information.

AllWays Health Partners does not use your health information for any marketing purposes and will not sell your health information to anyone.

Confidentiality

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

- AllWays Health Partners employees do not discuss your personal information in public areas such as the cafeteria, on elevators or when outside 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. In addition, as part of every employee’s annual performance appraisal, they are required to sign a statement affirming that they have reviewed and agree to abide by AllWays Health Partners’ confidentiality policy.

- All providers and other entities with whom we need to share information are required to sign agreements in which they agree to maintain confidentiality.
- AllWays Health Partners only collects information about you that we need to have in order to provide you with the services you have agreed to receive by enrolling in AllWays Health Partners or as otherwise required by law.

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

You have the right to:

- See and get a copy of your health information that is contained in a “designated record set.” You must ask for this in writing. To the extent your information is held in an electronic health record, you may be able to receive the information in electronic form. In some cases, we may deny your request to see and get a copy of your health information AllWays Health Partners may charge you to cover certain costs, such as copying and postage.
- Ask AllWays Health Partners to change your health information that is in a “designated record set” if you think it is wrong or incomplete. You must tell us in writing which health information you want us to change, and why. If we deny your request, you may file a statement of disagreement with us that will be included in any future disclosures of the disputed information.
- Ask AllWays Health Partners to limit its use or sharing of your health information. You must ask for this in writing. AllWays Health Partners may not be able to grant this request.
- Ask AllWays Health Partners 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 AllWays Health Partners has shared your health information. You must ask for this in writing.

- Be notified in the event that we or one of our Business Associates discovers a breach of your unsecured protected health information.
- Get a paper copy of this notice at any time.

These rights may not apply in certain situations. By law, AllWays Health Partners must give you notice explaining that we protect your health information, and that we must follow the terms of this notice.

This notice, effective as of March 26, 2013, will remain in effect until we change it. This notice replaces any other information you have previously received from AllWays Health Partners about the privacy of your health information. AllWays Health Partners can change how we use and share your health information. If AllWays Health Partners does make important changes, we will send you a new notice and post an updated notice on our website. That new notice will apply to all of the health information that AllWays Health Partners has about you. AllWays Health Partners takes your privacy very seriously. If you would like to exercise any of the rights we describe in this notice, or if you feel that AllWays Health Partners has violated your privacy rights, contact AllWays Health Partners' Privacy Officer in writing at the following address:

AllWays Health Partners Privacy Officer
399 Revolution Drive, Suite 810
Somerville, MA 02245

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

The U.S. Department of Health and
Human Services
200 Independence Avenue
SW Washington, DC 20201

Telephone: 202-619-0257
Toll Free: 877-696-6775

AllWays Health Partners will not retaliate against you if you file a complaint either with AllWays Health Partners or the U.S. Secretary of Health and Human Services. For more information, or if you need help understanding this notice, call AllWays Health Partners' Member Service Center at 800-462-5449 or TTY 711, Monday through Friday between 8:00 AM and 6:00 PM (Thursdays from 8:00 AM to 8:00 PM).

Section 23

Advance Directives: Planning for Future Health Care

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

Health Care Agents and Proxies

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

For further information you may consult an attorney, speak with your health care Provider, or contact AllWays Health Partners Customer Service. You can get a Health Care Proxy form through many health care Providers or through the Massachusetts Medical Society at www.massmed.org. For a printable copy, click on “For Patients” and then “Health Care Proxy Information.”

Living Wills

A “living will” is the popular term for a document in which you describe the kinds of medical treatment you would—or would not—agree to if you were not able to make or communicate those choices yourself. A living will can help your Health Care Agent, Providers, or a court make decisions about your health care. However, a living will is not “binding” in Massachusetts. This means that your Health Care Agent and Providers are not required to follow the instructions in your living will.

If you decide to write a living will, be as clear and specific as you can about what you would want for health care, and be sure that it expresses your wishes accurately and completely. For more information about living wills, please consult with an attorney.

Organ Donation Cards

You can also write down your wishes about organ and tissue donation by filling out an organ donor card. To learn more about organ/tissue donation, visit their website at www.neob.org or contact:

New England Organ Bank
One Gateway Center
Newton, MA 02158-2803

Telephone: 1-800-446-6362
1-800-446-NEOB

Frequently Asked Questions about Advance Directives

What is an Advance Directive?

An Advance Directive is a legal document that protects you when you lose the ability to make decisions about yourself because of an illness, disability, or injury. The document protects your right to refuse medical treatment if you do not want the treatment, or to ask for the treatment if you want treatment.

Is there another name for an Advance Directive?

Yes. In Massachusetts an Advance Directive is called a Health Care Proxy.

Who needs to have an Advance Directive?

Anyone who is 18 years old or older should have an Advance Directive.

Why do I need to have an Advance Directive or Health Care Proxy?

If you can no longer speak for yourself because of an illness, disability, or injury, an Advance Directive lets someone speak for you and make the medical decisions. This person can also make decisions about the end of your life if you are near death.

Who can make the decisions about my medical care or about the end of my life?

You can choose someone in your family or a close

friend that you trust to make serious decisions. The person that you choose should understand your wishes and be willing to accept the responsibility of making medical decisions for you.

What if I choose someone and when the time comes for them to make the decisions, they can't do it, or they are not around?

It is always good to choose a second person you trust in case the first person finds it too difficult to make the decisions, or so the second person can help the first person to make the decisions.

Can I just tell my Provider who I want or tell the hospital if I go to the hospital?

No. You must sign a document that states who you want to make the decisions about your medical care if you cannot make those decisions. When you sign the document, you must have two adult witnesses who can also sign it showing that they believe you are over 18 years old and are doing this because you want to.

Should I put special instructions in this document?

You can do this, but it is not recommended. If you are seriously ill and your instructions don't cover something that happens, it may be difficult for the person you choose to do what you want. It is better to discuss with the person that you choose what you would like to see happen for the best quality of your life if you are seriously ill, disabled or injured or near death.

Who should have this Advance Directive?

You should have a copy and your Provider and the hospital where you get services should have a copy. The person you choose, and the alternate person you choose, should each have a copy. You can also give a copy to other people in your family, close friends, or your clergy, if you wish.

What if I change my mind about the document or the person that I choose?

You can tear up the Advance Directive, tell your doctor you changed your mind, and write a new one at any time.

How do I do an Advance Directive?

You can get a Health Care Proxy form from most health care Providers, or you can also go to the website www.massmed.org and get all the forms and information that you need. For a printable copy of the form, click on "For Patients" and then "Health Care Proxy Information."

Section 24

Glossary

Accountable Care Organizations

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicaid patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

Advance Directive

An Advance Directive is a legal document that protects you when you lose the ability to make decisions about yourself because of an illness, disability, or injury. The document protects your right to refuse medical treatment if you do not want the treatment, or to ask for the treatment if you want treatment.

Adverse Action

The following actions or inactions by AllWays Health Partners:

- Denying or limiting coverage of a requested health-care 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 a Prior Authorization request in a timely manner, as detailed on page 41.
- The Member could not get medical treatment from an My Care Family Provider within a timely manner, as detailed on page 20 in Section 8 Primary Care, and
- Not resolving an Appeal request within the deadlines described on page 43

Ancillary Providers

Ancillary Providers offer services that support care provided by your PCP or Specialist and include laboratories, radiologists and Durable Medical Equipment providers.

Appeal

An Appeal is a request by a Member or his/her authorized Appeal Representative to AllWays Health Partners, Optum or the Office of Medicaid's Board of Hearings for review of an Adverse Action.

Authorized Representative

Any individual given permission by the Member, in writing, to act on the Member's behalf with respect to all aspects of a Grievance, Internal Appeal, or BOH Appeal. 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 Authorized Representative without the consent of a parent or guardian.

United Behavioral Health (Optum)

The organization contracted by AllWays Health Partners to work in collaboration with the My Care Family Behavioral Health Department to administer My Care Family's Mental Health/ Substance Use Program.

Behavioral Health

Mental health and substance use treatment.

Board of Hearings

The Board of Hearings within the Executive Office of Health and Human Services' (EOHHS) Office of Medicaid.

Board of Hearings (BOH) Appeal

A written request to the BOH made by a Member or Authorized Representative to review the correctness of a Final Internal Appeal decision by AllWays Health Partners.

Care Management

Care Management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs.

Child Adolescent Needs and Strengths (CANS) Tool

A tool that provides a standardized way for Behavioral Health Providers to organize information gathered during Behavioral Health clinical assessments for Members under the age 21 and during the discharge planning process from Inpatient psychiatric hospitalizations and community based acute treatment services.

Children's Behavioral Health Initiative (CBHI)

CBHI is an interagency initiative whose mission is to strengthen, expand and integrate Massachusetts services into a comprehensive system of community-based, culturally-competent Behavioral Health and complementary services for all children with serious emotional disturbance and other emotional and Behavioral Health needs, along with their families.

Claim

A Claim is 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 you with serious emotional disturbance (SED) and their families/caregivers.

Continuing Services

Services that AllWays Health Partners had previously authorized that are now being denied or modified and are under appeal and that you wish to continue to receive pending the resolution of your Internal or Board of Hearing Appeal.

Continuity of Care

The co-ordination of care received by a patient over time and across multiple health care providers.

Coordination of Benefits

A process for determining the respective responsibilities of two or more health plans that have some financial responsibility for a medical Claim.

Co-payment

A fixed amount that you pay at the time you receive a prescription.

Covered Services

The services and supplies covered by AllWays Health Partners and MassHealth described in the Covered Services list included with this Handbook.

Customer Service

AllWays Health Partners Customer Service is a full-service call center, responsible for assisting Members, Providers, and sponsors with all of their eligibility, benefit, programmatic, and Claim related questions.

Dependent

A Dependent is an individual who obtains health coverage through another person such as their spouse, parent, or grandparent.

Disenrollment

Disenrollment is the process by which a Member's My Care Family coverage ends.

Durable Medical Equipment

Durable Medical Equipment is equipment that is primarily and customarily used to serve a medical purpose; can withstand repeated use, is generally not useful to people who don't have an illness or injury, is appropriate for home use and is mainly used in the home.

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

These services are preventive care and treatment services available to MassHealth Standard and CommonHealth Members under the age of 21 and provided by a PCP on a periodic schedule. The schedule is determined by the age at which each procedure is to be provided and includes a complete assessment (e.g. health screens), service coordination, crisis intervention, and in home services.

Effective Date

An Effective Date is the date on which an individual becomes a Member of My Care Family and is eligible for Covered Benefits. It is generally one business day after My Care Family receives notification of Enrollment from MassHealth.

Eligibility

A determination made with respect to your right to receive MassHealth benefits.

Emergency

An Emergency is a medical condition, whether physical or mental, that has such severe symptoms (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) Provider

Medically Necessary Services that are available twenty-four (24) hours a day, seven (7) days per week, to provide assessment, or treatment or stabilization, or any combination of these services to any Member who is experiencing a mental health or substance use disorder, or both, including: Emergency assessment, Medication Management services, short term crisis counseling, short term crisis stabilization services, and specialized services.

Enrollment

Enrollment is the process by which My Care Family registers individuals for Membership.

Expedited Appeal

An Expedited Appeal is a seventy-two (72) hour Appeals process.

Family Planning Services

Services directly related to the prevention of conception. Services include: birth control counseling, education about Family Planning, examination and treatment, laboratory examinations and tests, medically-approved

methods and procedures, pharmacy supplies and devices, sterilization, including tubal ligation and vasectomy. Abortion is not a Family Planning Service.

Formulary

The list of preferred medications that My Care Family views as safe and cost-effective.

Fraud

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit. Examples of Provider Fraud include billing for services never provided or billing for services that are not medically necessary. Examples of Member Fraud include allowing someone to use your Member ID card in order to obtain medical care, or improperly obtaining prescriptions for controlled substances.

Grievance

Any expression of dissatisfaction by a Member or a Member's Authorized Representative about any action or inaction by AllWays Health Partners other than an Adverse Action. Possible subjects for Grievances include, but are not limited to, quality of care or services provided, aspects of interpersonal relationships such as rudeness of a Provider or employee of AllWays Health Partners, or failure to respect the Member's rights.

Health Care Agent

A Health Care Agent is the individual responsible for making health-care decisions for a person in the event of that person's inability to do so.

Health Needs Assessment (HNA)

A tool that identifies a Member's physical and Behavioral Health status and is used to identify Members who could benefit from Care Management programs.

Inpatient

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

Inquiry

Any oral or written question by an enrollee to the Contractor's enrollee services department regarding an aspect of My Care Family's operations that does not express dissatisfaction about My Care Family.

Intensive Care Coordination (ICC)

ICC is an intensive care coordination service for children and youth under the age of 21 with a serious emotional disturbance (SED). A Care Coordinator helps the youth and family bring together a "team" of formal (therapist, teacher, physicians) and natural (family members, friends and community members) supports called a Care Planning Team (CPT) to create an Individual Care Plan (ICP). The ICP guides the youth's care and helps organize all services the youth receives while keeping the family at the center of the planning process. Children and youth can get ICC services through a provider called a Community Service Agency (CSA). There are 32 CSAs located throughout Massachusetts.

Intensive Clinical Management (ICM)

A case management program provided by Optum ICM case managers through collaboration with Members and their treatment Providers, work to ensure the coordination and optimization of care; assessment, care planning, discharge planning, and mobilization of resources to

Members who are dealing with Behavioral Health or psychosocial conditions, sometimes along with in addition to medical concerns.

Internal Appeal

A request by an enrollee or the enrollee's Authorized Representative made to AllWays Health Partners or Optum for review of an Adverse Action.

Managed Care

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

MassHealth

MassHealth is a Health Care program operated by the Executive Office of Health and Human Services. The national health insurance program called

Medicaid is called MassHealth in Massachusetts. My Care Family covers MassHealth Members under the Standard, CommonHealth, and Essential Plans.

MassHealth CarePlus

A MassHealth benefit plan that offers health benefits to certain individuals over the age of 21 and under the age of 65 who have incomes no greater than 133% of the federal poverty level.

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 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.

Medically Necessary Services

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

Medicare Part D

As a My Care Family MassHealth 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.

Member

Any individual enrolled in My Care Family and MassHealth.

Member Handbook

The legal document that explains what you need to know about your My Care Family coverage, how My Care Family works, and what you can expect from My Care Family.

Member ID Card

A Member identification (ID) card is the card that identifies an individual as a Member of My Care Family. The Member ID Card includes both the Member's My Care Family identification number and MassHealth identification number, and information about the Member's coverage. The Member ID Card must be shown to Providers prior to receipt of services.

Merrimack Valley Health Partnership Merrimack Valley Health Partnership is the name of the three entities that have come together to form the Accountable Care Organization known as "My Care Family": Greater Lawrence Family Health Center, Lawrence General Hospital, and AllWays Health Partners.

My Care Family

My Care Family is another name for the Merrimack Valley Health Partnership, the Accountable Care

Organization (ACO) AllWays Health Partners has entered into with Greater Lawrence Family Health Center, and Lawrence General Hospital.

AllWays Health Partners

AllWays Health Partners is the insurance company that provides the benefits and services that are covered under your membership in My Care Family.

My Care Family Provider

A Provider with which My Care Family has an agreement to provide Covered Services to our Members.

Network

The group of Providers contracted by My Care Family to provide health-care services to Members

Notice of Privacy Practices

A document which describes how AllWays Health Partners may use and disclose your Protected Health Information (PHI) and informs you of your legal rights concerning your PHI.

Nurse Advice Line

A phone service that you can call twenty-four (24) hours a day, seven (7) days a week to get answers to any health-related questions you may have. Every call is answered by a registered nurse who can respond to health-related questions. This service does not take the place of seeing your health care Provider when necessary.

Nurse Practitioner

A registered nurse who has received special training and can perform many of the duties of a physician.

Out-of-Network

Care or services that are delivered by Providers who do not have a contract with My Care Family. These are also known as Out of Network or Non-Participating providers.

Post-stabilization Care

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

PPHSD (Preventative Pediatric Health Care Screening and Diagnostic)

PPHSD services are preventive care and treatment services available to MassHealth Family Assistance Members under the age of 21, provided by a PCP on a periodic schedule.

Prior Authorization

A Prior Authorization is a special approval by AllWays Health Partners for you to get certain services that is done prior to receiving services.

PCP (PCP)

The primary doctor or nurse practitioner selected by the Member or assigned by AllWays Health

Partners to provide and coordinate a Member's health-care needs. Other health care Providers, such as a registered nurse, nurse practitioners, physician's assistants or nurse midwives, acting on behalf of and in consultation with a PCP, may provide primary care services.

Primary Care Site

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

Protected Health Information (PHI)

Your demographic information such as name, address and social security number, in combination with your health information, including information about physician visits and medical history. See AllWays Health Partners' Notice Privacy Practices for more information about how AllWays Health Partners protects, uses, and discloses your Protected Health Information, as well as your rights with respect to your Protected Health Information.

Provider

A health care professional or facility licensed as required by state law. Providers include doctors, hospitals, laboratories, pharmacies, skilled nursing facilities, nurse practitioners, registered nurses, psychiatrists, social workers, licensed Behavioral health counselors, clinical Specialists in psychiatric and mental health nursing, and others. AllWays Health Partners will only cover services of a Provider if those services are Covered Benefits authorized when necessary and within the scope of the Provider's license.

Provider Directory

A listing of My Care Family's affiliated medical facilities and professionals, including PCPs, Specialists and Behavioral Health Providers. The My Care Family Provider Directory is available on the My Care Family website, www.mycarefamily.org, or you can request a written copy.

Provider Network

The collective group of My Care Family Network Providers who have entered into Provider contracts with My Care Family for the delivery of My Care Family Covered Services. This includes, but is not limited to, physical, Behavioral Health, pharmacy, and ancillary service Providers.

Quality Assurance

Activities and programs intended to assure or improve the quality of care provided to our Members.

Redetermination

The process of renewing your MassHealth Membership each year.

Referral

A recommendation made by a PCP for a Member to receive care from a Specialist. The PCP will obtain a Referral number from AllWays Health Partners so the services can be covered. Please refer to "Seeing a Specialist" in section four of your handbook for more information.

Routine Care

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

Second Opinion

An opportunity to have another health care Provider evaluate your condition and make recommendations regarding your best course of treatment.

Service Area

The geographical area(s) approved by MassHealth within which My Care Family has developed a Network of Providers to provide adequate access to Covered Services. The My Care Family Service Area includes the Service Areas of Haverhill, Lawrence, and Lowell, and their surrounding towns:

Haverhill	Lawrence	Lowell
Amesbury	Andover	Acton
Boxford	Lawrence	Billerica
Byfield	Methuen	Carlisle
Georgetown	No. Andover	Chelmsford
Groveland		Concord
Haverhill		Dracut
Merrimac		Dunstable
Newbury		Lincoln
Newburyport		Littleton
Rowley		Lowell
Salisbury		North Billerica
W. Boxford		No. Chelmsford
W. Newbury		Nutting Lake
		Pinehurst
		Tewksbury
		Tyngsboro
		Village of Nagog Woods
		Westford

Specialist

A Provider who is trained and certified to provide services in a specialty area. Examples include, but are not limited to, cardiologist (heart doctor), audiologist (hearing doctor), allergist (allergy doctor), dermatologist (skin doctors), and neurologist (brain/nervous system doctor).

Subrogation

A process of substituting one creditor for another, applies if the Member has a legal right to payment from an individual or organization because another party was responsible for your illness or injury. AllWays Health Partners may use this Subrogation right, with or without Member consent, to recover from the responsible party or that party's insurer the cost of services provided or expenses incurred by AllWays Health Partners that are related to the Member's illness or injury.

Urgent Care

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

Utilization Management

A set of formal review tools and processes designed to evaluate the clinical necessity, appropriateness, or efficiency of medical services, procedures, or settings.



My Care Family offers care and coverage through MassHealth by Greater Lawrence Family Health Center, Lawrence General Hospital, and AllWays Health Partners.

