

PARTNERS HEALTHCARE CHOICE

Member Handbook

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WELCOME

Welcome to the Partners HealthCare Choice MassHealth ACO!

This is the Partners HealthCare Choice Member Handbook for you and any other members of your household who have joined the Partners HealthCare Choice Accountable Care Organization (ACO). It explains important information about benefits and services. This handbook will help you understand your benefits under MassHealth and your benefits as a member of the Partners HealthCare Choice MassHealth ACO.

Partners HealthCare Choice is an ACO. ACOs are groups of doctors, hospitals and other health providers who work together to care for their patients. At Partners HealthCare Choice, our goal is to make sure that you have access to the doctors and caregivers that you need to improve your overall health.

Please read this handbook carefully for more information about what Partners HealthCare Choice can do for your health, what your rights are as a member, and important contact information.

Thank you for choosing Partners HealthCare Choice.

INTERPRETER SERVICES

You have the right to a medical interpreter at no charge to you. Please let us know your primary language, and we will have an interpreter available to assist you. Contact our call center at 877-468-8717.

Albanian/ Shqip	VINI RE: Nëse flisni shqip, atëherë do t'ju vihen në dispozicion pa pagesë shërbime të ndihmës gjuhësore. Ju lutemi të na vini në dijeni për gjuhën tuaj kryesore dhe ne do t'ju vëmë në dispozicion një përkthyes gojor për t'ju ndihmuar gjatë kohës që ju ofrohet kujdesi.
Amharic/ አማርኛ	ማሳሰቢያ: አማርኛ ቋንቋ የሚናገሩ ከሆን፣ ከከፍተኛ ገንዘብ የሆነ የቋንቋ ድጋፍ አገልግሎት ይቀርባል። አባዘዎ ተቀባሚ ቋንቋዎን የሳውቁንና በሕክምናዎ ወቅት የሚያግዝዎ አስተርጓሚ አናዘጋጃለን።
Arabic/ العربية	تنبيه: إذا كنت تتحدث اللغة العربية، تتوفر خدمات المساعدة اللغوية وتقدم لكم مجاناً. يرجى اطلاعنا على لغتك الأساسية وسنقوم بتوفير مترجم لمساعدتك في أثناء تلقيكم للرعاية.
Armenian/ հայերեն	ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե դուք խոսում եք հայերեն, լեզվի պաշտպան ծառայությունները, անվճար, հասանելի կլինեն ձեզ համար: Խնդրում ենք մեզ տեղյակ պահել ձեր առաջնային լեզվի մասին, և մենք կարամատուցենք թարգմանիչ, որը կարող է ձեզ օգնել:
Bengali/ বাংলা	মনোযোগ দনি: আপনি যদি বাংলায় কথা বলেন তাহলে বিনামূল্যে আপনি ভাষা সহায়তা সবো পতে পারেন। অনুগ্রহ করে আমাদের আপনার প্রাথমিক ভাষা জানান এবং আপনার যত্ন পরিচরায় সাহায্যের জন্য আমরা একজন অনুবাদকরে ব্যবস্থা করব।
Cape Verdean Creole/ Kriolu di Kabuverdi	ATENSON: Si bu ta papia Kriolu di Kabuverdi, nu ten sirbisu di assisténsia di língua di grasa pa bo. Pur favor, informa-nu bu língua maternu y nu to providensia un tradutor pa da-bu assisténsia ku bu konsulta ô tratamentu.
Chinese/ 中文	注意: 如果您说中文, 我们可为您提供免费的语言援助服务。请告知我们您的主要语言, 我们将提供译员帮助您处理您的护理相关事宜。 Cantonese Mandarin Toisanese Taiwanese/Fukienese 廣東話 國語 台山話 台灣語/福建話
Dinka (Nilotic)/ Thuɔŋjäŋ	DETTIC: Na ye jam në Thuɔŋjäŋ (Dinka), ke kuöñny de käk ke thok, abac, atö në yin. Cök wuok nyic thoŋ duön yin jam ku bi naŋ raan wëër thok bi tö bi yin kuöny në muöök du.
French/ Français	ATTENTION : Si vous parlez français, nous vous offrons nos services d'aide linguistique gratuits. Indiquez-nous quelle est votre langue de préférence et nous mettrons à votre disposition un interprète pour vous aider avec vos soins de santé.
French Creole (Haitian Creole) Kreyòl Ayisyen	ATANSYON: Si ou pale Kreyòl Ayisyen, w ap jwenn sèvis asistans nan lang ou pale a, gratis. Tanpri, fè nou konnen kisa lang natifnatal ou ye e n ap ba w yon entèprèt ki pou ede w avèk swen w.
German/ Deutsch	HINWEIS: Wenn Sie Deutsche sprechen, stehen Ihnen sprachliche Unterstützungsdienste kostenlos zur Verfügung. Bitte teilen Sie uns Ihre primäre Sprache mit, und wir halten einen Dolmetscher bereit, der sich Ihrer Sorgen/Bedenken annimmt.
Greek/ Ελληνικά	ΠΡΟΣΟΧΗ: Αν μιλάτε Ελληνικά, σας παρέχουμε δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Ενημερώστε μας για να έχετε στη διάθεσή σας διερμηνέα στη γλώσσα σας.
Gujarati/ ગુજરાતી	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો, ભાષા સહાય સેવાઓ, નિ:શુલ્ક ઉપલબ્ધ છે. કૃપા કરી અમને તમારી પ્રાથમિક ભાષા જણાવો અને અમે એક દુભાષિયા ઉપલબ્ધ કરાવીશું જે ચોકસાઈ રાખી તમારી સહાય કરશે.
Hebrew/ עברית	אם לשיע לב: אם אתם מדברים עברית, תוכלו ליהנות משירותי תרגום לשוניים, המסופקים ללא תמורה. נא להודיע לנו מהי השפה העיקרית שלכם ואנחנו נספק לכם מתרגמן/ית לסייע לכם.
Hindi/ हिन्दी	ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। कृपया हमें अपनी प्राथमिक भाषा बताएँ और हम आपकी देखभाल में सहायता करने के लिए एक दुभाषिया उपलब्ध कराएँगे।
Hmong/ Hmoob	LUS TSHAJ TAWM: Yog koj hais lus Hmoob, cov kev pab cuam txhais lus, muaj pub dawb rau koj. Thov qhia koj thawj hom lus hais rau peb paub thiab peb yuav muaj ib tug kws pab txhais lus los pab nrog kev saib xyuas ko
Indonesian/ Bahasa Indonesia	PERHATIAN: Jika Anda berbahasa Indonesia, tersedia layanan bantuan bahasa bebas biaya. Harap beri tahu kan bahasa utama Anda dan kami akan menyediakan juru bahasa yang akan membantu Anda.
Italian/ Italiano	ATTENZIONE: Se parli italiano, ti offriamo i nostri servizi gratuiti di assistenza linguistica. Dicci qual'è la tua lingua madre e metteremo a tua disposizione un interprete che ti aiuti con l'assistenza medica.



CALL 877-468-8717 TO REQUEST A TRANSLATION

For questions or concerns, call the Partners HealthCare Choice ACO Customer Service Center at 1-800-231-2722. Hours are 8:00AM-5:00PM, EST. Or visit our website:

www.massgeneralbrigham.org/MassHealthACO

INTERPRETER SERVICES (cont.)

You have the right to a medical interpreter at no charge to you. Please let us know your primary language, and we will have an interpreter available to assist you.

Contact our call center at 877-468-8717.

Japanese/ 日本語	重要: 日本語を話される場合、無料の言語支援サービスをご利用になれます。 あなたの一次言語をお伝えください、ケアの際にお手伝いする通訳をご用意いたします。
Khmer, Cambodian/ ភាសាខ្មែរ	សំខាន់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ ជំនួយប្រែភាសាសិនមានផ្តល់ជូនដល់អ្នកដោយឥតគិតថ្លៃ។ សូមប្រាប់យើងអំពីភាសាខ្មែររបស់អ្នក ហើយយើងនឹងផ្តល់ជូនអ្នកបកប្រែភាសាម្នាក់ដើម្បីជួយដល់ការថែទាំរបស់អ្នក។
Korean/ 한국어	참고: 한국어 사용자의 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 주 언어를 알려주시면 귀하의 케어 서비스에 대해 도움을 드릴 통역자를 마련하겠습니다.
Laotian/ ພາສາລາວ	ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອ ເຫຼືອ ທ່ານພາສາໄດ້ອໍບໍ່ເສຍຄ່າ. ກະລຸນາແຈ້ງບອກພາສາຕົວຕົນຂອງທ່ານ ແລະ ພວກເຮົາຈະຈັດຫາວ່າມາແປພາສາເພື່ອມາຊ່ວຍທ່ານໃນການດູແລບໍລິເວນທ່ານ.
Nepali/ नेपाली	ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने, तपाईंको लागि भाषासम्बन्धी सहायता सेवा सिर्जना उपलब्ध छ। कृपया तपाईंको प्राथमिक भाषाबारे हामीलाई बताउनुहोस् अनि तपाईंको सेवा-उपचारमा सहायता पुऱ्याउन हामी तपाईंलाई एक दोभासे उपलब्ध गराउनेछौं।
Oromo (Cushite)/ oromiffaa	HUBADHAA: Yoo Afaan dubbattu itti galchi dubbata ta'e, tajaajilawwan gargaarsa faanii, kaffaltii irra bilisaa, siif kennamu. Afaan jalqabaa kee nu beeksisiitii ogeessa hiika afaanii kunuunsa kee irratti sigargaaru ni qopheessina.
Polish/ Język polski	UWAGA: dla użytkowników języka polskiego dostępna jest bezpłatna pomoc językowa. Proszę podać swój język ojczysty, abyśmy mogli zapewnić Państwu wsparcie tłumacza ustnego.
Portuguese/ Português	ATENÇÃO: se você fala português, os serviços de suporte ao idioma estão disponíveis gratuitamente para você. Informe-nos qual é o seu idioma e nós providenciaremos um intérprete disponível para ajudá-lo.
Rundi (Bantu)/ Ikirundi	MENYA NEZA: Niwaba uvuga Ikirundi, dutanga ubufasha mu bijanye n'ivy'indimi, kandi ku buntu. Tubwire ururimi kavukire rwawe hanyuma tukuronderere umusobanuzi w'indimi.
Russian/ Русский	ВНИМАНИЕ! Если вы говорите по-русски, то можете воспользоваться бесплатными услугами языковой поддержки. Сообщите, какой язык является для вас родным, и мы предоставим вам переводчика.
Serbo- Croatian/ Srpski/hrvatski	PAŽNJA: Ako govorite srpski/hrvatski, besplatno vam je dostupna usluga pomoći u vezi sa jezikom. Recite nam koji je vaš primarni jezik i obezbedićemo prevodioca koji će pomoći u vezi sa vašom negom.
Somali/ Soomaali	FIIRO GAAR AH: Haddii aad ku hadashid Soomaali, adeegyada caawinta luuqada, bilaash ah, waa lagu heli karaa adiga. Fadlan nasoo ogeysii luuqadaada koowaad oo waxaan heleynaa turjumaano badan oo la heli karo oo kugu caawiyaa daryeelkaaga.
Spanish/ Español	ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística gratuitos a su disposición. Déjenos saber cuál es su idioma nativo y le brindaremos un intérprete para asistirle con sus cuidados de salud.
Swahili/ Kiswahili	KUMBUKA: Ikiwa unazungumza Kiswahili, huduma za usaidizi wa lugha, bila malipo, zinapatikana kwa ajili yako. Tafadhali tujulishe lugha yako msingi na tutakupatia mkalimani atakayekusaidia katika mahitaji yako.
Tagalog/ Tagalog	PAUNAWA: Kung Tagalog ang inyong wika, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Pakisabi sa amin kung ano ang pangunahin ninyong wika at maglalaan kami ng interpreter upang tumulong sa inyong pangangalaga.
Thai/ ภาษาไทย	โปรดทราบ: คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี หากคุณพูดภาษาไทย โปรดแจ้งภาษาหลักของคุณให้เราทราบและเราจะมีล่ามเพื่อช่วยเหลือในการดูแลของคุณ
Urdu/ اردو	توجہ دیں: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان میں مدد کی خدمات مفت دستیاب ہیں۔ براہ کرام ہمیں اپنی بنیادی زبان بتائیں اور ہم آپ کی نگہداشت میں مدد کرنے کے لیے کوئی ترجمان دستیاب کرائیں گے۔
Vietnamese/ Tiếng Việt	CHÚ Ý: Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Vui lòng cho chúng tôi biết ngôn ngữ chính của quý vị, chúng tôi sẽ cung cấp một thông dịch viên hỗ trợ dịch vụ chăm sóc của quý vị.

CALL 877-468-8717 TO REQUEST A TRANSLATION

SECTION ONE: Your MassHealth Benefits

Topics in this section:

- ◇ Your MassHealth Benefits
- ◇ When to Call MassHealth
- ◇ Changing Your Health Plan or ACO
- ◇ When to Call Massachusetts Behavioral Health Partnership (MBHP)
- ◇ Oral Health and Dental Services
- ◇ When You Travel
- ◇ MassHealth Copayments
- ◇ If You Get a Bill For Services
- ◇ Referrals and Prior Authorizations
- ◇ Reporting Fraud
- ◇ Advance Directives

Your MassHealth Benefits:

Your MassHealth benefits include emergency services, medical services, vision care services, behavioral health (mental health and substance use disorder) services, pharmacy services, and dental services.

Please note that you will receive your behavioral health services through the Massachusetts Behavioral Health Partnership (MBHP). MBHP is MassHealth's behavioral health services contractor.

Please keep in mind that MassHealth services and benefits change from time to time. Check MassHealth regulations for more information about services and benefits covered by MassHealth, or call MassHealth Customer Service to ask questions:

- go to MassHealth's website at www.mass.gov/masshealth or
- call MassHealth Customer Service at **1-800-841-2900 (TTY: 1-800-497-4648)** for people with partial or total hearing loss).

When to Call MassHealth:

You can call MassHealth Customer Service at 1-800-841-2900, Monday through Friday, 8:00 a.m. to 5:00 p.m. The call is free. TTY line is 1-800-497-4648 or visit the MassHealth website at: www.mass.gov/masshealth.

Call the MassHealth Customer Service Center:

- if you have questions about MassHealth;
- if you have questions about your coverage or benefits;
- if you have questions about your MassHealth eligibility;
- if you have questions about Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for children under 21;
- if you want to change your Health Plan or ACO;
- if you want to change your primary care provider (PCP) within the ACO.

- if you move or change your phone number;
- if your employment status changes;
- if you're pregnant;
- if you need help reading any material you get from MassHealth;
- if you want Spanish versions of information you get from MassHealth; or
- if you want to speak with someone who speaks Spanish or another language.

It is very important that you keep MassHealth up to date with certain circumstances in your life:

- It is important to tell MassHealth as soon as possible about a new address or phone number. If MassHealth can't reach you, you may lose your MassHealth benefits.
- It is important to tell MassHealth as soon as possible about the birth of a baby and other family changes, or a change in your income. MassHealth wants to be sure you are getting the best coverage you can, based on your circumstances.
- It is important to tell MassHealth if you have other health insurance, like Medicare, veterans' benefits, or health insurance through your job or a family member's job, or if you have an option to get other

insurance. MassHealth may help you pay for the other insurance.

If you receive benefits other than MassHealth, it is important that you report changes to those programs:

- If you get Transitional Assistance for Dependent Children (TAFDC) or Emergency Aid for Elderly, Disabled or Children (EAEDC), call your local Department of Transitional Assistance (DTA) office at 1-800-445-6604 (TTY: 1-888-448-7695).
- If you get Supplemental Security Income (SSI) or Social Security Disability Income (SSDI), call your nearest Social Security Administration (SSA) office at 1-800-772-1213 (TTY: 1-800-325-0778).
- If you get assistance from the Massachusetts Commission for the Blind (MCB), call the MCB at 1-800-392-6450 (TDD: 1-800-392-6556).

Changing Your Health Plan or ACO:

Most MassHealth members can only change health plans or ACOs at certain times during the year. To find out about changing, call the MassHealth Customer Service Center and say, "I would like to change my health plan or ACO."

The MassHealth Customer Service Center can:

- give you information about other health plans in your area;
- change your health plan while you are on the phone; and
- tell you when you can start getting health care from your new health plan.

For additional information about your health plan options, go to www.MassHealthChoices.com.

On this site, you may also complete a form to change your health plan or ACO.

When to Call Massachusetts Behavioral Health Partnership (MBHP):

You can call MBHP Customer Service at 1-800-495-0086 (TTY 1-877-509-6981), 24 hours a day.

Call MBHP:

- if you have questions about your behavioral health (mental health and substance use disorder) services or benefits;
- if you want more information about how to get these services or find a provider;
- if you need help reading any material you get from MBHP;
- if you want Spanish versions of information you get from MBHP; or
- if you want to speak with someone who speaks Spanish or another language.

Oral Health and Dental Services:

Services for Children (Members Younger Than Age 21)

MassHealth pays for dental services, including screenings, fillings, sealants, cleanings, fluoride application, and many other treatments for children younger than the age of 21. Routine exams are visits to the dentist for a dental checkup. Dental checkups are an important part of your child's overall health. The dentist will look in your child's mouth to see if your child's teeth and gums and the bones supporting the teeth are healthy. At this time, the dentist will see if your child needs other dental services. Sometimes during the checkup, the dentist will clean your child's teeth and take x-rays.

Your child should begin going to the dentist when you see his or her first tooth appear, and no later than 12 months old. Your child's PCP will do a dental screening at each well-child checkup and may also apply a fluoride varnish to your child's teeth to prevent cavities. The PCP will remind you to take your child to a dentist for a full oral examination and cleaning. Everyone should see a dentist for this full examination every six months. No referral is needed from your child's PCP to see a dentist for these services.

Services for Adults (Members Aged 21 and Older)

MassHealth members aged 21 and older are eligible for dental services performed by a MassHealth dentist. Covered dental services for adults include screenings, cleanings, fillings, extractions, dentures, and some oral surgeries.

How to Find a Dentist

MassHealth will pay for covered dental services only if they are provided by dental providers enrolled in MassHealth. Dental customer service representatives can help you find a MassHealth dental provider who is taking new patients, and can even help you schedule an appointment. To speak with a dental customer service representative, call Dental Customer Service at 1-800-207-5019. Dental customer service representatives can give you a list of dentists who are enrolled in MassHealth. The list is called the MassHealth Dental Provider Directory. You can view the directory yourself online at www.masshealth-dental.net.

When You Travel:

MassHealth will pay for you to see an out-of-state provider for medical care only if:

- you have an emergency; or
- your health would be at risk if you had to travel home.

MassHealth Copayments:

For information about copayments, go to www.massgeneralbrigham.org/MassHealthACO

Scroll down to the ***Resources for Members*** section and click on the links to ***Covered Services***.

If you have questions, please call Partners HealthCare Choice at 1-800-231-2722, Monday through Friday, 8:00 am – 5:00 pm.

Referrals and Prior Authorizations:

Some covered services may need a referral or prior authorization (PA) or both.

Referrals

Many services require your primary care provider (PCP) to give you a referral.

Some services do not need a referral, such as:

- emergency services;
- behavioral health services;
- obstetric (pregnancy) services; and
- family planning services.

If you are getting care within the Partners HealthCare system, then you do not need a referral. For a list of Partners HealthCare hospitals and organizations, go to:

www.massgeneralbrigham.org/MassHealthACO

Prior Authorizations

MassHealth or MBHP must approve certain health care and pharmacy services before you get them. This is called prior authorization (PA). During the PA process, MassHealth or MBHP determines if the requested service is medically necessary for you. If you want to know if you need a PA for a service or medication, you can:

- ask your PCP;
- check the Covered Services List on the website: www.massgeneralbrigham.org/MassHealthACO;
- call the MassHealth Customer Service Center for questions about health care services and medications;
- call MBHP for questions about behavioral health services; or
- go to www.mass.gov/druglist to see a list of medications that require PA.

Emergency Services do not require prior authorization. You can use any emergency room or other setting to receive Emergency Services.

If you disagree with a decision made about a request for PA, you can appeal the decision. Read more about appeals later in this Handbook.

MassHealth Prior Authorizations

When your PCP or another medical provider thinks you need a service or medication that needs PA, your provider will ask MassHealth for PA. MassHealth must make

a decision on your provider's request within the following time frames:

- Pharmacy (medicine): 24 hours
- Non-emergency transportation: 7 calendar days (or the number of days needed to avoid serious risk to the health or safety of the member)
- Private-duty-nursing services: 14 calendar days
- Durable medical equipment: 15 calendar days
- All other services: 21 calendar days

If MassHealth approves the PA request, they will send a letter to your provider so you can get the services or medication.

You will also get a letter from MassHealth if they:

- do not authorize any of the requested services or medication;
- approve only some of the requested services or medication; or
- do not approve the full amount, time period, or scope of the services or medication requested.

If MassHealth does not act on a request for PA within the time frames above, you can file an appeal with the Board of Hearings. Read more about appeals later in this Handbook.

MassHealth will not pay for a service that needs PA if approval was not given.

All medical and surgical elective (non-emergency) admissions to an acute hospital must be approved by MassHealth. If you

plan to be hospitalized for an elective procedure, your doctor or nurse will submit the necessary paperwork to make a request on your behalf. If MassHealth approves the request, they will notify you and your provider and you can get the requested services.

If MassHealth does not approve the hospitalization, they will send you a letter telling you so. You have the right to appeal the decision to the Board of Hearings.

MBHP Prior Authorizations

When your behavioral health provider thinks you need a service that needs PA, your provider will ask MBHP for the PA. MBHP must make a decision on your provider's request within 14 calendar days unless you, your provider, or MBHP asks for more time. This can be for up to 14 extra calendar days. MBHP can ask for more time only if it's in your best interest and more information is needed.

If your provider or MBHP thinks that taking 14 days to decide the request will put your health at risk, MBHP will make a decision within three working days. This time frame may be extended by an additional 14 calendar days, if you, your provider, or MBHP asks for more time. MBHP can ask for more time only if it is in your best interest and more information is needed.

Any time that MBHP asks for more time, MBHP will send you a letter to let you know the reasons. You have the right to file a

grievance if you don't agree with MBHP's reasons. Read more about filing a grievance later in this Handbook. If MBHP approves the request, MBHP will pay for the service.

You will get a letter if MBHP:

- does not authorize any of the requested services;
- approves only some of the requested services; or
- does not approve the full amount, time period, or scope of the services requested.

You have the right to appeal the decision to MBHP. Also, if MBHP does not act on the request within the time frames above, you can file an appeal with MBHP. Read more about filing an MBHP internal appeal later in this Handbook.

MBHP will not pay for a service that needs PA if approval was not given.

Reporting Fraud:

If you believe that a health care provider, doctor, hospital, or member is misusing MassHealth, then you can report the situation to the MassHealth Fraud Hotline by calling 1-877-437-2830.

Advance Directives:

An advance directive is a statement that you write or sign that indicates who you

choose to make health care decisions for you, and which health care treatment you do or do not want if you get sick or injured and can't talk or write.

There are two kinds of advance directives: a health care proxy and a living will.

A **health care proxy** is your written permission for a family member or friend to make health care decisions for you in case you cannot make them yourself. This person is called your "agent" or "proxy."

A **living will** lets you describe what kind of care you want or do not want if you cannot make health care decisions. For example, you may not want to be kept alive using life support. Your living will helps your health care proxy make decisions for you. If you do not have a health care proxy or if your health care proxy is not available, the living will can help your providers care for you.

If you choose to sign a health care proxy or living will, you can change your mind at any time and write and sign new ones.

You should talk to a health care provider to learn more about advance directives. For more information, you can also call MassHealth Customer Service or MBHP.

SECTION TWO: Your Partners HealthCare Choice MassHealth ACO

Topics in this section:

- ◇ Your MassHealth ACO
- ◇ Your ID Card
- ◇ Your Provider Network
- ◇ Out-of-Network Services
- ◇ Your MassHealth ACO Benefits
- ◇ When to Call Your ACO
- ◇ 24/7 Clinical Advice and Support Line
- ◇ Changing Your PCP

Your MassHealth ACO:

Your primary care provider (PCP) is part of a new program: Partners HealthCare Choice. Partners HealthCare Choice is a MassHealth Accountable Care Organization (ACO). ACOs are groups of doctors, hospitals, and other health care providers who come together to provide coordinated, high-quality care to MassHealth members. This new program will help your PCP provide you with more coordinated care. Your benefits, doctors, and other health care providers will remain the same.

Why the Partners HealthCare Choice ACO is Important to You

As a member of the Partners HealthCare Choice ACO, you will have a team that supports you. You will have a Partners HealthCare PCP to coordinate all of your care. You will have access to all Partners HealthCare specialists and hospitals. You may also go to any hospital or specialist across the state, as long as they are part of the MassHealth network. You will also have access to special supports to help you stay

healthy and better understand your care. In some cases, you may also work with additional staff to coordinate your care whether it is medical care, behavioral health care, or other care services related to your health.

You can visit this link for more information: www.massgeneralbrigham.org/MassHealthACO

Your ID Card:

You should have a MassHealth ID card with your MassHealth ID number.

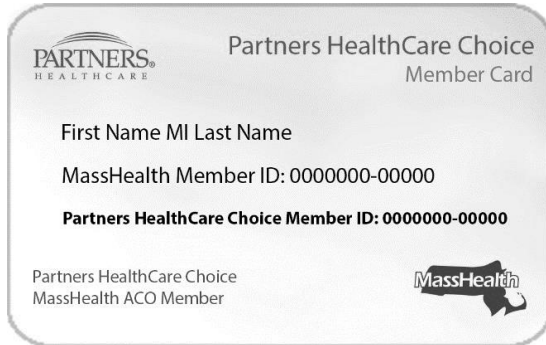
The Partners HealthCare Choice ACO will also send you an identification card (please see example on next page).

You should carry both your MassHealth card and your Partners HealthCare Choice ID card with you and show them when you get health care services or medicine. Please check your Partners HealthCare Choice ID card to make sure the information is correct. If it's not correct, if you did not get a card, or if you lose your card, please call Partners HealthCare Choice Customer Service at 1-800-231-2722.

A MassHealth provider cannot refuse to provide services to you if you do not have your ID cards. Your doctor or other provider can look for your name in the MassHealth system. If your provider cannot find your

information in the system, he or she should call MassHealth.

CARD FRONT



CARD BACK



Your Provider Network:

In order to be a member of the Partners HealthCare Choice ACO, your primary care provider (PCP) must work at a Partners HealthCare practice that is participating in the ACO.

Go to:

www.massgeneralbrigham.org/MassHealthACO

for a list of primary care practices in the Partners HealthCare Choice ACO.

The Partners HealthCare Choice ACO allows access to the entire MassHealth network of specialists and hospitals for specialty care.

You can find MassHealth providers (such as medical providers, medical specialists, behavioral health providers, and hospitals) across Massachusetts.

Contact Information:

- For more information on the MassHealth provider network, or for a printed directory of **MassHealth providers**, call the MassHealth Customer Service Center at 1-800-841-2900. More information on the MassHealth provider network can also be found at: <https://masshealth.ehs.state.ma.us/providerdirectory/>
- For more information on the **MBHP behavioral health (mental health and substance use disorder) providers**, call MBHP at 1-800-495-0086 or at their directory online at www.masspartnership.com.
- For a printed directory of **Partners providers**, call the Partners HealthCare Choice ACO customer service center at 1-800-231-2722.
- You can fill prescriptions at all pharmacies in Massachusetts that work with MassHealth. Call MassHealth Customer Service at 1-800-841-2900 to find the pharmacy closest to you.

If you have a medical or behavioral health emergency, get care right away. Call **911** or go to your nearest hospital emergency

room. If it's a behavioral health emergency, you may also contact the Emergency Services Program (ESP) in your area. Call the statewide, toll-free ESP number at 1-877-382-1609 to get the number for your local ESP, 24 hours a day. ESPs provide behavioral health crisis assessment, intervention, and stabilization services.

An emergency is any serious health care problem that you think needs to be treated right away. If you have an emergency, you should get care immediately.

Here are some common medical and behavioral health (mental health and substance use disorder) emergencies, but there are other kinds of emergencies, too.

Medical emergencies:

- broken bones
- chest pain
- convulsions
- fainting or dizzy spells
- heart attacks
- heavy bleeding
- loss of consciousness
- poisoning
- serious accidents
- severe burns
- severe headaches
- severe pain
- severe wounds
- shortness of breath
- stroke (this includes numbness or difficulty with speech)
- sudden change of vision

- sudden, severe pain or pressure in or below the chest
- throwing up blood
- throwing up a lot
- someone who won't wake up

Behavioral health emergencies:

- wanting to harm yourself
- hearing voices
- wanting to harm other people

Out-of-Network Services

Medical services

MassHealth will not pay for services delivered by a provider who is not a MassHealth provider unless it is an emergency. You can get care for emergencies from any provider.

Behavioral health services

MBHP will not pay for services provided by a behavioral health provider who is not in the network unless:

- it is an emergency; or
- the MBHP network cannot provide those services.

If MBHP's network cannot provide the services, MBHP will cover the out-of-network services until the network can provide them.

Call MBHP if you have questions about out-of-network behavioral health services.

Your MassHealth ACO Benefits:

As a member of the Partners HealthCare Choice ACO, you will have access to additional benefits, support programs, and services:

Team Care: Our primary care providers provide care in Patient Centered Medical Homes. Your provider is part of a team of providers focused on your physical and behavioral health care needs and well-being. The team coordinates all of your care and makes sure that you and your family are able to make decisions about your own health. Patient Centered Medical Homes use technology to keep good communication between providers, and can sometimes offer services such as email visits or video visits that are easier for patients to access. Our primary care practices are able to offer our ACO members services that are coordinated and better integrated into other parts of the health care system. We will also ask our ACO members about their experiences in their Patient Centered Medical Homes, so we can make sure we are meeting your needs.

Care Management: The Partners HealthCare Integrated Care Management Program is for members who have complex health care needs. As part of this program, some members are assigned to a team that may include a nurse, social worker, community health worker, and other team members. This team will work with the member's primary care provider to make

sure he or she is getting the care that he or she needs. This program coordinates care across the Partners HealthCare system, including specialty care doctors, hospitals, and home health care and also works with community services and other support services. For patients that are especially sick or need extra support, we may try to connect them with members of our team called **Community Health Workers**. Community Health Workers help patients to set goals for their health and can help them navigate the medical system, which can be confusing at times. Sometimes, Community Health Workers can even see patients in their homes.

Substance Use Disorder Services: When needed, our ACO connects members with a recovery coach or a peer who has experienced substance use disorders firsthand. Our ACO also works with members' PCPs to improve access to substance use disorder treatment options such as medication treatments, talk and group therapy, detox centers, and community programs.

Treatment of Behavioral Health conditions like depression and anxiety: In our primary care practices, we offer behavioral health support specialists who can help guide patients in their treatment with the help of the PCP, other social workers, and additional members of the team.

Smoking Cessation Support: Members have access to support for quitting smoking, including access to medical support from

providers (including medication support). Many practices provide structured 8-week programs, support groups, and trained coaches.

Diabetes Management and Education:

Through practice and hospital-specific programs and the Partners Virtual Diabetes Center, members have access to medical care, educational materials, and coaching. They have access to educational group classes focused on maintaining a healthy lifestyle, and can work with nutritionists and diabetes educators. At some practices, members will also have access to fitness and strength training classes and stress management classes.

Weight Loss Support: Members have access to a range of weight loss support programs, including individual and group coaching, meal supplements, prescription medications where needed, nutrition guidance, and lifestyle change support groups.

Customized Educational Videos:

Customized educational videos provide answers to questions related to certain health care topics, conditions, or diseases. Partners providers answer these questions in videos on each topic. These videos can be shared with members before, during, or after a doctor's visit.

Educational Handouts: Providers have access to over 720 printable patient education handouts in both English and Spanish that offer "just in time" knowledge to members during a doctor's visit.

Shared Decision Making Tools: Multimedia decision aids may be provided to members through the Partners Patient Gateway or mail. Decision Aids encourage interaction between members and clinicians to engage in decision making about members' own conditions and to tailor treatment to their goals and concerns.

On-Line Patient Portal: Our web portal, *Partners Patient Gateway*, offers a convenient, efficient, and secure way for members to access their health information, renew prescriptions, request referral authorizations and communicate with their health care team. Partners Patient Gateway also offers members access to quality health and wellness information and other engagement tools supported by Partners HealthCare. To sign up for Partners Patient Gateway, just ask about it in your PCPs office or go to: <https://patientgateway.org>

Certified Community Partner Program:

Care management services are available for some members who need help coordinating and connecting with community-based mental health services, treatment for substance use disorders, and long term services and supports to help members remain independent in their homes. Some examples of services like this are personal care assistance and transportation. Members who are interested in this program should ask their primary care team to access these services through state certified community partners.

Care needs screening, other screenings, and follow-up: When you first enroll in the Partners HealthCare Choice ACO, you will be called by someone from the ACO team to complete an initial assessment called a Care Needs Screening. We will use this information to help us customize your care during your participation in the ACO. Thank you for your willingness to complete this survey. During visits to your PCP's office, you might also be asked to complete questionnaires about your mood, your use of cigarettes, alcohol, and drugs, and your access to basic resources (like food and shelter) that you need to stay healthy. These questions are all completely confidential and will be used by your care team to help you receive the care you need. An ACO thinks about ALL of your health needs, even those that don't require a doctor.

When to Call Your ACO:

You may call the Partners HealthCare Choice ACO Customer Service Center at 1-800-231-2722, Monday through Friday, 8:00 am – 5:00 pm.

Call the ACO:

- if you have questions about your ACO and how it works
- if you have questions about the benefits of being in the Partners HealthCare Choice ACO
- if you need a new ID card
- if you have questions about the Partners HealthCare Choice ACO provider network

For questions related directly to your care, appointments, or referrals, you should call your primary care office.

24/7 Clinical Advice and Support Line:

The Partners HealthCare Choice ACO has a clinical advice line at 1-833-372-5644 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. When you call, the nurse will ask you a few questions about your situation and details about your health concern to help you decide if you should make an appointment with your provider, care for yourself at home, or go to the Emergency Room.

Changing Your PCP

You may change your PCP or your primary care practice location at any time, as long as you stay within your ACO. You may only change your ACO at certain times of the year. To change your primary care practice, you may call the MassHealth Customer Service Center at 1-800-841-2900 or go to www.MassHealthChoices.com.

If you want to see a different provider at your primary care practice, you should talk with the practice directly.

SECTION THREE: Your Rights

Topics in this section:

- ◇ MassHealth ACO Member Rights
- ◇ ACO Member Grievance Process
- ◇ MassHealth Board of Hearings Appeals Process
- ◇ MBHP Grievance and Appeals Processes
- ◇ Removal From Your PCP's Care
- ◇ Notice of MassHealth Privacy Practices
- ◇ Nondiscrimination and Accessibility

MassHealth ACO Member Rights:

As a MassHealth ACO member, you have certain rights. Your rights include the following:

- The right to receive medically necessary treatment.
- The right to be treated with respect and dignity.
- The right to privacy and confidentiality. MassHealth and your providers must keep your health information and records private. They must not give other people information about you unless you give permission or the law says they must.
- The right to be told in advance—in a manner you understand—about any treatments and alternatives that the

providers think should be done, regardless of cost or coverage.

- The right to be part of decisions about your health care. You can refuse treatment if you want to (as far as the law allows).
- The right to talk about your health care records with your providers, and get copies of all your records. You can also ask for changes to the records as the law allows.
- The right to choose your own PCP and to change your PCP at any time. You are able to leave your health plan at certain times of the year. To change your primary care location or your health plan, call MassHealth Customer Service.
- The right to get health care within the time frames in the section of this handbook on referrals and prior authorizations. If you do not get behavioral health care when you should, you can file an appeal with MBHP. If you do not get medical care when you should, you can file a grievance with your ACO, as described later in this handbook.
- The right to appeal to the Board of Hearings and request a fair hearing if you disagree with certain actions or inactions by MassHealth or MBHP.

- The right to a second opinion on a medical procedure.
- The right to emergency care 24 hours a day, seven days a week in any hospital or other setting that provides emergency services.
- The right to receive information on available treatment options and alternatives, presented in a manner appropriate to your condition, culture, functional status, language needs, required modes of communication, and other accessibility needs.
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, in accordance with applicable federal law.
- The right to freely exercise your rights set forth in this Section and not have the exercise of those rights adversely affect the manner in which the Partners HealthCare Choice ACO treats you.
- The right to be notified of these rights and considerations at least annually, in a manner that you can understand, that takes into consideration your culture, functional status, language needs, and required modes of communication.
- The right to not be discriminated against because of your race, ethnicity, national origin, religion, sex, gender identity, age, sexual orientation, medical or claims history, mental or physical disability, genetic information, or source of payment.
- The right to have all the Partners HealthCare Choice ACO's options and rules fully explained to you, including through use of a qualified interpreter or alternate communication mode if needed or requested.
- The right to choose a plan and provider that you qualify for at any time during your annual plan selection period, including disenrolling from the Partners HealthCare Choice ACO and enrolling in another MassHealth ACO, a MassHealth MCO, or the MassHealth PCC Plan.
- The right to receive timely information about changes to the benefits or programs offered by the Partners HealthCare Choice ACO at least 30 days prior to the intended date of the change.
- The right to designate a representative if you are unable to participate fully in treatment decisions. This includes the right to

have translation services available to make information appropriately accessible to you or your representative.

- The right to receive a copy of and to approve your Care Plan, if any.
- The right to expect timely, accessible, culturally and linguistically competent, and evidence-based treatments.
- The right to determine who is involved in your care team, including family members, advocates, or other providers of your choosing.
- The right to experience care as described in this Handbook, including to receive a Care Needs Screening and appropriate follow-up.
- The right to have advance directives explained and to establish them.
- The right to file grievances as described in this Handbook, and the right to access MassHealth's Appeals processes.
- The right to be protected from liability for payment of any fees that are the obligation of the Partners HealthCare Choice ACO.

ACO Member Grievance Process:

If you ever have a problem with the care you receive in the Partners HealthCare Choice ACO, you may file a grievance by telephone, letter, fax or in person. The Partners HealthCare Choice ACO will let you know they have received your grievance in writing, within 2 business days. The Partners HealthCare Choice ACO will resolve and notify you of the outcome of a grievance proceeding within 30 calendar days from the date we received the grievance.

Examples of problems you might file a grievance about include the following:

- any action or inaction on the part of the Partners HealthCare Choice ACO;
- dissatisfaction with the quality of care or services provided;
- rudeness of a provider; or
- failure to respect your rights as described in this Handbook.

To file a grievance by phone:
Call 1-866-455-1344

Grievances may also be faxed to:
617-526-1980

Grievances may be mailed to:

**Partners HealthCare
Attn: ACO Grievance Counselor
399 Revolution Drive, Ste. 820
Somerville, MA 02145**

As always, you can also contact MassHealth directly 1-800-841-2900 (TTY: 1-800-497-4648) for more information.

MassHealth Board of Hearings Appeals Process:

You can ask for an appeal with the MassHealth Board of Hearings if you don't agree with a decision that MassHealth or MBHP has made. This could include actions or inactions by MassHealth about your medical and pharmacy benefits (for example, MassHealth refused to give PA for a service you think you should receive). For questions about these appeals, call the MassHealth Customer Service Center.

Appeals with the Board of Hearings are called fair hearings. You have the right to receive a fair hearing from an impartial hearing officer of the Board of Hearings.

Appeals relating to MBHP must first go through MBHP's internal appeals process, described later in this Member Handbook. If you still don't agree with MBHP's decision, you can ask for a fair hearing.

You can name someone to represent you a Board of Hearings appeal. Your representative should be someone who knows you (such as a family member or friend) and knows about your problem. Your representative could also be someone who has the legal authority to act for you in making decisions related to health care or payment for health care. For example, a representative may be a:

- guardian;
- conservator;
- executor;
- administrator;

- holder of a power of attorney; or
- health care proxy.

How to File a Board of Hearings Appeal

You must file your Board of Hearings appeal in writing within 120 calendar days of the decision you want to appeal. To file an appeal or to choose a representative for the purpose of your Board of Hearings appeal, you must fill out the Fair Hearing Request Form that comes with the notice about the decision.

You can ask for an expedited (fast) fair hearing if:

- you are appealing a decision to deny an acute hospital admission;
- you are appealing MBHP's decision on an expedited (fast) internal appeal;
- you are appealing a discharge or transfer from a nursing facility.

If you want the Board of Hearings to handle your request as an expedited (fast) fair hearing, you must ask for the fair hearing within 20 calendar days from the day that you got the decision you are appealing. If you file between 21 and 30 calendar days after you got the decision, the Board of Hearings will not make the hearing faster.

Continuing Benefits During Your Fair Hearing at the Board of Hearings

If your fair hearing is about a decision to end, reduce, or stop a service that you get, you may want to keep the service during

the fair hearing process. If you keep the service and lose the fair hearing, the cost of the service may not be paid for. If you want to keep the service during the appeal, you or your representative must send your fair hearing request within 10 calendar days from the date of the letter from MassHealth that told you the service would change. If you are appealing a decision by MBHP, you must file the appeal within 10 calendar days from the date of the letter telling you MBHP's decision on your internal appeal. You must also ask to keep your service during the appeal process.

After You File a Board of Hearings Appeal

You or your representative may read your case files to prepare for the Board of Hearings appeal process. The Board of Hearings does not have MBHP files, so you must contact MBHP to get your files if you are appealing a decision by MBHP. At the hearing, you may represent yourself or come with an attorney or other representative at your own expense.

If you do not understand English or are hearing or sight impaired, tell the Board of Hearings. They will get an interpreter or assistive technology.

MBHP Grievance and Appeals Processes:

The appeals process for behavioral health services is a little different than the process for other health services and benefits. A

behavioral health service is a mental health or substance use disorder service provided by a mental health or substance use disorder provider in MBHP's provider network.

You have the right to file a formal grievance if:

- you were not treated with respect by MBHP staff or providers;
- your rights were not respected by MBHP staff or providers;
- you are not happy with the service you or a family member received from an MBHP provider;
- you are not happy with any other action or inaction by MBHP, except if it had to do with authorizing treatment or getting an appointment. In this case, you can file an MBHP internal appeal;
- you don't agree with MBHP's decision to extend the timelines for deciding your request for PA or for deciding an internal appeal; or
- you don't agree with MBHP's decision not to review your appeal as an expedited (fast) internal appeal.

It may be best to first talk to your provider about your concern. If you don't want to talk to your provider or don't like your provider's answer, you have the right to file a grievance with MBHP.

How to File a Behavioral Health Grievance

Call MBHP at 1-800-495-0086 if you want to file a behavioral health grievance. MBHP will also help you if you need an interpreter or TTY services (for people who are deaf, hard of hearing, or speech disabled). You can also write a letter to MBHP telling them about your grievance. Send it to this address:

MBHP
Attn: Quality Management Specialist
1000 Washington Street, Suite 310
Boston, MA 02118-5002

When you file a grievance with MBHP, you can choose a representative. To choose a representative, you must give MBHP a signed and dated letter that tells MBHP the name of your representative and that this person can act for you. MBHP will send you a letter to tell you that they received your grievance. MBHP will review your grievance and may call you or your provider to get more information.

MBHP will investigate and resolve your grievance within 30 days. MBHP will send you a letter when they decide. Before MBHP finishes the review, you or your representative can ask for more time (an extension) of up to 14 days. MBHP may also get a 14-day extension if it's in your best interest and they need more information. If MBHP gets more time, they will send you a letter to tell you the reason.

The MBHP Internal Appeals Process

You can file an internal appeal with MBHP if you don't agree with one of these actions or inactions by MBHP:

- MBHP denied your request for a service, approved less service than you asked for, or said that a service you asked for is not covered;
- MBHP reduced, suspended, or stopped a service MBHP had covered or approved for you in the past;
- MBHP did not decide your request for Prior Authorization (PA) for a service within the time that we should have (see pages 9-10 for more information on PA); or
- you cannot get an appointment for behavioral health services within the time that you should be able to.

In most cases, you will get a letter from MBHP about one of these actions.

However, you may appeal even if you did not get a letter from MBHP.

If you get a letter from MBHP telling you about any of the actions or inactions above, you or your representative must file your appeal for treatment before you got treatment, or, if you have finished your treatment, then within 90 calendar days after you got the letter. If you did not get a letter from MBHP, you or your representative can appeal within 90

calendar days after you learned about one of the above actions or inactions.

You can file an appeal by telephone or in writing. Call MBHP, or write them a letter to this address:

Massachusetts Behavioral Health Partnership
Attn: Appeals Coordinator
1000 Washington Street, Suite 310
Boston, MA 02118-5002

MBHP will also help you if you need an interpreter or TTY services (for people who are deaf, hard of hearing, or speech disabled). If you have an urgent behavioral health need, you can ask to have your appeal processed more quickly. This is called an expedited appeal.

Please include:

- your full name;
- the name of the service that you're appealing if your appeal involves a decision by MBHP to:
 - deny your request for a service;
 - approve less service than you asked for;
 - not cover a service; or
 - reduce, suspend, or stop a service MBHP had covered or approved for you in the past;
- why you feel MBHP should change the decision; and
- if you would like to keep the service during your appeal.

If you are appealing because MBHP did not decide your request for PA for a service

within the time that they should have, you will receive a letter from MBHP explaining how to appeal this decision. If you are appealing because you could not get an appointment for behavioral health services within time frames, send a letter to MBHP including the following information:

- the type of service you were trying to get;
- the date you asked for the appointment; and
- the date of the appointment you got.

MBHP will send you a letter telling you that they got your appeal.

Continuing Benefits During Your MBHP Internal Appeal

If your internal appeal is about an MBHP decision to change a service you get now by ending it, reducing it, or stopping it, you may want to keep the service while you are appealing. If you keep the service but lose the appeal, your service may not be paid for. If you want to keep your services during the appeal, you or your representative must send your appeal request within 10 calendar days from the date of the letter that told you the service would change. You must also ask to keep your service while you are appealing.

After You File an MBHP Internal Appeal

You have the right to tell the facts and provide evidence (proof) about your appeal. You can do that on the phone or in writing. These facts and proofs will be used in the review of your appeal.

You may look at your case file, health care records, and other documents and records related to the appeal. If you would like to review these documents, call your provider or MBHP at 1-800-495-0086 (TTY: 1-877-509-6981 if you are deaf, hard of hearing, or speech disabled).

Getting a Decision on Your MBHP Internal Appeal

If you do not file an expedited (fast) internal appeal, MBHP will send you a written decision within 30 calendar days. This could be up to five days longer if you, your representative, or MBHP asks for more time. For questions about behavioral health (mental health and substance use disorder) services, call the MBHP. The call is free.

An Expedited (fast) MBHP Internal Appeal

If you have an urgent behavioral health need and you think a 30-calendar-day review is too long, you, your representative, or your health care provider can ask MBHP for an expedited appeal (fast review). In most cases, if your provider asks for a fast review, MBHP will approve the request. MBHP will refuse the request by your provider for a fast review only if it's not

related to your health. If your provider isn't involved in the request, MBHP can decide if they should do a fast review.

If MBHP denies your request for a fast review, they will tell you in writing of this decision. MBHP will process your appeal within the 30-calendar-day time frame. You have the right to file a grievance if you don't agree with this decision. If MBHP approves your request for a fast review, they will review your appeal within three calendar days. MBHP will send you a letter telling you the decision on your appeal. If you don't agree with MBHP's decision on your appeal, you can file a request for a fair hearing with the MassHealth Board of Hearings.

Extending MBHP Internal Appeal Timeframes

If more time is needed to resolve the appeal, you, your representative, or MBHP can ask for an extra 14 calendar days. If the appeal is an expedited (fast) appeal, you, your representative, or MBHP can ask for an extra 14 calendar days. MBHP can ask for more time only if:

- the extension is in your best interest;
- MBHP needs more information that may lead to approval of your request; and
- MBHP expects to receive this information within the extra time.

If MBHP asks for more time, they will send you a letter. If you don't agree, you or your representative may file a grievance.

Approval of Your MBHP Internal Appeal

You will get a "Notice of Appeal Resolution" that tells you that your appeal is approved. Your provider can immediately give you the service you asked for.

Denial of Your MBHP Internal Appeal

If MBHP denies your internal appeal, they will send you a notice telling you. If you do not agree with the decision, you can file an appeal directly with the Board of Hearings, described earlier.

Dismissal of Your MBHP Internal Appeal

MBHP may dismiss your internal appeal if:

- someone else files the appeal for you and MBHP does not get your written permission for that person to serve as your representative before the time frame for resolving your appeal ends; or
- you or your representative filed the appeal more than 90 calendar days after the letter from MBHP telling you that you had a right to appeal (or more than 90 calendar days after you learned about MBHP's actions or inactions if you did not get a letter).

If MBHP dismisses your internal appeal, they will send you a notice telling you. If you think that you filed an appeal within 90 calendar days and have proof, you or your representative can disagree with MBHP's decision to dismiss your internal appeal. You or your representative must send MBHP a letter asking for a review of this dismissal within 10 calendar days of the notice telling you that your appeal was dismissed. MBHP will review its decision and notify you if it will continue with your appeal. If MBHP does not resolve your internal appeal within the required time frames, you can file your appeal with the Board of Hearings:

- if MBHP does not resolve your appeal within 30 calendar days (or within five extra calendar days if there is an extension); or
- if MBHP does not resolve your expedited (fast) appeal within three calendar days (or within 14 extra calendar days if there was extra time).

Removal from Your PCP's Care:

A PCP may ask to have you removed from his or her list of patients. The provider can make this request if you have a pattern of noncompliant or disruptive behavior. If MassHealth approves the PCP's request, MassHealth will send you a letter to tell you that you need to choose a new doctor. You have the right to appeal this decision to the Board of Hearings, per the instructions above.

A PCP cannot ask to have you removed from their list of patients for these reasons:

- your health condition has gotten much worse;
- you use a lot of medical services;
- your mental capacity is reduced; or
- your behavior has caused problems because you have special needs.

Notice of MassHealth Privacy Practices:

MassHealth has some information that explains how they may use health information about their members and give it to others. This is called their “Notice of Privacy Practices.” You can get a copy of this “Notice of Privacy Practices” by writing to the following address:

**MassHealth Customer Service Center
55 Summer Street, 8th Floor
Boston, MA 02110**

You can also get a copy of this notice by going to:

<http://www.mass.gov/eohhs/docs/masshealth/privacy/npp-brochure.pdf>

To find out about how MBHP uses behavioral health information and shares it with others, you can call MBHP at 1-800-495-0068, or get a copy of MBHP’s Notice of Privacy Practices by visiting MBHP’s website at www.masspartnership.com.

Nondiscrimination and Accessibility:

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination is Against the Law

The Partners HealthCare Choice ACO complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability. The Partners HealthCare Choice ACO does not exclude people or treat them differently because of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability.

The Partners HealthCare Choice ACO provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

The Partners HealthCare Choice ACO provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please contact our Customer Service at 1-800-231-2722.

If you believe that the Partners HealthCare Choice ACO has failed to provide these services or discriminated in another way on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability, you can file a grievance with:

The Partners HealthCare Choice ACO Civil Rights Coordinator/Grievance Counselor
Phone: 1-866-455-1344
Fax: 617-526-1980

Or mailed to:
Partners HealthCare
Attn: Partners HealthCare Choice ACO Civil Rights Coordinator/Grievance Counselor
399 Revolution Drive, Ste. 820
Somerville, MA 02145

You can file a grievance in person, by mail, or by fax. If you need help filing a grievance, our Civil Rights Coordinator/Grievance Counselor is available to help you.

Other Contacts:

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

Phone: 1-800-368-1019 or
(TDD) 800-537-7697

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

Or by contacting the OCR New England Regional Office at:

Phone: 800-368-1019, (TDD) 800-537-7697

Office for Civil Rights U.S. Department of Health and Human Services
Government Center J.F.Kennedy Federal Building - Room 1875
Boston, MA 02203

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>