

Member Handbook

A list of your member benefits and services (*Covered Services List*)
is included as a separate document. Make sure you keep this
Member Handbook and the *Covered Services List* together.



Introduction

Welcome to BMC HealthNet Plan (the Plan)! We're pleased to have you as a member. This book will help you understand the benefits and services you get as a Plan member. It will also show you how to contact us if you have any questions.

Please note that you can call BMC HealthNet Plan's Member Services Call Center to have a Spanish version of this *Member Handbook* sent to you. Or you can call to have this *Member Handbook* read to you in any language. All written materials sent to Members are available in Spanish, and can also be read to you in any language by a Member Services Call Center representative. For copies of materials in Spanish, or for oral interpretations into other languages or to have written materials read to you, please call the Member Services Call Center at 1-888-566-0010 (English and other languages) or 1-888-566-0012 (en español).

English and Spanish versions of this Member Handbook are also available on our Web site: www.bmchp.org.

Introducción

Bienvenido al BMC HealthNet Plan (en adelante, "el Plan")! Estamos encantados de tenerlo como miembro. Este libro lo ayudará a comprender cuáles son los beneficios y los servicios que obtendrá por ser miembro del Plan. También le explicará cómo comunicarse con nosotros si tiene alguna duda.

Tenga en cuenta que puede llamar al Centro de atención para los miembros del BMC HealthNet Plan para obtener una versión en español de este *Manual para Miembros* que le enviamos. También puede llamarnos para que le leamos este *Manual para Miembros* en cualquier idioma. Hay versiones en español de todos los materiales impresos que enviamos a los miembros. Un representante del Centro de atención a los miembros del Plan puede leerlos en cualquier idioma. Si desea recibir copias de los materiales en español o escuchar interpretaciones en otros idiomas, o si desea que le leamos los materiales impresos, llame a nuestro centro de atención para los miembros del Plan al 1-888-566-0010 (inglés y otros idiomas) o al 1-888-566-0012 (en español).

También encontrará las versiones de este manual en inglés y en español en nuestro sitio en Internet: www.bmchp.org.

10 things you should know as a BMC HealthNet Plan member

1. Call us with your questions.

If you have a question about your BMC HealthNet Plan coverage or benefits, call our Member Services Call Center. *(The Call Center numbers and hours of operation are listed at the bottom of every page in this book.)*

If you have trouble hearing, call 1-866-765-0055 (TTY/TDD) or 1-800-421-1220 (ask to be connected to BMC HealthNet Plan's Member Services Call Center).

If you have trouble with your eyesight and need help reading any material you get from us, call our Member Services Call Center for assistance.

If you have a question about your health, you can call the Nurse Advice Line from BMC HealthNet Plan. Specially trained registered nurses are available to talk to you 24 hours a day, seven days a week. The number is 1-800-973-6273. Always remember that the Nurse Advice Line from BMC HealthNet Plan can help you, but it should not take the place of your healthcare provider.

2. You still have MassHealth when you join us.

As a BMC HealthNet Plan Member, you still keep all your MassHealth coverage and benefits.

3. You must keep your MassHealth eligibility.

Since you must keep your MassHealth eligibility in order to be covered by BMC HealthNet Plan, make sure you immediately fill out and return your Eligibility Review Verification (ERV) form to MassHealth when you receive it in the mail. If you need help filling out the form, you may call BMC HealthNet Plan's Member Services Call Center, or MassHealth Customer Service. The numbers are at the bottom of the page.

4. You need a primary care provider.

You must pick a primary care provider (PCP) to provide or arrange your health care. A PCP can be a doctor or nurse practitioner. If you need to pick a PCP, the names are located in the BMC HealthNet Plan *Provider Directory* included in your new-member packet. If you would like to have an additional copy of the *Provider Directory* sent to you, just call BMC HealthNet Plan's Member Services Call Center. The number is at the bottom of the page.

5. We have providers and hospitals near you.

Our provider network includes healthcare providers, including medical specialists and behavioral health providers, and hospitals in Eastern, Southeastern and Western Massachusetts. So you can get your care near where you live. If you need to pick a healthcare provider or hospital, the names are located in the BMC HealthNet Plan *Provider Directory*, included in your new-member packet.

Please note: If you need a ride to a healthcare appointment, call our Member Services Call Center. The phone numbers appear at the bottom of each page in this *Member Handbook*. A representative will help arrange a ride for you, **if you are eligible**. The *Covered Services List* that came with this *Member Handbook* will tell you if you are eligible to have transportation covered.

6. Your ID card gets you services and care.

You and each member of your family who is a member of BMC HealthNet Plan will get your own BMC HealthNet Plan ID card. Always carry the card with you. You'll need it to get your health care, like when you visit your healthcare provider or have a prescription filled. You should also carry your MassHealth ID card because

you'll need it to get certain services that MassHealth covers directly. The *Covered Services List* included with this *Member Handbook* lists the services you receive from BMC HealthNet Plan and the services you receive from MassHealth.

7. Let us know when your phone or address changes.

Tell us if you move, change your phone number, or change your PCP. Call the Member Services Call Center to report any of these things. You should also call MassHealth and tell them. The numbers are at the bottom of the page.

8. We have 1,000 drugstores.

BMC HealthNet Plan contracts with 1,000 pharmacies across Massachusetts where you can get your prescriptions filled. You can look in your BMC HealthNet Plan *Provider Directory* or call BMC HealthNet Plan's Member Services Call Center to find the drugstore closest to you.

9. Get more!

- Free car seats for kids
- Free bike helmets for kids
- Free manual breast pumps for nursing mothers
- Special help if you have high blood pressure, diabetes, asthma, or if you're pregnant
- Free Nurse Advice Line from BMC HealthNet Plan to help answer your healthcare questions

10. Visit our Web site.

On our Web site – www.bmchp.org – you can find important coverage and health information. If you don't have a computer, go to your local library for free Internet access.



BMC HealthNet Plan Member Services Call Center

8:00 a.m. – 6:00 p.m., Monday- Friday 1.888.566.0010 (English and other languages)
• 1.888.566.0012 (en español) • 1.888.217.3501 (Behavioral Health: Mental Health and Substance Abuse questions) • 1.866.765.0055 (TTY/TDD for hearing impaired) • 1.800.421.1220 (relay operator for hearing impaired) • Web Site www.bmchp.org

MassHealth Customer Service

8:00 a.m. – 5:00 p.m., Monday-Friday
1.800.841.2900 • 1.800.497.4648 (TTY/TDD for hearing impaired)

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About Your Enrollment Options

If you have questions about your health plan enrollment options with MassHealth managed care providers – including BMC HealthNet Plan – please call the MassHealth Customer Service Center. The number is at the bottom of the page.



SECTION 1

Overview of Your BMC HealthNet Plan Membership

What is BMC HealthNet Plan?

BMC HealthNet Plan is a managed care plan for MassHealth enrollees. The Plan provides coverage for people who have MassHealth throughout Eastern, Southeastern and Western Massachusetts.

Doctors and Other Healthcare Providers Near You

We contract with doctors, hospitals, pharmacies and other healthcare providers throughout Massachusetts to care for you. That means you don't need to travel a long way to get your health care. You can get information about how BMC HealthNet Plan contracts with healthcare providers by calling our Member Services Call Center. If you need to find a healthcare provider, please check your BMC HealthNet Plan *Provider Directory*, or call the Member Services Call Center for assistance. If you need another copy of the *Provider Directory*, you should also call the Member Services Call Center.

Your MassHealth Coverage

You keep all your MassHealth coverage and benefits when you become a BMC HealthNet Plan member. In fact, you must maintain your MassHealth eligibility to be a Plan member. Since you must keep your MassHealth eligibility in order to be covered by BMC HealthNet Plan, make sure you immediately fill out and return your Eligibility Review Verification (ERV)

form to MassHealth when you receive it in the mail. If you need help filling out the form, you may call BMC HealthNet Plan's Member Services Call Center, or the MassHealth Customer Service Center. The numbers are at the bottom of the page.

Get More

Members of BMC HealthNet Plan get all the benefits that MassHealth provides (see *Covered Services List* insert for a list of your BMC HealthNet Plan benefits). Plus, BMC HealthNet Plan members receive:

- Free medical and other information from a highly trained registered nurse through the Nurse Advice Line from BMC HealthNet Plan
- Free infant and toddler car seats
- Free bicycle helmets for kids
- Free manual breast pumps for nursing mothers

Special Help If You Have Certain Health Conditions

We also offer special health programs to members with certain health conditions. The programs are for members who:

- Have asthma
- Have high blood pressure
- Have diabetes
- Have congestive heart failure
- Are pregnant

See page 15 for a description of each program.

SECTION 2

Your BMC HealthNet Plan ID Card

A Member ID Card Will Be Mailed to You

Every BMC HealthNet Plan member receives an identification (ID) card like the one shown on the next page. An explanation of your ID card is on the last page of this *Member Handbook*. Please check your ID card to make sure the information is correct. If it's not correct, or if you did not get a card, please call the Member Services Call Center. *(Remember: If you change your address or phone number, you need to call the Member Services Call Center and MassHealth Customer Service so we can update your information.)*

Your BMC HealthNet Plan ID card shows the name of your primary care provider (PCP). See pages 8-9 for more information about PCPs. Your card also shows other important phone numbers. And it says what to do when you need urgent or emergency care. See page 11 for more information about urgent and emergency care.



BMC HealthNet Plan Member Services Call Center

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Always carry your BMC HealthNet Plan ID card to receive healthcare services or medicine. You should also always carry your MassHealth ID card.

Lost Your Member ID Card?

To replace your card, call the Member Services Call Center. You can also order a new ID card from our Web site: www.bmchp.org. Even if you don't have your card, a healthcare provider should never deny you care. If a provider refuses to treat you, have him or her call our Member Services Call Center. We will verify your eligibility for the provider. Or you may call the Member Services Call

Center yourself.

What a Member ID Card Looks Like

This is a sample of the front and back of a BMC HealthNet Plan member ID card. An explanation of your ID card is on the last page of this *Member Handbook*. If you did not receive an ID card, or if the information on your card is wrong, call our Member Services Call Center for a replacement card.



SECTION 3 Contact Information

Your Healthcare Providers

- Your PCP's name is on your BMC HealthNet Plan member ID card. Call your PCP first for health-related questions or problems, except in an emergency when you should call 911 or go to the nearest emergency room. A listing of hospital emergency rooms

in all areas of the state is also in your *Provider Directory* in the "Statewide Emergency Care by Hospitals" section.

- If you have a behavioral health emergency (mental health or substance abuse), you should call 911 or go to the nearest emergency room. You can also contact the Emergency Services Program (ESP) location in your area. A list of ESPs in all areas of Massachusetts can be found in your BMC HealthNet Plan *Provider Directory* in the "Statewide Behavioral Health Emergency Services Programs" section.

BMC HealthNet Plan

Call our Member Services Call Center for benefit questions. A representative is available Monday through Friday, 8:00 a.m. to 6:00 p.m.

The numbers are:

- 1-888-566-0010 (English and other languages)
- 1-888-566-0012 (en español)
- 1-888-217-3501 (Behavioral Health: Mental Health and Substance Abuse questions)
- 1-866-765-0055 (TTY/TDD) or 1-800-421-1220 (If you're hearing impaired, ask to be connected to the Member Services Call Center.)
- Our Web site, www.bmchp.org, contains a lot of important information about your coverage. And you can send an e-mail to us from the site. You can also find health information, copies of our member newsletter, and a special lookup function so you can find a pharmacy near you. If you don't have a computer at home, go to your local library for free Internet access.

Questions about Benefits or Health Care

We want to make sure it's easy for you to get the information you want. That's why there are different ways for you to find out what you need to know.

Member Services Call Center

Whenever you'd like to speak with someone about the benefits and services you get as a member, please call our Member Services Call Center at the number at the bottom of the page.

New Member Orientation

BMC HealthNet Plan will contact you to offer you a new-member orientation. A representative will welcome you to the Plan and go over all your benefits to make sure you understand how to use them. A new-member orientation is also a good time for you to ask any questions you may have about your new coverage. If we're unable to reach you, please call the Member Services Call Center, and a representative will be happy to give you an orientation. *To make sure we can reach you, always call our Member Services Call Center and MassHealth Customer Service if you change your address or phone number.*

Health-Related Questions

If you think you're having a medical emergency, call 911 or go to the nearest emergency room. A statewide list of emergency rooms is in your BMC HealthNet Plan *Provider Directory* in the "Statewide Emergency Care by Hospitals" section. In a behavioral health emergency (mental health or substance abuse), you can call 911, or go to the nearest emergency room, or contact the Emergency Services Program



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1.800.841.2900 • 1.800.497.4648 (TTY/TDD for hearing impaired)

(Section 3 continued)

in your area. The contact information for the statewide Emergency Services Programs is listed in your BMC HealthNet Plan *Provider Directory* in the “Statewide Behavioral Health Emergency Services Programs” section. Otherwise, always call your healthcare provider first if you have questions about your health or if you need urgent or routine care. Your Primary Care Provider’s phone number is on your BMC HealthNet Plan ID card. Remember to notify your PCP about your emergency as soon as possible. And if you experienced a behavioral health emergency, make sure you notify your behavioral health provider.

You can also call the Nurse Advice Line from BMC HealthNet Plan at 1-800-973-6273 to get medical and other healthcare information from a highly trained registered nurse, 24 hours a day, seven days a week. Some examples of health problems or questions that you can get information about include:

- Feeling sick
- Dizziness
- Back pain
- Coughing
- Baby is crying and feels hot
- Colds

Always remember that the Nurse Advice Line from BMC HealthNet Plan can help you, but it should not take the place of your healthcare provider.

MassHealth Questions

If you have questions about your MassHealth eligibility, you may call us or call MassHealth at the appropriate number below.

SECTION 4 Your Benefits

BMC HealthNet Plan Covers Most of Your Benefits

BMC HealthNet Plan offers a range of benefits and services to members. And remember, you are still enrolled in MassHealth when you are a BMC HealthNet Plan member.

How to Obtain Your Benefits

The *Covered Services List* that came with this *Member Handbook* shows that BMC HealthNet Plan covers most of your benefits. But MassHealth also directly covers some benefits too, even though BMC HealthNet Plan may coordinate these benefits. That’s why you should always carry both your BMC HealthNet Plan and MassHealth ID cards – so you can get all of your benefits and services. If you need help getting any of these benefits or services, please call our Member Services Call Center. Your primary care provider is the best person to let you know if you need any of these services. Remember to check your *Covered Services List* to see what you’re covered for, and to show your BMC HealthNet Plan ID card to receive your Plan-covered benefits and services. And if you need a ride to a medical appointment, we can help arrange for it, **if you’re eligible**. Just call our Member Services Call Center and a representative can assist you.

Specialty Care and Referrals

The time may come when you may need to see a specialist. This is a healthcare provider who practices a specific type of care or who provides specific treatments. For example, if you have a problem with your heart, you may need to see a cardiologist. This is a medical doctor who specializes in treating diseases of the heart. Another example is if you or your child has asthma. Many times asthma can be treated successfully by a PCP. But it might be necessary for an asthma specialist or a pulmonary specialist (a doctor who treats diseases of the lungs) to give you advice about the best care for more difficult cases.

If you need to see a specialist, your PCP needs to work with that healthcare provider so you can get the most appropriate care. So even though you do not need a referral to see a network specialist, it makes really good health sense for you to ask your PCP to coordinate any specialty care that you may need.

The *Covered Services List* that came with this *Member Handbook* shows the services that require a referral.

When You Travel

If you’re traveling and a medical or behavioral health emergency occurs, go to the nearest emergency room (see “Emergencies” in Section 6, “Your Health Care”). If an urgent care condition occurs when you’re traveling, call your primary care provider (PCP) first (see “Urgent Care” in Section 6, “Your Health Care”). Your PCP will tell you what to do.



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Services that Require Referral and Prior-Authorization

To ensure that you get all the care you need, your PCP will coordinate your medical care with other healthcare providers for follow-up services, including referrals and prior authorizations.

Referrals

BMC HealthNet Plan members may visit any in-network primary care provider (PCP), mental health or substance abuse provider, or medical specialist without a referral. However, you should always talk to your PCP first before seeing any specialist.

Members can also access emergency services and family planning services without a referral.

Visits to most out-of-network providers require a referral, and in some cases a prior authorization. Your PCP or other provider will arrange this for you.

Prior Authorization

Certain services must be authorized by BMC HealthNet Plan in advance for them to be covered. The *Covered Services List* that came with this *Member Handbook* shows the BMC HealthNet Plan and MassHealth services that require prior authorization. When a service requires prior authorization, your healthcare provider must submit a request for those services to BMC HealthNet Plan or MassHealth.

BMC HealthNet Plan's prior-authorization decisions are made by a healthcare professional who has the appropriate clinical expertise in treating the medical condition, performing the

procedure, or providing the treatment. The Plan makes authorization decisions within the following timeframes:

- Standard authorization decisions: Within fourteen (14) calendar days after receipt of the request.
- Expedited (fast) service authorization decisions: Within three (3) business days after receipt of the request. Only a provider can indicate or the Plan can decide when an authorization request may be expedited by determining that following the standard timeframe could seriously jeopardize your life or health, or your ability to get, maintain or regain maximum function.

These authorization timeframes may be extended to up to an additional fourteen (14) calendar days if you or your provider requests an extension, or the Plan has a good reason to believe that:

- The extension is in your best interest.
- The Plan needs additional information that we believe, if we receive it, will lead to approval of your request.
- Such outstanding information is reasonably expected to be received within fourteen (14) days.

If BMC HealthNet Plan requests an extension of the authorization timeframes, we will send you a written notice. If you disagree with this decision, you may file a Grievance in writing, or over the telephone, or in person. Our Member Services Call Center Representatives can help you with this process.

We will send a written notice to you if we violated these timeframes. You have the right to file an Internal Appeal if the Plan does not make the authorization decisions within the above timeframes. For more information on how to file a Grievance or an Internal Appeal, please see Section 10 "Inquiries, Grievances and Appeals."

We will send a written notice to you and the requesting provider of any decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than what was requested.

Receiving Care from Out-of-Network Providers

Providers who have contracts with BMC HealthNet Plan are considered "in-network." Providers who do not have contracts with BMC HealthNet Plan are considered "out-of-network." Except in an emergency and for family planning services, a BMC HealthNet Plan member is not covered for services provided by an out-of-network provider unless the member's in-network primary care provider (PCP) has gotten prior authorization from BMC HealthNet Plan.

Services that Are Not Covered

Some services are not covered (excluded) for BMC HealthNet Plan members. Please see your enclosed *Covered Services List* to find out which services are not covered (excluded).



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(Section 4 continued)

If You Get a Bill for Services

You cannot be charged for:

- Emergency services
- Services you get from a BMC HealthNet Plan provider or an out-of-network provider who is approved by the Plan
- Services provided by a MassHealth provider when those services are covered directly by MassHealth

However, care that is not covered by BMC HealthNet Plan or MassHealth may be your responsibility to pay. We can help you figure this out.

If you get a bill for a service and don't know whether it must be paid by either BMC HealthNet Plan or MassHealth, call our Member Services Call Center. If the bill is for a service that is covered, here's what you should do:

- Print the name of the member who received the care, and his or her BMC HealthNet Plan member ID number on the bill. The member ID number is on the member's ID card.
- Make a copy of the bill for your records.
- Mail the bill to our Boston office at:
**Member Services Call Center
BMC HealthNet Plan
Two Copley Place, Suite 600
Boston, MA 02116**

If you have questions, please call our Member Services Call Center. We'll resolve the problem for you. If the bill is for a service covered directly by MassHealth, you may also call your PCP or the provider who sent the bill to you, if you like.



Also “Free” for Our Members

- Child safety car seats – If you're having a baby, call the Member Services Call Center to find out how to get your free convertible car seat. You can get the seat up to 30 days before your due date. And when your baby grows, you can also get a free booster seat for him or her.
- Bicycle helmets for kids – Kids who are members of BMC HealthNet Plan can get a free bike helmet. Call our Member Services Call Center to find out how to get the helmet.
- Manual breast pumps – A nursing mother needs a prescription from her healthcare provider for a manual breast pump. Then call the Member Services Call Center to find out how to get the manual breast pump.
- Special programs for pregnancy, asthma, high blood pressure, congestive heart failure, and diabetes and more. You can find out more about these programs in Section 8 of this *Member Handbook*: “Special Programs for Asthma, Diabetes, Congestive Heart Failure, High Blood Pressure, Pregnancy, and to Stop Smoking.”

- The Nurse Advice Line from BMC HealthNet Plan can help you answer your health questions 24 hours a day, seven days a week. The number is 1-800-973-6273.

SECTION 5 Your Primary Care Provider (PCP)

Primary Care Provider (PCP)

Every BMC HealthNet Plan member needs to have a primary care provider (PCP). A primary care provider is your personal doctor or nurse practitioner. Your PCP will do many things for you and your family:

- Treat you for your basic medical problems
- Refer you to other healthcare providers if you have specialty care needs
- Admit you to the hospital, if necessary
- Keep your medical records
- Write prescriptions

The name of your PCP is on your BMC HealthNet Plan ID card.



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Picking a PCP

Call us if you need help choosing a PCP. And if you already have a PCP when you call, we want to make sure that we have the correct information for our records. If you haven't picked a PCP yet, we have a long list of PCPs and we'll help you choose one for you and each BMC HealthNet Plan-covered family member. Even though you can pick a PCP from anywhere in our network, it makes sense that you pick one who is close by you. You should call us immediately to pick a PCP if you haven't already done so. We've included a *Provider Directory* with this package. The *Provider Directory* lists our PCPs by name, location and specialty. Or you can call our Member Services Call Center for help choosing a PCP or if you want to have a *Provider Directory* sent to you. Please note that BMC HealthNet Plan will assign a PCP to any member who does not pick one.

Providers Who Are PCPs

There are a few different kinds of providers who may be PCPs

- Family practice providers treat adults and children. They can also provide women's health services for pregnant women.
- General practice providers treat adults and children.
- Internal medicine providers treat adults over the age of 17 years. (A medical doctor who practices internal medicine is called an "internist.")
- Pediatric providers treat children and young adults up to age 21 years.

Each family member covered by BMC HealthNet Plan must have a PCP. If everyone in your family wants the same PCP, you can choose a family practice or general practice provider to be each family member's PCP.

When to Call Your PCP

When you become a BMC HealthNet Plan member, you should make an appointment to see your PCP for a checkup. Your PCP's name is on your BMC HealthNet Plan ID card.

Your First PCP Appointment

Call your PCP's office. Tell the office staff that this will be your first visit with this PCP. If you have any problems making an appointment, call our Member Services Call Center. If it's your first visit with your PCP, most likely you will receive a physical exam. Your PCP will ask you questions about your health and your family's health. The more your PCP knows about your health history, the better he or she can manage your care. Adults should visit their PCPs at least once a year. Infants, children and pregnant women should see their PCPs more often. Please see the "Preventive Care and Well Child Care for All Children" and the "Make an Appointment with an Obstetrician/Gynecologist (OB/GYN)" sections for information on how often to see your healthcare provider.

Call Your PCP First When You're Sick – Unless You Think It's an Emergency

Your PCP will provide or coordinate all your care, except in an emergency. If you think you are having an emergency, call 911, or go to the nearest hospital emergency room listed in your *Provider*

Directory. If it's a behavioral health emergency, you may also contact the nearest Emergency Services Program listed in your *Provider Directory*. At all other times you should call your PCP. There's always a doctor on call for you, 24 hours a day, seven days a week. That means you can call your PCP's office after hours if you have a health problem. If your doctor isn't available, another doctor or healthcare provider will help you.

Changing Your PCP

We want you to be happy with your PCP. So you can always pick a new PCP by calling our Member Services Call Center.

Specialty Care and Referrals

You can find information about seeing specialists and getting referrals in Section 4: "Your Benefits."

SECTION 6 Your Health Care

If you haven't been receiving regular care from a primary care provider (PCP), you should make an appointment with the PCP you picked – as soon as possible. Your PCP's phone number is in your *Provider Directory*, or you can call the Member Services Call Center for the number.

Health Risk Assessment

Your new-member packet of information contains a special form called a Health Risk Assessment (HRA). The HRA will help us to better know your health needs – so we can make sure you're getting any special care you may need. Just fill out the HRA and return it to us in the postage-paid envelope that's included. Or we can take your



BMC HealthNet Plan Member Services Call Center

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• 1.888.566.0012 (en español) • 1.888.217.3501 (Behavioral Health: Mental Health and Substance Abuse questions) • 1.866.765.0055 (TTY/TDD for hearing impaired) • 1.800.421.1220 (relay operator for hearing impaired) • **Web Site** www.bmchp.org

MassHealth Customer Service

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1.800.841.2900 • 1.800.497.4648 (TTY/TDD for hearing impaired)

(Section 6 continued)

HRA information over the phone. Call the Member Services Call Center and say that you want to give us your health risk assessment information. Please be assured that we will keep your protected health information (PHI) confidential. See page 22 for information about your PHI and your rights to keep it private.

Carry Your BMC HealthNet Plan and MassHealth ID Cards

Remember, you should carry your BMC HealthNet Plan and MassHealth ID cards with you to show at the healthcare provider's office. But even if you don't have your card, a healthcare provider should never deny you care. If a provider refuses to treat you, have him or her call our Member Services Call Center. We will verify your eligibility for the provider. Or you may call the Member Services Call Center yourself.

How Long It Should Take to Get Care

When you don't feel well or when you really want to see your healthcare provider, you don't want to wait too long for an appointment. That's why BMC HealthNet Plan requires all of our providers to comply with the guidelines that follow. You shouldn't need to wait any longer than what is listed. If you think that any of these timeframes have not been met, then you have the right to file an internal Appeal. For Appeals information, see Section 10, "Inquiries, Grievances and Appeals."

Medical Care

Emergency Care:

You must receive care immediately from an emergency room or other healthcare provider of emergency services. See page 11 for emergency care information.

Urgent Care:

You must receive care from a healthcare provider within forty-eight (48) hours of your request for an appointment. See page 11 for urgent care information.

Primary Care:

Non-urgent, symptomatic care (if you are sick or have other symptoms that are not urgent): You must receive care from a healthcare provider within ten (10) calendar-days of your request for an appointment

Routine, non-symptomatic care (if you're not sick and don't have any other symptoms): You must receive care from a healthcare provider within forty-five (45) calendar-days of your request for an appointment.

Routine, First Prenatal and First Family-Planning Visit: Within ten (10) working days of requesting an appointment

Specialty Care:

Non-urgent, symptomatic care (if you're sick or have other symptoms that aren't urgent): You must receive care from a healthcare provider within thirty (30) calendar-days of your request for an appointment.

Routine, non-symptomatic care (if you're not sick and don't have symptoms): You must receive care from a health care provider within sixty (60) calendar-days of your request for an appointment.

Behavioral Health (Mental Health and/or Substance Abuse) Care

Emergency Care:

You must receive care immediately from an emergency room, Emergency Services Program or other healthcare provider of emergency services.

Urgent Care:

You must receive care from a healthcare provider within three (3) working days of your request for an appointment.

Other services:

You must receive care from a healthcare provider within ten (10) working days of your request for an appointment.

Children in the Care or Custody of the Department of Social Services

Within seven (7) calendar days of the DSS case worker making a request for a DSS healthcare screening, and within thirty (30) calendar days of making a request for a comprehensive medical exam unless a shorter timeframe is required by Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. See page 14 for EPSDT information.

Transportation Assistance

If you need a ride to a medical appointment, we can help arrange for it – **if you are eligible**. Just call our Member Services Call Center and a representative can assist you.

Staying Healthy

Remember, the best health care happens before you get sick. It's called preventive care. To help you stay healthy, we've put together a chart to show you all the tests and shots you and your children



should have, depending on age. If you'd like a copy of the chart to be sent to you, please call the Member Services Call Center. You can also find the chart on our Web site at www.bmchp.org. In addition, please see Section 7, "Pregnancy, Family Planning and Well-Child Care" for information about Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for children.

Emergencies and Urgent Care

Emergencies

Whether you have a medical emergency or a behavioral health (mental health or substance abuse) emergency, you should seek immediate care when there's no time to call your doctor.

In a medical emergency: Call 911 or immediately seek care in any emergency room. A statewide list of emergency rooms is in your BMC HealthNet Plan *Provider Directory* in the "Statewide Emergency Care by Hospitals" section.

In a behavioral health emergency: Call 911, go to the nearest emergency room, or immediately contact the Emergency Services Program in your area. A statewide list is in your *Provider Directory* in the "Statewide Behavioral Health Emergency Services Programs" section.

Below are some examples of medical and behavioral health emergencies. Please note that these are only the most common emergencies. This list does not include all the health emergencies that you might have.

Examples of Medical Emergencies

- Broken bones
- Throwing up continuously
- Throwing up blood
- Convulsions
- Chest pain
- Fainting or dizzy spells
- Heart attacks
- Loss of consciousness
- Someone won't wake up
- Poisoning
- Serious accidents
- Severe burns
- Severe pain
- Severe headaches
- Severe wounds
- Heavy bleeding
- 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

Examples of Behavioral Health Emergencies

- Wanting to harm yourself
- Wanting to harm other people

You do not need approval from your doctor to seek emergency care. And you're covered for emergency care 24 hours a day, seven days a week, even if you're traveling or you're outside the service area.

You are also covered for ambulance transportation and post-stabilization care services that are related to an

emergency. For example, if you're treated for a behavioral health emergency at an Emergency Services Program location, you are also covered for the follow-up services you will need once your emergency has been dealt with. This follow-up might include outpatient visits or treatment at another facility.

Urgent Care

An urgent condition is a health problem that's serious – but that you do not think is an emergency. With an urgent condition, you should see your PCP (for urgent medical conditions) or your behavioral health provider (for urgent mental health and substance abuse conditions) within 48 hours. (Please note that access standards are within 48 hours of requesting an appointment for medical urgent care, and three working days for behavioral health urgent care.) Even if you're out of town or out of the service area, you should call your PCP if an urgent condition occurs. Your PCP will know what's best for you and will tell you how to get care. You can call your PCP 24 hours a day, seven days a week. If your PCP is not available, a covering doctor or other healthcare provider will call you back.

Prescription Drug Coverage

Getting Your Prescriptions Filled

Your BMC HealthNet Plan healthcare provider needs to write a prescription for both prescription drugs **and** over-the-counter drugs if you need them. BMC HealthNet Plan has 1,000 pharmacies in our network across Massachusetts – including all the major chain stores – where you can pick up your drugs



(Section 6 continued)

(copayment information follows). The *Provider Directory* in this packet of information lists pharmacies where you can get your medicines. If you have problems finding a pharmacy, call our Member Services Call Center. Or you can find a pharmacy on our Web site: www.bmchp.org.

Paying at the Pharmacy

- All members who do not fall into one of the categories below have the following copayments: \$1 for prescription generic (non-brand-name) drugs and over-the-counter generic and brand-name drugs covered under MassHealth through BMC HealthNet Plan. This is for first-time prescriptions and refills.
- \$3 for prescription brand-name prescription drugs covered under MassHealth through BMC HealthNet Plan. This is for first-time prescriptions and refills.

Please note that BMC HealthNet Plan members pay the same copays for prescription drugs as members of other MassHealth managed care plans.

Some Members Don't Have a Pharmacy Copayment

You do not have a pharmacy copayment if:

- You are under age 19.
- You are pregnant. (You must tell the pharmacist you're pregnant.)
- It's within 60 days following the month your pregnancy ended.
- You are receiving family-planning supplies.
- You are in hospice care.



- You are receiving inpatient care in an acute hospital, nursing facility, chronic disease hospital, rehabilitation hospital, or intermediate-care facility for the mentally retarded.
- You have met the copayment cap for the calendar year (January through December) of \$200. We'll send you a letter to let you know that you've reached your cap. If you have reached the \$200 cap and are still being asked for copayments, you should send your receipts to BMC HealthNet Plan. (The cap is the total amount of the copayments you've been charged, whether or not you actually paid the copayments.) If you don't have receipts for all the copayments you were charged, you can request a prescription copayment record from your pharmacist. When you're ready to send in your receipts, call BMC HealthNet Plan's Member Services Call Center. Ask them to send you a copy of a form you'll need to fill out and include with your receipts when you send them to us. You can also get a copy of the form at our Web site, www.bmchp.org. (You will need to download the form to a printer.) The instructions for where to send your receipts are on that form.

If You Can't Pay the Copayment

The pharmacy still must fill your prescription even if you can't pay the copayment. However, the pharmacy can bill you later for the copayment. Don't go without your medication if you can't pay the copayment. Please call us if a pharmacy refuses to give you your prescription.

Behavioral Health (Mental Health and Substance Abuse)

Finding Behavioral Health Services

You can find a list of behavioral health (mental health and substance abuse) providers in your BMC HealthNet Plan *Provider Directory* that came with this packet. If you need a *Provider Directory*, call our Member Services Call Center.

You do not need a referral from your PCP for these services as long as the behavioral health (mental health and substance abuse) provider is part of BMC HealthNet Plan's network. Remember, in a behavioral health (mental health and substance abuse) emergency you should call 911, go to the nearest emergency room, or contact the Emergency Services Program in your area. A statewide list of Emergency Services Programs is in your *Provider Directory* in the "Behavioral Health Emergency Services Programs" section.

Your Behavioral Health (Mental Health and Substance Abuse) Services

The *Covered Services List* that accompanies this *Member Handbook* provides a list of the behavioral health (mental health and substance abuse) services for which you're covered.



BMC HealthNet Plan Member Services Call Center

8:00 a.m. – 6:00 p.m., Monday- Friday 1.888.566.0010 (English and other languages)
• 1.888.566.0012 (en español) • 1.888.217.3501 (Behavioral Health: Mental Health and Substance Abuse questions) • 1.866.765.0055 (TTY/TDD for hearing impaired) • 1.800.421.1220 (relay operator for hearing impaired) • **Web Site** www.bmchp.org

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In addition, BMC HealthNet Plan offers an Intensive Clinical Management program for members who have serious behavioral health problems. Members in this program have a special intensive care manager who oversees all the services that the member receives. For more information, call the behavioral health line at 1-888-217-3501.

If you have any questions about behavioral health (mental health or substance abuse) services and how to get them, call our behavioral health line at 1-888-217-3501. The behavioral health line is available 24 hours a day, seven days a week.

SECTION 7

Pregnancy, Family Planning, Preventive Care and Well-Child Care, EPSDT, and Early Intervention

Pregnancy (Prenatal) Care

The health care you receive while you're pregnant (before your baby is born) is called "prenatal care." This type of care is very important. It's the best way to see how your pregnancy is going and if there are any problems. Even if you've given birth before, it's very important for you to get prenatal care throughout your current pregnancy.

Make an Appointment with an Obstetrician/Gynecologist (OB/GYN)

You need to see an obstetrician (OB) as soon as you can after you become pregnant. An obstetrician is a doctor who's trained to treat pregnant women

and deliver babies. This type of doctor also is usually a gynecologist (GYN). That means that he or she is trained to know all about diseases of the female reproductive system. The short name for this combined specialty is OB/GYN.

If you think you're pregnant, you should either:

- Ask your PCP to recommend an OB/GYN doctor (you do not need a referral).

OR

- Call a BMC HealthNet Plan OB/GYN doctor and make an appointment. You don't need a referral from your PCP to see an OB/GYN doctor. But your PCP can provide important health information about you to the OB/ GYN doctor. That's why you need to tell your PCP that you're pregnant.



Your OB/GYN Doctor

Early and regular prenatal care is very important to help you have a healthy baby and a safe delivery. We recommend that you see your OB/GYN as soon as you think you're pregnant. You should also see your OB/GYN as often as the OB/GYN wants to see you. BMC HealthNet Plan covers all these visits.

Family Planning

BMC HealthNet Plan covers family planning services that include family planning medical services, family planning counseling, birth control advice, pregnancy tests, sterilization services, abortion services, and follow-up health care.

You can get family planning services from your PCP. Or you can get these services from any BMC HealthNet Plan or MassHealth family planning provider.

You can either self-refer by calling the family planning provider directly, or ask your PCP to refer you to a family planning provider.

Preventive Care and Well Child Care for All Children

Children, adolescents and young adults who are under age 21 should go to their primary care provider (PCP) regularly for checkups, even when they are well. BMC HealthNet Plan pays for well-child checkups, as well as many medical and behavioral health (mental health and substance abuse) services



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(Section 7 continued)

and treatments. BMC HealthNet Plan also pays for screenings that are needed to find out if there are any health problems. You can also take your child to his or her PCP whenever you have a concern about your child's health – even if it is not time for a scheduled check-up.

During a checkup, your child's PCP will do a complete physical examination and either do some screenings in the office or refer your child to another provider to do them. Screenings include height and weight, nutrition, dental, vision, hearing, developmental milestones, blood lead level and other laboratory tests. This is done to see how well your child is growing and developing, and to check his or her physical and behavioral health. Your PCP will check your child's immunization record and give any shots that are due. Sometimes your child's PCP will order tests or procedures in order to make a diagnosis. It is very important to follow-up and to take your child to any appointments that your child's PCP recommends.

At well-child checkups, your child's PCP can find and treat small problems before they become big ones. The recommended schedule for your children to see their PCP for a complete physical examination and screenings is:

- At 1 to 2 weeks
- At 1 month
- At 2 months
- At 4 months
- At 6 months
- At 9 months
- At 12 months

- At 15 months
- At 18 months
- Once per year at 2-20 years

Dental Care

Dental screenings and cleanings are also available for children, adolescents and young adults under age 21. Your child's PCP will check your child's oral health and, if your child is three years old or older, will recommend a visit to a dentist at least twice a year. You do not need a referral from your child's PCP for an appointment with a MassHealth dentist. Make sure your child gets:

- A dental checkup once per year starting at age three; and
- A dental cleaning every six months starting at age three; and
- Any other dental treatments needed, even before age three, if your child's primary care provider or dentist finds problems with your child's teeth or oral health

Your child's dental checkup can include a complete dental exam, teeth cleaning and fluoride treatment.

Children, adolescents and young adults who are under 21 years old and enrolled in MassHealth Standard are also entitled to get regular visits to the dentist's office for dental check-ups, cleanings and necessary treatment.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services for Children Enrolled in MassHealth Standard or MassHealth CommonHealth

Children, adolescents and young adults who are under 21 years old and are enrolled in MassHealth Standard or MassHealth CommonHealth are

entitled to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. This means that your child can get regularly scheduled checkups from a PCP. The schedule for these well-child visits can be found above. You can also take your child to a PCP any time you have a concern about your child's medical or behavioral health, even if it is not time for a regularly scheduled checkup.

Also, if your child's PCP or another MassHealth provider screens your child and finds that he or she needs treatment, BMC HealthNet Plan will pay for all medically necessary treatment required under Medicaid law.

Most of the time, the services your child needs are covered services that are listed in the *Covered Services List* included with this *Member Handbook*. However, if your child's PCP or another BMC HealthNet Plan provider or MassHealth provider thinks that a service is medically necessary for your child and the service is not on the list, the provider can ask BMC HealthNet Plan for authorization for the service. BMC HealthNet Plan will pay for the service if it is medically necessary and covered under Medicaid law, even though the service is not listed as a covered service. Please talk to your child's PCP, behavioral health (mental health and substance abuse) provider, or other specialist for help in accessing these services.



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Early Intervention Services for Children with Growth or Development Problems

Some kids need extra help to support their healthy growth and development. Early intervention specialists can include:

- Social workers
- Nurses
- Physical, occupational and speech therapists

All of these providers work with kids under three years old – and their families – to make sure a child gets any necessary extra support. Services are provided in the home and at early-intervention centers.

Talk to your child's PCP as soon as possible if you think your child has growth or development problems. You can also call our Member Services Call Center, and a representative will connect you with someone who'll give you information about early intervention services.

SECTION 8 Special Programs for Asthma, Diabetes, Congestive Heart Failure, High Blood Pressure, Pregnancy, and to Stop Smoking If You Have Special Health Issues

We have programs for members who have asthma, diabetes, congestive heart failure, high blood pressure, or are pregnant or want to stop smoking (see



the descriptions that follow). All these programs include you, your healthcare provider and BMC HealthNet Plan working together to keep you healthy.

No referral is necessary for these programs. Just call the Member Services Call Center and tell the representative what type of information you're looking for. Remember, if you have an immediate health problem, call your healthcare provider first. Or if it's an emergency, call 911 or go to the nearest emergency room.

Special Programs

Asthma

One of our specially trained nurses will teach you about the medications you should take (and how to take them). The nurse will show you how you can manage your asthma so you don't have to go to the hospital.

Diabetes

A nurse care manager will help you get all the recommended care and tests that you need. These include yearly eye exams and cholesterol tests. The care manager will also help you keep track of your diabetes. This can include making sure your blood sugar levels are all right, and teaching you what symptoms you should be aware of.

Congestive Heart Failure

A highly trained registered nurse will call you to offer assistance and education for helping you to manage this condition.

High Blood Pressure

You'll receive special printed information so you can learn how to control your blood pressure. A nurse care manager is also available to work with you to keep track of your blood pressure and make sure you're getting the right care.

Pregnancy

Call us as soon as you know you're pregnant. You'll receive:

- Information about a prenatal schedule for you to follow
- A special calendar that describes what you can expect when you're pregnant
- A phone card so you can call your doctor to make all your appointments. If you have any concerns, you'll also be able to call one of our nurses.

In addition, you can get a free convertible car safety seat for your infant – up to 30 days before he or she is born. Just call the Member Services Call Center to find out how.

Stop Smoking

Members who want to quit smoking can take part in QuitWorks™, a program run by stop-smoking experts. You'll get free phone counseling, personalized information mailed to you, and follow-up calls to check your progress. Talk to your healthcare provider about QuitWorks™, or call their toll-free number at 1-800-879-8678. In addition,



(Section 8 continued)

members are covered for generic stop smoking products, including patches and nicotine gum. See the “Prescription Drug” section on page 12 for copayment information for generic products.

SECTION 9 Rights and Responsibilities

As a member of BMC HealthNet Plan, you have certain rights concerning your health care. You also have certain responsibilities to the providers who are taking care of you. Regardless of your medical condition, you cannot be refused medically necessary treatment. But your PCP may refer you to a specialist for treatment that your PCP cannot provide.

Your Rights

1. You have the right to be treated with respect and with recognition of your dignity and right to privacy. (See Section 11 “Notice of Privacy Practices.”)
2. You have the right to be told about and understand any illness you have.
3. You have the right to be told in advance – in a manner you understand – of any treatment(s) and alternatives that a provider feels should be done.
4. You have the right to take part in decisions regarding your health care, including the right to refuse treatment as far as the law allows, and to know what the outcome may be.
5. You have the right to expect your healthcare providers to keep your records private, as well as anything you discuss with them. No information

will be released to anyone without your consent, unless required by law.

6. You have the right to request an interpreter when you receive medical care. Call the Member Services Call Center if you need help with this service.
 7. You have the right to request an interpreter when you call or visit BMC HealthNet Plan. Call the Member Services Call Center if you need help with this service.
 8. You have the right to choose your own primary care provider (PCP) and you can change your PCP at any time. You must call the Member Services Call Center if you want to change your PCP.
 9. You have the right to receive medical care within the timeframes described in the “How Long It Should Take To Get an Appointment” section on page 10, and to file an Internal Appeal if you do not receive your care within those timeframes.
 10. You have the right to file a Grievance with the BMC HealthNet Plan Member Services Call Center and/or MassHealth Customer Service. You also have the right to appeal certain decisions made by BMC HealthNet Plan. The grounds for Grievances and Internal Appeals are described in Section 10, “Inquiries, Grievances and Appeals.”
 11. You have the right to talk about your medical records with your provider and obtain a complete copy of those records. You also have the right to request a change to your medical records.
 12. You have the right to know and receive all of the benefits, services,
- rights and responsibilities you have under BMC HealthNet Plan and MassHealth.
13. You have the right to have any printed materials from BMC HealthNet Plan translated into your primary language, and to have these materials read aloud to you if you have trouble seeing or reading.
 14. You have the right to ask for a second opinion about any health care that your PCP advises you to have.
 15. You have the right to receive emergency care, 24 hours a day, seven days a week. Please see the “Emergencies” section on page 11 for complete information.
 16. You have the right to be free from any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.
 17. You have the right to freely exercise these rights without adversely affecting the way BMC HealthNet Plan and its providers treat you.
 18. You have the right to disenroll from BMC HealthNet Plan at any time and change to another MassHealth health plan by calling MassHealth Customer Service.

Your Responsibilities

1. You should tell your healthcare provider your health complaints clearly and provide as much information as possible.
2. You should tell your healthcare provider about yourself and your medical history.
3. You should talk to your PCP about seeking the services of a specialist or



before you go to the hospital (except in cases of emergencies or when you refer yourself for certain covered services).

4. You should treat your healthcare provider with dignity and respect.
5. You should keep appointments, be on time, and call in advance if you're going to be late or have to cancel.
6. You should learn about any recommended treatment and consider it before it's performed.
7. You should remember that refusing treatment recommended by your healthcare provider might harm your health.
8. You should authorize your PCP to get copies of all your medical records.
9. You must receive all your health care from BMC HealthNet Plan providers, except in cases of emergency or family planning services. For services not covered by BMC HealthNet Plan that you get using your MassHealth card, you may receive care from any MassHealth provider.
10. You must not allow anyone else to use your BMC HealthNet Plan or MassHealth ID cards to obtain healthcare services.
11. You must notify BMC HealthNet Plan's Member Services Call Center and MassHealth Customer Service when you believe that someone has purposely misused BMC HealthNet Plan or MassHealth benefits or services.
12. You must notify BMC HealthNet Plan's Member Services Call Center and MassHealth Customer Service if you change your address or phone number.

SECTION 10

Inquiries, Grievances and Appeals

We want you to contact us if you have any concerns with your care or services. Our Member Services Call Center will help you resolve your concerns. The phone numbers are at the bottom of the page.

You also have the right to voice any concerns to MassHealth at any time. You may call a Customer Service Representative at the MassHealth Customer Service Center at one of the numbers at the bottom of the page.

Inquiries

An Inquiry is any question or request that you may have about BMC HealthNet Plan's operations. An Inquiry does **not** talk about dissatisfaction with the Plan (see "What is a Grievance?" below). We will resolve your Inquiries immediately or, at the latest, within one business day of the day we receive your Inquiry. We will let you know about the resolution on the day your Inquiry is resolved.

Authorized Appeal Representative for Grievances and Internal Appeals

An Authorized Appeal Representative is someone you have authorized, in writing, to act on your behalf with respect to a Grievance or Internal Appeal. If your Authorized Appeal Representative is your family member, you can have him or her represent you in multiple Grievance or Internal Appeal cases. The family member can have a standing authorization until you send the Plan a letter informing us that

the authorization has been revoked. BMC HealthNet Plan must receive this written authorization before our deadline for resolving your Grievance or Internal Appeal expires. We can help you to write an Appeal Representative Authorization letter, or we can send you an Appeal Representative Authorization Form for you to complete.

What Is a Grievance?

You or your Authorized Appeal Representative (see description above) have the right to file a Grievance if you are not satisfied with any aspect of the Plan's operations or interactions, or with the quality of care or services you receive from a provider. A Grievance also can be filed when the Plan:

- Extends the timeframes to process a prior authorization request and you disagree with these decisions.
- Does not approve your request for an expedited (fast) Internal Appeal and processes it as a standard Internal Appeal, and
- Extends the timeframes to process your Internal Appeal and you disagree with these decisions.

For an explanation of these timeframes, see the sections "How Long Should It Take to Get an Appointment" on page 10, "Services that Require Prior Authorization" on page 7 and "How Quickly Will You Receive a Decision on Your Internal Appeal" on page 19.



BMC HealthNet Plan Member Services Call Center

8:00 a.m. – 6:00 p.m., Monday- Friday 1.888.566.0010 (English and other languages)
• 1.888.566.0012 (en español) • 1.888.217.3501 (Behavioral Health: Mental Health and Substance Abuse questions) • 1.866.765.0055 (TTY/TDD for hearing impaired) • 1.800.421.1220 (relay operator for hearing impaired) • **Web Site** www.bmchp.org

MassHealth Customer Service

8:00 a.m. – 5:00 p.m., Monday-Friday
1.800.841.2900 • 1.800.497.4648 (TTY/TDD for hearing impaired)

(Section 10 continued)

When Can the Plan Dismiss Your Grievance?

The Plan may dismiss your Grievance if someone else files it on your behalf and we did not receive your written authorization for that person to serve as your Authorized Appeal Representative before our timeframe for resolving your Grievance expires. The Plan will send you a Grievance dismissal notification.

How to File a Grievance

You or your Authorized Appeal Representative may file a grievance either in writing, over the telephone, or in person.

If you want to submit a Grievance by telephone, please call our Member Services Call Center at one of the toll-free numbers at the bottom of the page.

If you want to submit a Grievance in person, we are located at:

BMC HealthNet Plan
354 Birnie Avenue, 3rd floor
Springfield, MA 01107

BMC HealthNet Plan
Member Services Call Center
Two Copley Place, Suite 600
Boston, MA 02116

BMC HealthNet Plan
163 South Street
Pittsfield, MA 01201

BMC HealthNet Plan
Bourne Counting House
One Merrills Wharf
New Bedford, MA 02740

If you want to submit a Grievance in writing, please mail it to:

BMC HealthNet Plan
Member Services Call Center
Two Copley Place, Suite 600
Boston, MA 02116

How Quickly Will You Receive a Decision on Your Grievance?

Once we receive your Grievance, we'll send you a written acknowledgement of receipt within one business day. We'll immediately begin to work on resolving your Grievance. We'll send you and your Authorized Appeal Representative a written response within 30 calendar days from the date we received your Grievance.

What Do You Do If You Do Not Speak English?

If you do not understand English, the Plan will help you with interpreter or translation services during the Grievance process at no cost to you. If you have any questions about the Grievance process, please call the BMC HealthNet Plan Member Services Call Center at the numbers below.

What Is an Internal Appeal?

You or your Authorized Appeal Representative has the right to file an Internal Appeal if you disagree with one of the following actions or inactions by the Plan:

- The Plan denied or decided to provide limited authorization for a service requested by your healthcare provider, including the determination that the requested service is not a covered service.
- The Plan reduced, suspended or terminated a service covered by the Plan that the Plan previously authorized.

- The Plan denied, in whole or in part, payment for a Plan-covered service due to service coverage issues.
- The Plan did not make a service authorization decision within the timeframe described in Section 4 on page 6.
- You're unable to obtain healthcare services within the timeframes described in Section 6 "Your Health Care" on page 9.

In most instances, you will receive a notice from the Plan that one of the previous actions has occurred. However, you or your Authorized Appeal Representative may appeal whenever one of these actions occurs, even if you did not receive a notice from the Plan.

Internal Appeal decisions are made by healthcare professionals who have the appropriate clinical expertise and were not involved in the original action that you are appealing or, if your Appeal has multiple levels, were not involved in any of the previous levels of review.

When and How to File an Internal Appeal

BMC HealthNet Plan provides its members with two levels of Internal Appeal review. You or your Authorized Appeal Representative may file an Internal Appeal within 30 calendar days of BMC HealthNet Plan's notice to you telling you that one of the actions described above has occurred. However, if you did not receive a notice from the Plan, you or your Authorized Appeal Representative may appeal within 30 calendar days of learning on your own that one of the actions described above occurred.



You may file an Internal Appeal in writing, over the telephone, or in person. If you want to submit an Internal Appeal over the telephone, you may call:

- BMC HealthNet Plan's Appeals Coordinator at (617) 748-6302, OR
- BMC HealthNet Plan's Member Services Call Center at one of the toll-free numbers at the bottom of the page.

If you want to submit an Internal Appeal in writing, please mail it to:

**Clinical Appeals Coordinator
BMC HealthNet Plan
Two Copley Place, Suite 600
Boston, MA 02116**

If you want to submit an Internal Appeal in person, please visit us at our office location that's nearest to you.

Once we receive your Internal Appeal, we'll send you a written acknowledgement of receipt within one business day, and we'll immediately begin to work on resolving your appeal.

How Quickly Will You Receive a Decision on Your Internal Appeal?

Unless you file an expedited (fast) Appeal, BMC HealthNet Plan will resolve your Internal Appeal within a total of 20 calendar days unless you, your Authorized Appeal Representative or BMC HealthNet Plan request to extend the timeframe by up to five calendar days as described below. The Plan will notify you in writing of its decision.

What Do You Do If You Disagree with the Decision the Plan Reached?

If you disagree with the decision that BMC HealthNet Plan reaches when we resolve your Internal Appeal, you can either request a second level review of your Internal Appeal through BMC HealthNet Plan, or you can skip the BMC HealthNet Plan second level review and file an Appeal directly with the Board of Hearings (see "How to File a Board of Hearing Appeal"). If you choose to file with the Board of Hearings, you waive the right to a second level review with the Plan.

If you decide to request a second level review at BMC HealthNet Plan, you must file your request with BMC HealthNet Plan within 30 days of receiving the notice from BMC HealthNet Plan resolving your first level Internal Appeal. Once we receive your Internal Appeal request, we'll send you a written acknowledgement of receipt within one business day. And we'll immediately begin to work on the second level review of your Internal Appeal. The Plan will resolve your second level review within a total of 20 calendar days unless you, your Authorized Representative or BMC HealthNet Plan request to extend the timeframe by up to five (5) calendar days as described below. (BMC HealthNet Plan cannot request an extension if we requested an extension during your first level Internal Appeal.) The Plan will notify you in writing of its decision. If you disagree with this decision, you can file an Appeal with the Board of Hearings (see "How to File a Board of Hearing Appeal").

What Is an Expedited (Fast) Internal Appeal?

BMC HealthNet Plan provides its members with one level of expedited (fast) Internal Appeal review. You, your Authorized Representative or your healthcare provider can request that your Internal Appeal be expedited (processed fast) if you or your healthcare provider feel that taking the 20 calendar-day timeframe for a standard resolution could seriously jeopardize your life, health or your ability to get, maintain or regain maximum function.

You or your Authorized Appeal Representative may request an expedited Appeal. If your provider is acting as your Authorized Appeal Representative, or if the request filed by you or your non-provider Authorized Appeal Representative is supported by your provider, in most cases the Plan will honor the request that your Appeal be treated as an expedited (fast) Appeal. The Plan may refuse your provider's request to expedite (process fast) your Appeal only if the request is totally unrelated to your health condition. If your provider is not involved in your request for an expedited (fast) Appeal, then the Plan has the right to determine whether or not to process the Appeal as an expedited (fast) Appeal.

If your request does not qualify for an expedited Appeal, we will notify you, in writing, of this decision and process your Internal Appeal within the standard 20 calendar-day timeframe. You have the right to file a Grievance following the procedures described above if you disagree with this decision not to treat your Internal Appeal as an



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(Section 10 continued)

expedited (fast) Internal Appeal (see “How to File a Grievance”).

If your Appeal is expedited, it is decided within three (3) business days unless the timeframes are extended as described below. The Plan will notify you in writing of its decision.

If you disagree with the decision that BMC HealthNet Plan reaches when it resolves your expedited Internal Appeal, you can file your Appeal with the Board of Hearings (see “How to File a Board of Hearing Appeal”). It is not possible to request a second level review through BMC HealthNet Plan for expedited Internal Appeals.

Can Appeal Timeframes Be Extended?

You or your Authorized Appeal Representative may request to extend the timeframes for resolving standard Internal Appeals by up to five (5) calendar days for each level of Appeal. The Plan may request to extend the timeframes for resolving either your first level or second level Appeal by five (5) calendar days. You, your Authorized Appeal Representative or the Plan may request to extend the timeframes for resolving expedited (fast) Internal Appeals by up to 14 calendar days. Whenever the Plan chooses to extend a timeframe, it will send you a notice of this decision. If you disagree with this decision, you or your Authorized Appeal Representative may file a Grievance following the procedures described above (see “How to File a Grievance”).

Please note that the Plan can only request an extension if:

- The extension is your best interest.
- The Plan needs additional information that we believe, if we receive it, will lead to approval of your request.
- Such outstanding information is reasonably expected to be received within the five (5) or fourteen (14) calendar-days extension time.

When Can the Plan Dismiss Your Appeal?

We may dismiss your internal appeal if:

- Someone else files an Internal Appeal on your behalf and we did not receive your written authorization for that person to serve as your Authorized Appeal Representative before our timeframe for resolving your Internal Appeal expires; OR
- You or your Authorized Appeal Representative filed the standard or expedited (fast) Internal Appeal more than 30 calendar days after the notice from BMC HealthNet Plan telling you that you had a right to appeal (or, if you did not receive such a notice, more than 30 calendar days after learning on your own about the Plan’s actions or inactions that give you a right to appeal); OR
- You or your Authorized Appeal Representative filed the second level review of your Internal Appeal more than 30 calendar days after the notice from BMC HealthNet Plan telling you about its decision resolving your Internal Appeal.

We will send you an Internal Appeal dismissal notification.

Can an Appeal Dismissal Be Disputed?

If you believe that you indeed requested your Internal Appeal within 30 calendar days and have supporting evidence, you or your authorized Appeal Representative have the right to dispute the Plan’s Appeal dismissal and request that the Plan continues with your Appeal. To do so, you or your Appeal Representative must submit a letter requesting reconsideration of this dismissal within 10 calendar days of the Appeal dismissal notice.

BMC HealthNet Plan will review your request for reconsideration of dismissal and notify you of our decision.

Continuing Benefits During Your Internal Appeal

If your Appeal involves a decision by the Plan to modify a previously authorized service, including a decision to reduce, suspend, or terminate a service, you can choose to continue receiving requested services from BMC HealthNet Plan during the Internal Appeal process. But if you lose the Appeal, you may have to pay back the cost of these services to MassHealth. If you want to receive continuing services, you or your Authorized Appeal Representative must:

- Submit your (standard first level or expedited) Internal Appeal request within 10 calendar days from the date of the Plan’s notice that it has decided to modify a previously authorized service or submit your standard second level Internal Appeal request within 10 calendar days from the date of the Plan’s notice that it decided your first level Internal Appeal; and
- Indicate in your request you want to continue to get these services.



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Your Rights during the Internal Appeal Process

The Plan will provide you or your Authorized Appeal Representatives a reasonable opportunity to present evidence and allegations of fact or law, in person and in writing, as well as allow you to access your files during the Internal Appeal process.

If you do not understand English, the Plan will help you with interpreter or translation services during the Internal Appeal process at no cost to you.

What If BMC HealthNet Plan Does Not Resolve Your Internal Appeal Within the Required Timeframes?

If BMC HealthNet Plan does not resolve your (first or second level) standard Internal Appeal within 20 calendar days (or within five (5) extra calendar days if there is an extension), or does not resolve your expedited Internal Appeal within three (3) working days (or within 14 extra calendar days if there is an extension), you can file your Appeal with the Board of Hearings (see “How to File a Board of Hearings Appeal” below).

How to File a Board of Hearings Appeal

You or your Authorized Appeal Representative have the right to request a hearing before a hearing officer at the Executive Office of Health and Human Services, Office of Medicaid, Board of Hearings. You may file a hearing request within thirty (30) calendar days of the Plan's notification of a standard or expedited Internal Appeal decision if you disagree with the decision that BMC HealthNet Plan reaches when it resolves your:

- First level standard Internal Appeal and you choose to skip the BMC HealthNet Plan second level Internal Appeal;
- Second level standard Internal Appeal; OR
- Expedited Internal Appeal.

BMC HealthNet Plan will include the Request for Fair Hearing form and other instructive materials that you need to request a fair hearing in the written decision resolving your Internal Appeal. We will also assist you in completing the application.

How Do You Get an Expedited (Fast) Fair Hearing at the Board of Hearings?

If you are appealing the Plan's decision resolving an expedited (fast) Internal Appeal and you also want the Board of Hearings to handle your request as an expedited (fast) fair hearing, you must submit the fair hearing request within 20 calendar days from the date of the decision. If you file between days 21 and 30 calendar days, the Board of Hearings will process your Appeal within the standard Board of Hearings Appeal timeframe.

Continuing Benefits During Your Fair Hearing at the Board of Hearings

If your Appeal involves a decision by the Plan to modify a previously authorized service, including a decision to reduce, suspend, or terminate a service, you can choose to continue receiving the requested services through BMC HealthNet Plan during the Board of Hearings Appeal process. But if you lose the Appeal, you may have to pay back the cost of these services to MassHealth. If you want to receive continuing

services during the Board of Hearings process, you or your Authorized Appeal Representative must submit your Board of Hearings Appeal request within ten (10) calendar days from the date of the decision resolving your Internal Appeal and let us know that you want to continue to get these services.

Your rights during the fair hearing process at the Board of Hearings BMC HealthNet Plan will allow you or your Authorized Appeal Representative to access your files during the Board of Hearings Appeal process.

At the hearing, you may represent yourself or be accompanied by an attorney or other appeal representative at your own expense.

BMC HealthNet Plan will implement the Board of Hearings Appeal decision immediately.

If you do not understand English and/or are hearing or sight impaired, the Board of Hearings will make sure that an interpreter and/or assisting device is available for you at the hearing.

If you have any questions about the Appeal process, please call the BMC HealthNet Plan Member Services Call Center at the number at the bottom of the page. Or you may call the Clinical Appeals Coordinator at 1-617-748-6302.

You also have the right to voice any concerns to MassHealth at any time. You may call a Customer Services Representative at the MassHealth Customer Service Center at the toll-free number at the bottom of the page.



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SECTION 11

Notice of Privacy Practices

This Notice of Privacy Practices describes how we may use and communicate your protected health information (PHI) to carry out treatment, payment or healthcare administration, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” or “PHI” is information about you, including demographic information, that may identify you, and that relates to your health condition and related health care services.

By law, BMC HealthNet Plan is required to:

- Maintain the privacy and confidentiality of your protected health information
- Give you this Notice of Privacy Practices
- Follow the practices in this Notice

Other than the situations that follow, we cannot use or share your protected health information without your written permission, and you may cancel your permission at any time by sending us a written notice.

We May Use and Communicate Protected Health Information (PHI) About You.

1. **For Treatment:** We may communicate PHI about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and need the information to provide you

with medical care. For example, if you're being treated for a back injury, we may share information with your primary care provider, the back specialist and the physical therapist so they can determine the proper care for you. We will also record the actions they took and their observations. That way, the healthcare team will know how you are responding to treatment.

2. **For Payment:** We may use and communicate PHI about you so that others may bill BMC HealthNet Plan or MassHealth, and receive payment for the treatment and services that you received.
3. **For Health Care Administration:** We may use and communicate PHI about you to support our normal business activities. For example, we may use your information to review and improve the services you receive, communicate information to personnel for review and learning purposes, and communicate your protected health information to other organizations that help us with our business activities.
4. **For Personal Communications:** We may contact you to provide appointment or refill reminders, or information about possible treatment options or alternatives and other health-related benefits, or services that may be of interest to you.
5. **Required By Law:** We will communicate PHI about you when we are required to do so by federal, state or local law. This includes workers' compensation laws. We may release PHI about you for workers' compensation or similar programs. These programs provide

benefits for work-related injuries or illness.

6. **Public Health and Safety:** We may communicate PHI for public health reasons, for example to prevent or control disease and to report births and deaths.
7. **Abuse or Neglect:** We are required by law to communicate PHI to a government authority in cases of alleged abuse or neglect.
8. **Health Oversight Activities:** We may communicate PHI to a health oversight agency for activities authorized by law. This includes audits, investigations, inspections and licensing purposes. We may have to do this for certain state and federal agencies to monitor the health care system, government programs and compliance with civil rights laws.
9. **Lawsuits and Disputes:** If you're involved in a lawsuit or dispute, we may communicate PHI about you in response to a court or administrative order. We may also communicate PHI about you because of a subpoena or other lawful process, subject to all applicable legal requirements.
10. **Law Enforcement:** We may release your PHI upon request by a law enforcement official in response to a valid court order, subpoena or similar process.
11. **Military, Veterans, National Security and Intelligence:** If you're a member of the armed forces, we may release your PHI as required by military command authorities. We may be required by other government authorities to release your PHI for national security activities.



12. **Family and Friends:** We may communicate PHI to a member of your family, a relative, a close friend, or any other person you identify who is directly involved in your health care or payment related to your care. For example, we may communicate PHI to a friend who brings you into an emergency room.

13. **Serious Threat to Health or Safety:** We may use and communicate PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

14. **Disaster Relief:** We may communicate PHI to an authorized public or private entity for disaster relief purposes. For example, we might communicate your PHI to help notify family members of your location or general condition.

15. **Research:** We may use and communicate your PHI to researchers when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI has approved their research.

16. **Coroners, Medical Examiners and Funeral Directors:** We may communicate PHI to coroners, medical examiners and funeral directors for identification purposes and as needed to help them carry out their duties consistent with applicable law.

17. **Organ and Tissue Donation:** If you're an organ donor, we may communicate your PHI to organizations that handle organ procurement, banking or transplantation for purposes of tissue donation and transplant.

18. **Correctional Facilities:** If you are or become an inmate in a correctional facility, we may communicate your PHI to the correctional facility or its agents, as necessary, for your health and the health and safety of other individuals.

19. **Business Associates:** Some of our services and products are provided through contracts with business associates, and we may communicate your PHI to our business associates so that they may perform the job we have asked them to do. To protect your PHI, however, we require the business associates to properly safeguard your PHI.

20. **Food and Drug Administration (FDA):** We may communicate to the FDA, or persons under the jurisdiction of the FDA, your PHI as it relates to adverse events with drugs, foods, supplements and other products and marketing information to support product recalls, repairs or replacement.

You Have Rights Regarding Protected Health Information (PHI) That Is About You.

1. **Right to Access and Copy:**

You have the right to inspect and obtain a copy of your PHI. To do so, you must submit a written request to the BMC HealthNet Plan Privacy Officer.

We may ask you to pay a fee to cover our costs of providing you with that PHI, and certain information may not be easily available prior to July 1, 2002. We may deny your request to inspect and copy, in certain limited circumstances.

2. **Right to Amend (Change):** If you believe the PHI we have about you is incorrect or incomplete, you may ask us to amend (change) the PHI, as long as this office keeps the PHI. You must request an amendment, in writing, to the BMC HealthNet Plan Privacy Officer and include a reason that supports your request. In certain cases, we may deny your request for amendment.

3. **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of PHI about you for most purposes other than treatment, payment and health care administration. The right to receive an accounting is subject to certain exceptions, restrictions and limitations. To obtain an accounting, you must submit your request, in writing, to the BMC HealthNet Plan Privacy Officer. It



(Section 11 continued)

must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

4. **Right to Request Restrictions:** You have the right to request, in writing, to the BMC HealthNet Plan Privacy Officer, a restriction or limitation on our use or disclosure of your PHI. We are not required to agree to your request. If we do agree, we will comply with your request unless the PHI is needed to provide emergency treatment to you.
5. **Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters only in writing or at a different residence or post office box. To request confidential communication, you must complete and submit a Request for Confidential Communication Form to the BMC HealthNet Plan Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
6. **Assistance in Preparing Written Documents:** BMC HealthNet Plan will provide you with assistance in preparing any of the requests explained here that must be submitted in writing. There will be no cost to you for this.

Other Uses and Disclosures of PHI

We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke such an authorization at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

Compliance with Laws

If more than one law applies to this Notice, we will follow the more stringent law.

Privacy Complaints

If you believe your privacy rights have been violated, you may file a privacy complaint in writing with our office or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with our office, contact:

Privacy Officer

**BMC HealthNet Plan
Two Copley Place, Suite 600
Boston, Massachusetts 02116**

You will not be penalized for filing a complaint. To file a complaint with the Secretary of the Department of Health and Human Services, contact:

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

Or you may contact the office of the Secretary of the U.S. Department of Health and Human Services by telephone at (202) 619-0257 or toll-free at (877) 696-6775, or by e-mail at hhs.mail@hhs.gov.

SECTION 12 Advance Directives

An advance directive allows you to legally spell out your healthcare wishes. You would need this in case you can't do so later if you're seriously sick or injured. You set up your advance directives before something bad happens to you.

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

Living Will

A living will lets you outline the type of care you want or don't want if you become seriously ill or injured. An example would be if you decided that you don't want to be kept alive using life support if you became very ill.

Healthcare Proxy

With a healthcare proxy, you give written permission for a specific family member or friend to make healthcare decisions for you in case you ever can't do so. This person would carry out the wishes you described in your "living will." This person becomes known as your "agent" or "proxy."



Once you set up your advance directives, you can change your mind at any time.

To get the Health Care Proxy and Living Will forms, you can visit BMC HealthNet Plan's Web site at www.bmchp.org. BMC HealthNet Plan can also mail the forms to you. Call the Plan's Member Services Call Center.

SECTION 13

Disenrollment

Voluntary Disenrollment

You may end your coverage with BMC HealthNet Plan at any time. To disenroll from BMC HealthNet Plan, call MassHealth Customer Service. Voluntary disenrollments are effective one business day after BMC HealthNet Plan receives the request from MassHealth.

BMC HealthNet Plan will continue to provide coverage for covered services through the date of disenrollment.

Disenrollment for Loss of Eligibility

In the event that you become ineligible for MassHealth coverage, MassHealth will disenroll you from BMC HealthNet Plan. You will no longer be eligible for coverage by BMC HealthNet Plan as of the date of your MassHealth disenrollment. You may automatically be re-enrolled in BMC HealthNet Plan if you were disenrolled due to loss of eligibility and became eligible again within 366 days, as determined by MassHealth. Automatic re-enrollment is at the discretion of MassHealth.

Disenrollment for Cause

BMC HealthNet Plan will not request to disenroll a Member due to an adverse change in a Member's health status or because of a Member's utilization of medical services, diminished mental capacity or uncooperative or disruptive behavior resulting from his or her special needs.

There may be instances where BMC HealthNet Plan may submit a written request to MassHealth to disenroll a Member from the Plan. MassHealth will determine when and if BMC HealthNet Plan's request will be granted. If you are disenrolled from BMC HealthNet Plan, MassHealth will send you written notification of disenrollment. You also will be contacted by MassHealth to choose another health plan.



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1.800.841.2900 • 1.800.497.4648 (TTY/TDD for hearing impaired)

SECTION 14

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BMC HealthNet Plan Member Services Call Center

8:00 a.m. – 6:00 p.m., Monday- Friday 1.888.566.0010 (English and other languages)
• 1.888.566.0012 (en español) • 1.888.217.3501 (Behavioral Health: Mental Health and Substance Abuse questions) • 1.866.765.0055 (TTY/TDD for hearing impaired) • 1.800.421.1220 (relay operator for hearing impaired) • **Web Site** www.bmchp.org

MassHealth Customer Service

8:00 a.m. – 5:00 p.m., Monday-Friday
1.800.841.2900 • 1.800.497.4648 (TTY/TDD for hearing impaired)

Details about Your Membership Card

Your Name → **John Doe**

Your personal BMC HealthNet Plan Identification Number → **ID: 123456789**

Your personal doctor's name → Dr. Angelo Francisco

Information that enables you to have prescriptions filled at any participating pharmacy →

RxBIN 64
RxPCN 003650
RxGrp BMCHLTH
Issuer (80640)
1-800-510-5980
(Rx Calls Only)



BMC HealthNet Plan's toll-free Member Services Call Center number →

Member Services Call Center
1-888-566-0010 English 1-888-566-0012 Espanol

- Always show both your BMC HealthNet Plan and Mass Health ID cards to your provider when getting care.
- **Routine or Urgent Care:** Call your primary care physician (PCP).
- **Emergency:** Seek emergency room care right away or call 911.

Mental Health and Substance Abuse Services

- Go to any BMC HealthNet Plan mental health or substance provider. You do not have to call your PCP first.
- Questions? Call the BMC HealthNet Plan Behavioral Health Hotline at 1-888-217-3501 (24 hours a day, seven days a week).

Providers

- For medical referral, pre-authorization, hospital pre certification, or to verify member eligibility, call 1-888-566-0004.
- For mental health and substance abuse services call 1-888-217-3501.



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**Member Services Call Center
BMC HealthNet Plan
Two Copley Place, Suite 600
Boston, MA 02116**