Important! This information is about your Fallon Community Health Plan (FCHP) MassHealth benefits. It needs to be translated right away. FCHP can translate it for you. If you need help with translation or other help, call FCHP at 800-868-5200.

¡Importante! Esta información es sobre sus beneficios de Fallon Community Health Plan (FCHP) MassHealth. Necesita traducirse de inmediato. FCHP puede traducírsela. Si necesita ayuda con la traducción, o cualquier otro tipo de ayuda, llame a FCHP al 800-868-5200.

សារៈសំខាន់! ពត៌មាននេះគឺស្តីអំពីអត្ថប្រយោជន៍ Fallon Community Health Plan (FCHP) MassHealth របស់អ្នក ។ ពត៌មាននេះត្រូវតែបានបកប្រែជាបន្ទាន់ ។ FCHP អាចបកប្រែជូនអ្នកបាន ។ បើសិនជា អ្នកត្រូវការជំនួយក្នុងការបកប្រែ ឬជំនួយផ្សេងៗទេត្រ សូមទូរស័ព្ទទៅ FCHP តាមលេខ 800-868-5200 ។

重要事項！本資訊與您在 Fallon Community Health Plan (FCHP) MassHealth 的福利有關。
請即刻瞭解其中的內容。FCHP可以爲您提供翻譯。如果您需要他人協助翻譯或需要其他協助，請致電 FCHP，電話800-868-5200。

Enpòtan! Enfòmasyon sa a se sou benefis Fallon Community Health Plan (FCHP) MassHealth. Li dwe tradwi touswit. FCHP ka tradwi li pou ou. Si w bezwen èd ak tradiksyon oswa lòt èd, rele FCHP nan 800-868-5200.

ອ້ສຳຄັນ! ອ້ມູນນີ້ ແມ່ນກຽ່ວກັບລາຍໄດ້ຂອງແຜນສຸຂະພາບ Fallon Community Health Plan (FCHP) MassHealth. ມັນຕ້ອງໃຫ້ມີການແປອອກໂດຍດ່ວນ. ແຜນສຸຂະພາບ FCHP ສາມາດແປເປັນພາສາຂອງທ່ານໃຫ້ໄດ້. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫລືອກຽ່ວກັບການແປພາ ສານີ້ ຫລື ຄວາມຊ່ວຍເຫລືອດ້ານອື່ນໆ, ກະຊຸນາໂທຫາກົມ FCHP ຕາມເລກ 800-868-5200.

Importante! Esta informação se refere aos seus benefícios do programa MassHealth para o Fallon Community Health Plan (FCHP). Ela deve ser traduzida imediatamente. O FCHP pode providenciar a tradução para você. Caso necessite ajuda com tradução, ou qualquer outro tipo de ajuda, ligue para a FCHP pelo número 800-868-5200.

Внимание! Это информация о ваших льготах в Fallon Community Health Plan (FCHP) MassHealth. Срочно сделайте перевод. FCHP может это для вас перевести. Если вам нужна помощь с переводом или другая помощь, просим позвонить в FCHP по телефону 800-868-5200.

Ważne! Niniejsze informacje dotyczą Waszych świadczeń MassHealth z Fallon Community Health Plan (FCHP). Muszą one być natychmiast przetłumaczone. FCHP może je dla Was przetłumaczyć. Jeśli potrzebujecie Państwo pomocy w dokonaniu tłumaczenia lub pomocy w innym zakresie, proszę zatelefonować do FCHP na numer 800-868-5200.

Quan trọng! Thông tin này là về các quyền lợi của Fallon Community Health Plan (FCHP) MassHealth.Cần phải được phiên dịch ngay. FCHP có thể phiên dịch cho quý vị. Nếu quý vị cần giúp đỡ về phiên dịch hay sự trợ giúp nào khác, xin gọi FCHP tại số 800-868-5200.

welcome to fallon community health plan's health plan for masshealth members

As a member of MassHealth, you have chosen to join Fallon Community Health Plan (FCHP)—one of America's highest-ranked health plans according to US News and World Report. An MCO does more than just pay your medical bills. We also provide care through our own health care providers and medical centers. That means when you or your children get sick, you can always be sure you're getting excellent medical care. All you need to do is pick a primary care provider (PCP).

This *Member Handbook* is also available in Spanish and in large print if you call FCHP's Customer Service Department at 1-800-868-5200. You can also call this number to have this *Member Handbook* read to you in English or in other languages.

Este Guía de Miembro esta también disponible en español, I en letra grande. Si usted llama a FCHP al Departamento de Servicio de clientes al 1-800-868-5200. Usted también puede llamar a este numero i obtener este guía leído a usted en Ingles o otras lenguas.

1-800-868-5200
If you are deaf or hard of hearing, please call
1-877-608-7677
Monday through Friday, 8 a.m. to 6 p.m.

To learn about FCHP and your other health plan options, call the MassHealth Customer Service Center at 1-800-841-2900 (TDD/TTY: 1-800-497-4648) Monday through Friday, 8 a.m. to 5 p.m.

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definitions

Adverse action: An action, or lack of action, by FCHP that you can appeal. This includes:

- FCHP denied or approved a limited service your doctor requested
- FCHP reduced, suspended or ended coverage that FCHP had already approved
- FCHP did not pay for an FCHP-covered service
- FCHP did not resolve your service authorization request within the required time frames. Please see the **making authorization decisions** section of this *Member Handbook* to learn more about our time frames.
- You could not get health care services within the time frames described in the **how long should you wait to see a health care provider?** section of this *Member Handbook*
- FCHP did not act within the time frames for reviewing an Internal Appeal and giving you a decision

Appeal (or Internal Appeal): A request you make when you want us to reconsider an adverse action, as listed above.

Appeal Representative: Any person who you name in writing to act for you during an Appeal. Appeal Representatives may include, but are not limited to, the following:

a) Physician;
b) Family member;
c) Legal counsel;
d) Guardian;

e) Conservator;
f) Holder of Power of Attorney;
g) Health care agent; or
h) Community advocacy group.

Authorization: A promise by FCHP that we will pay for medically necessary covered services. These services must be provided by an FCHP provider for an eligible plan member. See pages 19 to 22 to learn more about this process.

Beacon Health Strategies (Beacon): A company that manages behavioral health (mental health and/or substance abuse) benefits for FCHP.

Behavioral health: Health care services that prevent or treat mental health or substance abuse problems.

Board of Hearings: The Board of Hearings within the Executive Office of Health and Human Services' Office of Medicaid.

Copayment: The amount you pay for medications you buy at the pharmacy.

Covered services: Health care services or supplies that are described in the *Covered Services List* insert that you got with this *Member Handbook*.

Emergency medical condition: A medical condition, whether physical or mental, showing itself by symptoms of enough severity (including severe pain) such that a person, with an average knowledge of health and medicine, could reasonably expect that not getting

medical attention right away would result in: (1) serious risk to the health of the member or another person, or, in the case of a pregnant woman, the health of the woman or her unborn child; (2) serious harm to bodily functions; or (3) serious problem with any bodily organ or part.

Emergency services: Services you get in a hospital or at a provider's office, or through an Emergency Services Program whether inside or outside the FCHP's service area, that are: (1) provided by a qualified provider and (2) needed to evaluate or stabilize an emergency medical condition. This includes an ambulance ride to the nearest appropriate medical facility. The *FCHP MassHealth Provider Directory* lists the hospital emergency rooms and Emergency Services Programs in all areas of the state.

Emergency Services Program (ESP): Providers that give you emergency behavioral health (mental health and/or substance abuse) screening, emergency services, and crisis services. ESPs give you a way to get these services on a 24-hour basis, seven days a week. If you think you need to go to an ESP, you can call one yourself. You also can call FCHP and Beacon's toll free numbers listed below.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) - The delivery of health care services to MassHealth Standard/CommonHealth Members under the age of 21. See page 38 of this handbook for more information on EPSDT services;

FCHP: Fallon Community Health Plan, Inc. (also referred to as "the plan," "us," "we" and "our").

Grievance: An expression of dissatisfaction you or your Authorized Appeal Representative make about FCHP or one of our plan providers. For example, this would include concerns about your quality of care.

Health risk assessment form: A form that you fill out when you join the plan. It is a summary of your medical history and your current concerns.

Inquiry: Any question you ask FCHP about any part of our operations. If you are unhappy about our operations, that is called a grievance.

Medically necessary service: Services or supplies that: are proper and needed to diagnose or treat you; are used for your diagnosis, direct care, and treatment; meet the standards of good medical practice in the local community; and are not mainly for your or your doctor's convenience.

Member: Any person who has the right to services under this plan and who is eligible for MassHealth benefits (also referred to as "you").

MassHealth network provider: Any doctor, other health care professional, hospital, and other health care facility that is contracted with to service the members.

Mental health services: Evaluation and treatment of mental health disorders.

Post stabilization care: Care that you get after your emergency medical condition is stable.

Primary care provider (PCP): A network provider specializing in internal medicine, family practice or pediatrics, who you choose to work with you to manage your medical care.

Referral: A recommendation from a network provider for you to see another network provider for more specialized services. However, a referral in and of itself does not guarantee that any particular treatment will be covered or that the accepting provider is contracted with the plan. As a result, a referral does not guarantee that the plan will pay for the service.

Service area: The cities and towns serviced by FCHP for MassHealth members.

Substance abuse services: Evaluation and treatment of substance abuse disorders.

Urgent care: Medical care that is needed right away, but is not an actual emergency.

when you become a member

You will get an FCHP membership ID card, which has important information about you and your benefits and proves that you are a member of FCHP. Your FCHP membership ID card is in addition to your MassHealth ID card. To get all of your benefits, you should always carry both your FCHP and MassHealth cards with you and show them to the person who helps you with your care so they can decide which card should be used—and you won't need to worry.

member id card

Every FCHP member receives an identification (ID) card. 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 FCHP Customer Service. *(Remember: If you change your address and phone number, you need to call FCHP Customer Service and MassHealth Customer Services so we can update your information.)*

Your card also shows important phone numbers. And it says what to do when you need urgent or emergency care. See pages 14 to 17 for more information about urgent and emergency care.

Always carry your FCHP ID card to receive health care services or medicine. You should also always carry your MassHealth ID card.

lost your member id card?

To replace your card, call FCHP Customer Service at 1-800-868-5200 (TDD/TTY: 1-877-608-7677) any time between 8 a.m. and 6 p.m., Monday through Friday. You

can also order a new ID card from our Web site: **www.fchp.org**. To replace your MassHealth ID card, call MassHealth Customer Service at 1-800-841-2900 or TTY 1-800-497-4648, Monday through Friday, 8 a.m. to 5 p.m. 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 FCHP Customer Service. We will verify your eligibility for the provider. Or you may call FCHP Customer Service yourself.

Please note: If you change to FCHP from another MassHealth Plan, and you have already begun treatment, such as ongoing maternity care, with a Provider that is not contracted with FCHP, we will review that treatment and may authorize continued treatment by that Provider. In addition, if FCHP does not have a network Provider that is able to treat your medical condition, FCHP will authorize an out-of-network Provider for you.

how to contact fallon community health plan

If you have any questions, please write or call FCHP's Customer Service Department or walk in to the FCHP office:

Fallon Community Health Plan
10 Chestnut St.
Worcester, MA 01608
1-800-868-5200 (TDD/TTY: 1-877-608-7677)
www.fchp.org

You can call or walk in any time between 8 a.m. and 6 p.m., Monday through Friday. We will try to answer all of your questions.

If you need to speak with someone about behavioral health (mental health or substance abuse) care, you can call

1-888-421-8861, twenty-four (24) hours a day, seven (7) days a week.

what to do if you need a translator or interpreter

FCHP offers free translation services for our non-English-speaking members. If you need assistance translating any written FCHP materials, contact FCHP's Customer Service Department at 1-800-868-5200. All written materials are available in Spanish. FCHP will translate written materials into other languages over the phone.

If you need an interpreter to be present during your healthcare visit, let your healthcare provider's office know at the time you schedule your healthcare appointment.

reporting health care fraud

If you know of anyone trying to commit healthcare fraud, please call our confidential Compliance Helpline at 1-888-203-5295. You do not need to identify yourself. Examples of healthcare fraud include:

- Receiving bills for health care services you never received
- Individuals loaning their health insurance ID card to others for the purpose of receiving health care services or prescription drugs
- Being asked to provide false or misleading health care information

we'll help you pick a primary care provider (pcp)

You will need to pick a primary care provider (PCP) who is affiliated with FCHP. If you do not pick a PCP, FCHP will choose one for you. To help you choose your PCP, please refer to the *FCHP MassHealth Provider Directory*, which contains information about all of the PCPs in FCHP's MassHealth network.

A PCP is a doctor or nurse practitioner who takes care of your health and will help you get the care that you need. Your PCP treats you for your basic health care problems, refers you to other providers if you have specialty care needs, admits you to the hospital when necessary and keeps your health records. You can call your PCP's office, after hours, if you have a health problem. There is always a PCP on call for you, 24 hours a day, seven days a week.

There are different kinds of PCPs:

- Family practice PCPs treat adults and children and will sometimes provide women's health services if you are pregnant.
- Internal medicine PCPs (or "internists") treat adults over the age of 17.
- Pediatric PCPs treat children up to the age of 21 years.

Each FCHP covered family member can have his or her own PCP. Or, if everyone in the family wants the same health care provider, you can choose a PCP who works in family practice or internal medicine. Whichever type of PCP you choose, you should get excellent care.

To pick a PCP, just call an FCHP Customer Service Representative at 1-800-868-5200 (TDD/TTY: 1-877-608-7677). A Customer Service Representative can tell you more information about the PCPs in the FCHP MassHealth network (including which ones speak your language) and can also answer any questions you have and tell you about other services FCHP offers to help you stay healthy.

If you would like an additional copy of the *FCHP MassHealth Provider Directory*, call an FCHP Customer Service Representative at the number above.

changing your pcp

You can change your PCP at any time for any reason by calling an FCHP Customer Service Representative.

your fchp pcp is someone you can trust

It is important to make an appointment to meet your primary care provider as soon as possible. To make an appointment, call your PCP at the number listed in the *FCHP MassHealth Provider Directory*. When you call, be sure to say that you are an FCHP member. You and your PCP can use this appointment to get to know each other. After this first appointment, call your PCP whenever you need health care. Your PCP makes sure you get all the right tests and treatments and refers you to specialists, if necessary. So if you need to make an appointment or have a question about your health, call your FCHP PCP first. Your PCP will know exactly how to help you.

make an appointment to see your pcp

When you want to see your PCP, call your PCP during his or her office hours and schedule an appointment. For your PCP's office hours, check the *FCHP MassHealth Provider Directory* or call FCHP's Customer Service Department at the number below. It is up to you to make appointments for checkups, eye exams and other types of regular care. If you need to change or cancel your appointment, call the provider's office right away.

If you have any problems with your provider appointments, you should call FCHP's Customer Service Department at 1-800-868-5200 (TDD/TTY: 1-877-608-7677). For more information on our access standards, please refer to the **how long should you wait to see a health care provider?** section of this *Member Handbook* on page 23.

listen to your pcp

Adults should have a checkup every year, even if feeling fine. Children under age 21 should visit their PCPs regularly. For more information on care for your children, refer to the **health care for your children** section of this *Member Handbook* on page 36.

Your PCP will also tell you about health classes you can take to keep you and your family healthy.

if you get sick, always call your pcp first unless it is an emergency

When you get sick, you must call your PCP first before getting any treatment, unless it is an emergency. See page 14 for some examples of emergencies.

Remember, your PCP's office will have someone answering the phone 24 hours a day. If your PCP is not available, another provider will help you.

If you get sick away from home, call your PCP's office for help unless it is an emergency.

referrals to specialists

You must always see your PCP for all of your regular medical care. But if you need care from a specialist, your PCP will arrange for a referral. Examples of specialists are: a cardiologist (heart doctor); audiologist (hearing doctor); allergist (allergies or asthma doctor), and neurologist (brain doctor).

For more information about services that require referrals, refer to the *Covered Services List* provided with this *Member Handbook.*

Remember, whenever possible, your PCP will refer you to a specialist who is an FCHP MassHealth network provider. In some cases, such as when the type of specialty that your condition requires is not available from an FCHP MassHealth network provider, your PCP will need to request an authorization from FCHP for you to see a provider outside of the FCHP MassHealth network. See below (the **self-referral** section) to learn more about services that do not require a referral.

For more information about our authorization process, refer to the **making authorization decisions** section of this *Member Handbook* on page 19. FCHP will not cover any specialty services you get outside the FCHP MassHealth provider network that were not authorized by FCHP prior to your appointment.

self-referral

In certain instances, you can "self-refer" to an FCHP MassHealth network specialist. This means that you can call the specialist and make the appointment yourself. You do not need a referral from your PCP, but you must see an FCHP MassHealth network provider, with the exception of family planning services. You can get family planning services from any FCHP or MassHealth contracted family planning provider.

Services you can self-refer for include:

- Office visit with an FCHP MassHealth network obstetrician, gynecologist, certified nurse midwife or family practitioner, including annual preventive gynecological health examination and any subsequent gynecological services determined to be necessary as a result of such examination; services for acute or emergent gynecological conditions and maternity care.
- Family planning services at any FCHP or MassHealth contracted family planning provider. This includes birth control methods as well as exams, counseling, pregnancy testing and some lab tests. You may also see your PCP for family planning services. Call FCHP Customer Service at 1-800-868-5200 if you need help finding a provider for family planning services.
- Office visits to an FCHP MassHealth specialist (physician, physician assistant, nurse midwife or nurse practitioner) only if you have a Fallon Clinic PCP.
- Routine eye exams with an FCHP MassHealth network ophthalmologist or optometrist. For information on the number of eye exams that are covered, see the enclosed Covered Services List.

- Outpatient behavioral health services with network providers. For assistance finding a network provider, call 1-888-421-8861 (TDD/TTY: 1-781-994-7660) or refer to your *FCHP MassHealth Provider Directory.*

emergency care

what is an "emergency medical condition?"

An "emergency medical condition" is a medical condition, whether physical or mental, showing itself by symptoms of enough severity (including severe pain) such that a person, with an average knowledge of health and medicine, could reasonably expect that not getting medical attention right away would result in: (1) serious risk to the health of the member or another person, or, in the case of a pregnant woman, the health of the woman or her unborn child; (2) serious harm to bodily functions; or (3) serious problem with any bodily organ or part.

Examples of a medical emergency include:

- severe pain,
- bad injury,
- serious illness,
- a health condition that is quickly getting much worse.

what to do if you need emergency medical care

If you are very sick or hurt very badly, you need to get help quickly. Call 911 right away or go to the nearest emergency room. You can get emergency care and emergency transportation to that care any time during the day or night anywhere you are. Emergency rooms are usually located in any hospital. You are also covered for

post-stabilization care services (follow-up care) that are related to an emergency. See the **your pcp will help manage and follow up on your emergency care** section below.

what to do if you need emergency behavioral health (mental health and/or substance abuse) care

For behavioral health (mental health and/or substance abuse) emergencies, call 911 right away or go to the nearest emergency room. You may also call your local emergency services program (ESP).

Examples of mental health emergencies include;

- Thoughts of hurting yourself, or;
- Thoughts of hurting others.

You can find a statewide list of emergency rooms and emergency services programs in the *FCHP MassHealth Provider Directory*.

Remember, you do not need to get approval first from your PCP or other MassHealth provider before you seek emergency care. But you need to make sure that your PCP knows about your emergency, because your PCP will need to be involved in following up on your care. You or someone else should call your PCP about your emergency care within 48 hours to tell him or her about your emergency care and, if you experienced a behavioral health (mental health and/or substance abuse) emergency, someone should also contact your behavioral health (mental health and/or substance abuse) provider within 48 hours of your behavioral health (mental health and/or substance abuse) emergency.
Only use an emergency room or an ambulance if you think you are having a real emergency.

your pcp will help manage and follow up on your emergency care

Your PCP will talk with the doctors who are giving you emergency care to help manage and follow-up on your care. When the doctors who are giving you emergency care say that your condition is stable and the emergency is over, what happens next is called "post-stabilization care." Your follow-up care (post-stabilization care) will be covered by FCHP. In general, we will try to arrange for FCHP MassHealth providers to take over your care as soon as your condition and the circumstances allow. This means that if you get your emergency care from a hospital that is not part of our MassHealth network, we may arrange for you to be transferred to an FCHP contracted hospital when your condition is stabilized and it is medically appropriate. Please see the *FCHP MassHealth Provider Directory* for the list of FCHP-contracted hospitals.

urgent care

Urgent care is care that is needed right away, but that you don't think is an emergency. If you experience a medical condition that requires urgent care, call your PCP. He or she should see you within forty-eight (48) hours. If you experience a behavioral health (mental health and/or substance abuse) condition that requires urgent care, call your PCP or behavioral health (mental health and/or substance abuse) provider. Your PCP should see you within 48 hours. Your behavioral health (mental health and/or substance abuse) provider should see you within three business days. If your condition worsens before you are seen by your PCP or behavioral health (mental health and/or substance abuse) provider, you can go to the emergency room.

getting care when you travel

You are covered for emergency services, post-stabilization services and urgent care services, such as injuries and sudden illnesses, wherever you travel, even if you are outside of FCHP's service area. If you become seriously sick or hurt while you are away, go to the nearest doctor or emergency room or call 911. Be sure to call your PCP within 48 hours of receiving health care while you travel.

Be sure to take care of your routine health care needs before you travel because they are not covered outside of FCHP's service area. The following are examples of care that is NOT covered if you get it while you are traveling:

- Tests or treatment your PCP requested before you traveled
- Routine care or care that can wait until you return home (for example, physical exams or immunizations)
- Routine care that you expect to need before traveling (for example, routine prenatal care)

A provider may ask you to pay for care received outside of FCHP's service area at the time of emergency or urgent care service. You can tell the provider to contact FCHP directly for payment. If you do get a bill for any emergency, post-stabilization or urgent care service that you received while outside of FCHP's service area, you can submit the bill to FCHP for reimbursement. For information on what to do when you get a bill, see the **if you get a bill** section of this Member Handbook on page 28.

behavioral health (mental health and/or substance abuse) services

FCHP members have access to a full range of Behavioral Health (mental health and/or substance abuse) services. Beacon Health Strategies is our behavioral health (mental health and/or substance abuse) services partner.

Some examples of these services are:

- Individual, group or family counseling
- Methadone treatment

The enclosed *Covered Services List* contains a complete listing of Behavioral Health (mental health and/or substance abuse) Services.

If you need Behavioral Health (mental health and/or substance abuse) Services, you may choose any provider in FCHP's behavioral health (mental health and/or substance abuse) network. You can make the appointment on your own or call Beacon Health Strategies at 1-888-421-8861 (TDD/TTY: 1-781-994-7660), 24 hours a day, to help you find a provider. You may also ask for assistance from your Primary Care Provider. For more information about FCHP's Behavioral Health (mental health and/or substance abuse) network providers, refer to the Behavioral Health (mental health and/or substance abuse) section of your *FCHP MassHealth Provider Directory* in your member kit, call Beacon Health Strategies, or call FCHP Customer Service at 1-800-868-5200.

making authorization decisions

Certain types of services and requests to see providers outside of the FCHP MassHealth network must be authorized in advance to be covered. The *Covered Services List* insert to this *Member Handbook* shows which services require prior authorization.

For more information about requesting Prior Authorization for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, see page 38.

When a service requires prior authorization, your PCP, behavioral health (mental health and/or substance abuse) provider, specialist, or other provider will need to submit an authorization request to FCHP. Your provider can request an expedited (fast) authorization decision if he or she feels that taking the time for a standard decision could seriously jeopardize your life, health or your ability to get, maintain or regain maximum function. FCHP reviews standard and expedited (fast) authorization requests and makes decisions within the following timeframes:

- Standard authorization decisions: as fast as your health condition requires but no later than fourteen (14) calendar days after receipt of the request for service. This time frame may be extended by an additional fourteen (14) calendar days. Such an extension is only allowed if:
  1) You or your doctor requests an extension, or
  2) FCHP can give a good reason that:
     - The extension is in your interest; and
     - There is a need for additional information where:

- There is a reasonable likelihood that receipt of such information would lead to approval of the request, and
- Such outstanding information is reasonably expected to be received within 14 calendar days.

If we decide to extend this time frame, we will send you a letter explaining the reasons for the extension and notify you of your right to file a Grievance if you disagree with that decision. For information on the Grievance process, refer to the **how to file compliments, inquiries, grievances and appeals** section of this *Member Handbook* on page 49.

- Expedited (fast) authorization decisions: as fast as your health requires but no later than three (3) business days after the receipt of the expedited (fast) request for service. This time frame may be extended by an additional fourteen (14) calendar days. Such an extension is only allowed if:
  1) You or your doctor requests an extension, or
  2) FCHP can give a good reason that:
     - The extension is in your interest; and
     - There is a need for additional information where:
       - There is a reasonable likelihood that receipt of such information would lead to approval of the request, and
       - Such outstanding information is reasonably expected to be received within 14 calendar days.

If we decide to extend this time frame, we will send you a letter explaining the reasons for the extension and notify you of your right to file a Grievance if you disagree with that decision. For more information about the Grievance

process, refer to the **how to file compliments, inquiries, grievances and appeals** section of this *Member Handbook* on page 49.

If FCHP does not act within these time frames, you may file an Appeal with the Member Relations Department by calling 1-800-333-2535. For more information about the Appeal process, refer to the **how to file compliments, inquiries, grievances and appeals** section of this *Member Handbook* on page 49.

Once the plan reviews the request for service(s), we will inform your provider of our decision. If we authorize the service(s), we will send you and your provider an authorization letter. When you get the letter, you can call your provider to make an appointment. The authorization letter will state the service(s) the plan has approved for coverage. Make sure that you have this authorization letter before any service(s) requiring authorization are provided to you. If your provider feels that you need a service(s) beyond those authorized, he or she will ask for authorization directly from the plan. If we approve the request for an additional service(s), we will send both you and your provider an additional authorization letter.

If we do not authorize any of the service(s) requested, authorize only some of the service(s) requested, or do not authorize the full amount, duration or scope of service(s) requested, we will send you and your provider a denial or modification (change) letter. FCHP will not pay for any services that were not authorized. FCHP will also send you and your provider a notice if we decide to reduce, suspend or terminate previously authorized service(s). If you disagree with any of these decisions, you can file an Appeal with the Member Relations Department by calling

1-800-333-2535. For information on filing an Appeal see the **how to file compliments, inquiries, grievances and appeals** section of this *Member Handbook* on page 49.

how long should you wait to see a health care provider?

When you do not feel good, you should not wait too long to see your health care provider. FCHP realizes the importance of getting health care quickly, and this is why we have adopted access standards. The following is a list of the access standards within which you should get your health care:

medical care

- Emergency services – immediately from an emergency room or other health care provider of Emergency Services on a twenty four (24)-hour basis, seven (7) days a week. You are also covered for ambulance transportation and post-stabilization care services that are related to an emergency
- Urgent Care – within forty-eight (48) hours of your request for an appointment.
- Primary care
  - non-urgent, symptomatic care – within ten (10) calendar days of your request for an appointment, for example, when you need an appointment with your PCP because you have cold-like symptoms.
  - non-symptomatic care – within forty-five (45) calendar days of your request for an appointment, for example, when you contact your PCP to schedule a physical.
- Specialty care
  - non-urgent, symptomatic care – within thirty (30) calendar days of your request for an appointment, for example, when you need to see a specialist for an enlarged thyroid.

– routine, non-symptomatic care – within sixty (60) calendar days of your request for an appointment, for example, when you need to see a specialist for a yearly checkup.

behavioral health (mental health and/or substance abuse) services

- Emergency services - immediately from an emergency room or other health care provider of Emergency Services on a twenty-four (24)-hour basis, seven (7) days a week, for example, when hospitalization or detoxification is necessary. You are covered for ambulance transportation and post-stabilization care services that are related to an emergency
- Urgent care - within three (3) working days of your request for an appointment, for example, when you are running out of medication.
- All other behavioral health services (mental health and/or substance abuse), including outpatient services - within ten (10) working days of your request for an appointment.

For children in the care or custody of the Department of Social Services (DSS): If you have children in the care or custody of DSS, a provider must:

- Give your child a health care screening within seven calendar days after you or the DSS worker asks for it.
- Give your child a full medical exam within 30 calendar days after you or the DSS worker asks for it

(unless a shorter time frame is required by the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services schedule. See page 38 for EPSDT information.

If you ever experience difficulties in obtaining a service you need within the access standards listed above, you can file an Appeal with the FCHP Member Relations Department. For information on filing an Appeal, see the **how to file compliments, inquiries, grievances and appeals** section of this *Member Handbook* on page 49.

nurse care specialists can help you get the services you need

You may be referred to the FCHP Care Services Program, where our Nurse Care Specialists, who are licensed registered nurses, will review and evaluate the health care that you get from our providers. Nurse Care Specialists will make sure that:

- Your care is coordinated for medical care,
- Your care is coordinated for mental health and substance abuse disorders with referral to the Behavioral Health Intensive Clinical Management Program as needed
- You are educated about various resources that are available to you,
- You get help in "navigating" the system, and
- You have appropriate levels of service available to you.

You may be referred for care services with a Nurse Care Specialist by your PCP or be identified by the FCHP Care Coordination Department based on the information you include on the Health Risk Assessment (HRA) form that you are asked to complete upon your enrollment with FCHP. This form includes your health information and a summary of your current needs and concerns.

Also, if you feel that, due to your health condition, it is difficult for you to coordinate all the health care you need, you may contact our Customer Service Department at 1-800-868-5200 to request assistance from one of our Nurse Care Specialists.

fchp will help you coordinate all of the masshealth services you are eligible for, including transportation

You are entitled to certain benefits under the FCHP MassHealth program. However, there are some other services that are covered by MassHealth but are coordinated for you by FCHP. Please refer to the *Covered Services List* insert included in this *Member Handbook* for a complete list of all your covered services.

Our Nurse Care Specialists can help you coordinate any of these FCHP or MassHealth covered services. To contact our Nurse Care Specialists, call FCHP's Customer Service Department at 1-800-868-5200.

For example, if you are unable to get to health care appointments due to a health condition or lack of public transportation, contact the FCHP Nurse Care Specialist at least ten (10) days prior to your healthcare appointment. If you are eligible, the Nurse Care Specialist will coordinate transportation to your healthcare appointment and will help you fill out the MassHealth Prescription for Transportation Form (PT-1). Once MassHealth approves your PT-1 request, you will be able to arrange a ride as necessary.

You may also contact the MassHealth Customer Service Center at 1-800-841-2900 for assistance in determining where to access MassHealth covered services.

if you get a bill

As long as you go to an FCHP MassHealth network provider or have FCHP approval to go to an out-of-network provider, your provider cannot bill you for a service that is covered under the FCHP MassHealth Program. But, if you get a bill for services you got from a provider, contact the FCHP Customer Service Department at 1-800-868-5200. A representative will help you with the bill or direct you to file an Appeal with the Member Relations Department. For information on filing an Appeal, see the **how to file compliments, inquiries, grievances and appeals** section of this *Member Handbook* on page 49.

your pharmacy benefits explained

The copayments for medications are as follows:

- $3 for brand-name prescription drugs
- $2 for generic prescription and over-the-counter drugs (generic and brand-name) for which you have a prescription from the doctor
- $1 for generic prescription and over-the-counter drugs (generic and brand-name) used to treat diabetes, hypertension and hyperlipidemia. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as propranolol), and antihyperlipidemics (such as simvastatin)

You must pay the copayment if you can afford it, but if you can't, do not go without the medicine. If you are unable to pay the copayment, your pharmacist must still give you the medicine you need. However, if you have not paid a copayment, you still owe the money to your pharmacist and you will need to pay it back later.

exceptions to your pharmacy copayments

You will not have to pay a copayment for any pharmacy service covered by your health plan if:

- You are under age 19.
- You are enrolled in MassHealth because you were in the care and custody of the Department of Social Services (DSS) when you turned 18, and your MassHealth coverage was continued; or
- You are pregnant, or you get pharmacy services during the 60 days following the month your pregnancy ends. (You must tell the pharmacist

you're pregnant.)

- You are an inpatient in an acute hospital, nursing facility, chronic-disease or rehabilitation hospital, or intermediate-care facility for the mentally retarded.
- You are getting hospice care.
- You are receiving family planning supplies.
- You have reached your annual copayment cap as described below.

Your pharmacist will not always know if these exceptions apply to you. Be sure to tell your pharmacist if they do.

annual pharmacy copayment cap

There is a maximum $200 "cap" (limit) on the amount of pharmacy copayments each MassHealth member will be required to make in a calendar year, unless you are not required to pay a copayment as listed above. (A calendar year is January through December.) The cap is the total dollar amount of the copayments you have been charged, whether or not you have actually paid them.

Each member of your family age 19 or older, unless they are not required to pay a copayment as listed above, will need to pay copayments until he or she reaches the cap. When the cap is reached, you cannot be charged additional copayments during that calendar year.

Once the copayments you have been charged meet the total pharmacy copayment "cap," you will not have to pay any copayments for the rest of the calendar year. For example, if you have met your pharmacy cap by September, you will not have to make pharmacy copayments until January 1 of the next year.

other important information about your prescriptions

pharmacy programs

FCHP uses a number of pharmacy programs to promote the safe and appropriate use of prescription drugs. Not all drugs are in a pharmacy program. Drugs which belong to a program have clinical guidelines that must be met before we cover them. You can see which drugs belong to a pharmacy program on the FCHP Web site, www.fchp.org. If you want a copy of the Formulary, please call our Customer Service Department and ask for the Pharmacy department.

If your provider feels that it is medically necessary for you to take a drug that's in one of our programs, he or she can submit a prior authorization request to FCHP. This request will be reviewed by a clinician. If the drug is medically necessary, FCHP will cover the drug. If the prior authorization request is denied, you and your authorized appeal representative can appeal the decision. See the **how to file compliments, inquiries, grievances and appeals** section for more information. If you want more information about the pharmacy programs, visit our Web site at www.fchp.org. Or you can call our Customer Service Department.

Prior Authorization Program – Some drugs always require prior authorization. If your provider feels that it is medically necessary and meets any applicable criteria for

use, he or she can submit a prior authorization request that will be reviewed by a clinician. If the drug is medically necessary, FCHP will cover the drug. If the prior authorization request is denied, you and your authorized appeal representative can appeal the decision. See the **how to file compliments, inquiries, grievances and appeals** section for more information.

Step Therapy Program – Some types of drugs have many options. This program requires that a member tries certain first-level drugs first before FCHP will cover another drug of that type. If you and your provider feel that a certain first-level drug is not appropriate to treat a medical condition, your provider can submit a prior authorization request that will be reviewed by a clinician. If the drug is medically necessary, FCHP will cover the drug. If the prior authorization request is denied, you and your authorized appeal representative can appeal the decision. See the **how to file compliments, inquiries, grievances and appeals** section for more information.

New-to-Market Medication Program – FCHP reviews new drugs for safety and efficacy before we add them to our formulary. If your provider feels that a new-to-market medication is medically necessary, he or she can submit a prior authorization request that will be reviewed by a clinician. If approved, FCHP will cover the drug. If the prior authorization request is denied, you and your authorized appeal representative can appeal the decision. See the **how to file compliments, inquiries, grievances and appeals** section for more information.

Quantity Limitation Program – Ensures the safe and appropriate use of some medications by covering a specific amount that can be dispensed at one time. If your

provider feels that a quantity greater that than the specified amount is medically necessary, he or she can submit a prior authorization request that will be reviewed by a clinician. If approved, FCHP will cover the drug. If the prior authorization request is denied, you and your authorized appeal representative can appeal the decision. See the **how to file compliments, inquiries, grievances and appeals** section for more information.

Specialty Pharmacy Program -- Requires that some drugs be supplied by a specialty pharmacy. These drugs include injectable and intravenous drugs that are often used to treat chronic conditions like Hepatitis C or multiple sclerosis. These types of diseases require additional expertise and support. Specialty pharmacies have knowledge in these areas and can provide additional support to members and providers.

Mandatory Generic Substitution Program – Massachusetts law requires a member to try an "AB rated" generic drug before its brand counterpart is covered. The Food and Drug Administration has determined that certain generic drugs are therapeutically equivalent ("AB rated") to their brand counterparts. This means that the "AB rated" generic drug is as effective as its brand name drug. Massachusetts law also requires the dispensing of the "AB rated" generic drug, unless your provider indicates the brand is medically necessary by writing on the prescription "no substitutions". The Food and Drug Administration (FDA) determines that certain generic drugs are therapeutically equivalent ("AB rated") to their brand name alternatives. This means that the "AB rated" generic drug is as effective as the brand name drug. If your provider determines that the brand name drug is medically necessary, he or she may request prior

authorization that will be reviewed by a clinician. If approved, FCHP will cover the drug. If the prior authorization request is denied, you and your authorized appeal representative can appeal the decision. See the **how to file compliments, inquiries, grievances and appeals** section for more information.

Generally, you cannot obtain a refill until most or all of the previous supply has been used. In most cases, FCHP will only allow you to get a 30-day supply of medicine at a time. Occasionally, for safety reasons or as directed by your health care prescriber, FCHP will allow less than a 30-day supply. FCHP makes these decisions by following the U.S. Food and Drug Administration (FDA) guidelines.

exclusions

FCHP's prescription drug benefit features an open Preferred Drug List, in which the following drugs or services are excluded. However, if you or your provider feels that it is medically necessary for you to take a listed drug, he or she can submit a prior authorization that will be reviewed by a clinician and, if approved, FCHP will cover the drug. If the prior authorization request is denied, you and your authorized appeal representative can appeal the decision. See the **how to file compliments, inquiries, grievances and appeals** section for more information.

- Fertility medications
- Over-the-counter medications that are not included on the MassHealth list of covered drugs

- Medications that are experimental or that have not been approved for general sale and distribution by the U.S. Food and Drug Administration
- Drugs prescribed for purposes that are not medically necessary, for example, cosmetic purposes, to enhance athletic performance, for appetite suppression or for non-covered services/conditions
- Non-emergency prescriptions filled at a pharmacy that is not in FCHP's network
- Drugs used for erectile dysfunction

health care for your children

preventive care and well-child care for all children

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

A behavioral health screening can help you and your doctor or nurse to identify behavioral health concerns early.

MassHealth requires that primary care doctors and nurses use standardized screening tools, approved by MassHealth, to check a child's behavioral health during their "well-child" visits. Screening tools are short questionnaires or checklists that the parent or child (depending on the child's age) fill out, and then discuss with the doctor or nurse. The screening tool might be the Pediatric Symptom Checklist (PSC) or the Parents' Evaluation of Developmental Status (PEDS), or another screening tool chosen by your primary care provider. You can ask your primary care provider which tool he or she has chosen to use when screening your child for behavioral health concerns.

Your provider will discuss the completed screening with you. The screening will help you and your doctor or nurse decide if your child may need further assessment by a behavioral health provider or another medical

professional. If you or your doctor or nurse thinks that your child needs to see a behavioral health provider, information and assistance is available. For more information on how to access behavioral health services, or to find a behavioral health provider, you can talk to your primary care doctor or nurse or call FCHP Customer Service.

FCHP pays your child's PCP for these check-ups. At well-child check-ups, your child's PCP can find and treat small problems before they become big ones.

Here are the ages to take a child for full physical exams and screenings:

- 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
- ages 2 through 20 – children should visit their PCP once a year.

Children should also visit their PCP any time there is a concern about their medical, emotional or behavioral health needs, even if it is not time for a regular check-up.

preventive pediatric health-care screening and diagnosis (pphsd) services for children enrolled in masshealth basic or family assistance

If you or your child is under 21 years old and is enrolled in MassHealth Basic or Family Assistance, FCHP will pay for all medically necessary services covered under your child's coverage type. This means that, when a PCP (or any other clinician) discovers a health condition, FCHP will pay for any medically necessary treatment that is included in your child's coverage type.

early and periodic screening, diagnosis and treatment (epsdt) services for children enrolled in masshealth standard or commonhealth

If you or your child is under age 21 and is enrolled in MassHealth Standard or CommonHealth, FCHP will pay for all medically necessary services that are covered by federal Medicaid law, even if the services are not specifically mentioned in your covered service list. This coverage includes health-care, diagnostic services, treatment, and other measures needed to correct or improve defects and physical and mental illnesses and conditions. When a PCP (or any other clinician) discovers a health condition, FCHP will pay for any medically necessary treatment that is covered under Medicaid law if it is delivered by a provider who is qualified and willing to provide the service and a physician, nurse practitioner, or nurse midwife supports in writing the medical necessity of the service. You and your PCP can seek assistance from FCHP to determine what providers may be available in the FCHP network to provide these services, and how to use out of network providers, if necessary.

Most of the time, these services are covered by your child's MassHealth coverage type and are included on the Covered Services List. If the service is not already covered or is not on the list, the clinician or provider who will be delivering the service can ask FCHP for prior authorization (PA). FCHP uses this process to determine if the service is medically necessary. FCHP will pay for the service if prior authorization is given. If prior authorization is denied, you have a right to appeal. See page 52 for more information about the appeals processes. Talk to your child's PCP, behavioral health provider, or other specialist for help in getting these services.

dental care for children

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

Your child's PCP will do a dental exam at each well-child checkup. When your child is three years old, or earlier if there are problems, his or her PCP will suggest that you take your child to the dentist at least twice a year.

When your child goes for routine exams, the dentist will give a full dental exam, teeth cleaning, and fluoride treatment. It is important to make sure that your child gets the following dental care:

- a dental checkup every six months starting no later than age three; and
- a dental cleaning every six months starting no later than age three; and
- other dental treatments needed, **even before age three,** if your child's PCP or dentist finds problems with your child's teeth or oral health.

Children who are under age 21 and enrolled in MassHealth Standard or CommonHealth can get all medically necessary treatment covered under Medicaid law, including dental treatment, even if the service is not otherwise covered by MassHealth.
Children who are under age 21 and enrolled in MassHealth Basic or Family Assistance can get all medically necessary services covered under their coverage type, including dental treatment.

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

- Children **do not** need a referral to see a MassHealth dentist.
- Children can visit a dentist before age three.

additional services for children

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

early intervention services for children with growth or developmental problems

Some children need extra help for healthy growth and development. Providers who are early intervention specialists can help them. Some are:

- social workers;
- nurses; and
- physical, occupational, and speech therapists.

All of these providers work with children under three years old – and their families – to make sure a child gets

any extra support necessary. Some of the services are given at home, and some are at early intervention centers.

Talk to your child's PCP as soon as possible if you think your child has growth or development problems. Or contact your local Early Intervention Program directly.

preventive care for adults

Routine preventive care is an important part of staying healthy. Fallon Community Health Plan encourages all Members to visit their Primary Care Providers for preventive care. Examples of covered preventive care benefits include:

Members Ages 21 and Older:

- Physical Exams - every one to three years
- Blood Pressure Monitoring - at least every two years
- Cholesterol Screening - every five years
- Pelvic Exams and Pap Smears (women) - every one to three years
- Breast Cancer Screening/Mammogram - every year over age 40
- Colorectal Cancer Screening - every 10 years, starting at age 50
- Flu Shot – annually
- Biannual Eye Exams - once every 24 months
- Dental - Call Customer Service to ask about specific dental coverage.

Fallon Community Health Plan covers these and many more preventive care benefits. See your Primary Care Provider for your routine health care needs.

protecting your confidential information

Maintaining the confidentiality of our members' personal health information is very important to Fallon Community Health Plan. We have policies and procedures to make sure individuals do not see or change your health records. We also make sure that the doctors and health care providers who give our members care follow the same procedures to protect all the personal health information they have.

However, there are times when some confidential information may be made available to others outside of our organization for the purposes of administering services and benefits. Examples of when FCHP may need to provide confidential information include: use in professional and utilization review activities, such as coordination of care, referrals and authorizations, disease management and quality assurance; verifying eligibility; fraud detection; and certain oversight activities, such as for accreditation and regulatory audits.

In other circumstances, health information obtained by us will be kept confidential and will not be disclosed without your consent.

your right to use advance directives

(such as a living will, health care proxy or a power of attorney for health care)

You have the right to have information about advance directives, and you have the right to have an advance directive if you so desire. An advance directive is a legal document that allows you to create instructions for your health care in the event that you are later unable to

express your wishes because of serious illness or injury. There are different types of advance directives. They are a "health care proxy," "living will" and "durable power of attorney for health care."

health care proxy

If you are at least eighteen (18) years old and of sound mind (can make decisions on your own), you can use a health care proxy to choose someone that you trust to make health care decisions for you (your "agent"). This person then will make health care decisions according to your instructions if for any reason you become unable to make or communicate those decisions yourself. A health care proxy is legally binding in Massachusetts.

living will

This is a document in which a person specifies the kind of life-saving and life-sustaining care and treatment he or she does or does not wish to get in the event the person becomes both incapacitated and terminally ill. Many states have their own titles for a living will document such as "Directive to Physicians," "Declaration Concerning Health Care," etc. Massachusetts law considers the document good evidence of patient wishes; however, it is not legally binding in Massachusetts.

durable power of attorney for health care

This is a legal document through which a person appoints someone else, an "attorney-in-fact," to act on the person's behalf in making medical treatment decisions in case of future incapacitation.

If you decide that you want to have an advance directive, there are several ways to get this type of legal form. You

can get a form from your health care provider, lawyer or from a social worker. You can print a form at The Central Massachusetts Partnership to Improve Care at the End of Life, Inc., Web site: http://www.betterending.org/, or at the Web site of the Hospice & Palliative Care Federation of Massachusetts at: http://www.hospicefed.org/hospice_pages/proxyform.htm. You also may call FCHP's Customer Service Department at 1-800-868-5200 to request a health care proxy form.

Regardless of where you get this form, keep in mind that it is a very important document. You may consider having a lawyer help you prepare it; however, this is not necessary in the state of Massachusetts. It is important to sign this form and keep a copy at home. You should give a copy of the form to your healthcare provider and to the person you name on the form as the one to make decisions for you if you can't. You may want to give copies to close friends or family members as well.

If you know ahead of time that you are going to be hospitalized, and you have signed an advance directive, take a copy with you to the hospital. If you have *not* signed an advance directive form in advance but decide when you go to the hospital that you want one, the hospital has forms available for you to sign at that time. Remember, it is *your choice* whether to fill out an advance directive (including whether you want to sign one if you are in the hospital).

According to state and Federal law, no one can deny you care or discriminate against you based on whether or not you have signed an advance directive.

your rights and responsibilities as a member

member rights

As a Fallon Community Health Plan member, you have the right to:

- Receive information about Fallon Community Health Plan, its covered services, its health care providers, and members' rights and responsibilities.
- Be treated with dignity and respect, and to have your privacy recognized.
- Be actively involved in decisions regarding your own health and treatment options, including the right to refuse treatment.
- Openly discuss appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage, presented by your provider in a way that you can understand and that is appropriate to your condition.
- File Grievances and Appeals without discrimination about the managed care organization or the care provided, and expect problems to be fairly examined and appropriately addressed.
- Make recommendations regarding Fallon Community Health Plan's member rights and responsibilities policies.
- Be informed about how medical treatment decisions are made by Fallon Community Health Plan or by providers that accept Fallon Community Health Plan members, including payment structure.
- Choose a qualified primary care provider and hospital that accept Fallon Community Health Plan members.

- Know the names and qualifications of physicians and health care professionals involved in your medical treatment.
- Receive information about an illness, the course of treatment and expectations for recovery in words that you can understand.
- Receive emergency services when you, as a non-health care professional, would have believed that an emergency medical condition existed.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Keep your personal health information private as protected under federal and state laws—including oral, written and electronic information throughout Fallon Community Health Plan. Unauthorized people do not see or change your records.
- Review and get a copy of certain personal health information. (There may be a fee for photocopies.) You also have the right to request that your medical records be changed or corrected.
- Exercise these rights regardless of your race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion, national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care. Expect these rights to be upheld by both Fallon Community Health Plan and the providers who accept Fallon Community Health Plan members.
- Receive the covered services in accordance with how they are described in the Covered Services List insert of this *Member Handbook.*

member responsibilities

As a Fallon Community Health Plan member, you have the responsibility to:

- Provide, to the extent possible, information that Fallon Community Health Plan, your PCP or other health care providers need in order to care for you.
- Do your part to improve your own health condition by following the treatment plan, instructions and care that you have agreed to with your provider(s).
- Understand your health problems, and participate in developing new and existing treatment goals that you and your provider(s) agree to, as much as you possibly can.

If you have any questions about your rights or responsibilities as a member of Fallon Community Health Plan, please contact:

Fallon Community Health Plan
Customer Service Department
10 Chestnut St.
Worcester, MA 01608
1-800-868-5200
(TDD/TTY: 1-877-608-7677)

If you have questions regarding care provided by an FCHP healthcare provider or physician profiling information, please contact:

Commonwealth of Massachusetts
Board of Registration in Medicine
560 Harrison Ave., Suite G-4
Boston, MA 02118
1-617-654-9800

how to file complaints, compliments, inquiries, grievances and appeals

complaints

You may contact the MassHealth Customer Service Department at any time to file a complaint that you may have with Fallon Community Health Plan or MassHealth. Representatives are available Monday through Friday, between 8 a.m. and 5 p.m., at 1-800-841-2900 (TDD/TTY: 1-800-497-4648).

compliments

At Fallon Community Health Plan, we strive to provide you with the highest level of benefits provided by the best health care providers. As a member of the plan, you are our best source of information about excellent service. Please let us know whenever you feel a plan-affiliated provider should be recognized for his or her efforts, or if the level of care or services is exceptional. To express a compliment, contact the FCHP Customer Service Representative at 1-800-868-5200 (TDD/TTY: 1-877-608-7677). Representatives are available from 8 a.m. through 6 p.m., Monday through Friday.

Written statements may be sent to: Fallon Community Health Plan, Member Relations Department, 10 Chestnut St., Worcester, MA 01608.

inquiries

As an FCHP member, you have the right to make an Inquiry at any time. An Inquiry is any question or request that you may have about FCHP's operations that does not express dissatisfaction about FCHP. We will resolve your

Inquiries immediately or, at the latest, within one (1) business day of the day we receive it. We will let you know about the resolution on the day your Inquiry is resolved.

grievances

You have the right to file a Grievance if you are not satisfied with an action or inaction taken by Fallon Community Health Plan (FCHP) other than Adverse Actions (see below under Appeals for examples of Adverse Actions), which entitle you to file an Appeal. Examples of Grievances that are appropriate to file include:

- Dissatisfaction with the quality of care or service you have received,
- Dissatisfaction with FCHP operations,
- Lack of courtesy by health care providers,
- Failure of health care providers to respect your rights,
- Your disagreement with FCHP's decision to extend the timelines for making an authorization decision or a standard or an expedited (fast) Internal Appeal decision, or
- Your disagreement with FCHP's disapproval of your request for an expedited (fast) Internal Appeal.

When you have a Grievance, our representatives are available to help you. You may discuss your Grievance in person with a representative at our office, or you may call:

- FCHP's Customer Service Department at 1-800-868-5200 (TDD/TTY: 1-877-608-7677), Monday through Friday from 8 a.m. to 6 p.m.

- FCHP's Member Relations Department at 1-800-333-2535 (TDD/TTY: 1-877-608-7677), Monday through Friday from 8:30 a.m. to 5:00 p.m.

If you prefer to send a written Grievance to the Member Relations Department, include all details about the Grievance, any pertinent dates and, if applicable, names of providers from whom you have received your care. If you want, you may appoint, in writing, an individual (family member, friend, physician/provider, etc.) to act on your behalf. You can send your Grievance to:

Fallon Community Health Plan
10 Chestnut St.
Worcester, MA 01608
Attn: Member Relations Department

If necessary, FCHP can assist you with interpreter services. Additionally, if you need any assistance with filing a Grievance, completing any necessary forms or if you would like further explanation regarding the FCHP Grievance process, please contact the Member Relations Department.

You may file the Grievance on your own behalf, or you may appoint, in writing, an individual (family member, friend, physician/practitioner, etc.) to act on your behalf. If you choose to appoint an individual to act on your behalf during the Grievance process, FCHP requires you to sign and return a *Personal Representative Authorization* form. To request a copy of this form, please contact the FCHP Member Relations Department. FCHP will not begin to resolve a Grievance filed by someone other than you until this form is received.

We will acknowledge your Grievance within one (1) business day of the receipt of your Grievance. The Member Relations Department will research your request and send you a written notice of our resolution as quickly as your health condition requires and always within thirty (30) calendar days of the receipt of your Grievance.

If you have someone else file the Grievance for you, we will research your request and send you a written notice of your resolution as quickly as your health condition requires and always within thirty (30) calendar days of receiving the written authorization of the person filing the Grievance on your behalf.

appeals

FCHP provides its MassHealth members with two levels of standard Internal Appeal review or one level of expedited (fast) Internal Appeal review. You, or you authorized Appeal Representative have the right to file an Internal Appeal if you disagree with one of the following actions or inactions by FCHP:

- FCHP denied or decided to provide limited authorization for a service requested by your health care provider.
- FCHP reduced, suspended or terminated a service covered by FCHP that FCHP previously authorized.
- FCHP denied, in whole or in part, payment for an FCHP covered service due to service coverage issues.
- FCHP did not decide a standard or expedited (fast) service authorization request within the required timeframes. Please refer to the **making**

authorization decisions section of this *Member Handbook* on page 19 for more information on authorization time frames.

- You were unable to obtain health care services within the time frames described in the **how long should you wait to see a doctor** section of this *Member Handbook*.

You may file an Internal Appeal over the telephone, in writing, in person or via e-mail. You can:

1. Call FCHP's Member Relations Department at: 1-800-333-2535 (TDD/TTY: 1-877-608-7677), Monday through Friday from 8:30 a.m. to 5:00 p.m.
2. Send a letter describing your request to:
   Fallon Community Health Plan
   10 Chestnut St.
   Worcester, MA 01608
   Attn: Member Relations Department
3. Present your request, in person, Monday through Friday from 8:30 a.m. to 5:00 p.m. at:
   Fallon Community Health Plan
   10 Chestnut St.
   Worcester, MA 01608
4. Send an e-mail to: grievance@fchp.org

when you file an internal appeal, be sure to include:

1. Your name.
2. Your FCHP plan identification number (located on your FCHP member ID card).
3. The facts of your request. Also, you can present

evidence and allegation of fact or law in person or in writing during the Appeals process. Contact the Member Relations Coordinator. This information must be received by FCHP prior to the review of the Appeal.

4. Information about the outcome that you want.
5. The name of any FCHP representative that you have talked to.
6. If you think your condition requires an expedited (fast) Appeal as described on page 52, write or mention that you would like to request a 'fast' Appeal.

To ask for help with any of the Appeal process options, call the FCHP Member Relations Department at 1-800-333-2535, Monday through Friday from 8:30 a.m. to 5:00 p.m., or the FCHP Customer Service Department at 1-800-868-5200 (TDD/TTY: 1-800-608-7677), Monday through Friday from 8 a.m. to 6 p.m. It's a good idea to fully review the *Covered Services List* insert included with this *Member Handbook* prior to filing an Internal Appeal so that you will be aware of what is and what is not a covered service. If you need help with understanding your benefits, please call the FCHP Customer Service Department at the phone number listed above.

Remember that, if necessary, FCHP can assist you with interpreter services during the Internal Appeal process.

you may file the appeal:

- On your own behalf; or
- By giving someone you trust (family member, friend, physician/practitioner, etc.) written permission to act on your behalf.

If you choose to give someone you trust permission to act on your behalf during the Internal Appeal, FCHP requires you to sign and return a *Personal Representative Authorization* form. This person is referred to as your authorized Appeal Representative.

To obtain the *Personal Representative Authorization* form, call the FCHP Member Relations Department at 1-800-333-2535, Monday through Friday from 8:30 a.m. to 5:00 p.m., or the FCHP Customer Service Department at 1-800-868-5200 (TDD/TTY: 1-800-608-7677), Monday through Friday from 8 a.m. to 6 p.m. If FCHP does not receive this form by the time that the deadlines expire for resolving your Internal Appeal, FCHP will notify you in writing that your Appeal has been dismissed. If you believe that you or your authorized Appeal Representative did in fact submit the *Personal Representative Authorization* form within the Internal Appeal deadlines, you can request that the dismissal be reversed by sending a letter to FCHP within ten (10) calendar days of the dismissal. FCHP will consider your request and will decide either to reverse the dismissal and continue with your Appeal or will uphold its dismissal. FCHP will notify you of this decision in writing. If FCHP upholds your dismissal, the dismissal will become final. If you disagree with this decision, you can Appeal to the Executive Office of Health and Human Services, Office of Medicaid's Board of Hearings (BOH) (see Option 3).

option 1: filing a standard or expedited (fast) internal appeal

steps to take to file a standard or expedited (fast) internal appeal

You or your authorized Appeal Representative may file a standard or expedited (fast) Internal Appeal within thirty (30) calendar days of FCHP's notice to you telling you about any action or inaction that entitles you to an Appeal. But, if you did not receive such a notice, your Internal Appeal request must be filed within thirty (30) calendar days of learning on your own about FCHP's actions or inactions described above. If applicable, you can choose to continue receiving requested services from FCHP during the Internal Appeal process, but if you lose the Appeal, you may have to pay MassHealth back for the cost of these services. If you want to receive such continuing services, you or your authorized Appeal Representative must submit your Internal Appeal request within ten (10) calendar days from the date of the letter notifying you of the denial (or, if you did not receive a denial notice, ten (10) calendar days from the date of the action or inaction) and indicate that you want to continue to get these services.

If your Internal Appeal request is received more than thirty (30) calendar days after the denial letter notifying you of the action you are appealing (or, if you did not receive a denial notice thirty (30) calendar days from the date you learned of the action or inaction), FCHP will dismiss your Internal Appeal and will notify you in writing that your Appeal has been dismissed. If you believe that you did in fact submit your Internal Appeal within the deadlines, you can request that the dismissal be reversed

by sending a letter to FCHP within ten (10) calendar days of the dismissal. FCHP will consider your request and will decide either to reverse the dismissal and continue with your Appeal or will uphold its dismissal. FCHP will notify you of this decision in writing. If FCHP upholds your dismissal, the dismissal will become final. If you disagree with this decision, you can Appeal to the Executive Office of Health and Human Services, Office of Medicaid's Board of Hearings (BOH) (see Option 3).

how the standard internal appeal process works

We will process your Appeal as quickly as your health requires and will notify you of our decision no later than twenty (20) calendar days from the date your standard Internal Appeal request is received.

getting a standard internal appeal extension

1. If you want to send us more information regarding your Appeal, you or your authorized Appeal Representative may request an extension of up to five (5) calendar days so you have more time to obtain your information.
2. FCHP may also take an extension of up to five (5) calendar days to obtain necessary information. Please note that FCHP can only request an extension if:
   - The extension is in your best interest.
   - FCHP 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 five (5) calendar days.

If you do not agree with the extension taken by FCHP, you may file a Grievance. For more information about Grievances, refer to the Grievances section described above.

if you are not satisfied with the outcome of your standard internal appeal, you may:

1. Request, within thirty (30) calendar days, a second-level Internal Appeal hearing through FCHP (see Option 2); or
2. You may skip this process and proceed to the Executive Office of Health and Human Services, Office of Medicaid's Board of Hearings (BOH) for further Appeal (see Option 3).

how to request an expedited (fast) internal appeal

You or your authorized Appeal Representative can request an expedited (fast) Internal Appeal if you or your Appeal Representative feel that the twenty (20) calendar day time frame for a standard resolution could seriously jeopardize your life, health or your ability to get, maintain or regain maximum function. If your request for an expedited (fast) Internal Appeal is filed by your provider acting as your authorized Appeal Representative, or if your provider supports your request for an expedited (fast) Internal Appeal, then the request that your Appeal be expedited will be approved unless it is unrelated to your health status. Otherwise, FCHP has the right to determine whether or not to process the Appeal as an expedited (fast) Internal Appeal.

If applicable, you can choose to continue receiving requested services from FCHP during the Internal Appeal process, but if you lose the Appeal, you may have to pay

MassHealth back for the cost of these services. If you want to receive such continuing services, you or your authorized Appeal Representative must submit your Internal Appeal request within ten (10) calendar days from the date of the letter notifying you of the denial (or, if you did not receive a denial notice, ten (10) calendar days from the date of the action or inaction) and indicate that you want to continue to get these services.

If you want to request an expedited (fast) Internal Appeal and if the Appeal does not apply to denials of payment:

1. File your Appeal over the telephone, in writing, in person or via e-mail.
2. Make sure you are clear in your request by stating, "I want a fast Appeal," or "I believe that my health could be seriously harmed by waiting 20 calendar days for a normal Appeal."

how the expedited (fast) internal appeal process works

If you meet the qualifications for an expedited (fast) Internal Appeal, FCHP will process your Appeal request and let you know of our decision orally and in writing, as quickly as your health requires, but not later than three (3) business days from when we received your request.

getting an expedited (fast) internal appeal extension

1. If you want to send us additional information that's important to your Appeal, you or your authorized Appeal Representative may request an extension of up to fourteen (14) calendar days.
2. FCHP may also make an extension of up to fourteen (14) calendar days only if:
   - The extension is in your best interest.

- FCHP 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) calendar days.

If you do not agree with the extension taken by FCHP, you or your authorized Appeal Representative may file a Grievance. For more information about Grievances, refer to the Grievances section described above.

if your request does not qualify for an expedited (fast) internal appeal

1. The Appeal request will be processed within the time frame for a standard Internal Appeal of twenty (20) calendar days.
2. You will be notified, in writing, that your Appeal request will be handled as a standard Internal Appeal.
3. If you disagree with this decision, you may file a Grievance. For more information about Grievances, refer to the Grievances section described above.

if you are not satisfied with the outcome of your expedited (fast) internal appeal, you may:

If you would like your Appeal to be treated as an expedited (fast) Appeal at the Executive Office of Health and Human Services, Office of Medicaid's Board of Hearings (BOH) (see Option 3), you should request your Appeal within twenty (20) calendar days. Requests received between days 21 and 30 will be treated as a standard Appeal by the BOH.

option 2: filing for a second-level internal appeal hearing

steps to take if you want to receive continuing services during the fchp second-level internal appeal process:

1. Your Appeal request must be received within ten (10) calendar days of the receipt of the FCHP decision regarding your first-level standard Internal Appeal and you must indicate if you want to receive continuing coverage of previously authorized services. If you choose to receive continuing services through your Appeal and if FCHP upholds its original denial, you may be responsible for paying MassHealth back for the cost of the continuing services.
2. You have the option of canceling these services.

how the second-level internal appeal process works

1. FCHP will schedule the hearing as quickly as your health requires, but not later than twenty (20) calendar days from receiving your request.
2. If you are unable to attend the hearing in person, FCHP will make arrangements for you to participate through a conference call.
3. If you are unable to participate on the scheduled day, you will be eligible for an extension.

getting a second-level internal appeal extension

1. If you want to submit additional information relevant to your Appeal, you can request an extension of up to five (5) calendar days.
2. If an extension was not taken by FCHP during the first-level standard Internal Appeal, FCHP may also take an extension of up to five (5) calendar days to

obtain necessary information only if:

- The extension is in your best interest.
- FCHP 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 five (5) calendar days.

3. If you do not agree with the extension taken by FCHP, you may file a Grievance. For more information about Grievances, refer to the Grievances section described above.

if you are not satisfied with the outcome of your second-level internal appeal, you may:

Proceed to the Executive Office of Health and Human Services, Office of Medicaid's Board of Hearings (BOH) for further Appeal (see Option 3).

option 3: request a hearing for a board of hearings appeal

steps to take

You can request a hearing from the Executive Office of Health and Human Services, Office of Medicaid's Board of Hearings (BOH) if:

1. You are dissatisfied with the FCHP second-level Internal Appeal or expedited (fast) Internal Appeal determination;
2. You are dissatisfied with the FCHP first-level standard Internal Appeal and you wish to skip the second-level Internal Appeal hearing; or

3. If FCHP did not resolve your first level standard Internal Appeal or the second-level Internal Appeal within twenty (20) calendar days (or within five (5) extra calendar days if there is an extension), or did not resolve your expedited (fast) Internal Appeal within three (3) business days (or within fourteen (14) extra calendar days if there is an extension).

To do so, you need to complete the Fair Hearing Request form which you will receive with the Appeal determination letter and mail or fax it to the following address:

Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
2 Boylston St.
Boston, MA 02116
Or fax to 617-210-5820

You must file your Fair Hearing Request Form within thirty (30) calendar days of FCHP's decision resolving your Internal Appeal unless you are requesting an expedited (fast) BOH appeal, as described below.

To ask for help with any of the Appeal process options, call the FCHP Member Relations Department at 1-800-333-2535 (TDD/TTY: 1-877-608-7677).

board of hearings: expedited (fast) internal appeal

If your Appeal was an expedited (fast) Internal Appeal and you want BOH to make an expedited (fast) decision too, you must request a BOH Appeal within twenty (20) calendar days of FCHP's decision resolving your expedited (fast) Internal Appeal. If BOH receives your request between days twenty-one (21) and thirty (30),

your Appeal will be processed as a standard Appeal. You tell the BOH that you want a fast appeal by checking the appropriate space on the BOH form.

how to receive continuing services

If you want to receive continuing coverage of previously authorized services through the outcome of the BOH Appeal, your request must be received by the BOH within ten (10) calendar days of FCHP's decision resolving your Internal Appeal. You also have the option of canceling these services. If you choose to receive continuing services through your Appeal and if the BOH upholds FCHP's original denial, you may be responsible for paying MassHealth back for the cost of the continuing services.

reviewing your appeal file

Before or during the Appeals process, you can request to review the case file, including medical records and any other documentation or records that FCHP considered during the Appeal process.

information about your membership

enrollment

When FCHP receives notification of your enrollment from MassHealth, a member ID card is mailed to you the next business day. This card is valid as of the effective date of enrollment. FCHP is responsible for all covered services that are included in the Covered Services List in the *Member Handbook* as of the effective date of your enrollment with FCHP.

When you enroll with FCHP through MassHealth, you are accepted regardless of your income, physical or mental condition, age, gender, sexual orientation, religion, physical or mental disability, ethnicity or race, previous status as a member, pre-existing conditions, and/or expected health status.

voluntary disenrollment

You may end your coverage with FCHP at any time. To disenroll from FCHP, call the MassHealth Customer Service Center at 1-800-841-2900 (TDD/TTY: 1-800-497-4648). Their hours of operation are from 8 a.m. to 5 p.m., Monday through Friday. Voluntary disenrollments are effective one (1) business day after FCHP receives the request from MassHealth.

After disenrollment, FCHP will continue to provide coverage for:

- Covered services through the date of disenrollment

- Any custom-ordered equipment approved prior to disenrollment, even if not delivered until after disenrollment.

membership disenrollment for loss of eligibility

In the event that you become ineligible for MassHealth coverage, MassHealth will disenroll you from FCHP. You will no longer be eligible for coverage by FCHP as of your MassHealth disenrollment. You may automatically be re-enrolled in FCHP if you become eligible again for MassHealth within 366 days, as determined by MassHealth.

membership disenrollment for cause

There may be instances when FCHP may submit a written request to MassHealth to disenroll a member from FCHP.

FCHP 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/her special needs.

MassHealth will decide whether to grant FCHP's disenrollment request. If you are disenrolled from FCHP, MassHealth will send you written notification of disenrollment, and you will be contacted by MassHealth to choose another health plan.

don't lose your enrollment with fchp

To make sure you do not become disenrolled, renew your MassHealth coverage every year. MassHealth will mail you an eligibility review verification form 10 or 11 months from the date you last applied. Complete the form and return it to MassHealth immediately. If you do not receive a form, contact MassHealth's Customer Service Center at 1-800-842-2900 (TDD/TTY: 1-800-497-4648) between 8 a.m. and 5 p.m., Monday through Friday. If you have questions about how to fill out the form, FCHP or MassHealth should be able to help you. You should also contact MassHealth and FCHP if there are changes in your address, phone or status changes such as a birth in the family.

important things to remember about fchp

call 1-800-868-5200 now and pick a pcp

Pick a PCP and make an appointment now, even if you don't feel sick. We'll help you pick a PCP and make an appointment. You should get to know your PCP right away.

carry both your fchp and masshealth id cards

Carry your FCHP membership ID card and your MassHealth card with you all the time. Show them both to the person who helps you at the health care provider's office or the hospital.

if you are sick, always call your pcp first unless it is an emergency

If you get sick, call your PCP's office first. Your PCP's office will answer the phone all day and all night. Your PCP's office will tell you how to get help when you are sick.

if it is an emergency, call 911

If you are very sick, or have an emergency, call 911, go to the nearest emergency room, or, if it is a behavioral health (mental health and/or substance abuse) emergency, call 911 or go to the nearest emergency room. You can also contact the emergency services program in your area for help. For listing of emergency rooms and emergency services programs refer to our *MassHealth Provider Directory*.

if you need to change your pcp

As an FCHP member, you can change your PCP at any time and for any reason. To change your PCP, call the Customer Service Department at 1-800-868-5200. A representative will help you pick a new PCP.

tell us about any changes

Please make sure to call FCHP Customer Service and MassHealth Customer Service to tell us about any changes in your name, address, phone number, the number of dependents covered under your insurance or any other important information.

if you get a bill

If you get a bill for services you received from a provider, contact the FCHP Customer Service Department at 1-800-868-5200. A representative will help you with the bill or direct you to file an Appeal with the Member Relations Department.

contacting masshealth customer service

You may contact the MassHealth Customer Service Department at any time to:

- Discuss any complaints that you may have with Fallon Community Health Plan or MassHealth.
- Learn about other health care options.
- Request to change health plans.

Representatives are available Monday through Friday, from 8 a.m. and 5 p.m., at 1-800-841-2900 (TDD/TTY: 1-800-497-4648).

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